



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

2017-00029313

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 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 *

10202017

TIME OF CRASH

1711

DAY OF WEEK

Fri

DEGREES / MINUTES / SECONDS

LATITUDE 0 / ' " LONGITUDE 0 / ' "

DECIMAL DEGREES

LATITUDE 40.049021 LONGITUDE -81.243990

ROADWAY DIVISION

☐ DIVIDED
☒ 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

LOCATION ROUTE TYPE 1

LOCATION ROUTE NUMBER

LOC PREFIX N,S,E,W

S

30

LOCATION ROAD NAME

ST

LOCATION ROUTE TYPE 2

ROUTE TYPES 1

IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE
SR - STATE ROUTE

DISTANCE FROM REFERENCE

☐ MILES
☐ FEET
☐ YARDS

DIR FROM REF

☐ N,S,E,W

REFERENCE ROUTE TYPE 1

REFERENCE ROUTE NUMBER

REF PREFIX N,S,E,W

MAIN

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

ST

REFERENCE ROAD TYPE 2

REFERENCE POINT USED

1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBER

CRASH LOCATION

02

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/ROUNDOUT 10 - DRIVEWAY/ALLEY ACCESS☒ INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT

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

ROAD CONTOUR

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

ROAD CONDITIONS

PRIMARY

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

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

WEATHER

1

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

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 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

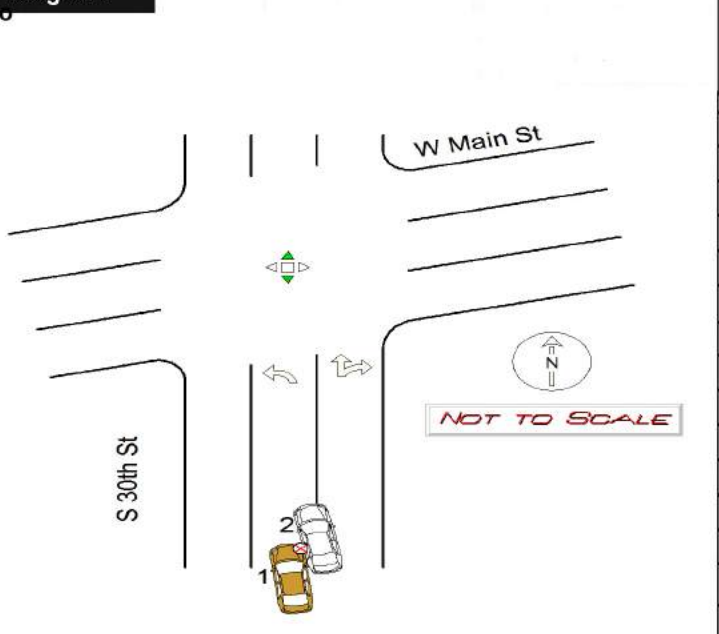
LOCATION OF CRASH IN WORK ZONE

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 traveling northbound on 30th St and was changing lanes into the left hand turn lane at W Main St. Unit 1 was behind Unit 2 and drove over the solid center line in attempt to drive past Unit 2 and enter the left hand turn lane as well. Unit 1 struck Unit 2 on the driver's side and scraped down the length of the vehicle. Unit 1 was found at fault. Pictures are included in the report.

Diagram



REPORT TAKEN BY

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

DATE CRASH REPORTED

10202017

TIME CRASH REPORTED

5: PM

DISPATCH TIME

1715

ARRIVAL TIME

1716

TIME CLEARED

1816

OTHER INVESTIGATION TIME

0000

TOTAL MINUTES

60

OFFICER'S NAME *

Nauman, Oren

OFFICER'S BADGE NUMBER

45NPD-358

CHECKED BY

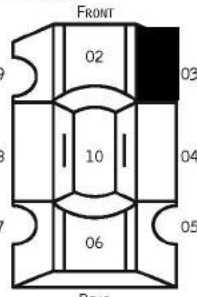
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UNIT

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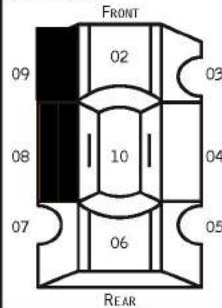
UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) LACEY, WYONNA, NICOLE	OWNER PHONE NUMBER - INC. AREA CODE (☒ SAME AS DRIVER) 740-670-3272	DAMAGE SCALE 2	DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER) 13546 SHELL BEACH RD NE , THORNVILLE , OH			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN		
LP STATE OH	LICENSE PLATE NUMBER HEG2443	VEHICLE IDENTIFICATION NUMBER 1G1ZT52834F199202	# OCCUPANTS 04		
VEHICLE YEAR 2004	VEHICLE MAKE Chevrolet	VEHICLE MODEL MALIBU	VEHICLE COLOR		
☒ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY progressive ins.	POLICY NUMBER 916188324	TOWED BY		
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE		
US DOT	VEHICLE WEIGHT GVWR/GCWR 1 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 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		
HM PLACARD ID NO. 1	☐ HAZARDOUS MATERIAL RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	☐ HIT / SKIP UNIT		
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	UNIT TYPE 03 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 (BOAT/AIL) 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	
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UNIT

LOCAL REPORT NUMBER

2017-00029313

UNIT NUMBER 02		OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) BURKHART, BARBARA, T		OWNER PHONE NUMBER - INC. AREA CODE (☒ SAME AS DRIVER) 740-641-6789		DAMAGE SCALE 3		DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER) 5887 SOUTH FORK RD SE , OH 43056						1 - NONE			
LP STATE OH		LICENSE PLATE NUMBER GMU1761		VEHICLE IDENTIFICATION NUMBER 4T4BE46K09R106269		# OCCUPANTS 01		2 - MINOR	
VEHICLE YEAR 2009		VEHICLE MAKE Toyota		VEHICLE MODEL CAMRY		VEHICLE COLOR		3 - FUNCTIONAL	
☒ PROOF OF INSURANCE SHOWN		INSURANCE COMPANY MILLS INSURANC		POLICY NUMBER Q038009220		TOWED BY		4 - DISABLING	
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2017-00029313

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE LACEY, WYONNA, NICOLE				DATE OF BIRTH 02121996		AGE 021	GENDER F F - FEMALE M - MALE				
ADDRESS, CITY, STATE, ZIP 13546 SHELL BEACH RD NE, THORNVILLE, OH							CONTACT PHONE - INCLUDE AREA CODE 740-670-3272					
INJURIES 1	INJURED TAKEN BY ☐	EMS AGENCY ☐	MEDICAL FACILITY INJURED TAKEN TO ☐		SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET ☐	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER UE774767		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		
UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE TULLOS, BRANDI, JANE				DATE OF BIRTH 02071991		AGE 026	GENDER F F - FEMALE M - MALE				
ADDRESS, CITY, STATE, ZIP 1604 CRYSTAL CT, OH							CONTACT PHONE - INCLUDE AREA CODE 740-641-6789					
INJURIES 1	INJURED TAKEN BY ☐	EMS AGENCY ☐	MEDICAL FACILITY INJURED TAKEN TO ☐		SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET ☐	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER TH048485		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		
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 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				
UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE HOLLOWAY, DANIEL, JOSEPH				DATE OF BIRTH 08311995		AGE 022	GENDER M F - FEMALE M - MALE				
ADDRESS, CITY, STATE, ZIP 327 UNION ST, NEWARK, OH 43055							CONTACT PHONE - INCLUDE AREA CODE 740-258-5235					
INJURIES 1	INJURED TAKEN BY ☐	EMS AGENCY ☐	MEDICAL FACILITY INJURED TAKEN TO ☐		SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET ☐	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE JACOBS, SAVANNAH, JEAN				DATE OF BIRTH 12261997		AGE 019	GENDER F F - FEMALE M - MALE				
ADDRESS, CITY, STATE, ZIP 121 IMPERIAL ST, NEW LEXINGTON, OH							CONTACT PHONE - INCLUDE AREA CODE 740-328-9978					
INJURIES 1	INJURED TAKEN BY ☐	EMS AGENCY ☐	MEDICAL FACILITY INJURED TAKEN TO ☐		SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET ☐	SEATING POSITION 04	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2017-00029313

UNIT NUMBER 	NAME: LAST, FIRST, MIDDLE 	DATE OF BIRTH 	AGE 	GENDER F - FEMALE 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 MOTORCYCLE HELMET 	SEATING POSITION 	AIR BAG USAGE 	EJECTION 	TRAPPED 			
OL STATE 	OPERATOR LICENSE NUMBER 	OL CLASS 	No VALID OL 	M/C END. 	CONDITION 	ALCOHOL/DRUG SUSPECTED 	ALCOHOL TEST STATUS 	ALCOHOL TEST TYPE 	ALCOHOL TEST VALUE 	DRUG TEST STATUS 	DRUG TEST TYPE 	
OFFENSE CHARGED (☐ LOCAL CODE) 		OFFENSE DESCRIPTION 			CITATION NUMBER 		HANDS-FREE DEVICE USED 	DRIVER DISTRACTED BY 				
UNIT NUMBER 	NAME: LAST, FIRST, MIDDLE 	DATE OF BIRTH 	AGE 	GENDER F - FEMALE 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 MOTORCYCLE HELMET 	SEATING POSITION 	AIR BAG USAGE 	EJECTION 	TRAPPED 			
OL STATE 	OPERATOR LICENSE NUMBER 	OL CLASS 	No VALID OL 	M/C END. 	CONDITION 	ALCOHOL/DRUG SUSPECTED 	ALCOHOL TEST STATUS 	ALCOHOL TEST TYPE 	ALCOHOL TEST VALUE 	DRUG TEST STATUS 	DRUG TEST TYPE 	
OFFENSE CHARGED (☐ LOCAL CODE) 		OFFENSE DESCRIPTION 			CITATION NUMBER 		HANDS-FREE DEVICE USED 	DRIVER DISTRACTED BY 				
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 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				
UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE HOLLOWAY, SAFIYA	DATE OF BIRTH 11282016	AGE 000	GENDER F F - FEMALE M - MALE								
ADDRESS, CITY, STATE, ZIP 327 UNION ST J12 ,NEWARK ,OH 43055			CONTACT PHONE - INCLUDE AREA CODE 740-258-5235									
INJURIES 1	INJURED TAKEN BY 	EMS AGENCY 	MEDICAL FACILITY INJURED TAKEN TO 	SAFETY EQUIPMENT USED 05	DOT COMPLIANT MOTORCYCLE HELMET 	SEATING POSITION 06	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
UNIT NUMBER 	NAME: LAST, FIRST, MIDDLE 	DATE OF BIRTH 	AGE 	GENDER F - FEMALE 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 MOTORCYCLE HELMET 	SEATING POSITION 	AIR BAG USAGE 	EJECTION 	TRAPPED 			