



TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * | CRASH SEVERITY | HIT/SKIP |
| 2018-00003935 | 3 1 - FATAL 2 - INJURY 3 - PDO | <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED |

| | | | | | |
|---|---|---|---------------------------------------|-----------------|--|
| LOCAL INFORMATION | | REPORTING AGENCY NCIC * | REPORTING AGENCY NAME * | NUMBER OF UNITS | UNIT IN ERROR |
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | <input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | <input type="checkbox"/> PRIVATE PROPERTY | 04501 Newark Police Department | 02 | 01 98 - ANIMAL 99 - UNKNOWN |

| | | | | | |
|-----------|---|---------------------------|-----------------|---------------|-------------|
| COUNTY * | <input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP * | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * | TIME OF CRASH | DAY OF WEEK |
| 45 | <input checked="" type="checkbox"/> | NEWARK | 02092018 | 1937 | Fri |

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|---|----------------|-----------------------------|-------------------|
| DEGREES / MINUTES / SECONDS LATITUDE | LONGITUDE | DECIMAL DEGREES LATITUDE | LONGITUDE |
| 0 / 0 . 000000 | 0 / 0 . 000000 | 40.048966 | -81.244174 |

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| ROADWAY DIVISION | DIVIDED LANE DIRECTION OF TRAVEL | NUMBER OF THRU LANES | ROAD TYPES OR MILEPOST 2 |
| <input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED | N N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND | 02 | AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY PL - PLACE ST - STREET WA - WAY BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE RD - ROAD TE - TERRACE SQ - SQUARE TL - TRAIL |

| | | | | | |
|-----------------------|--------------------|--------------------|-----------------------|----------------------|--|
| LOCATION ROUTE NUMBER | LOC PREFIX N,S,E,W | LOCATION ROAD NAME | LOCATION ROUTE TYPE 1 | LOCATION ROAD TYPE 2 | ROUTE TYPES 1 |
| | N | 30 N | | ST | IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE |

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|-------------------------|----------------------|------------------------|--------------------|--|-----------------------|
| DISTANCE FROM REFERENCE | DIR FROM REF N,S,E,W | REFERENCE ROUTE NUMBER | REF PREFIX N,S,E,W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) | REFERENCE ROAD TYPE 2 |
| | | | W | MAIN | ST |

| | | | |
|---|---|-------------------------------------|--|
| REFERENCE POINT USED | CRASH LOCATION | INTERSECTION RELATED | LOCATION OF FIRST HARMFUL EVENT |
| 1 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | 02 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN | <input checked="" type="checkbox"/> | 1 1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIAN 9 - UNKNOWN 4 - ON ROADSIDE |

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| ROAD CONTOUR | ROAD CONDITIONS | WEATHER |
| 1 1 - STRAIGHT LEVEL 4 - CURVE GRADE 2 - STRAIGHT GRADE 9 - UNKNOWN 3 - CURVE LEVEL | 02 PRIMARY SECONDARY 01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 02 - WET 06 - WATER (STANDING, MOVING) 10 - OTHER 03 - SNOW 07 - SLUSH 99 - UNKNOWN 04 - ICE 08 - DEBRIS* | 1 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN |

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| MANNER OF CRASH COLLISION/IMPACT | WEATHER |
| 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN | 1 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN |

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|---|---|---|
| ROAD SURFACE | LIGHT CONDITIONS | SCHOOL BUS RELATED |
| 2 1 - CONCRETE 4 - SLAG, GRAVEL, STONE 2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT 3 - BRICK/BLOCK 6 - OTHER | 4 PRIMARY SECONDARY 1 - DAYLIGHT 5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN 2 - DAWN 6 - DARK - UNKNOWN ROADWAY LIGHTING 3 - DUSK 7 - GLARE* 4 - DARK - LIGHTED ROADWAY 8 - OTHER | <input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |

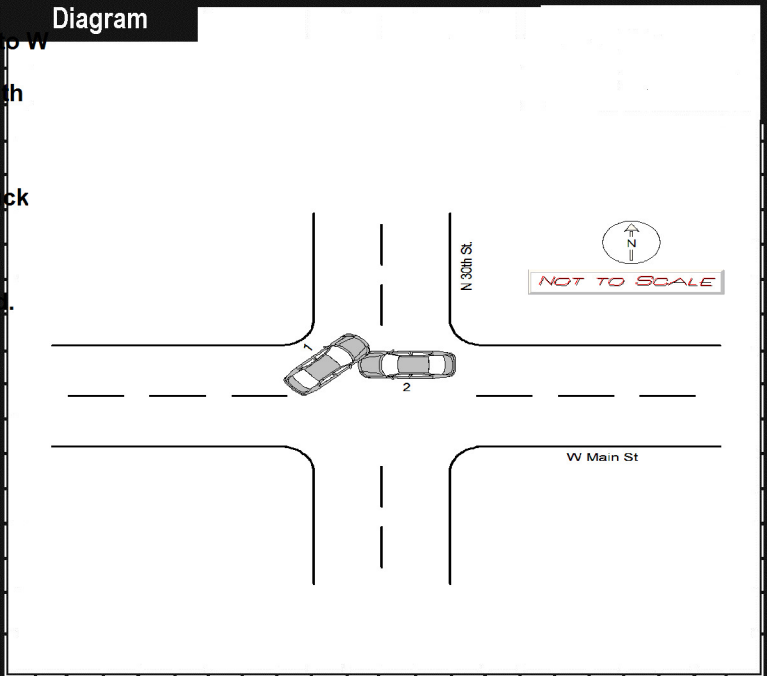
| | | |
|---|--|---|
| WORK ZONE RELATED | TYPE OF WORK ZONE | LOCATION OF CRASH IN WORK ZONE |
| <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | <input type="checkbox"/> 1 - LANE CLOSURE 4 - INTERMITTENT OR MOVING WORK 2 - LANE SHIFT/CROSSOVER 5 - OTHER 3 - WORK ON SHOULDER OR MEDIAN | <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA 2 - ADVANCE WARNING AREA 5 - TERMINATION AREA 3 - TRANSITION AREA |

NARRATIVE

On February 9, 2018 at approximately 1941 hours I was dispatched to W Main St and N 30th St. on a traffic crash. Once on scene I spoke with the drivers of each vehicle. They both stated unit 1 was traveling eastbound on W Main St and turned North on N 30th St. Unit 1 struck unit 2, which was traveling westbound on W Main St. Newark Fire responded to the scene and cleared all parties involved. Both units were disabled and towed by stated companies.

Respectfully Submitted,
Officer Coury Stevens

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



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|-----------------------|------------------------|---------------|--------------|--------------|--------------------------|---------------|
| DATE CRASH REPORTED | TIME CRASH REPORTED | DISPATCH TIME | ARRIVAL TIME | TIME CLEARED | OTHER INVESTIGATION TIME | TOTAL MINUTES |
| 02092018 | 1937 | 1941 | 1947 | 2015 | | |
| OFFICER'S NAME * | OFFICER'S BADGE NUMBER | CHECKED BY | PAGE 1 OF 4 | | | |
| Stevens, Coury | 45NPD-360 | | | | | |



UNIT

LOCAL REPORT NUMBER

2018-00003935

| | | | | | | | | | |
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| UNIT NUMBER 01 | | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) SAMPLES, LEONARD, ANTHONY | | OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) 740-404-4248 | | DAMAGE SCALE 4 | | DAMAGED AREA | |
| OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 1284 WEXFORD GREEN BL, COLUMBUS, OH | | | | | | | | | |
| LP STATE OH | | LICENSE PLATE NUMBER HCH8427 | | VEHICLE IDENTIFICATION NUMBER 5X1XGU4L35GG119915 | | | # OCCUPANTS 1 | | |
| VEHICLE YEAR 2016 | | VEHICLE MAKE Kia | | VEHICLE MODEL Optima | | VEHICLE COLOR | | | |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN | | INSURANCE COMPANY NATIONWIDE INSURANCE | | POLICY NUMBER ppcm00608303221 | | TOWED BY M&P Towing | | | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | | | | | | CARRIER PHONE - INCLUDE AREA CODE | |
| US DOT | | VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS. | | CARGO BODY TYPE 03 | | TRAFFICWAY DESCRIPTION 1 | | | |
| HM PLACARD ID NO. | | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED | | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 03 | | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS | | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) | |
| HM CLASS NUMBER | | | | TYPE OF USE 1 | | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS | | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) | |
| | | | | UNIT TYPE 03 | | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS | | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) | |
| NON-MOTORIST LOCATION PRIOR TO IMPACT 01 | | TYPE OF USE 1 | | UNIT TYPE 03 | | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS | | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) | |
| | | | | | | | | | |
| SPECIAL FUNCTION 01 | | 09 - AMBULANCE | | 17 - FARM VEHICLE | | MOST DAMAGED AREA 04 | | ACTION 3 | |
| | | | | | | | | | |
| PRE-CRASH ACTIONS 06 | | MOTORIST | | NON-MOTORIST | | IMPACT AREA 04 | | | |
| | | | | | | | | | |
| CONTRIBUTING CIRCUMSTANCES 02 | | MOTORIST | | NON-MOTORIST | | VEHICLE DEFECTS 01 | | | |
| | | | | | | | | | |
| SEQUENCE OF EVENTS 1 20 1 1 1 1 | | NON-COLLISION EVENTS | | COLLISION WITH FIXED OBJECT | | | | | |
| | | | | | | | | | |
| UNIT SPEED 15 | | POSTED SPEED 35 | | TRAFFIC CONTROL 04 | | UNIT DIRECTION FROM E TO N | | | |
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UNIT

LOCAL REPORT NUMBER

2018-00003935

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| UNIT NUMBER 02 | OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER) PARK, TIA, E | OWNER PHONE NUMBER - INC. AREA CODE (☑ SAME AS DRIVER) 614-783-2533 | DAMAGE SCALE 4 | DAMAGED AREA |
| OWNER ADDRESS: CITY, STATE, ZIP (☑ SAME AS DRIVER) 59 WESTMOOR AVE D, OH 43055 | | | | |
| LP STATE OH | LICENSE PLATE NUMBER GRB8350 | VEHICLE IDENTIFICATION NUMBER 1G1PC5SB1E7130135 | # OCCUPANTS 1 | |
| VEHICLE YEAR 2014 | VEHICLE MAKE Chevrolet | VEHICLE MODEL CAVALIER | VEHICLE COLOR | |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN | INSURANCE COMPANY Progressive | POLICY NUMBER 901788061 | TOWED BY A1 | |

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

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

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| SPECIAL FUNCTION 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER | 09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA 03 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR | 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER | 99 - UNKNOWN | ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS 01 99 - UNKNOWN | MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION | NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION |
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| CONTRIBUTING CIRCUMSTANCES PRIMARY 01 SECONDARY 01 99 - UNKNOWN | MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENCE MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION | NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS 01 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS |
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| SEQUENCE OF EVENTS 1 20 2 01 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN | NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN OR SUPPORT 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT | COLLISION WITH FIXED OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT |

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| UNIT SPEED 30 <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED | POSTED SPEED 35 | TRAFFIC CONTROL 04 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED | UNIT DIRECTION FROM E TO W 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2018-00003935

Motorist/Non-Motorist

Motorist/Non-Motorist

OCCUPANT

OCCUPANT

| | | | | |
|--------------------------|---|----------------------------------|-------------------|---|
| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE SAMPLES, LEONARD, ANTHONY | DATE OF BIRTH 12151990 | AGE 027 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 1284 WEXFORD GREEN BL ,COLUMBUS ,OH | CONTACT PHONE- INCLUDE AREA CODE 740-404-4248 |
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|----------------------|--|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|
| INJURIES 1 | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
|----------------------|--|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|

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| OL STATE OH | OPERATOR LICENSE NUMBER TE914870 | OL CLASS 4 | No VALID OL <input type="checkbox"/> | M/C END. <input type="checkbox"/> | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE . | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
|-----------------------|--|----------------------|---|--------------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|-------------------------|------------------------------|----------------------------|

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| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.43B | OFFENSE DESCRIPTION Right-of-Way at Yield Signs | CITATION NUMBER N208480 | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY 1 |
|---|---|-----------------------------------|--|----------------------------------|

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|--------------------------|--|----------------------------------|-------------------|---|
| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE PARK, TIA, E | DATE OF BIRTH 08221984 | AGE 033 | GENDER F F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 59 S WESTMOOR AVE D ,OH 43055 | CONTACT PHONE- INCLUDE AREA CODE 614-783-2533 |
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| INJURIES 1 | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION 01 | AIR BAG USAGE 4 | EJECTION 1 | TRAPPED 1 |
|----------------------|--|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|

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| OL STATE OH | OPERATOR LICENSE NUMBER SC010595 | OL CLASS 4 | No VALID OL <input type="checkbox"/> | M/C END. <input type="checkbox"/> | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE . | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
|-----------------------|--|----------------------|---|--------------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|-------------------------|------------------------------|----------------------------|

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|--|---------------------|-----------------|------------------------|----------------------|
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED | DRIVER DISTRACTED BY |
|--|---------------------|-----------------|------------------------|----------------------|

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|--|---|--|--|---|---|
| INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL | INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN | SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED | 99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED | 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS,KNEES, ETC) | 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER |
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| SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN | AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN |
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| EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE | TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS | OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO'S "D") 5 - MC/MOPED ONLY | CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS | 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER | ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED |
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| ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) | 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION |
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| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE ROWLEY, BRYAN, D | DATE OF BIRTH 10261990 | AGE 027 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 1574 CRYSTAL CT A ,OH 43055 | CONTACT PHONE- INCLUDE AREA CODE 740-583-1404 |
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| INJURIES 1 | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION 03 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
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| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE Stinson, Audry | DATE OF BIRTH 08212016 | AGE 001 | GENDER F F - FEMALE M - MALE |
|--------------------------|--|----------------------------------|-------------------|---|

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|---|---|
| ADDRESS, CITY, STATE, ZIP 59 S WESTMOOR AVE D ,OH 43055 | CONTACT PHONE- INCLUDE AREA CODE 740-783-2533 |
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| INJURIES 1 | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION 05 | AIR BAG USAGE 4 | EJECTION 1 | TRAPPED 1 |
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