



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

2017-00022326

CRASH SEVERITY

3 1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

2 1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

327 Union St

☒ PHOTOS TAKEN  
☐ OH-2 ☐ OH-1P  
☐ OH-3 ☐ OTHER☐ PDO UNDER  
STATE  
REPORTABLE  
DOLLAR AMOUNT☐ PRIVATE  
PROPERTY

REPORTING AGENCY NCIC \*

04501

REPORTING AGENCY NAME \*

Newark Police Department

NUMBER OF  
UNITS

02

UNIT IN ERROR

01 98 - ANIMAL  
99 - UNKNOWN

COUNTY \*

45

☒ CITY \*☐ VILLAGE \*  
☐ TOWNSHIP \*

CITY, VILLAGE, TOWNSHIP \*

NEWARK

CRASH DATE \*

08082017

TIME OF CRASH

1200

DAY OF WEEK

Tue

DEGREES / MINUTES / SECONDS

LATITUDE 0 / ' " LONGITUDE 0 / ' "

DECIMAL DEGREES

LATITUDE 40.045243 LONGITUDE -82.422584

ROADWAY DIVISION

☐ DIVIDED  
☒ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

☐ N - NORTHBOUND ☐ E - EASTBOUND  
☐ S - SOUTHBOUND ☐ W - WESTBOUND

NUMBER OF THRU LANES

01

ROAD TYPES OR MILEPOST 2

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

LOCATION ROUTE NUMBER

LOC PREFIX

LOCATION ROAD NAME

Union

ST

LOCATION  
ROAD  
TYPE 2

ROUTE TYPES 1

IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE  
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE  
SR - STATE ROUTEDISTANCE FROM REFERENCE  
25☐ MILES  
☒ FEET  
☐ YARDSDIR FROM REF  
N, S, E, W

3

REFERENCE  
ROUTE  
TYPE 1

REFERENCE ROUTE NUMBER

REF PREFIX  
N, S, E, W

327

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

REFERENCE  
ROAD  
TYPE 2

REFERENCE POINT USED

3 1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBER

CRASH LOCATION

01

01 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE 11 - RAILWAY GRADE CROSSING  
02 - FOUR-WAY INTERSECTION 07 - ON RAMP 12 - SHARED-USE PATHS OR TRAILS  
03 - T-INTERSECTION 08 - OFF RAMP 99 - UNKNOWN  
04 - Y-INTERSECTION 09 - CROSSOVER  
05 - TRAFFIC CIRCLE/ROUNDBOAT 10 - DRIVEWAY/ALLEY ACCESS☐ INTERSECTION  
RELATED

LOCATION OF FIRST HARMFUL EVENT

6 1 - ON ROADWAY 5 - ON GORE  
2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY  
3 - IN MEDIAN 9 - UNKNOWN  
4 - ON ROADSIDE

ROAD CONTOUR

1 1 - STRAIGHT LEVEL 4 - CURVE GRADE  
2 - STRAIGHT GRADE 9 - UNKNOWN  
3 - CURVE LEVEL

ROAD CONDITIONS

PRIMARY 01

SECONDARY

01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*  
02 - WET 06 - WATER (STANDING, MOVING) 10 - OTHER  
03 - SNOW 07 - SLUSH 99 - UNKNOWN  
04 - ICE 08 - DEBRIS\*

\* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

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

WEATHER

9 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS  
2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW  
3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN

ROAD SURFACE

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

LIGHT CONDITIONS

9 PRIMARY

SECONDARY

1 - DAYLIGHT 5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN  
2 - DAWN 6 - DARK - UNKNOWN ROADWAY LIGHTING  
3 - DUSK 7 - GLARE\*  
4 - DARK - LIGHTED ROADWAY 8 - OTHER

\* SECONDARY CONDITION ONLY

☐ SCHOOL  
ZONE  
RELATED

SCHOOL BUS RELATED

☐ YES, SCHOOL BUS  
DIRECTLY INVOLVED  
☐ YES, SCHOOL BUS  
INDIRECTLY INVOLVED☐ WORK  
ZONE  
RELATED☐ WORKERS PRESENT  
☐ LAW ENFORCEMENT PRESENT  
(OFFICER/VEHICLE)  
☐ LAW ENFORCEMENT PRESENT  
(VEHICLE ONLY)

TYPE OF WORK ZONE

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

LOCATION OF CRASH IN WORK ZONE

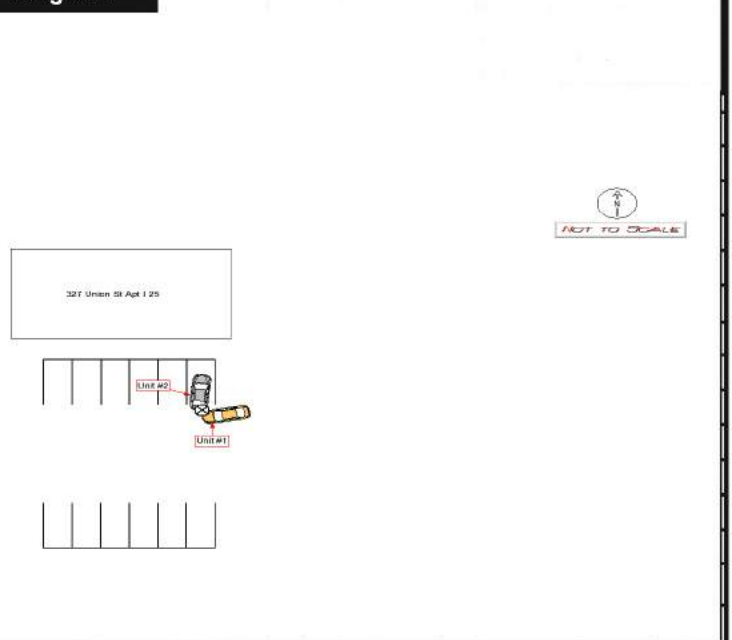
1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA  
2 - ADVANCE WARNING AREA 5 - TERMINATION AREA  
3 - TRANSITION AREA

NARRATIVE

Unit #2 was parked in front of Apt I 25 when Unit #1 struck Unit #2 in

the rear passenger side and left the scene.

Diagram



REPORT TAKEN BY

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

DATE CRASH REPORTED

08132017

TIME CRASH REPORTED

1544

DISPATCH TIME

1615

ARRIVAL TIME

1644

TIME CLEARED

1725

OTHER INVESTIGATION TIME

TOTAL MINUTES

101

OFFICER'S NAME \*

Litzinger, Christy

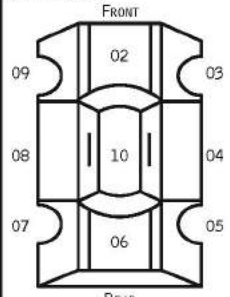
OFFICER'S BADGE NUMBER

45NPD-349

CHECKED BY

PAGE 1 OF 4

**2017-00022326**

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| UNIT NUMBER<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | 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> |  |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |  |                                                                                                     |  |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | LICENSE PLATE NUMBER<br><b>123456789</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | VEHICLE IDENTIFICATION NUMBER<br><b>1G1ZB5H45D0000000</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |  | # OCCUPANTS<br><b>1</b>                                                                             |  |
| VEHICLE YEAR<br><b>2017</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | VEHICLE MAKE<br><b>FORD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  | VEHICLE MODEL<br><b>F-150</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VEHICLE COLOR<br><b>WHITE</b>                                                                                                                                                                                                                                                                                                |  |                                                                                                     |  |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | INSURANCE COMPANY<br><b>STATE FARM</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | POLICY NUMBER<br><b>123456789</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TOWED BY<br><b>NO</b>                                                                                                                                                                                                                                                                                                        |  |                                                                                                     |  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |  | CARRIER PHONE - INCLUDE AREA CODE                                                                   |  |
| US DOT<br><b>12345</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.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 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><b>1</b><br>1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY<br><input checked="" type="checkbox"/> HIT / SKIP UNIT |  |                                                                                                     |  |
| HM PLACARD ID NO.<br><b>12345</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | UNIT TYPE<br><b>03</b><br>PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE<br>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<br>BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>Non-Motorist<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |  |                                                                                                     |  |
| Non-Motorist LOCATION PRIOR TO IMPACT<br><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><b>03</b><br>PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE<br>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<br>BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>Non-Motorist<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <input type="checkbox"/> HAS HM PLACARD                                                                                                                                                                                                                                                                                      |  |                                                                                                     |  |
| SPECIAL FUNCTION<br><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><b>14</b><br>MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>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<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>02</b><br>MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN 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<br>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><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 <b>21</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<br>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>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<br>COLLISION WITH FIXED OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                              |  |                                                                                                     |  |
| UNIT SPEED<br><b>10</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | POSTED SPEED<br><b>25</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | TRAFFIC CONTROL<br><b>01</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD 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>4</b> TO <b>3</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN                                                                                                                                             |  |                                                                                                     |  |



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| UNIT NUMBER<br><b>02</b>                                                                                                                                                                                                                                                                                                                                                                                                          | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>WILSON, TRACI, LYNN</b>                                                                                                                                                                                                                                                                                                                    | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>740-641-6136</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | DAMAGE SCALE<br><b>2</b>                                                                                                                                                                                                                                                                                                            | DAMAGED AREA<br>                                                                                                                                                                                                                                                                                              |                                                                                                                                |                                                                                                                                             |              |                                                                                                                                |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>495 FIRE HOUSE DR, OH 43071</b>                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 - NONE                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                                                             |              |                                                                                                                                |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                             | LICENSE PLATE NUMBER<br><b>DATWAAY</b>                                                                                                                                                                                                                                                                                                                                                                                       | VEHICLE IDENTIFICATION NUMBER<br><b>1HGCS11309A000904</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 2 - MINOR                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                                                             |              |                                                                                                                                |
| VEHICLE YEAR<br><b>2009</b>                                                                                                                                                                                                                                                                                                                                                                                                       | VEHICLE MAKE<br><b>Honda</b>                                                                                                                                                                                                                                                                                                                                                                                                 | VEHICLE MODEL<br><b>ACCORD</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 3 - FUNCTIONAL                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                                                             |              |                                                                                                                                |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                      | INSURANCE COMPANY<br><b>STATE FARM</b>                                                                                                                                                                                                                                                                                                                                                                                       | POLICY NUMBER<br><b>7432692-B02-35D</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | 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>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | TRAFFICWAY DESCRIPTION<br>1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY                                                                           |                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                                                             |              |                                                                                                                                |
| HM PLACARD ID NO.<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                     | HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                         | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <input checked="" type="checkbox"/> HIT / SKIP UNIT                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                                                             |              |                                                                                                                                |
| HM CLASS NUMBER<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                                                             |              |                                                                                                                                |
| Non-Motorist Location Prior to Impact<br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                | UNIT TYPE<br><b>03</b><br>99 - UNKNOWN OR HIT / SKIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE                                     | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK/ 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE |                                                                                                                                |                                                                                                                                             |              |                                                                                                                                |
| 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>04</b><br>IMPACT AREA<br><b>04</b>                                                                                                                                                                                                                                                    | 01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL(ALL AREAS)<br>14 - OTHER | 99 - UNKNOWN | ACTION<br><b>4</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
| PRE-CRASH ACTIONS<br><b>10</b>                                                                                                                                                                                                                                                                                                                                                                                                    | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>99 - UNKNOWN                                                                                                                                                                                                                                                         | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION                                                                                                                                                                                                                                                                              | Non-Motorist<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING                                                                                              | 21 - OTHER NON-MOTORIST ACTION                                                                                                 |                                                                                                                                             |              |                                                                                                                                |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>01</b><br>SECONDARY<br><b>1</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 NEGLIGENT MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION                                                                                                                                                                                                                                                                                                                                                         | Non-Motorist<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><b>1</b><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS                  |                                                                                                                                |                                                                                                                                             |              |                                                                                                                                |
| SEQUENCE OF EVENTS<br>1 <b>21</b> 2 <b>1</b> 3 <b>1</b> 4 <b>1</b> 5 <b>1</b> 6 <b>1</b><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN                                                                                                                                                                                                                                                              | Non-Collision Events<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION | Collision With Fixed Object<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - 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>0</b><br><input checked="" type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED                                                                                                                                                                                                                                                                                                                        | POSTED SPEED<br><b>25</b>                                                                                                                                                                                                                                                                                                                                                                                                    | TRAFFIC CONTROL<br><b>01</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD 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>4</b> TO <b>3</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN                                                                                                                                                    | PAGE 3 OF 4                                                                                                                                                                                                                                                                                                   |                                                                                                                                |                                                                                                                                             |              |                                                                                                                                |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|--|---------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|--|---------------------|--|
| UNIT NUMBER<br>01                                                                                                                                                                                                      |  | NAME: LAST, FIRST, MIDDLE<br>UNKNOWN, 01, 2017-00022326                                                         |  | DATE OF BIRTH                                                                                                                                                              |  | AGE                                                                                                                                                                                                                                      |  | GENDER<br>F - FEMALE<br>M - MALE                                                                                                                                                                |  |                                                                                                                                                                       |  |                                                                                                                                                                         |  |                           |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                              |  |                                                                                                                 |  |                                                                                                                                                                            |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                        |  |                                                                                                                                                                                                 |  |                                                                                                                                                                       |  |                                                                                                                                                                         |  |                           |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| INJURIES                                                                                                                                                                                                               |  | INJURED TAKEN BY                                                                                                |  | EMS AGENCY                                                                                                                                                                 |  | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                                                                                        |  | SAFETY EQUIPMENT USED<br>99                                                                                                                                                                     |  | DOT COMPLIANT<br>MOTORCYCLE HELMET                                                                                                                                    |  | SEATING POSITION<br>01                                                                                                                                                  |  | AIR BAG USAGE<br>9        |  | EJECTION<br>4             |  | TRAPPED<br>1                                                                                                                                                 |  |                       |  |                     |  |
| OL STATE                                                                                                                                                                                                               |  | OPERATOR LICENSE NUMBER                                                                                         |  | OL CLASS                                                                                                                                                                   |  | No VALID OL                                                                                                                                                                                                                              |  | M/C END.                                                                                                                                                                                        |  | CONDITION<br>7                                                                                                                                                        |  | ALCOHOL/DRUG SUSPECTED<br>1                                                                                                                                             |  | ALCOHOL TEST STATUS<br>1  |  | ALCOHOL TEST TYPE<br>1    |  | ALCOHOL TEST VALUE<br>.                                                                                                                                      |  | DRUG TEST STATUS<br>1 |  | DRUG TEST TYPE<br>1 |  |
| OFFENSE CHARGED (LOCAL CODE)                                                                                                                                                                                           |  |                                                                                                                 |  | OFFENSE DESCRIPTION                                                                                                                                                        |  |                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                 |  | CITATION NUMBER                                                                                                                                                       |  |                                                                                                                                                                         |  | HANDS-FREE<br>DEVICE USED |  | DRIVER DISTRACTED BY<br>1 |  |                                                                                                                                                              |  |                       |  |                     |  |
| UNIT NUMBER<br>02                                                                                                                                                                                                      |  | NAME: LAST, FIRST, MIDDLE<br>PARKED, 2017-00022326                                                              |  | DATE OF BIRTH                                                                                                                                                              |  | AGE                                                                                                                                                                                                                                      |  | GENDER<br>F - FEMALE<br>M - MALE                                                                                                                                                                |  |                                                                                                                                                                       |  |                                                                                                                                                                         |  |                           |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                              |  |                                                                                                                 |  |                                                                                                                                                                            |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                        |  |                                                                                                                                                                                                 |  |                                                                                                                                                                       |  |                                                                                                                                                                         |  |                           |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| INJURIES<br>1                                                                                                                                                                                                          |  | INJURED TAKEN BY                                                                                                |  | EMS AGENCY                                                                                                                                                                 |  | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                                                                                        |  | SAFETY EQUIPMENT USED<br>14                                                                                                                                                                     |  | DOT COMPLIANT<br>MOTORCYCLE HELMET                                                                                                                                    |  | SEATING POSITION<br>16                                                                                                                                                  |  | AIR BAG USAGE<br>1        |  | EJECTION<br>1             |  | TRAPPED<br>1                                                                                                                                                 |  |                       |  |                     |  |
| OL STATE                                                                                                                                                                                                               |  | OPERATOR LICENSE NUMBER                                                                                         |  | OL CLASS                                                                                                                                                                   |  | No VALID OL                                                                                                                                                                                                                              |  | M/C END.                                                                                                                                                                                        |  | CONDITION<br>7                                                                                                                                                        |  | ALCOHOL/DRUG SUSPECTED<br>1                                                                                                                                             |  | ALCOHOL TEST STATUS<br>1  |  | ALCOHOL TEST TYPE<br>1    |  | ALCOHOL TEST VALUE<br>.                                                                                                                                      |  | DRUG TEST STATUS<br>1 |  | DRUG TEST TYPE<br>1 |  |
| OFFENSE CHARGED (LOCAL CODE)                                                                                                                                                                                           |  |                                                                                                                 |  | OFFENSE DESCRIPTION                                                                                                                                                        |  |                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                 |  | CITATION NUMBER                                                                                                                                                       |  |                                                                                                                                                                         |  | HANDS-FREE<br>DEVICE USED |  | DRIVER DISTRACTED BY<br>1 |  |                                                                                                                                                              |  |                       |  |                     |  |
| INJURIES<br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL                                                                                                 |  | INJURED TAKEN BY<br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN |  | SAFETY EQUIPMENT USED<br>MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT USED       |  | 99 - UNKNOWN SAFETY EQUIPMENT<br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM- REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED                                                                         |  | Non-Motorist<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)                                                                                            |  | 12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER                                                                                                               |  |                                                                                                                                                                         |  |                           |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| SEATING POSITION<br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE |  |                                                                                                                 |  |                                                                                                                                                                            |  | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) |  |                                                                                                                                                                                                 |  |                                                                                                                                                                       |  | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN |  |                           |  |                           |  | AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |  |                       |  |                     |  |
| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE                                                                                                                      |  | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS      |  | OPERATOR LICENSE CLASS<br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS "D")<br>5 - MC/MOPED ONLY                                                |  | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS                                                                                                              |  | 5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER                                                                                       |  | ALCOHOL/DRUG SUSPECTED<br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HBD NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |  |                                                                                                                                                                         |  |                           |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| ALCOHOL TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                                          |  | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                              |  | DRUG TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |  | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                                                                                        |  | DRIVER DISTRACTED BY<br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/E-MAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) |  | 6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION                                                                                                              |  |                                                                                                                                                                         |  |                           |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| UNIT NUMBER<br>03                                                                                                                                                                                                      |  | NAME: LAST, FIRST, MIDDLE                                                                                       |  | DATE OF BIRTH                                                                                                                                                              |  | AGE                                                                                                                                                                                                                                      |  | GENDER<br>F - FEMALE<br>M - MALE                                                                                                                                                                |  |                                                                                                                                                                       |  |                                                                                                                                                                         |  |                           |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                              |  |                                                                                                                 |  |                                                                                                                                                                            |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                        |  |                                                                                                                                                                                                 |  |                                                                                                                                                                       |  |                                                                                                                                                                         |  |                           |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| INJURIES                                                                                                                                                                                                               |  | INJURED TAKEN BY                                                                                                |  | EMS AGENCY                                                                                                                                                                 |  | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                                                                                        |  | SAFETY EQUIPMENT USED                                                                                                                                                                           |  | DOT COMPLIANT<br>MOTORCYCLE HELMET                                                                                                                                    |  | SEATING POSITION                                                                                                                                                        |  | AIR BAG USAGE             |  | EJECTION                  |  | TRAPPED                                                                                                                                                      |  |                       |  |                     |  |
| UNIT NUMBER<br>04                                                                                                                                                                                                      |  | NAME: LAST, FIRST, MIDDLE                                                                                       |  | DATE OF BIRTH                                                                                                                                                              |  | AGE                                                                                                                                                                                                                                      |  | GENDER<br>F - FEMALE<br>M - MALE                                                                                                                                                                |  |                                                                                                                                                                       |  |                                                                                                                                                                         |  |                           |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                              |  |                                                                                                                 |  |                                                                                                                                                                            |  | CONTACT PHONE - INCLUDE AREA CODE                                                                                                                                                                                                        |  |                                                                                                                                                                                                 |  |                                                                                                                                                                       |  |                                                                                                                                                                         |  |                           |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| INJURIES                                                                                                                                                                                                               |  | INJURED TAKEN BY                                                                                                |  | EMS AGENCY                                                                                                                                                                 |  | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                                                                                        |  | SAFETY EQUIPMENT USED                                                                                                                                                                           |  | DOT COMPLIANT<br>MOTORCYCLE HELMET                                                                                                                                    |  | SEATING POSITION                                                                                                                                                        |  | AIR BAG USAGE             |  | EJECTION                  |  | TRAPPED                                                                                                                                                      |  |                       |  |                     |  |