



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

2018-00010391

CRASH SEVERITY

3 1 - FATAL
2 - INJURY
3 - PDO

Hit/Skip

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

Station One

☒ 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

03

UNIT IN ERROR

98 - ANIMAL
99 - UNKNOWN

01

COUNTY *

45

☒ CITY *☐ VILLAGE *☐ TOWNSHIP *

CITY, VILLAGE, TOWNSHIP *

NEWARK

CRASH DATE *

04152018

TIME OF CRASH

0630

DAY OF WEEK

Sun

DEGREES / MINUTES / SECONDS

LATITUDE 0 ' " LONGITUDE 0 ' "

DECIMAL DEGREES

LATITUDE 40.054706 LONGITUDE -8.240327

ROADWAY DIVISION

☐ DIVIDED
☒ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

☐ N - NORTHBOUND ☐ E - EASTBOUND
☐ S - SOUTHBOUND ☐ W - WESTBOUND

NUMBER OF THRU LANES

04

ROAD TYPES OR MILEPOST 2

AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY
AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE
BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAILLOCATION
ROUTE
TYPE 1

LOCATION ROUTE NUMBER

S

LOC PREFIX

N, S, E, W

LOCATION ROAD NAME

4

ST

LOCATION

ROAD
TYPE 2

ROUTE TYPES 1

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

DISTANCE FROM REFERENCE

☐ MILES
☐ FEET
☐ YARDS

DIR FROM REF

N, S, E, W

REFERENCE

ROUTE
TYPE 1

REFERENCE ROUTE NUMBER

75

REF PREFIX

N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

REFERENCE

ROAD
TYPE 2

REFERENCE POINT USED

3 1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBER

CRASH LOCATION

01

01 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE 11 - RAILWAY GRADE CROSSING
02 - FOUR-WAY INTERSECTION 07 - ON RAMP 12 - SHARED-USE PATHS OR TRAILS
03 - T-INTERSECTION 08 - OFF RAMP 99 - UNKNOWN
04 - Y-INTERSECTION 09 - CROSSOVER
05 - TRAFFIC CIRCLE/ROUNDBOAT 10 - DRIVEWAY/ALLEY ACCESS☐ INTERSECTION
RELATED

LOCATION OF FIRST HARMFUL EVENT

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

ROAD CONTOUR

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

ROAD CONDITIONS

PRIMARY 01

SECONDARY

01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*
02 - WET 06 - WATER (STANDING, MOVING) 10 - OTHER
03 - SNOW 07 - SLUSH 99 - UNKNOWN
04 - ICE 08 - DEBRIS*

* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

1 1 - NOT COLLISION BETWEEN 2 - REAR-END 5 - BACKING 8 - SIDESWIPE, OPPOSITE
TWO MOTOR VEHICLES 3 - HEAD-ON 6 - ANGLE DIRECTION
IN TRANSPORT 4 - REAR-TO-REAR 7 - SIDESWIPE, SAME DIRECTION 9 - UNKNOWN

WEATHER

9

1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS
2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW
3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN

ROAD SURFACE

1 1 - CONCRETE 4 - SLAG, GRAVEL, STONE
2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT
3 - BRICK/BLOCK 6 - OTHER

LIGHT CONDITIONS

PRIMARY 4

SECONDARY 1 - DAYLIGHT
2 - DAWN
3 - DUSK
4 - DARK - LIGHTED ROADWAY5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN
6 - DARK - UNKNOWN ROADWAY LIGHTING
7 - GLARE*
8 - OTHER

* SECONDARY CONDITION ONLY

☐ SCHOOL
ZONE
RELATED

SCHOOL BUS RELATED

☐ YES, SCHOOL BUS
DIRECTLY INVOLVED
☐ YES, SCHOOL BUS
INDIRECTLY INVOLVED☐ WORK
ZONE
RELATED☐ WORKERS PRESENT
☐ LAW ENFORCEMENT PRESENT
(OFFICER/VEHICLE)
☐ LAW ENFORCEMENT PRESENT
(VEHICLE ONLY)

TYPE OF WORK ZONE

1 - LANE CLOSURE 4 - INTERMITTENT OR MOVING WORK
2 - LANE SHIFT/CROSSOVER 5 - OTHER
3 - WORK ON SHOULDER OR MEDIAN

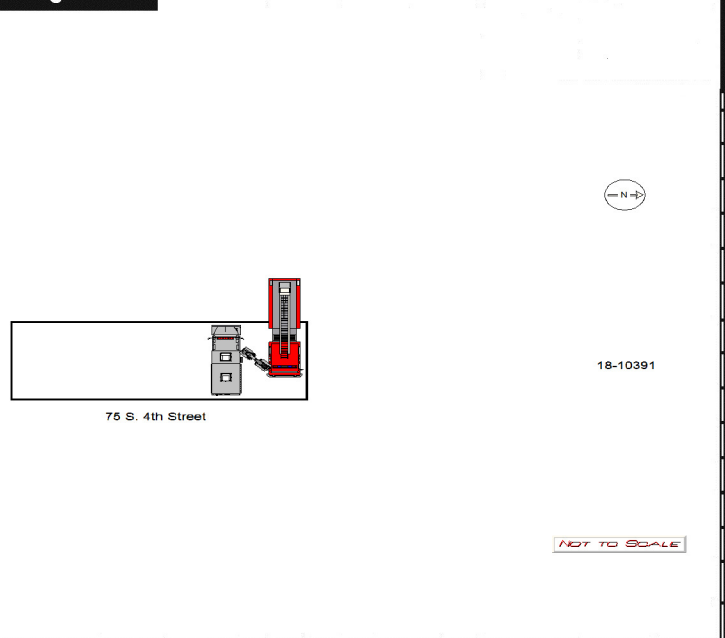
LOCATION OF CRASH IN WORK ZONE

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

NARRATIVE

Unit One was pulling into station. Unit One side cargo door was open from apparent latch malfunction. Cargo door of Unit One struck Unit Two shoving Unit Two into the side of Unit Three.

Diagram



REPORT TAKEN BY

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

DATE CRASH REPORTED

04152018

TIME CRASH REPORTED

0614

DISPATCH TIME

0614

ARRIVAL TIME

0616

TIME CLEARED

0730

OTHER INVESTIGATION TIME

TOTAL MINUTES

76

OFFICER'S NAME *

Lewis, Ray

OFFICER'S BADGE NUMBER

45NPD-320

CHECKED BY

PAGE 1 OF 6

2018-00010391

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) City of Newark	OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER) 740-670-7201	DAMAGE SCALE 3 1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER) 40 MAIN ST ,OH 43055					
LP STATE OH	LICENSE PLATE NUMBER 4 E N D A B A 8 0 T 1 0 0 6 2 0 2	VEHICLE IDENTIFICATION NUMBER 02	# OCCUPANTS 02		
VEHICLE YEAR 1996	VEHICLE MAKE Tower One	VEHICLE MODEL	VEHICLE COLOR		
☒ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Self insured	POLICY NUMBER	TOWED BY		
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE- INCLUDE AREA CODE		
US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 01 - No CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 1 - Two-Way, NOT DIVIDED 2 - Two-Way, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - Two-Way, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN 4 - Two-Way, DIVIDED, POSITIVE MEDIAN BARRIER 5 - One-Way Trafficway ☐ HIT / SKIP UNIT		
HM PLACARD ID No. 0000	HAZARDOUS MATERIAL RELEASED ☐				
HM CLASS NUMBER 00					
Non-Motorist Location Prior to Impact 00 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 3 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT ☐ IN EMERGENCY RESPONSE	UNIT TYPE 14 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 ☐ HAS HM PLACARD			
SPECIAL FUNCTION 10 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 04 IMPACT AREA 04 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 3 1 - Non-CONTACT 2 - Non-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN		
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2018-00010391

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) City of Newark	OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER) 740-670-7600	DAMAGE SCALE 4	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER) 75 4 ST, OH 43055			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE OH	LICENSE PLATE NUMBER 01	VEHICLE IDENTIFICATION NUMBER 1G1ZB5H45D0000000	# OCCUPANTS 1	
VEHICLE YEAR 11	VEHICLE MAKE OMAR	VEHICLE MODEL One	VEHICLE COLOR Black	
☒ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Self insured	POLICY NUMBER 1111111111	TOWED BY None	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP None			CARRIER PHONE- INCLUDE AREA CODE None	
US DOT None	VEHICLE WEIGHT GVWR/GCWR ☐ 1 - LESS THAN OR EQUAL TO 10K LBS. ☐ 2 - 10,001 TO 26,000 LBS. ☐ 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE ☐ 01 - No CARGO BODY TYPE/NOT APPLICABLE ☐ 02 - BUS/VAN (9-15 SEATS, INC DRIVER) ☐ 03 - BUS (16+ SEATS, INC DRIVER) ☐ 04 - VEHICLE TOWING ANOTHER VEHICLE ☐ 05 - LOGGING ☐ 06 - INTERMODAL CONTAINER CHASSIS ☐ 07 - CARGO VAN/ENCLOSED BOX ☐ 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 1 - Two-Way, NOT DIVIDED 2 - Two-Way, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - Two-Way, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT) MEDIAN 4 - Two-Way, DIVIDED, POSITIVE MEDIAN BARRIER 5 - One-Way Trafficway ☐ HIT / SKIP UNIT	
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2018-00010391

UNIT NUMBER 03	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) City of Newark	OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER) 740-670-7201	DAMAGE SCALE 2 1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	DAMAGED AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER) 40 MAIN ST ,OH 43055					
LP STATE OH	LICENSE PLATE NUMBER 01	VEHICLE IDENTIFICATION NUMBER 1G8ZG1H111A000000	# OCCUPANTS 1		
VEHICLE YEAR 11	VEHICLE MAKE Rescue One	VEHICLE MODEL Rescue One	VEHICLE COLOR Black		
☒ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Self insured	POLICY NUMBER 	TOWED BY 		
CARRIER NAME, ADDRESS, CITY, STATE, ZIP 			CARRIER PHONE- INCLUDE AREA CODE 		
US DOT 	VEHICLE WEIGHT GVWR/GCWR ☐ 1 - LESS THAN OR EQUAL TO 10K LBS. ☐ 2 - 10,001 TO 26,000 LBS. ☐ 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE ☐ 01 - No CARGO BODY TYPE/NOT APPLICABLE ☐ 02 - BUS/VAN (9-15 SEATS, INC DRIVER) ☐ 03 - BUS (16+ SEATS, INC DRIVER) ☐ 04 - VEHICLE TOWING ANOTHER VEHICLE ☐ 05 - LOGGING ☐ 06 - INTERMODAL CONTAINER CHASSIS ☐ 07 - CARGO VAN/ENCLOSED BOX ☐ 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 1 - Two-Way, NOT DIVIDED 2 - Two-Way, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - Two-Way, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN 4 - Two-Way, DIVIDED, POSITIVE MEDIAN BARRIER 5 - One-Way Trafficway ☐ HIT / SKIP UNIT		
HM PLACARD ID No. 	HAZARDOUS MATERIAL RELEASED ☐				
HM CLASS NUMBER 					
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 3 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT ☐ IN EMERGENCY RESPONSE	UNIT TYPE 14 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		
SPECIAL FUNCTION 10 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 05 IMPACT AREA 05 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
PRE-CRASH ACTIONS 10 MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION Non-Motorist 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER Non-Motorist ACTION					
CONTRIBUTING CIRCUMSTANCES PRIMARY 01 SECONDARY 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 - 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		
SEQUENCE OF EVENTS 1 21 2 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN 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			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 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		
UNIT SPEED 0 ☐ STATED ☒ ESTIMATED	POSTED SPEED 0.5	TRAFFIC CONTROL 01 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		

UNIT NUMBER 01		NAME: LAST, FIRST, MIDDLE Cooperider, Timothy				DATE OF BIRTH 				AGE 		GENDER M F - FEMALE M - MALE									
ADDRESS, CITY, STATE, ZIP 75 S 4 ST ,OH 43055								CONTACT PHONE- INCLUDE AREA CODE 740-670-7600													
INJURIES 1		INJURED TAKEN BY 		EMS AGENCY 		MEDICAL FACILITY INJURED TAKEN TO 		SAFETY EQUIPMENT USED 04		☐ DOT COMPLIANT MOTORCYCLE HELMET		SEATING POSITION 01		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1			
OL STATE 		OPERATOR LICENSE NUMBER 		OL CLASS 		☐ No VALID OL		☐ M/C END.		1		1		5		3		5		3	
OFFENSE CHARGED (☐ LOCAL CODE)				OFFENSE DESCRIPTION				CITATION NUMBER				☐ HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY 1							
UNIT NUMBER 02		NAME: LAST, FIRST, MIDDLE PARKED, 2018-00010391				DATE OF BIRTH 				AGE 		GENDER 		F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP								CONTACT PHONE- INCLUDE AREA CODE													
INJURIES 		INJURED TAKEN BY 		EMS AGENCY 		MEDICAL FACILITY INJURED TAKEN TO 		SAFETY EQUIPMENT USED 		☐ DOT COMPLIANT MOTORCYCLE HELMET		SEATING POSITION 		AIR BAG USAGE 		EJECTION 		TRAPPED 			
OL STATE 		OPERATOR LICENSE NUMBER 		OL CLASS 		☐ No VALID OL		☐ M/C END.													
OFFENSE CHARGED (☐ LOCAL CODE)				OFFENSE DESCRIPTION				CITATION NUMBER				☐ HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY 							
INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL		INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN		SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED		99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED		Non-Motorist 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS,KNEES, ETC)		12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER											
SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE								07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)				12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN				AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN					
EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE		TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS		OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY		CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS		5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER		ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED											
ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER		DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN		DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER		DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)				6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION									
UNIT NUMBER 01		NAME: LAST, FIRST, MIDDLE Nethers, Rich				DATE OF BIRTH 06161983				AGE 034		GENDER M F - FEMALE M - MALE									
ADDRESS, CITY, STATE, ZIP 75 S 4 ST ,OH 43055								CONTACT PHONE- INCLUDE AREA CODE 740-670-7600													
INJURIES 1		INJURED TAKEN BY 		EMS AGENCY 		MEDICAL FACILITY INJURED TAKEN TO 		SAFETY EQUIPMENT USED 04		☐ DOT COMPLIANT MOTORCYCLE HELMET		SEATING POSITION 03		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1			
UNIT NUMBER 		NAME: LAST, FIRST, MIDDLE 				DATE OF BIRTH 				AGE 		GENDER 		F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP								CONTACT PHONE- INCLUDE AREA CODE													
INJURIES 		INJURED TAKEN BY 		EMS AGENCY 		MEDICAL FACILITY INJURED TAKEN TO 		SAFETY EQUIPMENT USED 		☐ DOT COMPLIANT MOTORCYCLE HELMET		SEATING POSITION 		AIR BAG USAGE 		EJECTION 		TRAPPED 			
PAGE 5		OF 6																			

2018-00010391

UNIT NUMBER 03		NAME: LAST, FIRST, MIDDLE PARKED, 2018-00010391				DATE OF BIRTH				AGE		GENDER F - FEMALE M - MALE																											
ADDRESS, CITY, STATE, ZIP										CONTACT PHONE- INCLUDE AREA CODE																													
INJURIES		INJURED TAKEN BY		EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED		DOT COMPLIANT MOTORCYCLE HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED																					
OL STATE		OPERATOR LICENSE NUMBER		OL CLASS		No VALID OL		M/C END.		CONDITION		ALCOHOL/DRUG SUSPECTED		ALCOHOL TEST STATUS		ALCOHOL TEST TYPE		ALCOHOL TEST VALUE		DRUG TEST STATUS		DRUG TEST TYPE																	
OFFENSE CHARGED (LOCAL CODE)				OFFENSE DESCRIPTION								CITATION NUMBER				HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY																					
UNIT NUMBER		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE		GENDER F - FEMALE M - MALE																											
ADDRESS, CITY, STATE, ZIP										CONTACT PHONE- INCLUDE AREA CODE																													
INJURIES		INJURED TAKEN BY		EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED		DOT COMPLIANT MOTORCYCLE HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED																					
OL STATE		OPERATOR LICENSE NUMBER		OL CLASS		No VALID OL		M/C END.		CONDITION		ALCOHOL/DRUG SUSPECTED		ALCOHOL TEST STATUS		ALCOHOL TEST TYPE		ALCOHOL TEST VALUE		DRUG TEST STATUS		DRUG TEST TYPE																	
OFFENSE CHARGED (LOCAL CODE)				OFFENSE DESCRIPTION								CITATION NUMBER				HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY																					
INJURIES		INJURED TAKEN BY		SAFETY EQUIPMENT USED		99 - UNKNOWN SAFETY EQUIPMENT										Non-Motorist																							
1 - NO INJURY / NONE REPORTED		1 - NOT TRANSPORTED / TREATED AT SCENE		MOTORIST		01 - NONE USED - VEHICLE OCCUPANT										09 - NONE USED						12 - REFLECTIVE CLOTHING																	
2 - POSSIBLE		2 - EMS		02 - SHOULDER BELT ONLY USED		05 - CHILD RESTRAINT SYSTEM-FORWARD FACING										10 - HELMET USED						13 - LIGHTING																	
3 - NON-INCAPACITATING		3 - POLICE		03 - LAP BELT ONLY USED		06 - CHILD RESTRAINT SYSTEM- REAR FACING										11 - PROTECTIVE PADS USED (ELBOWS,KNEES, ETC)						14 - OTHER																	
4 - INCAPACITATING		4 - OTHER		04 - SHOULDER AND LAP BELT USED		07 - BOOSTER SEAT																																	
5 - FATAL		9 - UNKNOWN				08 - HELMET USED																																	
SEATING POSITION										AIR BAG USAGE																													
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)										07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)										12 - PASSENGER IN UNENCLOSED CARGO AREA										1 - NOT DEPLOYED									
02 - FRONT - MIDDLE										08 - THIRD - MIDDLE										13 - TRAILING UNIT										2 - DEPLOYED FRONT									
03 - FRONT - RIGHT SIDE										09 - THIRD - RIGHT SIDE										14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)										3 - DEPLOYED SIDE									
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)										10 - SLEEPER SECTION OF CAB (TRUCK)										15 - NON-MOTORIST										4 - DEPLOYED BOTH FRONT/SIDE									
05 - SECOND - MIDDLE										11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)										16 - OTHER										5 - NOT APPLICABLE									
06 - SECOND - RIGHT SIDE																				99 - UNKNOWN										9 - DEPLOYMENT UNKNOWN									
EJECTION		TRAPPED		OPERATOR LICENSE CLASS		CONDITION		5 - FELL ASLEEP, FAINTED, FATIGUED										ALCOHOL/DRUG SUSPECTED																					
1 - NOT EJECTED		1 - NOT TRAPPED		1 - CLASS A		1 - APPARENTLY NORMAL		6 - UNDER THE INFLUENCE OF										1 - NONE																					
2 - TOTALLY EJECTED		2 - EXTRICATED BY MECHANICAL MEANS		2 - CLASS B		2 - PHYSICAL IMPAIRMENT		MEDICATIONS, DRUGS, ALCOHOL										2 - YES - ALCOHOL SUSPECTED																					
3 - PARTIALLY EJECTED		3 - EXTRICATED BY NON-MECHANICAL MEANS		3 - CLASS C		3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)		7 - OTHER										3 - YES - HBD NOT IMPAIRED																					
4 - NOT APPLICABLE				4 - REGULAR CLASS (OHIO IS "D")		4 - ILLNESS												4 - YES - DRUGS SUSPECTED																					
				5 - MC/MOPED ONLY														5 - YES - ALCOHOL AND DRUGS SUSPECTED																					
ALCOHOL TEST STATUS				ALCOHOL TEST TYPE		DRUG TEST STATUS				DRUG TEST TYPE		DRIVER DISTRACTED BY				6 - OTHER INSIDE THE VEHICLE																							
1 - NONE GIVEN				1 - NONE		1 - NONE GIVEN				1 - NONE		1 - NO DISTRACTION REPORTED				7 - EXTERNAL DISTRACTION																							
2 - TEST REFUSED				2 - BLOOD		2 - TEST REFUSED				2 - BLOOD		2 - PHONE																											
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE				3 - URINE		3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE				3 - URINE		3 - TEXTING/E-MAILING																											
4 - TEST GIVEN, RESULTS KNOWN				4 - BREATH		4 - TEST GIVEN, RESULTS KNOWN				4 - OTHER		4 - ELECTRONIC COMMUNICATION DEVICE																											
5 - TEST GIVEN, RESULTS UNKNOWN				5 - OTHER		5 - TEST GIVEN, RESULTS UNKNOWN						5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)																											
UNIT NUMBER		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE		GENDER F - FEMALE M - MALE																											
ADDRESS, CITY, STATE, ZIP										CONTACT PHONE- INCLUDE AREA CODE																													
INJURIES		INJURED TAKEN BY		EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED		DOT COMPLIANT MOTORCYCLE HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED																					
UNIT NUMBER		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE		GENDER F - FEMALE M - MALE																											
ADDRESS, CITY, STATE, ZIP										CONTACT PHONE- INCLUDE AREA CODE																													
INJURIES		INJURED TAKEN BY		EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED		DOT COMPLIANT MOTORCYCLE HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED																					
UNIT NUMBER		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE		GENDER F - FEMALE M - MALE																											
ADDRESS, CITY, STATE, ZIP										CONTACT PHONE- INCLUDE AREA CODE																													
INJURIES		INJURED TAKEN BY		EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED		DOT COMPLIANT MOTORCYCLE HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED																					
UNIT NUMBER		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE		GENDER F - FEMALE M - MALE																											
ADDRESS, CITY, STATE, ZIP										CONTACT PHONE- INCLUDE AREA CODE																													
INJURIES		INJURED TAKEN BY		EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED		DOT COMPLIANT MOTORCYCLE HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED																					
UNIT NUMBER		NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH				AGE		GENDER F - FEMALE 																											