



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
2017-00023460	3 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

LOCAL INFORMATION
N 5th St

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 04501	REPORTING AGENCY NAME * Newark Police Department	NUMBER OF UNITS 02	UNIT IN ERROR 01 98 - ANIMAL 99 - UNKNOWN
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COUNTY * 45	<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * NEWARK	CRASH DATE * 08232017	TIME OF CRASH 1255	DAY OF WEEK Wed
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DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	DECIMAL DEGREES LATITUDE	LONGITUDE
0 / 0 / 0	0 / 0 / 0	40.058130	-82.406605

ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	NUMBER OF THRU LANES 02	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 - TRAIL
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LOCATION ROUTE TYPE 1 <input type="checkbox"/> LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER 5	LOC PREFIX N, S, E, W N	LOCATION ROAD NAME ST	LOCATION ROAD TYPE 2 ST	ROUTE TYPES ¹ IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
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DISTANCE FROM REFERENCE 5 <input type="checkbox"/> MILES <input checked="" type="checkbox"/> FEET	DIR FROM REF N, S, E, W 1	REFERENCE ROUTE TYPE 1 <input type="checkbox"/>	REFERENCE ROUTE NUMBER <input type="checkbox"/>	REF PREFIX N, S, E, W <input type="checkbox"/>	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) Church	REFERENCE ROAD TYPE 2 ST
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REFERENCE POINT USED 1 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 02 01 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE 02 - FOUR-WAY INTERSECTION 07 - ON RAMP 11 - RAILWAY GRADE CROSSING 03 - T-INTERSECTION 08 - OFF RAMP 12 - SHARED-USE PATHS OR TRAILS 04 - Y-INTERSECTION 09 - CROSSOVER 99 - UNKNOWN 05 - TRAFFIC CIRCLE/ROUNDBOAT 10 - DRIVEWAY/ALLEY ACCESS	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 1 1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIAN 9 - UNKNOWN 4 - ON ROADSIDE
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ROAD CONTOUR 1 1 - STRAIGHT LEVEL 4 - CURVE GRADE 2 - STRAIGHT GRADE 9 - UNKNOWN 3 - CURVE LEVEL	ROAD CONDITIONS PRIMARY 01 SECONDARY <input type="checkbox"/>	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
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MANNER OF CRASH COLLISION/IMPACT 1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 2 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
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ROAD SURFACE 2 1 - CONCRETE 4 - SLAG, GRAVEL, STONE 2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT 3 - BRICK/BLOCK 6 - OTHER	LIGHT CONDITIONS PRIMARY 1 SECONDARY <input type="checkbox"/>	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	<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE <input type="checkbox"/> 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 <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA 2 - ADVANCE WARNING AREA 5 - TERMINATION AREA 3 - TRANSITION AREA
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NARRATIVE
Unit #1 was n/b on N 5th St at the intersection of W Church St when Unit #2 entered the intersection without looking for on coming traffic and struck Unit #1 in the passenger side rear of his vehicle. Unit #2 is at fault.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)
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DATE CRASH REPORTED 08232017	TIME CRASH REPORTED 1255	DISPATCH TIME 1600	ARRIVAL TIME 1608	TIME CLEARED <input type="checkbox"/>	OTHER INVESTIGATION TIME <input type="checkbox"/>	TOTAL MINUTES <input type="checkbox"/>
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OFFICER'S NAME * Litzinger, Christy	OFFICER'S BADGE NUMBER 45NPD-349	CHECKED BY <input type="checkbox"/>	PAGE 1 OF 4
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UNIT

LOCAL REPORT NUMBER

2017-00023460

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) Wilson, Rita	OWNER PHONE NUMBER - INC. AREA CODE (☒ SAME AS DRIVER) 740-877-7714	DAMAGE SCALE 3	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER) 947 JONES AVE, OH 43055			1 - NONE	09
LP STATE OH	LICENSE PLATE NUMBER 214YNP	VEHICLE IDENTIFICATION NUMBER 1N4AL3AP2FN906337	2 - MINOR	08
VEHICLE YEAR 2015	VEHICLE MAKE Nissan	VEHICLE MODEL ALTIMA	3 - FUNCTIONAL	10
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY Geico	POLICY NUMBER 4183-12-73-17	4 - DISABLING	07
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN	06
			CARRIER PHONE - INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <input type="checkbox"/>	TRAFFICWAY DESCRIPTION 1
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	01 - NO CARGO BODY TYPE/NOT APPLICABLE	1 - TWO-WAY, NOT DIVIDED
HM CLASS NUMBER		02 - BUS/VAN (9-15 SEATS, INC DRIVER)	2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE
		03 - BUS (16+ SEATS, INC DRIVER)	3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT) MEDIAN
		04 - VEHICLE TOWING ANOTHER VEHICLE	4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER
		05 - LOGGING	5 - ONE-WAY TRAFFICWAY
		06 - INTERMODAL CONTAINER CHASSIS	<input type="checkbox"/> HIT / SKIP UNIT
		07 - CARGO VAN/ENCLOSED BOX	
		08 - GRAIN, CHIPS, GRAVEL	
		09 - POLE	
		10 - CARGO TANK	
		11 - FLAT BED	
		12 - DUMP	
		13 - CONCRETE MIXER	
		14 - AUTO TRANSPORTER	
		15 - GARBAGE/REFUSE	
		99 - OTHER/UNKNOWN	

NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/>	TYPE OF USE 1	UNIT TYPE 04	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)
01 - INTERSECTION - MARKED CROSSWALK	1 - PERSONAL	01 - SUB-COMPACT	01 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES	21 - BUS/VAN (9-15 SEATS, INC DRIVER)	23 - ANIMAL WITH RIDER
02 - INTERSECTION - NO CROSSWALK	2 - COMMERCIAL	02 - COMPACT	14 - SINGLE UNIT TRUCK; 3+ AXLES	22 - BUS (16+ SEATS, INC DRIVER)	24 - ANIMAL WITH BUGGY, WAGON, SURREY
03 - INTERSECTION - OTHER	3 - GOVERNMENT	03 - MID SIZE	15 - SINGLE UNIT TRUCK / TRAILER	25 - BICYCLE/PEDACYCLIST	25 - BICYCLE/PEDACYCLIST
04 - MIDBLOCK - MARKED CROSSWALK	<input type="checkbox"/> IN EMERGENCY RESPONSE	04 - FULL SIZE	16 - TRUCK/TRACTOR (BOBTAIL)	26 - PEDESTRIAN/SKATER	26 - PEDESTRIAN/SKATER
05 - TRAVEL LANE - OTHER LOCATION		05 - MINIVAN	17 - TRACTOR/SEMI-TRAILER	27 - OTHER NON-MOTORIST	27 - OTHER NON-MOTORIST
06 - BICYCLE LANE		06 - SPORT UTILITY VEHICLE	18 - TRACTOR/DOUBLE		
07 - SHOULDER/ROADSIDE		07 - PICKUP	19 - TRACTOR/TRIPLES		
08 - SIDEWALK		08 - VAN	20 - OTHER MED/HEAVY VEHICLE		
09 - MEDIAN/CROSSING ISLAND		09 - MOTORCYCLE			
10 - DRIVEWAY ACCESS		10 - MOTORIZED BICYCLE			
11 - SHARED-USE PATH OR TRAIL		11 - SNOWMOBILE/ATV			
12 - NON-TRAFFICWAY AREA		12 - OTHER PASSENGER VEHICLE			
99 - OTHER/UNKNOWN					

SPECIAL FUNCTION 01	01 - NONE	09 - AMBULANCE	17 - FARM VEHICLE	MOST DAMAGED AREA 05	01 - NONE	08 - LEFT SIDE	99 - UNKNOWN	ACTION 4
02 - TAXI	10 - FIRE	10 - FIRE	18 - FARM EQUIPMENT	02 - CENTER FRONT	02 - CENTER FRONT	09 - LEFT FRONT		1 - NON-CONTACT
03 - RENTAL TRUCK (OVER 10K LBS)	11 - HIGHWAY/MAINTENANCE	11 - HIGHWAY/MAINTENANCE	19 - MOTORHOME	03 - RIGHT FRONT	03 - RIGHT FRONT	10 - TOP AND WINDOWS		2 - NON-COLLISION
04 - BUS - SCHOOL (PUBLIC OR PRIVATE)	12 - MILITARY	12 - MILITARY	20 - GOLF CART	04 - RIGHT SIDE	04 - RIGHT SIDE	11 - UNDERCARRIAGE		3 - STRIKING
05 - BUS - TRANSIT	13 - POLICE	13 - POLICE	21 - TRAIN	05 - RIGHT REAR	05 - RIGHT REAR	12 - LOAD/TRAILER		4 - STRUCK
06 - BUS - CHARTER	14 - PUBLIC UTILITY	14 - PUBLIC UTILITY	22 - OTHER (EXPLAIN IN NARRATIVE)	06 - REAR CENTER	06 - REAR CENTER	13 - TOTAL(ALL AREAS)		5 - STRIKING/STRUCK
07 - BUS - SHUTTLE	15 - OTHER GOVERNMENT	15 - OTHER GOVERNMENT		07 - LEFT REAR	07 - LEFT REAR	14 - OTHER		9 - UNKNOWN
08 - BUS - OTHER	16 - CONSTRUCTION EQUIP.	16 - CONSTRUCTION EQUIP.						

PRE-CRASH ACTIONS 01	MOTORIST	01 - STRAIGHT AHEAD	07 - MAKING U-TURN	13 - NEGOTIATING A CURVE	NON-MOTORIST	15 - ENTERING OR CROSSING SPECIFIED LOCATION	21 - OTHER NON-MOTORIST ACTION
99 - UNKNOWN	02 - BACKING	02 - BACKING	08 - ENTERING TRAFFIC LANE	14 - OTHER MOTORIST ACTION	16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING	17 - WORKING	
	03 - CHANGING LANES	03 - CHANGING LANES	09 - LEAVING TRAFFIC LANE		18 - PUSHING VEHICLE	19 - APPROACHING OR LEAVING VEHICLE	
	04 - OVERTAKING/PASSING	04 - OVERTAKING/PASSING	10 - PARKED		20 - STANDING		
	05 - MAKING RIGHT TURN	05 - MAKING RIGHT TURN	11 - SLOWING OR STOPPED IN TRAFFIC				
	06 - MAKING LEFT TURN	06 - MAKING LEFT TURN	12 - DRIVERLESS				

CONTRIBUTING CIRCUMSTANCES 01	MOTORIST	01 - NONE	11 - IMPROPER BACKING	NON-MOTORIST	22 - NONE	VEHICLE DEFECTS <input type="checkbox"/>	01 - TURN SIGNALS
02 - FAILURE TO YIELD	02 - FAILURE TO YIELD	02 - FAILURE TO YIELD	12 - IMPROPER START FROM PARKED POSITION	23 - IMPROPER CROSSING	23 - IMPROPER CROSSING	02 - HEAD LAMPS	02 - HEAD LAMPS
03 - RAN RED LIGHT	03 - RAN RED LIGHT	03 - RAN RED LIGHT	13 - STOPPED OR PARKED ILLEGALLY	24 - DARTING	24 - DARTING	03 - TAIL LAMPS	03 - TAIL LAMPS
04 - RAN STOP SIGN	04 - RAN STOP SIGN	04 - RAN STOP SIGN	14 - OPERATING VEHICLE IN NEGLIGENT MANNER	25 - LYING AND/OR ILLEGALLY IN ROADWAY	25 - LYING AND/OR ILLEGALLY IN ROADWAY	04 - BRAKES	04 - BRAKES
05 - EXCEEDED SPEED LIMIT	05 - EXCEEDED SPEED LIMIT	05 - EXCEEDED SPEED LIMIT	15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)	26 - FAILURE TO YIELD RIGHT OF WAY	26 - FAILURE TO YIELD RIGHT OF WAY	05 - STEERING	05 - STEERING
06 - UNSAFE SPEED	06 - UNSAFE SPEED	06 - UNSAFE SPEED	16 - WRONG SIDE/WRONG WAY	27 - NOT VISIBLE (DARK CLOTHING)	27 - NOT VISIBLE (DARK CLOTHING)	06 - TIRE BLOWOUT	06 - TIRE BLOWOUT
07 - IMPROPER TURN	07 - IMPROPER TURN	07 - IMPROPER TURN	17 - FAILURE TO CONTROL	28 - INATTENTIVE	28 - INATTENTIVE	07 - WORN OR SLICK TIRES	07 - WORN OR SLICK TIRES
08 - LEFT OF CENTER	08 - LEFT OF CENTER	08 - LEFT OF CENTER	18 - VISION OBSTRUCTION	29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER	29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER	08 - TRAILER EQUIPMENT DEFECTIVE	08 - TRAILER EQUIPMENT DEFECTIVE
09 - FOLLOWED TOO CLOSELY/ACDA	09 - FOLLOWED TOO CLOSELY/ACDA	09 - FOLLOWED TOO CLOSELY/ACDA	19 - OPERATING DEFECTIVE EQUIPMENT	30 - WRONG SIDE OF THE ROAD	30 - WRONG SIDE OF THE ROAD	09 - MOTOR TROUBLE	09 - MOTOR TROUBLE
10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	20 - LOAD SHIFTING/FALLING/SPILLING	31 - OTHER NON-MOTORIST ACTION	31 - OTHER NON-MOTORIST ACTION	10 - DISABLED FROM PRIOR ACCIDENT	10 - DISABLED FROM PRIOR ACCIDENT
			21 - OTHER IMPROPER ACTION			11 - OTHER DEFECTS	11 - OTHER DEFECTS

SEQUENCE OF EVENTS	1 15	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	NON-COLLISION EVENTS	01 - OVERTURN/ROLLOVER	06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)	10 - CROSS MEDIAN	
FIRST HARMFUL EVENT	1						02 - FIRE/EXPLOSION	07 - SEPARATION OF UNITS	07 - SEPARATION OF UNITS	11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL	
MOST HARMFUL EVENT	1						03 - IMMERSION	08 - RAN OFF ROAD RIGHT	08 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY	
							04 - JACKKNIFE	09 - RAN OFF ROAD LEFT	09 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION	
							05 - CARGO/EQUIPMENT LOSS OR SHIFT				
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED							COLLISION WITH FIXED OBJECT				
14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	25 - IMPACT ATTENUATOR/CRASH CUSHION	33 - MEDIAN CABLE BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE		26 - BRIDGE OVERHEAD STRUCTURE	34 - MEDIAN GUARDRAIL BARRIER	42 - CURB	49 - FIRE HYDRANT	
15 - PEDALCYCLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	27 - BRIDGE PIER OR ABUTMENT	35 - MEDIAN CONCRETE BARRIER	43 - CURB EQUIPMENT	50 - WORK ZONE MAINTENANCE EQUIPMENT		28 - BRIDGE PARAPET	36 - MEDIAN OTHER BARRIER	44 - DITCH	51 - WALL, BUILDING, TUNNEL	
16 - RAILWAY VEHICLE (TRAIN, ENGINE)	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	29 - BRIDGE RAIL	37 - TRAFFIC SIGN POST	45 - EMBANKMENT	52 - OTHER FIXED OBJECT		30 - GUARDRAIL FACE	38 - OVERHEAD SIGN POST	46 - FENCE		
17 - ANIMAL - FARM	24 - OTHER MOVABLE OBJECT	31 - GUARDRAIL END	39 - LIGHT/LUMINARIES SUPPORT	47 - MAILEOX			32 - PORTABLE BARRIER	40 - UTILITY POLE			
18 - ANIMAL - DEER											
19 - ANIMAL - OTHER											
20 - MOTOR VEHICLE IN TRANSPORT											

UNIT SPEED 10	POSTED SPEED 25	TRAFFIC CONTROL 04	01 - NO CONTROLS	07 - RAILROAD CROSSBUCKS	13 - CROSSWALK LINES	UNIT DIRECTION FROM 2 TO 1	1 - NORTH	5 - NORTHEAST	9 - UNKNOWN
<input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED		02 - STOP SIGN	08 - RAILROAD FLASHERS	14 - WALK/DON'T WALK	15 - OTHER	2 - SOUTH	6 - NORTHWEST		
		03 - YIELD SIGN	09 - RAILROAD GATES	16 - NOT REPORTED		3 - EAST	7 - SOUTHEAST		
		04 - TRAFFIC SIGNAL	10 - CONSTRUCTION BARRICADE			4 - WEST	8 - SOUTHWEST		
		05 - TRAFFIC FLASHERS	11 - PERSON (FLAGGER, OFFICER)						
		06 - SCHOOL ZONE	12 - PAVEMENT MARKINGS						



UNIT

LOCAL REPORT NUMBER

2017-00023460

UNIT NUMBER 02	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 <input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2 - MINOR <input type="checkbox"/> 3 - FUNCTIONAL <input type="checkbox"/> 4 - DISABLING <input type="checkbox"/> 9 - UNKNOWN	DAMAGED AREA FRONT 09 03 08 10 04 07 06 05 REAR
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER)				
LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS	
VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input checked="" type="checkbox"/> HIT / SKIP UNIT
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	UNIT TYPE 25 99 - UNKNOWN OR HIT / SKIP	
HM CLASS NUMBER			

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE <input type="checkbox"/> 1 - PERSONAL <input type="checkbox"/> 2 - COMMERCIAL <input type="checkbox"/> 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
		<input type="checkbox"/> HAS HM PLACARD		

SPECIAL FUNCTION 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER 09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP. 17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA <input type="checkbox"/> 01 - NONE <input type="checkbox"/> 02 - CENTER FRONT <input type="checkbox"/> 03 - RIGHT FRONT <input type="checkbox"/> 04 - RIGHT SIDE <input type="checkbox"/> 05 - RIGHT REAR <input type="checkbox"/> 06 - REAR CENTER <input type="checkbox"/> 07 - LEFT REAR 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER	ACTION <input type="checkbox"/> 1 - NON-CONTACT <input type="checkbox"/> 2 - NON-COLLISION <input type="checkbox"/> 3 - STRIKING <input type="checkbox"/> 4 - STRUCK <input type="checkbox"/> 5 - STRIKING/STRUCK <input type="checkbox"/> 9 - UNKNOWN
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PRE-CRASH ACTIONS 01 99 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY 02 SECONDARY <input type="checkbox"/> 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENCE MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/> 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN OR SUPPORT 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILEOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED 5 <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED	POSTED SPEED 25	TRAFFIC CONTROL 04 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
2017-00023460

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE WILSON, JOHN, WAYNE	DATE OF BIRTH 09131948	AGE 068	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 947 JONES AVE ,OH 43055	CONTACT PHONE- INCLUDE AREA CODE 740-877-7714
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INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER NE896288	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (LOCAL CODE) <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE UNKNOWN, 02, 2017-00023460	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/>
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES 2	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 99	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 15	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 7	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (LOCAL CODE) <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)	6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/>
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/>
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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