



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

2017-00034822

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 \*

12182017

TIME OF CRASH

1841

DAY OF WEEK

Mon

DEGREES / MINUTES / SECONDS

LATITUDE  
0 / /

LONGITUDE

0 / /

DECIMAL DEGREES

LATITUDE

40.060774

LONGITUDE

-8.245089

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  
AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY PL - PLACE  
BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE RD - ROAD  
SQ - SQUARE TL - TRAIL

LOCATION ROUTE TYPE 1

LOCATION ROUTE NUMBER

LOC PREFIX N, S, E, W

LOCATION ROAD NAME

Granville

RD

LOCATION ROAD TYPE 2

ROUTE TYPES 1

IR - INTERSTATE ROUTE (INC. TURNPIKE)

US - US ROUTE

SR - STATE ROUTE

CR - NUMBERED COUNTY ROUTE

TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE

☐ MILES  
☐ FEET  
☐ YARDS

DIR FROM REF N, S, E, W

☐ F

REFERENCE ROUTE TYPE 1

REFERENCE ROUTE NUMBER

☐ F

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

Country Club

REF PREFIX N, S, E, W

☐ F

REFERENCE ROAD TYPE 2

DR

REFERENCE POINT USED

1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBER

CRASH LOCATION

02

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 RELATED

LOCATION OF FIRST HARMFUL EVENT

1 - ON ROADWAY  
2 - ON SHOULDER  
3 - IN MEDIAN  
4 - ON ROADSIDE

5 - ON GORE

6 - OUTSIDE TRAFFICWAY

9 - UNKNOWN

ROAD CONTOUR

2 1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL4 - CURVE GRADE  
9 - UNKNOWN

ROAD CONDITIONS

PRIMARY 02

SECONDARY

01 - DRY

02 - WET  
03 - SNOW  
04 - ICE

05 - 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

8 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 DIRECTION8 - SIDESWIPE, OPPOSITE DIRECTION  
9 - UNKNOWN

WEATHER

4

1 - CLEAR  
2 - CLOUDY  
3 - FOG, SMOG, SMOKE4 - RAIN  
5 - SLEET, HAIL  
6 - SNOW7 - SEVERE CROSSWINDS  
8 - BLOWING SAND, SOIL, DIRT, SNOW  
9 - OTHER/UNKNOWN

ROAD SURFACE

2 1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK4 - SLAG, GRAVEL, STONE  
5 - DIRT  
6 - OTHER

LIGHT CONDITIONS

4 PRIMARY

SECONDARY

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 BUS RELATED

☐ SCHOOL ZONE RELATED

SCHOOL BUS INVOLVED

☐ 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 MEDIAN4 - INTERMITTENT OR MOVING WORK  
5 - OTHER

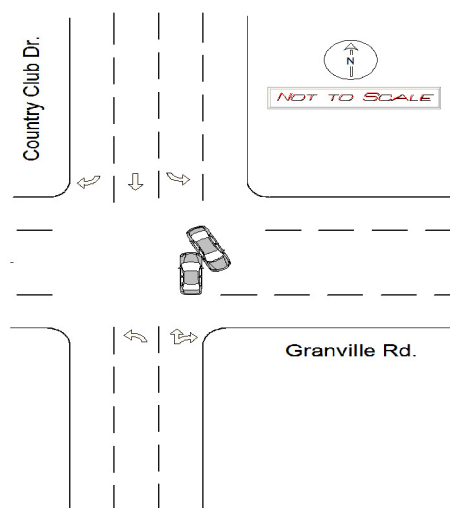
LOCATION OF CRASH IN WORK ZONE

☐ 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN  
2 - ADVANCE WARNING AREA  
3 - TRANSITION AREA4 - ACTIVITY AREA  
5 - TERMINATION AREA

NARRATIVE

Unit 1 was traveling south on Country Club Dr. and was turning east on to Granville Rd. While doing this Unit 1 turned in front Unit 2 which was traveling north on Country Club Dr. causing Unit 2 to side swipe Unit 1. Unit 1 stated that he did not see Unit 2. Unit 2 stated that Unit 1 turned so fast in front of him that he did not have time to avoid hitting him.

Diagram



REPORT TAKEN BY

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

DATE CRASH REPORTED

12182017

TIME CRASH REPORTED

1841

DISPATCH TIME

1845

ARRIVAL TIME

1858

TIME CLEARED

1930

OTHER INVESTIGATION TIME

TOTAL MINUTES

49

OFFICER'S NAME \*

Sholl, Benjamin D

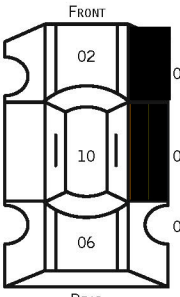
OFFICER'S BADGE NUMBER

45NPD-366

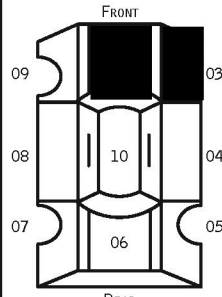
CHECKED BY

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| UNIT NUMBER<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>BARNES, CASEY, PATRICK</b>                                                                             | OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>614-427-8730</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | DAMAGE SCALE<br><b>4</b>                                                                                                                                                                                                                                                                                        | DAMAGED AREA<br>                                                         |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>1420 LONDONDALE PKWY ,NEWARK ,OH 43055</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE NUMBER<br><b>HAW3066</b>                                                                                                                                                              | VEHICLE IDENTIFICATION NUMBER<br><b>J S 2 R D 6 1 H 9 6 5 3 5 1 0 8 7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | # OCCUPANTS<br><b>1</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                             |
| VEHICLE YEAR<br><b>2006</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VEHICLE MAKE<br><b>Suzuki</b>                                                                                                                                                                       | VEHICLE MODEL<br><b>Aerio SX</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VEHICLE COLOR                                                                                                                                                                                                                                                                                                   |                                                                                                                                                             |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | INSURANCE COMPANY<br><b>progressive ins.</b>                                                                                                                                                        | POLICY NUMBER<br><b>913234984</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | TOWED BY<br><b>Tripple A</b>                                                                                                                                                                                                                                                                                    |                                                                                                                                                             |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                 | CARRIER PHONE- INCLUDE AREA CODE                                                                                                                            |
| US DOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS.<br><input type="checkbox"/> 2 - 10,001 TO 26,000 LBS.<br><input type="checkbox"/> 3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<br><input type="checkbox"/> 01 - No CARGO BODY TYPE/NOT APPLICABLE<br><input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br><input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER)<br><input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE<br><input type="checkbox"/> 05 - LOGGING<br><input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS<br><input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX<br><input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TRAFFICWAY DESCRIPTION<br><b>1</b> 1 - Two-Way, NOT DIVIDED<br>2 - Two-Way, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - Two-Way, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN<br>4 - Two-Way, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - One-Way Trafficway<br><input type="checkbox"/> HIT / SKIP UNIT |                                                                                                                                                             |
| HM PLACARD ID No.<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | HAZARDOUS MATERIAL RELEASED<br><input type="checkbox"/>                                                                                                                                             | UNIT TYPE<br><b>03</b> 99 - UNKNOWN OR HIT / SKIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |
| Non-Motorist LOCATION Prior to Impact<br><input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - Non-Trafficway AREA<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TYPE OF USE<br><b>1</b> 1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE                                                                          | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE<br>MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE<br>BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>Non-Motorist<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER Non-Motorist<br><input type="checkbox"/> HAS HM PLACARD |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |
| SPECIAL FUNCTION<br><b>01</b> 01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (Over 10k Lbs)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP.                                 | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MOST DAMAGED AREA<br><b>04</b> 01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR                                                                                                                                                   | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL(ALL AREAS)<br>14 - OTHER<br>99 - UNKNOWN |
| ACTION<br><b>4</b> 1 - Non-CONTACT<br>2 - Non-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |
| PRE-CRASH ACTIONS<br><b>06</b> MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>99 - UNKNOWN<br>07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |
| Non-Motorist<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING<br>21 - OTHER Non-Motorist ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>07</b> 01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD<br>SECONDARY<br><input type="checkbox"/> 99 - UNKNOWN<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENCE MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/Wrong Way<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |
| VEHICLE DEFECTS<br><input type="checkbox"/> 01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN<br>COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN/ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>Non-Collision EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN OR SUPPORT<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER Non-COLLISION<br>COLLISION WITH FIXED OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                             |
| UNIT SPEED<br><b>5</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | POSTED SPEED<br><b>35</b>                                                                                                                                                                           | TRAFFIC CONTROL<br><b>04</b> 01 - No CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | UNIT DIRECTION<br>FROM <b>S</b> TO <b>E</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN                                                                                                                                |                                                                                                                                                             |

2017-00034822

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| UNIT NUMBER<br><b>02</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)<br><b>Diallo, Kadya</b>                                                                                                                                                                                                                                                                                                                                                              | OWNER PHONE NUMBER - INC. AREA CODE (☒ SAME AS DRIVER)<br><b>614-843-9259</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | DAMAGE SCALE<br><b>3</b>                                                                                                                                                                                                                                                                                        | DAMAGED AREA<br>                                                                                                                                                                                        |
| OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER)<br><b>5020 DEEP CT, COLUMBUS, OH</b>                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                            |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      | LICENSE PLATE NUMBER<br><b>GMQ3180</b>                                                                                                                                                                                                                                                                                                                                                                                                  | VEHICLE IDENTIFICATION NUMBER<br><b>19XFB2F5XC092894</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | # OCCUPANTS<br><b>1</b>                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                            |
| VEHICLE YEAR<br><b>2012</b>                                                                                                                                                                                                                                                                                                                                                                                                                                | VEHICLE MAKE<br><b>Honda</b>                                                                                                                                                                                                                                                                                                                                                                                                            | VEHICLE MODEL<br><b>CIVIC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | VEHICLE COLOR                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                            |
| PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                            | INSURANCE COMPANY<br><b>Travelers Prop Cas</b>                                                                                                                                                                                                                                                                                                                                                                                          | POLICY NUMBER<br><b>9947434052031</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | TOWED BY                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                            |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | CARRIER PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                            |
| US DOT                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS.<br><input type="checkbox"/> 2 - 10,001 TO 26,000 LBS.<br><input type="checkbox"/> 3 - MORE THAN 26,000 LBS.                                                                                                                                                                                                                                     | CARGO BODY TYPE<br><input type="checkbox"/> 01 - No CARGO BODY TYPE/NOT APPLICABLE<br><input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br><input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER)<br><input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE<br><input type="checkbox"/> 05 - LOGGING<br><input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS<br><input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX<br><input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL                                                                                                                                                                                                                                                           | TRAFFICWAY DESCRIPTION<br><b>1</b> 1 - Two-Way, NOT DIVIDED<br>2 - Two-Way, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - Two-Way, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT) MEDIAN<br>4 - Two-Way, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - One-Way Trafficway<br><input type="checkbox"/> HIT / SKIP UNIT |                                                                                                                                                                                                                                                                                            |
| HM PLACARD ID No.<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                              | HAZARDOUS MATERIAL RELEASED<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                 | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE   | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>Non-Motorist<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER Non-Motorist |
| Non-Motorist LOCATION Prior to Impact<br><input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - No CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - Non-Trafficway AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br><b>1</b> 1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                              | UNIT TYPE<br><b>02</b> 99 - UNKNOWN OR HIT / SKIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MOST DAMAGED AREA<br><b>02</b> 01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR                                                                                                                                                   | ACTION<br><b>3</b> 1 - Non-CONTACT<br>2 - Non-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN                                                                                                                                                                |
| SPECIAL FUNCTION<br><b>01</b> 01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (Over 10k Lbs)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER                                                                                                                                                                                                                                    | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP.                                                                                                                                                                                                                                                                     | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL(ALL AREAS)<br>14 - OTHER                                                                                                                                                                     | 99 - UNKNOWN                                                                                                                                                                                                                                                                               |
| PRE-CRASH ACTIONS<br><b>01</b> 01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>99 - UNKNOWN                                                                                                                                                                                                                                                                    | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS                                                                                                                                                                                                                                                                                   | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Non-Motorist<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING                                                                                                | 21 - OTHER Non-Motorist ACTION                                                                                                                                                                                                                                                             |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>01</b> 01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD                                                                                                                                          | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENCE MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/Wrong Way<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION                               | Non-Motorist<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER Non-Motorist ACTION                                                                                                                                                                                                                                                                                                                                                                                                                              | VEHICLE DEFECTS<br><input type="checkbox"/> 01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS       |                                                                                                                                                                                                                                                                                            |
| SEQUENCE OF EVENTS<br>1 <b>20</b> FIRST HARMFUL EVENT<br>2 <input type="checkbox"/> MOST HARMFUL EVENT<br>3 <input type="checkbox"/><br>4 <input type="checkbox"/><br>5 <input type="checkbox"/><br>6 <input type="checkbox"/><br>99 - UNKNOWN                                                                                                                                                                                                             | Non-Collision EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN OR SUPPORT<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER Non-COLLISION | COLLISION WITH FIXED OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                            |
| UNIT SPEED<br><b>20</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED                                                                                                                                                                                                                                                                                                                                                | POSTED SPEED<br><b>35</b>                                                                                                                                                                                                                                                                                                                                                                                                               | TRAFFIC CONTROL<br><b>04</b> 01 - No CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED                                                                                                                                                                                                                                                                                                                                                | UNIT DIRECTION<br>FROM <b>S</b> TO <b>N</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN                                                                                                                                | PAGE 3 OF 4                                                                                                                                                                                                                                                                                |



# MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

**2017-00034822**

|                                                                            |                                                            |            |                      |                                            |                                      |                                    |                                    |                                                                |                                                         |                                           |                                  |                            |
|----------------------------------------------------------------------------|------------------------------------------------------------|------------|----------------------|--------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|----------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------|----------------------------------|----------------------------|
| UNIT NUMBER<br><b>01</b>                                                   | NAME: LAST, FIRST, MIDDLE<br><b>BARNES, CASEY, PATRICK</b> |            |                      |                                            | DATE OF BIRTH<br><b>02011997</b>     |                                    |                                    |                                                                | AGE<br><b>020</b>                                       | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |                                  |                            |
| ADDRESS, CITY, STATE, ZIP<br><b>1420 LONDONDALE PKWY ,NEWARK ,OH 43055</b> |                                                            |            |                      |                                            |                                      |                                    |                                    |                                                                | CONTACT PHONE- INCLUDE AREA CODE<br><b>614-427-8730</b> |                                           |                                  |                            |
| INJURIES<br><b>1</b>                                                       | INJURED TAKEN BY<br><b>1</b>                               | EMS AGENCY |                      | MEDICAL FACILITY INJURED TAKEN TO          |                                      | SAFETY EQUIPMENT USED<br><b>04</b> |                                    | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>01</b>                           | AIR BAG USAGE<br><b>1</b>                 | EJECTION<br><b>1</b>             | TRAPPED<br><b>1</b>        |
| OL STATE<br><b>OH</b>                                                      | OPERATOR LICENSE NUMBER<br><b>UD421844</b>                 |            | OL CLASS<br><b>4</b> | <input type="checkbox"/> No<br>VALID<br>OL | <input type="checkbox"/> M/C<br>END. | CONDITION<br><b>1</b>              | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b>                                | ALCOHOL TEST TYPE<br><b>1</b>                           | ALCOHOL TEST VALUE<br><b>. . . . .</b>    | DRUG TEST STATUS<br><b>1</b>     | DRUG TEST TYPE<br><b>1</b> |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)                     |                                                            |            | OFFENSE DESCRIPTION  |                                            |                                      |                                    | CITATION NUMBER                    |                                                                | <input type="checkbox"/> HANDS-FREE<br>DEVICE<br>USED   |                                           | DRIVER DISTRACTED BY<br><b>1</b> |                            |

|                                                                |                                                            |            |                      |                                            |                                      |                                    |                                    |                                                                |                                                         |                                           |                                  |                            |
|----------------------------------------------------------------|------------------------------------------------------------|------------|----------------------|--------------------------------------------|--------------------------------------|------------------------------------|------------------------------------|----------------------------------------------------------------|---------------------------------------------------------|-------------------------------------------|----------------------------------|----------------------------|
| UNIT NUMBER<br><b>02</b>                                       | NAME: LAST, FIRST, MIDDLE<br><b>BARRY, MAMADOU, SAIDOU</b> |            |                      |                                            | DATE OF BIRTH<br><b>11211998</b>     |                                    |                                    |                                                                | AGE<br><b>019</b>                                       | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |                                  |                            |
| ADDRESS, CITY, STATE, ZIP<br><b>5020 DEEP CT ,COLUMBUS ,OH</b> |                                                            |            |                      |                                            |                                      |                                    |                                    |                                                                | CONTACT PHONE- INCLUDE AREA CODE<br><b>614-843-9259</b> |                                           |                                  |                            |
| INJURIES<br><b>1</b>                                           | INJURED TAKEN BY<br><b>1</b>                               | EMS AGENCY |                      | MEDICAL FACILITY INJURED TAKEN TO          |                                      | SAFETY EQUIPMENT USED<br><b>04</b> |                                    | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>01</b>                           | AIR BAG USAGE<br><b>1</b>                 | EJECTION<br><b>1</b>             | TRAPPED<br><b>1</b>        |
| OL STATE<br><b>OH</b>                                          | OPERATOR LICENSE NUMBER<br><b>UL711937</b>                 |            | OL CLASS<br><b>4</b> | <input type="checkbox"/> No<br>VALID<br>OL | <input type="checkbox"/> M/C<br>END. | CONDITION<br><b>1</b>              | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b>                                | ALCOHOL TEST TYPE<br><b>1</b>                           | ALCOHOL TEST VALUE<br><b>. . . . .</b>    | DRUG TEST STATUS<br><b>1</b>     | DRUG TEST TYPE<br><b>1</b> |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)         |                                                            |            | OFFENSE DESCRIPTION  |                                            |                                      |                                    | CITATION NUMBER                    |                                                                | <input type="checkbox"/> HANDS-FREE<br>DEVICE<br>USED   |                                           | DRIVER DISTRACTED BY<br><b>1</b> |                            |

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

|                                        |                                        |            |  |                                   |                            |                                    |  |                                                                |                                               |                                            |                       |                      |
|----------------------------------------|----------------------------------------|------------|--|-----------------------------------|----------------------------|------------------------------------|--|----------------------------------------------------------------|-----------------------------------------------|--------------------------------------------|-----------------------|----------------------|
| UNIT NUMBER<br><b>  </b>               | NAME: LAST, FIRST, MIDDLE<br><b>  </b> |            |  |                                   | DATE OF BIRTH<br><b>  </b> |                                    |  |                                                                | AGE<br><b>  </b>                              | GENDER<br><b>  </b> F - FEMALE<br>M - MALE |                       |                      |
| ADDRESS, CITY, STATE, ZIP<br><b>  </b> |                                        |            |  |                                   |                            |                                    |  |                                                                | CONTACT PHONE- INCLUDE AREA CODE<br><b>  </b> |                                            |                       |                      |
| INJURIES<br><b>  </b>                  | INJURED TAKEN BY<br><b>  </b>          | EMS AGENCY |  | MEDICAL FACILITY INJURED TAKEN TO |                            | SAFETY EQUIPMENT USED<br><b>  </b> |  | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>  </b>                 | AIR BAG USAGE<br><b>  </b>                 | EJECTION<br><b>  </b> | TRAPPED<br><b>  </b> |
| UNIT NUMBER<br><b>  </b>               | NAME: LAST, FIRST, MIDDLE<br><b>  </b> |            |  |                                   | DATE OF BIRTH<br><b>  </b> |                                    |  |                                                                | AGE<br><b>  </b>                              | GENDER<br><b>  </b> F - FEMALE<br>M - MALE |                       |                      |
| ADDRESS, CITY, STATE, ZIP<br><b>  </b> |                                        |            |  |                                   |                            |                                    |  |                                                                | CONTACT PHONE- INCLUDE AREA CODE<br><b>  </b> |                                            |                       |                      |
| INJURIES<br><b>  </b>                  | INJURED TAKEN BY<br><b>  </b>          | EMS AGENCY |  | MEDICAL FACILITY INJURED TAKEN TO |                            | SAFETY EQUIPMENT USED<br><b>  </b> |  | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>  </b>                 | AIR BAG USAGE<br><b>  </b>                 | EJECTION<br><b>  </b> | TRAPPED<br><b>  </b> |