



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

2018-00016661

CRASH SEVERITY

3 1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

☒ PHOTOS TAKEN  
☐ OH-2 ☐ OH-1P  
☐ OH-3 ☐ OTHER☐ PDO UNDER STATE REPORTABLE DOLLAR AMOUNT☐ PRIVATE PROPERTY

REPORTING AGENCY NCIC \*

04501

REPORTING AGENCY NAME \*

Newark Police Department

NUMBER OF UNITS

02

UNIT IN ERROR

01 98 - ANIMAL  
99 - UNKNOWN

COUNTY \*

45

☒ CITY \*☐ VILLAGE \*☐ TOWNSHIP \*

CITY, VILLAGE, TOWNSHIP \*

NEWARK

CRASH DATE \*

06092018

TIME OF CRASH

2226

DAY OF WEEK

Sat

DEGREES / MINUTES / SECONDS

LATITUDE 0 / " LONGITUDE 0 / "

DECIMAL DEGREES

LATITUDE 40.061428 LONGITUDE -8.238696

ROADWAY DIVISION

☒ DIVIDED  
☐ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

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

NUMBER OF THRU LANES

04

ROAD TYPES OR MILEPOST 2

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

SR LOCATION ROUTE TYPE 1

LOCATION ROUTE NUMBER 16

LOC PREFIX N, S, E, W

LOCATION ROAD NAME

LOCATION ROAD TYPE 2

ROUTE TYPES 1

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

DISTANCE FROM REFERENCE 100

☐ MILES  
☒ FEET  
☐ YARDS

DIR FROM REF N, S, E, W

W

REFERENCE ROUTE TYPE 1

REFERENCE ROUTE NUMBER

REF PREFIX N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

CEDAR

ST REFERENCE ROAD TYPE 2

REFERENCE POINT USED  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBERCRASH LOCATION  
0101 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE 11 - RAILWAY GRADE CROSSING  
02 - FOUR-WAY INTERSECTION 07 - ON RAMP 12 - SHARED-USE PATHS OR TRAILS  
03 - T-INTERSECTION 08 - OFF RAMP 99 - UNKNOWN  
04 - Y-INTERSECTION 09 - CROSSOVER  
05 - TRAFFIC CIRCLE/ROUNDBOAT 10 - DRIVEWAY/ALLEY ACCESS☐ INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT

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

ROAD CONTOUR

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

ROAD CONDITIONS

PRIMARY 02

SECONDARY

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

MANNER OF CRASH COLLISION/IMPACT

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

WEATHER

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

ROAD SURFACE

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

LIGHT CONDITIONS

4 PRIMARY

SECONDARY 1 - DAYLIGHT  
2 - DAWN  
3 - DUSK  
4 - DARK - LIGHTED ROADWAY5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN  
6 - DARK - UNKNOWN ROADWAY LIGHTING  
7 - GLARE\*  
8 - OTHER  
\* SECONDARY CONDITION ONLY☐ SCHOOL ZONE RELATED

SCHOOL BUS RELATED

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

TYPE OF WORK ZONE

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

LOCATION OF CRASH IN WORK ZONE

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

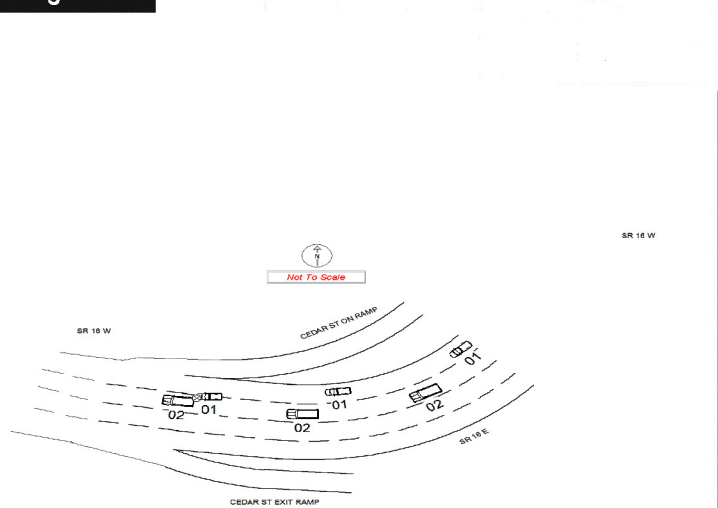
NARRATIVE

Unit 02 was w/b on SR 16 in the inside lane just west of N Cedar St.

Unit 01 was behind unit 02 but in the outside lane. Unit 01 was traveling at a speed greater than unit 02 and when approaching unit 01 veered to the left and into the lane that unit 02 was in. Unit 01 struck the rear passenger side of unit 02.

All drivers/occupants advised they were uninjured. Driver of unit 01 admitted to consuming alcohol but was able to pass SFSTS. Both vehicles received minor damage.

Diagram



REPORT TAKEN BY

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

DATE CRASH REPORTED

06092018

TIME CRASH REPORTED

2226

DISPATCH TIME

2244

ARRIVAL TIME

2312

TIME CLEARED

2345

OTHER INVESTIGATION TIME

TOTAL MINUTES

OFFICER'S NAME \*

Phillips, Joe

OFFICER'S BADGE NUMBER

45NPD-338

CHECKED BY

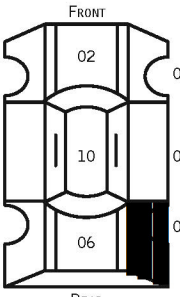
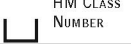
Delancey, Travis

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| UNIT NUMBER<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>MYERS, SANDRA, F</b>                                                                                              | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                                                                                                                                                        | DAMAGE SCALE<br><b>2</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 checked="" type="checkbox"/> SAME AS DRIVER )<br><b>526 SEROCO AVE ,OH 43055</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                 |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | LICENSE PLATE NUMBER<br><b>GRS1863</b>                                                                                                                                                              | VEHICLE IDENTIFICATION NUMBER<br><b>1FTCR15X3TPA91131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | # OCCUPANTS<br><b>01</b>                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |
| VEHICLE YEAR<br><b>1996</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VEHICLE MAKE<br><b>Ford</b>                                                                                                                                                                         | VEHICLE MODEL<br><b>RANGER</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | VEHICLE COLOR                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                 |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INSURANCE COMPANY<br><b>METLIFE</b>                                                                                                                                                                 | POLICY NUMBER<br><b>6280330640</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | TOWED BY                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                 |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                    | CARRIER PHONE- INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                                                                                |
| US DOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS.<br><input type="checkbox"/> 2 - 10,001 TO 26,000 LBS.<br><input type="checkbox"/> 3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<br><input type="checkbox"/> 01 - No CARGO BODY TYPE/NOT APPLICABLE<br><input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br><input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER)<br><input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE<br><input type="checkbox"/> 05 - LOGGING<br><input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS<br><input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX<br><input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION<br><b>4</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 type="checkbox"/> HIT / SKIP UNIT |                                                                                                                                                                                                                                                                                                                                                                                                 |
| HM PLACARD ID No.<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | HAZARDOUS MATERIAL RELEASED<br><input type="checkbox"/>                                                                                                                                             | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                 |
| Non-Motorist Location Prior to Impact<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 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>07</b><br>99 - UNKNOWN OR HIT / SKIP                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 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      |                                                                                                                                                                                                                                                                                                                                                                                                 |
| 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>09</b><br>IMPACT AREA<br><b>09</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                                                                                                                                                                                                                                                     |
| 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                 |
| 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>21</b><br>SECONDARY<br><input type="checkbox"/><br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                    | VEHICLE DEFECTS<br><input type="checkbox"/><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 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                    | 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>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<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>60</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | POSTED SPEED<br><b>55</b>                                                                                                                                                                           | TRAFFIC CONTROL<br><b>12</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                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                 |

2018-00016661

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| UNIT NUMBER<br><b>02</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>THORNTON, RUBY, M</b>                                                                                                                                                                                                                                                                                                                                 | OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>740-814-5734</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DAMAGE SCALE<br><b>2</b>                                                                                                                                                                                                                                                                                                            | DAMAGED AREA<br>                                                                                                                                                                                                                                                                       |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>595 MAIN ST NE , OH 43055</b>                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 1 - NONE                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                           |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | LICENSE PLATE NUMBER<br><b>HJA2147</b>                                                                                                                                                                                                                                                                                                                                                                                                  | VEHICLE IDENTIFICATION NUMBER<br><b>5XYKUD A73EG537172</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2 - MINOR                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                           |
| VEHICLE YEAR<br><b>2014</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | VEHICLE MAKE<br><b>Kia</b>                                                                                                                                                                                                                                                                                                                                                                                                              | VEHICLE MODEL<br><b>SORENTO</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 3 - FUNCTIONAL                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                           |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | INSURANCE COMPANY<br><b>PROGRESSIVE INS</b>                                                                                                                                                                                                                                                                                                                                                                                             | POLICY NUMBER<br><b>919286340</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 4 - DISABLING                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                           |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9 - UNKNOWN                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                           |
| 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><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>4</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>                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED                                                                                                                                                                                                                                                                                                                                                                                    | 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>                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                         | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                           |
| Non-Motorist Location Prior to Impact<br>                                                                                                                                                                                                                                                                                                                                                                                                                                    | 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>06</b><br>99 - UNKNOWN OR HIT / SKIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE                                     | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE                                                             |
| 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>05</b><br>IMPACT AREA<br><b>05</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                                                                                                                                                                                                                               |
| PRE-CRASH ACTIONS<br><b>01</b><br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 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                                                                                                                                                                                                                                                                                    | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION                                                                                                                                                                                                                                                                              | Non-Motorist<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING                                                                                                                                                          |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>01</b><br>SECONDARY<br><br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                        | 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                                                                                                                                                              | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENCE MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION                                                                                                                                                                                                                                                                                                                                                        | Non-Motorist<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><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  3  4  5  6 <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 OR SUPPORT<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION | Collision With Fixed Object<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CURB<br>43 - CULVERT<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>55</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED                                                                                                                                                                                                                                                                                                                                                                                                                                                  | POSTED SPEED<br><b>55</b>                                                                                                                                                                                                                                                                                                                                                                                                               | TRAFFIC CONTROL<br><b>12</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                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                           |



# MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

**2018-00016661**

|                                                                          |                                                         |            |                                                                           |                                            |                                      |                                    |                                                                |                                 |                                                         |                                           |                              |                            |
|--------------------------------------------------------------------------|---------------------------------------------------------|------------|---------------------------------------------------------------------------|--------------------------------------------|--------------------------------------|------------------------------------|----------------------------------------------------------------|---------------------------------|---------------------------------------------------------|-------------------------------------------|------------------------------|----------------------------|
| UNIT NUMBER<br><b>01</b>                                                 | NAME: LAST, FIRST, MIDDLE<br><b>BURGE, KATELYN, ANN</b> |            |                                                                           |                                            | DATE OF BIRTH<br><b>09221994</b>     |                                    |                                                                |                                 | AGE<br><b>023</b>                                       | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |                              |                            |
| ADDRESS, CITY, STATE, ZIP<br><b>526 SEROCO AVE ,OH 43055</b>             |                                                         |            |                                                                           |                                            |                                      |                                    |                                                                |                                 | CONTACT PHONE- INCLUDE AREA CODE<br><b>740-877-2617</b> |                                           |                              |                            |
| INJURIES<br><b>1</b>                                                     | INJURED TAKEN BY<br><b>1</b>                            | EMS AGENCY |                                                                           | MEDICAL FACILITY INJURED TAKEN TO          |                                      | SAFETY EQUIPMENT USED<br><b>04</b> | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>01</b>   | AIR BAG USAGE<br><b>1</b>                               | EJECTION<br><b>1</b>                      | TRAPPED<br><b>1</b>          |                            |
| OL STATE<br><b>OH</b>                                                    | OPERATOR LICENSE NUMBER<br><b>TR494834</b>              |            | OL CLASS<br><b>4</b>                                                      | <input type="checkbox"/> No<br>VALID<br>OL | <input type="checkbox"/> M/C<br>END. | CONDITION<br><b>1</b>              | ALCOHOL/DRUG SUSPECTED<br><b>3</b>                             | ALCOHOL TEST STATUS<br><b>1</b> | ALCOHOL TEST TYPE<br><b>1</b>                           | ALCOHOL TEST VALUE<br><b>. . . . .</b>    | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)<br><b>4511.33</b> |                                                         |            | OFFENSE DESCRIPTION<br><b>Marked Lanes or Continuous Lines of Traffic</b> |                                            |                                      |                                    | CITATION NUMBER                                                |                                 | <input type="checkbox"/> HANDS-FREE<br>DEVICE<br>USED   | DRIVER DISTRACTED BY<br><b>1</b>          |                              |                            |

|                                                                |                                                       |            |                      |                                            |                                      |                                    |                                                                |                                 |                                                         |                                           |                              |                            |
|----------------------------------------------------------------|-------------------------------------------------------|------------|----------------------|--------------------------------------------|--------------------------------------|------------------------------------|----------------------------------------------------------------|---------------------------------|---------------------------------------------------------|-------------------------------------------|------------------------------|----------------------------|
| UNIT NUMBER<br><b>02</b>                                       | NAME: LAST, FIRST, MIDDLE<br><b>THORNTON, RUBY, M</b> |            |                      |                                            | DATE OF BIRTH<br><b>06151979</b>     |                                    |                                                                |                                 | AGE<br><b>038</b>                                       | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |                              |                            |
| ADDRESS, CITY, STATE, ZIP<br><b>595 S MAIN ST NE ,OH 43055</b> |                                                       |            |                      |                                            |                                      |                                    |                                                                |                                 | CONTACT PHONE- INCLUDE AREA CODE<br><b>740-814-5734</b> |                                           |                              |                            |
| INJURIES<br><b>1</b>                                           | INJURED TAKEN BY<br><b>1</b>                          | EMS AGENCY |                      | MEDICAL FACILITY INJURED TAKEN TO          |                                      | SAFETY EQUIPMENT USED<br><b>04</b> | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>01</b>   | AIR BAG USAGE<br><b>1</b>                               | EJECTION<br><b>1</b>                      | TRAPPED<br><b>1</b>          |                            |
| OL STATE<br><b>OH</b>                                          | OPERATOR LICENSE NUMBER<br><b>RS802952</b>            |            | OL CLASS<br><b>4</b> | <input type="checkbox"/> No<br>VALID<br>OL | <input type="checkbox"/> M/C<br>END. | CONDITION<br><b>1</b>              | ALCOHOL/DRUG SUSPECTED<br><b>1</b>                             | ALCOHOL TEST STATUS<br><b>1</b> | ALCOHOL TEST TYPE<br><b>1</b>                           | ALCOHOL TEST VALUE<br><b>. . . . .</b>    | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)         |                                                       |            | OFFENSE DESCRIPTION  |                                            |                                      |                                    | CITATION NUMBER                                                |                                 | <input type="checkbox"/> HANDS-FREE<br>DEVICE<br>USED   | DRIVER DISTRACTED BY<br><b>1</b>          |                              |                            |

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

|                                                                |                                                          |            |  |                                   |                                  |                                    |                                                                |                               |                                                         |                                           |                     |
|----------------------------------------------------------------|----------------------------------------------------------|------------|--|-----------------------------------|----------------------------------|------------------------------------|----------------------------------------------------------------|-------------------------------|---------------------------------------------------------|-------------------------------------------|---------------------|
| UNIT NUMBER<br><b>02</b>                                       | NAME: LAST, FIRST, MIDDLE<br><b>THORNTON, WILLIAM, H</b> |            |  |                                   | DATE OF BIRTH<br><b>01311975</b> |                                    |                                                                |                               | AGE<br><b>043</b>                                       | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |                     |
| ADDRESS, CITY, STATE, ZIP<br><b>595 S MAIN ST NE ,OH 43055</b> |                                                          |            |  |                                   |                                  |                                    |                                                                |                               | CONTACT PHONE- INCLUDE AREA CODE<br><b>740-641-5030</b> |                                           |                     |
| INJURIES<br><b>1</b>                                           | INJURED TAKEN BY<br><b>1</b>                             | EMS AGENCY |  | MEDICAL FACILITY INJURED TAKEN TO |                                  | SAFETY EQUIPMENT USED<br><b>04</b> | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>03</b> | AIR BAG USAGE<br><b>1</b>                               | EJECTION<br><b>1</b>                      | TRAPPED<br><b>1</b> |
| UNIT NUMBER<br><b></b>                                         | NAME: LAST, FIRST, MIDDLE<br><b></b>                     |            |  |                                   | DATE OF BIRTH<br><b></b>         |                                    |                                                                |                               | AGE<br><b></b>                                          | GENDER<br><b></b> F - FEMALE<br>M - MALE  |                     |
| ADDRESS, CITY, STATE, ZIP<br><b></b>                           |                                                          |            |  |                                   |                                  |                                    |                                                                |                               | CONTACT PHONE- INCLUDE AREA CODE<br><b></b>             |                                           |                     |
| INJURIES<br><b></b>                                            | INJURED TAKEN BY<br><b></b>                              | EMS AGENCY |  | MEDICAL FACILITY INJURED TAKEN TO |                                  | SAFETY EQUIPMENT USED<br><b></b>   | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b></b>   | AIR BAG USAGE<br><b></b>                                | EJECTION<br><b></b>                       | TRAPPED<br><b></b>  |