



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

2017-00028993

CRASH SEVERITY

3 1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

☒ PHOTOS TAKEN
☐ OH-2 ☐ OH-1P
☐ OH-3 ☐ OTHER☐ PDO UNDER STATE REPORTABLE DOLLAR AMOUNT☐ PRIVATE PROPERTYREPORTING AGENCY NCIC *
04501REPORTING AGENCY NAME *
Newark Police DepartmentNUMBER OF UNITS
02UNIT IN ERROR
02 98 - ANIMAL
99 - UNKNOWNCOUNTY *
45CITY *
NEWARKCRASH DATE *
10172017TIME OF CRASH
1115DAY OF WEEK
Tue

DEGREES / MINUTES / SECONDS

LATITUDE
40° 03' 37.11"LONGITUDE
-82° 23' 14.11"

DECIMAL DEGREES

LATITUDE
LONGITUDEROADWAY DIVISION
☐ DIVIDED
☒ UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL
N - NORTHBOUND E - EASTBOUND
S - SOUTHBOUND W - WESTBOUNDNUMBER 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

LOCATION ROUTE TYPE 1

LOCATION ROUTE NUMBER

LOC PREFIX N, S, E, W

LOCATION ROAD NAME
MAIN

ST LOCATION ROAD TYPE 2

ROUTE TYPES 1
IR - INTERSTATE ROUTE (INC. TURNPIKE)
US - US ROUTE
SR - STATE ROUTECR - NUMBERED COUNTY ROUTE
TR - NUMBERED TOWNSHIP ROUTEDISTANCE FROM REFERENCE
20 MILES
3 FEET
3 YARDS

DIR FROM REF N, S, E, W

REFERENCE ROUTE TYPE 1

REFERENCE ROUTE NUMBER

REF PREFIX N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)
292 E. Main

ST REFERENCE ROAD TYPE 2

REFERENCE POINT USED
3 1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBERCRASH LOCATION
10 01 - NOT AN INTERSECTION
02 - FOUR-WAY INTERSECTION
03 - T-INTERSECTION
04 - Y-INTERSECTION
05 - TRAFFIC CIRCLE/ROUNDBOAT06 - FIVE-POINT, OR MORE
07 - ON RAMP
08 - OFF RAMP
09 - CROSSOVER
10 - DRIVEWAY/ALLEY ACCESS11 - RAILWAY GRADE CROSSING
12 - SHARED-USE PATHS OR TRAILS
99 - UNKNOWN☒ INTERSECTION RELATEDLOCATION OF FIRST HARMFUL EVENT
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE TRAFFICWAY
9 - UNKNOWNROAD CONTOUR
1 1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL4 - CURVE GRADE
9 - UNKNOWNROAD CONDITIONS
PRIMARY
01

SECONDARY

01 - DRY
02 - WET
03 - SNOW
04 - ICE05 - SAND, MUD, DIRT, OIL, GRAVEL
06 - WATER (STANDING, MOVING)
07 - SLUSH
08 - DEBRIS*09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*
10 - OTHER
99 - UNKNOWN

* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT
6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
2 - REAR-END
3 - HEAD-ON
4 - REAR-TO-REAR5 - BACKING
6 - ANGLE
7 - SIDESWIPE, SAME DIRECTION
8 - SIDESWIPE, OPPOSITE DIRECTION
9 - UNKNOWNWEATHER
11 - CLEAR
2 - CLOUDY
3 - FOG, SMOG, SMOKE
4 - RAIN
5 - SLEET, HAIL
6 - SNOW
7 - SEVERE CROSSWINDS
8 - BLOWING SAND, SOIL, DIRT, SNOW
9 - OTHER/UNKNOWNROAD SURFACE
2 1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL, STONE
5 - DIRT
6 - OTHERLIGHT CONDITIONS
PRIMARY
1SECONDARY
1 - DAYLIGHT
2 - DAWN
3 - DUSK
4 - DARK - LIGHTED ROADWAY5 - DARK - ROADWAY NOT LIGHTED
6 - DARK - UNKNOWN ROADWAY LIGHTING
7 - GLARE*
8 - OTHER
9 - UNKNOWN

* SECONDARY CONDITION ONLY

☐ SCHOOL ZONE RELATEDSCHOOL 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
2 - LANE SHIFT/CROSSOVER
3 - WORK ON SHOULDER OR MEDIAN
4 - INTERMITTENT OR MOVING WORK
5 - OTHER

LOCATION OF CRASH IN WORK ZONE

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

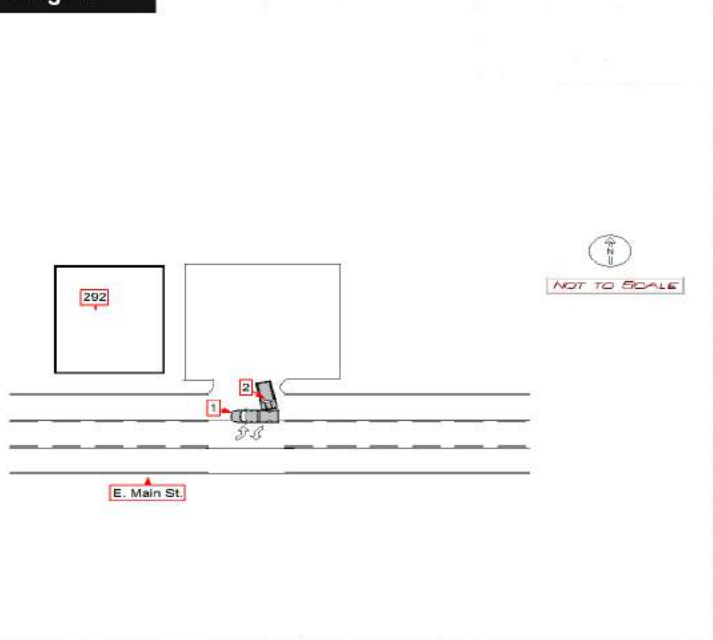
NARRATIVE

Unit 01 was westbound on E. Main St. in area of 292 E. Main St. Unit

02 failed to yield right of way when making left turn from private

business located at 292 E. Main St. and struck right side of unit 01

Diagram



REPORT TAKEN BY

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

DATE CRASH REPORTED

10172017

TIME CRASH REPORTED

1826

DISPATCH TIME

1845

ARRIVAL TIME

1846

TIME CLEARED

2011

OTHER INVESTIGATION TIME

TOTAL MINUTES

105

OFFICER'S NAME *

Snelling, Brett

OFFICER'S BADGE NUMBER

45NPD-315

CHECKED BY

PAGE 1 OF 4



UNIT

LOCAL REPORT NUMBER

2017-00028993

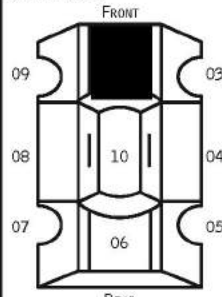
UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER) LEVY, SAMUEL, J	OWNER PHONE NUMBER - INC. AREA CODE (☒ SAME AS DRIVER) 614-402-0277	DAMAGE SCALE 2	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER) 562 MAIN ST, OH 43055			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE OH	LICENSE PLATE NUMBER GKF5229	VEHICLE IDENTIFICATION NUMBER 1FTPW14V98FA63938	# OCCUPANTS 1	
VEHICLE YEAR 2008	VEHICLE MAKE Ford	VEHICLE MODEL F150XL	VEHICLE COLOR 	
☒ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Esurance	POLICY NUMBER PAOH6834703	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 >4 FT) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY ☐ HIT / SKIP UNIT	
HM PLACARD ID NO. 	HAZARDOUS MATERIAL RELEASED ☐	UNIT TYPE 07 99 - UNKNOWN OR HIT / SKIP	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
Non-Motorist LOCATION PRIOR TO IMPACT 01 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 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT ☐ IN EMERGENCY RESPONSE	Has HM Placard ☐	Non-Motorist 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	
SPECIAL FUNCTION 01 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 - TRAM 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 04 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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	Non-Motorist 13 - ENTERING OR CROSSING SPECIFIED LOCATION 14 - OTHER MOTORIST ACTION 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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UNIT

LOCAL REPORT NUMBER

2017-00028993

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) MCELROY, MICHAEL, T	OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER) 740-348-9867	DAMAGE SCALE 2	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER) 435 CLARENDON ST, OH 43055			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE OH	LICENSE PLATE NUMBER FGG6120	VEHICLE IDENTIFICATION NUMBER 1FMYU70E41UB31854	# OCCUPANTS 1	
VEHICLE YEAR 2001	VEHICLE MAKE Ford	VEHICLE MODEL EXPLORER	VEHICLE COLOR	
☐ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY	
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2017-00028993

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE LEVY, SAMUEL, J				DATE OF BIRTH 11251963				AGE 053	GENDER ☐ F - FEMALE ☐ M - MALE		
ADDRESS, CITY, STATE, ZIP 562 E MAIN ST ,OH 43055								CONTACT PHONE- INCLUDE AREA CODE 614-402-0277				
INJURIES 1	INJURED TAKEN BY ☐	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED ☐		DOT COMPLIANT MOTORCYCLE HELMET ☐	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER RT452738		OL CLASS 4	No VALID OL ☐	M/C END. ☐	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (☐ LOCAL CODE)			OFFENSE DESCRIPTION				CITATION NUMBER		HANDS-FREE DEVICE USED ☐		DRIVER DISTRACTED BY 1	
UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE MCELROY, CHASITY, LONETTE				DATE OF BIRTH 02231972				AGE 045	GENDER F F - FEMALE M M - MALE		
ADDRESS, CITY, STATE, ZIP 435 CLARENDON ST ,OH 43055								CONTACT PHONE- INCLUDE AREA CODE				
INJURIES 1	INJURED TAKEN BY ☐	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED ☐		DOT COMPLIANT MOTORCYCLE HELMET ☐	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER RN922506		OL CLASS ☐	No VALID OL ☐	M/C END. ☐	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (☐ LOCAL CODE)			OFFENSE DESCRIPTION				CITATION NUMBER		HANDS-FREE DEVICE USED ☐		DRIVER DISTRACTED BY 1	
4510.11			Driving Under Suspension - All Other Suspensions				N206203					
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 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED		Non-Motorist 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS,KNEES, ETC)		12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER		
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		
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		
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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