



TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * | CRASH SEVERITY | HIT/SKIP |
| 2017-00032448 | 2 1 - FATAL 2 - INJURY 3 - PDO | <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED |

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| LOCAL INFORMATION | REPORTING AGENCY NCIC * | REPORTING AGENCY NAME * |
| 17-32448 | 04501 | Newark Police Department |

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| <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 | NUMBER OF UNITS | UNIT IN ERROR |
| | | | 02 | 99 98 - ANIMAL 99 - UNKNOWN |
| COUNTY * | CITY * | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * | TIME OF CRASH |
| 45 | <input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP * | NEWARK | 11222017 | 2228 |
| DEGREES / MINUTES / SECONDS | | | DECIMAL DEGREES | |
| LATITUDE | | | LATITUDE | |
| LONGITUDE | | | LONGITUDE | |
| | | | 40.048897 | |
| | | | -81.244166 | |

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| ROADWAY DIVISION | DIVIDED LANE DIRECTION OF TRAVEL | NUMBER OF THRU LANES | ROAD TYPES OR MILEPOST 2 |
| <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED | <input type="checkbox"/> N - NORTHBOUND E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND | 02 | 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 NUMBER | LOC PREFIX N,S,E,W | LOCATION ROAD NAME | ROUTE TYPES 1 |
| | N | 30 | IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE |
| DISTANCE FROM REFERENCE | DIR FROM REF | REFERENCE ROUTE NUMBER | REF PREFIX N,S,E,W |
| <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS | <input type="checkbox"/> N,S,E,W <input type="checkbox"/> E,W | | W |
| | | | MAIN |
| REFERENCE POINT USED | CRASH LOCATION | LOCATION OF FIRST HARMFUL EVENT | |
| 1 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | 02 01 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE 02 - FOUR-WAY INTERSECTION 07 - ON RAMP 03 - T-INTERSECTION 08 - OFF RAMP 04 - Y-INTERSECTION 09 - CROSSOVER 05 - TRAFFIC CIRCLE/ROUNDBOAT 10 - DRIVEWAY/ALLEY ACCESS | 1 1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIAN 9 - UNKNOWN 4 - ON ROADSIDE | <input checked="" type="checkbox"/> INTERSECTION RELATED |

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| ROAD CONTOUR | ROAD CONDITIONS | WEATHER |
| 1 1 - STRAIGHT LEVEL 4 - CURVE GRADE 2 - STRAIGHT GRADE 9 - UNKNOWN 3 - CURVE LEVEL | 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* | 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 |
| MANNER OF CRASH COLLISION/IMPACT | WEATHER | |
| 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 | | |

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| ROAD SURFACE | LIGHT CONDITIONS | SCHOOL BUS RELATED |
| 2 1 - CONCRETE 4 - SLAG, GRAVEL, STONE 2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT 3 - BRICK/BLOCK 6 - OTHER | PRIMARY 4 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 | <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
| WORK ZONE RELATED | TYPE OF WORK ZONE | LOCATION OF CRASH IN WORK ZONE |
| <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | <input type="checkbox"/> 1 - LANE CLOSURE 4 - INTERMITTENT OR MOVING WORK 2 - LANE SHIFT/CROSSOVER 5 - OTHER 3 - WORK ON SHOULDER OR MEDIAN | <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA 2 - ADVANCE WARNING AREA 5 - TERMINATION AREA 3 - TRANSITION AREA |

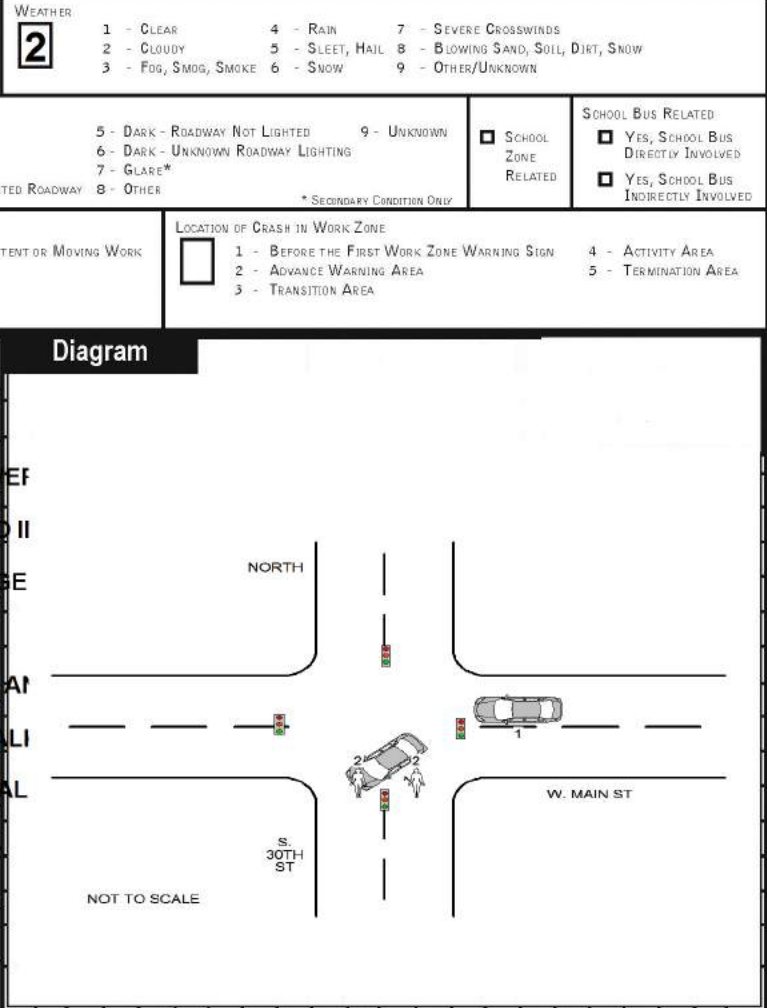
NARRATIVE

UNIT 1 WAS MAKING A LEFT TURN FROM W. MAIN ST TO S. 30TH ST. UNIT 1 DRIVER STATED HE HAD THE GREEN TURN SIGNAL BEFORE HE PROCEEDED INTO THE INTERSECTION. UNIT 1 DRIVER STATED HE DIDN'T SEE THE FEMALE-UNIT 2 WHO WAS DRESSED IN ALL BLACK CLOTHES BEFORE HE STRUCK HER. MINOR DAMAGE TO UNIT 1 HOOD FROM CRASH.

UNIT 2 WAS TRANSPORTED TO LMH FOR INJURY TO HER HEAD AND LEFT LEG. UNIT 2 STATED SHE WAS WALKING IN THE CROSSWALK EAST TO WEST. UNIT 2 STATED SHE THOUGHT SHE HAD THE WAL SIGNAL AND WAS IN THE MIDDLE OF THE STREET/CROSSWALK.

UNIT 2 DIDN'T WANT TO MAKE A WRITTEN STATEMENT. NO WITNESSES TO THE CRASH.

REPORT TAKEN BY POLICE AGENCY MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)



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| DATE CRASH REPORTED | TIME CRASH REPORTED | DISPATCH TIME | ARRIVAL TIME | TIME CLEARED | OTHER INVESTIGATION TIME | TOTAL MINUTES |
| 11222017 | 10PM | 2229 | 2232 | 0015 | | |
| OFFICER'S NAME * | OFFICER'S BADGE NUMBER | CHECKED BY | | | | |
| Delancey, Travis | 45NPD-326 | | | | | |



UNIT

LOCAL REPORT NUMBER

2017-00032448

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| UNIT NUMBER 01 | | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) KREAGER, CLARK, JEFFERSON | | OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) 740-877-7851 | | DAMAGE SCALE 2 | | DAMAGED AREA | | | |
| OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 3114 MARTINSBURG RD NE ,OH 43055 | | | | | | | | | | | |
| LP STATE OH | | LICENSE PLATE NUMBER GIX4195 | | VEHICLE IDENTIFICATION NUMBER 5YFBURHEXE120936 | | | # OCCUPANTS 1 | | | | |
| VEHICLE YEAR 2014 | | VEHICLE MAKE Toyota | | VEHICLE MODEL COROLLA | | VEHICLE COLOR | | | | | |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN | | INSURANCE COMPANY allstate ins. | | 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 <input type="checkbox"/> 01 - NO CARGO BODY TYPE/NOT APPLICABLE <input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE <input type="checkbox"/> 05 - LOGGING <input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 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 type="checkbox"/> HIT / SKIP UNIT | | | |
| HM PLACARD ID NO. | | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED | | 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/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST | | | |
| NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK <input type="checkbox"/> 03 - INTERSECTION - OTHER <input type="checkbox"/> 04 - MIDDLEBCK - MARKED CROSSWALK <input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 06 - BICYCLE LANE <input type="checkbox"/> 07 - SHOULDER/ROADSIDE <input type="checkbox"/> 08 - SIDEWALK <input type="checkbox"/> 09 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL <input type="checkbox"/> 12 - NON-TRAFFICWAY AREA <input type="checkbox"/> 99 - OTHER/UNKNOWN | | TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | | UNIT TYPE 02 99 - UNKNOWN OR HIT / SKIP | | <input type="checkbox"/> HAS HM PLACARD | | | | | |
| 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 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE) | | MOST DAMAGED AREA 02 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 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 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN | |
| PRE-CRASH ACTIONS 06 MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN | | | | | | | | | | | |
| 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 | | | | | | | | | | | |
| CONTRIBUTING CIRCUMSTANCES PRIMARY 99 | | 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 | | NON-MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT 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 | | 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 | | | | | |
| SECONDARY <input type="checkbox"/> | | 99 - UNKNOWN | | | | | | | | | |
| SEQUENCE OF EVENTS 1 14 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 | | 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 | | COLLISION WITH FIXED OBJECT 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 | | | | | | | | | |
| UNIT SPEED 10 | | POSTED SPEED 35 | | 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 | | UNIT DIRECTION FROM 3 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | | | |
| <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | | | | 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED | | 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN | | | | | |



UNIT

LOCAL REPORT NUMBER

2017-00032448

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| 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 02 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 |

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| 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 |
| HM PLACARD ID NO. | <input type="checkbox"/> 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 | <input type="checkbox"/> HIT / SKIP UNIT |
| HM CLASS NUMBER | | | |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDDLEBLOCK - 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 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 26 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 | 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 | | | | | |

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| 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 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR | 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER | 99 - UNKNOWN | ACTION 01 - NON-CONTACT 02 - NON-COLLISION 03 - STRIKING 04 - STRUCK 05 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS 16 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 99 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 NEGLIGENT 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 | COLLISION WITH FIXED 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 <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | POSTED SPEED | 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
2017-00032448

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

| | | | | |
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| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE KREAGER, CLARK, JEFFERSON | DATE OF BIRTH 08041994 | AGE 023 | GENDER <input type="checkbox"/> F - FEMALE <input checked="" type="checkbox"/> M - MALE |
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| ADDRESS, CITY, STATE, ZIP 3114 MARTINSBURG RD NE ,OH 43055 | CONTACT PHONE- INCLUDE AREA CODE 740-877-7851 |
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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 TU682121 | 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 LATTIMER, COURTNEY, MARIE | DATE OF BIRTH 11221995 | AGE 022 | GENDER <input type="checkbox"/> F - FEMALE <input checked="" type="checkbox"/> M - MALE |
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| ADDRESS, CITY, STATE, ZIP 1284 SHIDE AVE ,OH 43055 | CONTACT PHONE- INCLUDE AREA CODE 740-637-8438 |
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| INJURIES 3 | INJURED TAKEN BY 2 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 09 | 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 OH | OPERATOR LICENSE NUMBER UM747850 | 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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| 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 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) |
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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 <input type="checkbox"/> | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH <input type="checkbox"/> | AGE <input type="checkbox"/> | GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE |
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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 <input type="checkbox"/> | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH <input type="checkbox"/> | AGE <input type="checkbox"/> | GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE |
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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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