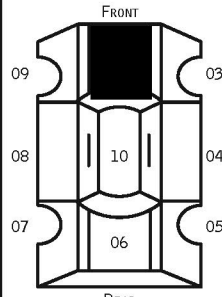




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| UNIT NUMBER<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )                                                                                         | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                                                                      | DAMAGE SCALE<br><b>9</b><br>1 - NONE<br>2 - MINOR<br>3 - FUNCTIONAL<br>4 - DISABLING<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | DAMAGED AREA<br>FRONT<br>09 02 03<br>08 10 04<br>07 06 05<br>REAR                                                                                                                                                                                                                             |                                                                                                                                |                                                                                                                                                                                                                                                    |  |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                                                                                                                                                                    |  |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | LICENSE PLATE NUMBER<br><b>1</b>                                                                                                                                    | VEHICLE IDENTIFICATION NUMBER<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                            | # OCCUPANTS<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                                                                                                                                                                    |  |
| VEHICLE YEAR<br><b>18</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VEHICLE MAKE<br><b>FORD</b>                                                                                                                                         | VEHICLE MODEL<br><b>F-150</b>                                                                                                                                                                                                                                                                                                                                                                                        | VEHICLE COLOR<br><b>BLACK</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                                                                                                                                                                    |  |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | INSURANCE COMPANY<br><b>STATE FARM</b>                                                                                                                              | POLICY NUMBER<br><b>123456789</b>                                                                                                                                                                                                                                                                                                                                                                                    | TOWED BY<br><b>NO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                                                                                                                                                                    |  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                      | CARRIER PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                                                                                                                                                                    |  |
| US DOT<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VEHICLE WEIGHT GVWR/GCWR<br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS.<br><b>2</b>                                | CARGO BODY TYPE<br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL<br><b>02</b>                                                                                                          | TRAFFICWAY DESCRIPTION<br><b>1</b><br>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 checked="" type="checkbox"/> HIT / SKIP UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                                                                                                                                                                    |  |
| HM PLACARD ID No.<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | HM CLASS NUMBER<br><b>1</b>                                                                                                                                         | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                                                                                                                                                                    |  |
| Non-Motorist Location Prior to Impact<br><b>01</b><br>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>01</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                       | UNIT TYPE<br><b>06</b><br>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/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                                                                                                                                                                    |  |
| SPECIAL FUNCTION<br><b>01</b><br>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>99</b><br>IMPACT AREA<br><b>04</b><br>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>3</b><br>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>01</b><br>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>03</b><br>SECONDARY<br><b>01</b><br>99 - UNKNOWN<br>MOTORIST<br>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>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<br>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><b>01</b><br>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 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><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<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                                                                                                                                                                    |  |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                      | 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>25</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | POSTED SPEED<br><b>35</b>                                                                                                                                           | TRAFFIC CONTROL<br><b>04</b><br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                               |                                                                                                                                |                                                                                                                                                                                                                                                    |  |

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| UNIT NUMBER<br><b>02</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)<br><b>SIDERS, Karen, L</b>                                            | OWNER PHONE NUMBER - INC. AREA CODE (☒ SAME AS DRIVER)<br><b>740-297-9973</b>                                                                                                                                                                                                                                                                                                                                        | DAMAGE SCALE<br><b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DAMAGED AREA<br>                            |
| OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER)<br><b>161 HILLANDALE DR NE ,OH 43055</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                      | 1 - NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LICENSE PLATE NUMBER<br><b>GBP4237</b>                                                                                   | VEHICLE IDENTIFICATION NUMBER<br><b>1G1ZC5E08AF131060</b>                                                                                                                                                                                                                                                                                                                                                            | 2 - MINOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                |
| VEHICLE YEAR<br><b>2010</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | VEHICLE MAKE<br><b>Chevrolet</b>                                                                                         | VEHICLE MODEL<br><b>MALIBU</b>                                                                                                                                                                                                                                                                                                                                                                                       | 3 - FUNCTIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                |
| VEHICLE COLOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                      | 4 - DISABLING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                |
| PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | INSURANCE COMPANY<br><b>ALL STATE</b>                                                                                    | POLICY NUMBER<br><b>992197760</b>                                                                                                                                                                                                                                                                                                                                                                                    | 9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                      | CARRIER PHONE- INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                |
| US DOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VEHICLE WEIGHT GVWR/GCWR<br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<br>01 - No CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL                                                                                                                       | TRAFFICWAY DESCRIPTION<br><b>1</b><br>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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                |
| HM PLACARD ID No.<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | HAZARDOUS MATERIAL RELEASED<br><input type="checkbox"/>                                                                  | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                              | <input type="checkbox"/> HIT / SKIP UNIT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                |
| HM CLASS NUMBER<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                |
| Non-Motorist LOCATION Prior to Impact<br><b>1</b><br>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><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                        | UNIT TYPE<br><b>03</b><br>99 - UNKNOWN OR HIT / SKIP<br>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                                                                                                                                                                                                                              |                                                                                                                                |
| SPECIAL FUNCTION<br><b>01</b><br>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<br>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.<br>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>02</b><br>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<br>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><br>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>01</b><br>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>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<br>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>01</b><br>MOTORIST<br>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>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<br>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><b>1</b><br>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 <b>1</b> 3 <b>1</b> 4 <b>1</b> 5 <b>1</b> 6 <b>1</b><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                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                      | 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<br>11 - CROSS CENTER LINE<br>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>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | POSTED SPEED<br><b>35</b>                                                                                                | TRAFFIC CONTROL<br><b>04</b><br>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>E</b> TO <b>W</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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                |

**2018-00014124**

|                                                                                                                                                                                                                        |  |                                                                                                                 |  |                                                                                                                                                                            |  |                                                                                                                                                                  |  |                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                          |  |                                  |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------|--|---------------------|--|
| UNIT NUMBER<br>01                                                                                                                                                                                                      |  | NAME: LAST, FIRST, MIDDLE<br>UNKNOWN, 01, 2018-00014124                                                         |  |                                                                                                                                                                            |  | DATE OF BIRTH                                                                                                                                                    |  |                                                                                                                                                                                                                                                             |  | AGE                                                                                                                                                                                                                                      |  | GENDER<br>F - FEMALE<br>M - MALE |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                              |  |                                                                                                                 |  |                                                                                                                                                                            |  |                                                                                                                                                                  |  |                                                                                                                                                                                                                                                             |  | CONTACT PHONE- INCLUDE AREA CODE                                                                                                                                                                                                         |  |                                  |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| INJURIES<br>1                                                                                                                                                                                                          |  | INJURED TAKEN BY<br>1                                                                                           |  | EMS AGENCY                                                                                                                                                                 |  | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                |  | SAFETY EQUIPMENT USED<br>99                                                                                                                                                                                                                                 |  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET                                                                                                                                                                                                    |  | SEATING POSITION<br>01           |  | AIR BAG USAGE<br>9                                                                                                                                                      |  | EJECTION<br>1             |  | TRAPPED<br>1                                                                                                                                                 |  |                       |  |                     |  |
| OL STATE                                                                                                                                                                                                               |  | OPERATOR LICENSE NUMBER                                                                                         |  | OL CLASS                                                                                                                                                                   |  | No<br>VALID<br>OL                                                                                                                                                |  | M/C<br>END.                                                                                                                                                                                                                                                 |  | CONDITION<br>7                                                                                                                                                                                                                           |  | ALCOHOL/DRUG SUSPECTED<br>1      |  | ALCOHOL TEST STATUS<br>1                                                                                                                                                |  | ALCOHOL TEST TYPE<br>1    |  | ALCOHOL TEST VALUE<br>.                                                                                                                                      |  | DRUG TEST STATUS<br>1 |  | DRUG TEST TYPE<br>1 |  |
| OFFENSE CHARGED (LOCAL CODE)                                                                                                                                                                                           |  |                                                                                                                 |  | OFFENSE DESCRIPTION                                                                                                                                                        |  |                                                                                                                                                                  |  |                                                                                                                                                                                                                                                             |  | CITATION NUMBER                                                                                                                                                                                                                          |  |                                  |  | HANDS-FREE<br>DEVICE<br>USED                                                                                                                                            |  | DRIVER DISTRACTED BY<br>1 |  |                                                                                                                                                              |  |                       |  |                     |  |
| UNIT NUMBER<br>02                                                                                                                                                                                                      |  | NAME: LAST, FIRST, MIDDLE<br>PORTER, PEARLIE, G                                                                 |  |                                                                                                                                                                            |  | DATE OF BIRTH<br>01151994                                                                                                                                        |  |                                                                                                                                                                                                                                                             |  | AGE<br>024                                                                                                                                                                                                                               |  | GENDER<br>F - FEMALE<br>M - MALE |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| ADDRESS, CITY, STATE, ZIP<br>161 HILLANDALE DR NE ,OH 43055                                                                                                                                                            |  |                                                                                                                 |  |                                                                                                                                                                            |  |                                                                                                                                                                  |  |                                                                                                                                                                                                                                                             |  | CONTACT PHONE- INCLUDE AREA CODE<br>740-297-9973                                                                                                                                                                                         |  |                                  |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| INJURIES<br>1                                                                                                                                                                                                          |  | INJURED TAKEN BY<br>1                                                                                           |  | EMS AGENCY                                                                                                                                                                 |  | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                |  | SAFETY EQUIPMENT USED<br>04                                                                                                                                                                                                                                 |  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET                                                                                                                                                                                                    |  | SEATING POSITION<br>01           |  | AIR BAG USAGE<br>1                                                                                                                                                      |  | EJECTION<br>1             |  | TRAPPED<br>1                                                                                                                                                 |  |                       |  |                     |  |
| OL STATE<br>OH                                                                                                                                                                                                         |  | OPERATOR LICENSE NUMBER<br>TP857340                                                                             |  | OL CLASS<br>4                                                                                                                                                              |  | No<br>VALID<br>OL                                                                                                                                                |  | M/C<br>END.                                                                                                                                                                                                                                                 |  | CONDITION<br>1                                                                                                                                                                                                                           |  | ALCOHOL/DRUG SUSPECTED<br>1      |  | ALCOHOL TEST STATUS<br>1                                                                                                                                                |  | ALCOHOL TEST TYPE<br>1    |  | ALCOHOL TEST VALUE<br>.                                                                                                                                      |  | DRUG TEST STATUS<br>1 |  | DRUG TEST TYPE<br>1 |  |
| OFFENSE CHARGED (LOCAL CODE)                                                                                                                                                                                           |  |                                                                                                                 |  | OFFENSE DESCRIPTION                                                                                                                                                        |  |                                                                                                                                                                  |  |                                                                                                                                                                                                                                                             |  | CITATION NUMBER                                                                                                                                                                                                                          |  |                                  |  | HANDS-FREE<br>DEVICE<br>USED                                                                                                                                            |  | DRIVER DISTRACTED BY<br>1 |  |                                                                                                                                                              |  |                       |  |                     |  |
| 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 / 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 (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 (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 MECHANICAL MEANS<br>3 - EXTRICATED BY 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 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 (NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |  |                                                                                                                                                                                                                                          |  |                                  |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| UNIT NUMBER<br>                                                                                                                                                                                                        |  | NAME: LAST, FIRST, MIDDLE<br>                                                                                   |  |                                                                                                                                                                            |  | DATE OF BIRTH<br>                                                                                                                                                |  |                                                                                                                                                                                                                                                             |  | AGE<br>                                                                                                                                                                                                                                  |  | GENDER<br>F - FEMALE<br>M - MALE |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                              |  |                                                                                                                 |  |                                                                                                                                                                            |  |                                                                                                                                                                  |  |                                                                                                                                                                                                                                                             |  | CONTACT PHONE- INCLUDE AREA CODE                                                                                                                                                                                                         |  |                                  |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| INJURIES<br>                                                                                                                                                                                                           |  | INJURED TAKEN BY<br>                                                                                            |  | EMS AGENCY                                                                                                                                                                 |  | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                |  | SAFETY EQUIPMENT USED<br>                                                                                                                                                                                                                                   |  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET                                                                                                                                                                                                    |  | SEATING POSITION<br>             |  | AIR BAG USAGE<br>                                                                                                                                                       |  | EJECTION<br>              |  | TRAPPED<br>                                                                                                                                                  |  |                       |  |                     |  |
| UNIT NUMBER<br>                                                                                                                                                                                                        |  | NAME: LAST, FIRST, MIDDLE<br>                                                                                   |  |                                                                                                                                                                            |  | DATE OF BIRTH<br>                                                                                                                                                |  |                                                                                                                                                                                                                                                             |  | AGE<br>                                                                                                                                                                                                                                  |  | GENDER<br>F - FEMALE<br>M - MALE |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                              |  |                                                                                                                 |  |                                                                                                                                                                            |  |                                                                                                                                                                  |  |                                                                                                                                                                                                                                                             |  | CONTACT PHONE- INCLUDE AREA CODE                                                                                                                                                                                                         |  |                                  |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| INJURIES<br>                                                                                                                                                                                                           |  | INJURED TAKEN BY<br>                                                                                            |  | EMS AGENCY                                                                                                                                                                 |  | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                |  | SAFETY EQUIPMENT USED<br>                                                                                                                                                                                                                                   |  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET                                                                                                                                                                                                    |  | SEATING POSITION<br>             |  | AIR BAG USAGE<br>                                                                                                                                                       |  | EJECTION<br>              |  | TRAPPED<br>                                                                                                                                                  |  |                       |  |                     |  |
| UNIT NUMBER<br>                                                                                                                                                                                                        |  | NAME: LAST, FIRST, MIDDLE<br>                                                                                   |  |                                                                                                                                                                            |  | DATE OF BIRTH<br>                                                                                                                                                |  |                                                                                                                                                                                                                                                             |  | AGE<br>                                                                                                                                                                                                                                  |  | GENDER<br>F - FEMALE<br>M - MALE |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                              |  |                                                                                                                 |  |                                                                                                                                                                            |  |                                                                                                                                                                  |  |                                                                                                                                                                                                                                                             |  | CONTACT PHONE- INCLUDE AREA CODE                                                                                                                                                                                                         |  |                                  |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| INJURIES<br>                                                                                                                                                                                                           |  | INJURED TAKEN BY<br>                                                                                            |  | EMS AGENCY                                                                                                                                                                 |  | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                |  | SAFETY EQUIPMENT USED<br>                                                                                                                                                                                                                                   |  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET                                                                                                                                                                                                    |  | SEATING POSITION<br>             |  | AIR BAG USAGE<br>                                                                                                                                                       |  | EJECTION<br>              |  | TRAPPED<br>                                                                                                                                                  |  |                       |  |                     |  |
| UNIT NUMBER<br>                                                                                                                                                                                                        |  | NAME: LAST, FIRST, MIDDLE<br>                                                                                   |  |                                                                                                                                                                            |  | DATE OF BIRTH<br>                                                                                                                                                |  |                                                                                                                                                                                                                                                             |  | AGE<br>                                                                                                                                                                                                                                  |  | GENDER<br>F - FEMALE<br>M - MALE |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                              |  |                                                                                                                 |  |                                                                                                                                                                            |  |                                                                                                                                                                  |  |                                                                                                                                                                                                                                                             |  | CONTACT PHONE- INCLUDE AREA CODE                                                                                                                                                                                                         |  |                                  |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| INJURIES<br>                                                                                                                                                                                                           |  | INJURED TAKEN BY<br>                                                                                            |  | EMS AGENCY                                                                                                                                                                 |  | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                |  | SAFETY EQUIPMENT USED<br>                                                                                                                                                                                                                                   |  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET                                                                                                                                                                                                    |  | SEATING POSITION<br>             |  | AIR BAG USAGE<br>                                                                                                                                                       |  | EJECTION<br>              |  | TRAPPED<br>                                                                                                                                                  |  |                       |  |                     |  |
| UNIT NUMBER<br>                                                                                                                                                                                                        |  | NAME: LAST, FIRST, MIDDLE<br>                                                                                   |  |                                                                                                                                                                            |  | DATE OF BIRTH<br>                                                                                                                                                |  |                                                                                                                                                                                                                                                             |  | AGE<br>                                                                                                                                                                                                                                  |  | GENDER<br>F - FEMALE<br>M - MALE |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                              |  |                                                                                                                 |  |                                                                                                                                                                            |  |                                                                                                                                                                  |  |                                                                                                                                                                                                                                                             |  | CONTACT PHONE- INCLUDE AREA CODE                                                                                                                                                                                                         |  |                                  |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| INJURIES<br>                                                                                                                                                                                                           |  | INJURED TAKEN BY<br>                                                                                            |  | EMS AGENCY                                                                                                                                                                 |  | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                |  | SAFETY EQUIPMENT USED<br>                                                                                                                                                                                                                                   |  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET                                                                                                                                                                                                    |  | SEATING POSITION<br>             |  | AIR BAG USAGE<br>                                                                                                                                                       |  | EJECTION<br>              |  | TRAPPED<br>                                                                                                                                                  |  |                       |  |                     |  |
| UNIT NUMBER<br>                                                                                                                                                                                                        |  | NAME: LAST, FIRST, MIDDLE<br>                                                                                   |  |                                                                                                                                                                            |  | DATE OF BIRTH<br>                                                                                                                                                |  |                                                                                                                                                                                                                                                             |  | AGE<br>                                                                                                                                                                                                                                  |  | GENDER<br>F - FEMALE<br>M - MALE |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                              |  |                                                                                                                 |  |                                                                                                                                                                            |  |                                                                                                                                                                  |  |                                                                                                                                                                                                                                                             |  | CONTACT PHONE- INCLUDE AREA CODE                                                                                                                                                                                                         |  |                                  |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| INJURIES<br>                                                                                                                                                                                                           |  | INJURED TAKEN BY<br>                                                                                            |  | EMS AGENCY                                                                                                                                                                 |  | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                |  | SAFETY EQUIPMENT USED<br>                                                                                                                                                                                                                                   |  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET                                                                                                                                                                                                    |  | SEATING POSITION<br>             |  | AIR BAG USAGE<br>                                                                                                                                                       |  | EJECTION<br>              |  | TRAPPED<br>                                                                                                                                                  |  |                       |  |                     |  |
| UNIT NUMBER<br>                                                                                                                                                                                                        |  | NAME: LAST, FIRST, MIDDLE<br>                                                                                   |  |                                                                                                                                                                            |  | DATE OF BIRTH<br>                                                                                                                                                |  |                                                                                                                                                                                                                                                             |  | AGE<br>                                                                                                                                                                                                                                  |  | GENDER<br>F - FEMALE<br>M - MALE |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |
| ADDRESS, CITY, STATE,                                                                                                                                                                                                  |  |                                                                                                                 |  |                                                                                                                                                                            |  |                                                                                                                                                                  |  |                                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                                                          |  |                                  |  |                                                                                                                                                                         |  |                           |  |                                                                                                                                                              |  |                       |  |                     |  |