



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

2018-00001374

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

98 - ANIMAL  
99 - UNKNOWN

02

COUNTY \*

45

☒ CITY \*☐ VILLAGE \*  
☐ TOWNSHIP \*

CITY, VILLAGE, TOWNSHIP \*

NEWARK

CRASH DATE \*

01162018

TIME OF CRASH

1453

DAY OF WEEK

Tue

DEGREES / MINUTES / SECONDS

LATITUDE 0 / " LONGITUDE 0 / "

DECIMAL DEGREES

LATITUDE 40.056535 LONGITUDE -81.245375

ROADWAY DIVISION

☐ DIVIDED  
☒ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

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

NUMBER OF THRU LANES

00

ROAD TYPES OR MILEPOST 2

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

LOCATION ROUTE NUMBER

W

LOC PREFIX

N, S, E, W

LOCATION ROAD NAME

CHURCH

ST

LOCATION  
ROAD  
TYPE 2

ROUTE TYPES 1

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

DISTANCE FROM REFERENCE

☐ MILES  
☐ FEET  
☐ YARDS

DIR FROM REF

☐ N, S, E, W

REFERENCE

ROUTE  
TYPE 1

REFERENCE ROUTE NUMBER

1625 CHURCH

REF PREFIX

N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

1625 CHURCH

ST

REFERENCE

ROAD  
TYPE 2

REFERENCE POINT USED

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

CRASH LOCATION

01

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

LOCATION OF FIRST HARMFUL EVENT

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

ROAD CONTOUR

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

ROAD CONDITIONS

PRIMARY 07

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

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

WEATHER

1

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

ROAD SURFACE

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

LIGHT CONDITIONS

1 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

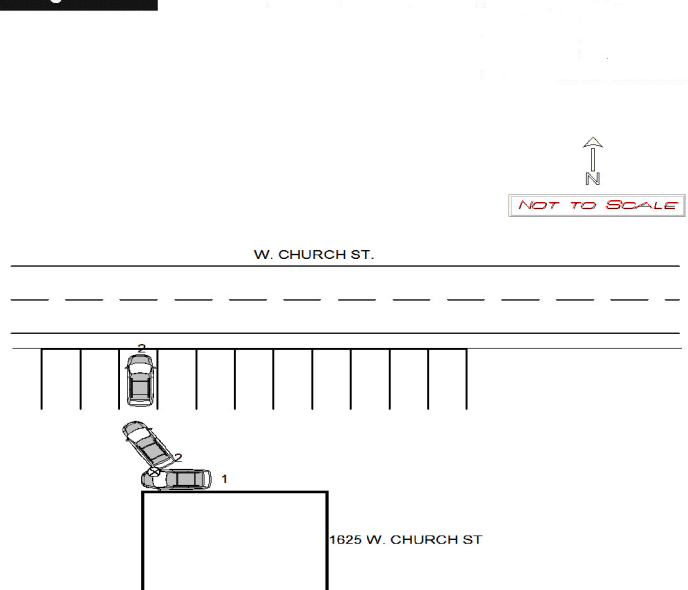
NARRATIVE

UNIT 1 STATED HIS VEHICLE WAS PARKED FACING WESTBOUND  
THE PARKING LOT OF APPLE TREE AUCTION CENTER. UNIT 1  
STATED UNIT 2 BACKED INTO HIS VEHICLE AND LEFT THE SCENE.UNIT 1 STATED THE VEHICLE WAS A BLUE VAN WITH A LICENSE  
PLATE OF ECM2981.I WENT TO THE ADDRESS THAT WAS ASSOCIATED WITH THAT LICENSE  
PLATE AND MADE CONTACT WITH A FEMALE SUBJECT. I SPOKE TO  
THE FEMALE SUBJECT AND ASKED HER IF SHE WAS AT THE APPLE  
TREE AUCTION CENTER TODAY AND SHE ADVISED SHE WAS NOT.  
WAS ABLE TO CHECK THE VEHICLE'S SHE HAD IN HER DRIVEWAY

REPORT TAKEN BY

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

Diagram



DATE CRASH REPORTED

01162018

TIME CRASH REPORTED

1453

DISPATCH TIME

1454

ARRIVAL TIME

1502

TIME CLEARED

1530

OTHER INVESTIGATION TIME

TOTAL MINUTES

OFFICER'S NAME \*

Angles, Amanda

OFFICER'S BADGE NUMBER

45NPD-364

CHECKED BY

PAGE 1 OF 5



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REPORTABLE  
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CITY, VILLAGE, TOWNSHIP \*

NEWARK

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DAY OF WEEK

DEGREES / MINUTES / SECONDS

LATITUDE 0 / " LONGITUDE 0 / "

DECIMAL DEGREES

LATITUDE LONGITUDE

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☐ DIVIDED  
☐ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

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S - SOUTHBOUND W - WESTBOUND

NUMBER OF THRU LANES

ROAD TYPES OR MILEPOST <sup>2</sup>AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY  
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ROUTE  
TYPE <sup>1</sup>

LOCATION ROUTE NUMBER

LOC PREFIX  
N,S,  
E,W

LOCATION ROAD NAME

LOCATION  
ROAD  
TYPE <sup>2</sup>ROUTE TYPES <sup>1</sup>IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE  
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE  
SR - STATE ROUTE

DISTANCE FROM REFERENCE

☐ MILES  
☐ FEET  
☐ YARDS

DIR FROM REF

N,S,  
E,W

REFERENCE

ROUTE  
TYPE <sup>1</sup>

REFERENCE ROUTE NUMBER

REF PREFIX

N,S,  
E,W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

REFERENCE

ROAD  
TYPE <sup>2</sup>

REFERENCE POINT USED

1 - INTERSECTION  
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02 - FOUR-WAY INTERSECTION  
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05 - TRAFFIC CIRCLE/ROUNDBOAT06 - FIVE-POINT, OR MORE  
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RELATED

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ROAD CONDITIONS

PRIMARY SECONDARY

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\* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

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

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LOCATION OF CRASH IN WORK ZONE

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3 - TRANSITION AREA

NARRATIVE

AND GARAGE AND NONE OF THE VEHICLE'S MATCHED THE

DESCRIPTION GIVEN TO ME AT THE SCENE.

Diagram

REPORT TAKEN BY

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

DATE CRASH REPORTED

TIME CRASH REPORTED

DISPATCH TIME

ARRIVAL TIME

TIME CLEARED

OTHER INVESTIGATION TIME

TOTAL MINUTES

OFFICER'S NAME \*

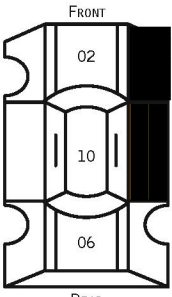
Angles, Amanda

OFFICER'S BADGE NUMBER

CHECKED BY

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2018-00001374

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| UNIT NUMBER<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER)<br><b>TOWNSEND, FRED, K</b>                                                                                                                                                                                                                                                      | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)<br><b>614-565-5078</b>                                                                                                                                                                                                                                                                                                                                                                                                  | DAMAGE SCALE<br><b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DAMAGED AREA<br> |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER)<br><b>970 VILLAS DR ,PATASKALA ,OH 43062</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 1 - NONE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                     |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | LICENSE PLATE NUMBER<br><b>GVN8643</b>                                                                                                                                                                                                                                                                                                                      | VEHICLE IDENTIFICATION NUMBER<br><b>2C4RC1BG1DR540936</b>                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2 - MINOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                     |
| VEHICLE YEAR<br><b>2013</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VEHICLE MAKE<br><b>Chrysler</b>                                                                                                                                                                                                                                                                                                                             | VEHICLE MODEL<br><b>TOWN &amp; COUNTRY</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 3 - FUNCTIONAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |
| VEHICLE COLOR<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                             | INSURANCE COMPANY<br><b>Ohio Insurance</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 4 - DISABLING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                     |
| POLICY NUMBER<br><b>PA 1651773</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | TOWED BY<br><b></b>                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CARRIER PHONE- INCLUDE AREA CODE<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                     |
| US DOT<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS.<br><input type="checkbox"/> 2 - 10,001 TO 26,000 LBS.<br><input type="checkbox"/> 3 - MORE THAN 26,000 LBS.                                                                                                                                                         | CARGO BODY TYPE<br><input type="checkbox"/> 01 - No CARGO BODY TYPE/NOT APPLICABLE<br><input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br><input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER)<br><input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE<br><input type="checkbox"/> 05 - LOGGING<br><input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS<br><input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX<br><input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION<br><b>1</b><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><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | HAZARDOUS MATERIAL RELEASED<br><input type="checkbox"/>                                                                                                                                                                                                                                                                                                     | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |
| HM CLASS NUMBER<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |
| Non-Motorist Location Prior to Impact<br><input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK<br><input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK<br><input type="checkbox"/> 03 - INTERSECTION - OTHER<br><input type="checkbox"/> 04 - MIDBLOCK - MARKED CROSSWALK<br><input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION<br><input type="checkbox"/> 06 - BICYCLE LANE<br><input type="checkbox"/> 07 - SHOULDER/ROADSIDE<br><input type="checkbox"/> 08 - SIDEWALK<br><input type="checkbox"/> 09 - MEDIAN/CROSSING ISLAND<br><input type="checkbox"/> 10 - DRIVEWAY ACCESS<br><input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL<br><input type="checkbox"/> 12 - Non-Trafficway AREA<br><input type="checkbox"/> 99 - OTHER/UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                             | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                          | UNIT TYPE<br><b>05</b><br>99 - UNKNOWN OR HIT / SKIP<br>PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE<br>MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE<br>Bus/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>Non-Motorist<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER Non-Motorist |                                                                                                     |
| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER<br>09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP.<br>17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | MOST DAMAGED AREA<br><b>04</b><br>IMPACT AREA<br><b>04</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR<br>08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL(ALL AREAS)<br>14 - OTHER<br>99 - UNKNOWN |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ACTION<br><b>4</b><br>1 - Non-CONTACT<br>2 - Non-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                     |
| PRE-CRASH ACTIONS<br><b>10</b><br>MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>99 - UNKNOWN<br>07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION<br>Non-Motorist<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING<br>21 - OTHER Non-Motorist ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><input type="checkbox"/><br>SECONDARY<br><input type="checkbox"/><br>99 - UNKNOWN<br>MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENCE MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/Wrong Way<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION<br>Non-Motorist<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER Non-Motorist ACTION<br>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<br>COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN/ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>Non-Collision Events<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN OR SUPPORT<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER Non-Collision<br>Collision With Fixed Object<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                     |
| UNIT SPEED<br><input type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED<br><b></b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | POSTED SPEED<br><b></b>                                                                                                                                                                                                                                                                                                                                     | TRAFFIC CONTROL<br><input type="checkbox"/><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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                     |

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|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| UNIT NUMBER<br><b>02</b>                                                                                                                                                                                                                                                                                                                                                                 |  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                              |  | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | DAMAGE SCALE<br><b>9</b>                                                                                                                                                                                                                                                                                                            |  | DAMAGED AREA                                                                                                                                                                                                                                                                                                  |  |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 1 - NONE                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                               |  |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                    |  | LICENSE PLATE NUMBER                                                                                                                                                                                                                                                                                                                                                     |  | VEHICLE IDENTIFICATION NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | # OCCUPANTS<br><b>01</b>                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                               |  |
| VEHICLE YEAR                                                                                                                                                                                                                                                                                                                                                                             |  | VEHICLE MAKE                                                                                                                                                                                                                                                                                                                                                             |  | VEHICLE MODEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | VEHICLE COLOR                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                                                                                                                                                                                               |  |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                                                                                                                                                        |  | INSURANCE COMPANY                                                                                                                                                                                                                                                                                                                                                        |  | POLICY NUMBER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TOWED BY                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                               |  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                  |  |                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | CARRIER PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                                                                                                                                                                                               |  |
| US DOT                                                                                                                                                                                                                                                                                                                                                                                   |  | VEHICLE WEIGHT GVWR/GCWR                                                                                                                                                                                                                                                                                                                                                 |  | CARGO BODY TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | TRAFFICWAY DESCRIPTION                                                                                                                                                                                                                                                                                                              |  |                                                                                                                                                                                                                                                                                                               |  |
| HM PLACARD ID No.                                                                                                                                                                                                                                                                                                                                                                        |  | 1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS.                                                                                                                                                                                                                                                                             |  | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 1 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 CLASS NUMBER                                                                                                                                                                                                                                                                                                                                                                          |  | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | <input checked="" type="checkbox"/> HIT / SKIP UNIT                                                                                                                                                                                                                                                                                 |  |                                                                                                                                                                                                                                                                                                               |  |
| Non-Motorist Location Prior to Impact                                                                                                                                                                                                                                                                                                                                                    |  | TYPE OF USE                                                                                                                                                                                                                                                                                                                                                              |  | UNIT TYPE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                                                                                                                               |  |
| 01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - Non-Trafficway Area<br>99 - OTHER/UNKNOWN |  | 1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><br><input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                   |  | 05<br>99 - UNKNOWN OR HIT / SKIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | 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                                                                                    |  |                                                                                                                                                                                                                                                                                                               |  |
| SPECIAL FUNCTION                                                                                                                                                                                                                                                                                                                                                                         |  | 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)                                                                                                                                                                                                     |  | 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 |  |
| Most Damaged Area                                                                                                                                                                                                                                                                                                                                                                        |  | 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 99 - UNKNOWN                                                                                                                                                                                                                                                                                                                        |  | ACTION<br>3 1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - UNKNOWN                                                                                                                                                                                          |  |
| PRE-CRASH ACTIONS                                                                                                                                                                                                                                                                                                                                                                        |  | 02<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<br>07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | Non-Motorist<br>13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION<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                                                                                                                                                                                                                                                                                                                                                               |  | PRIMARY<br>11<br>SECONDARY<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<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENCE MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/Wrong Way<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION                                                                          |  | 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                                                                                                                                                                                                                                                                                                                                                                          |  | 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                                                                                                                                                                                                                                                                                                                                                                       |  | 1 21<br>FIRST HARMFUL EVENT 1<br>MOST HARMFUL EVENT 1<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 PERSON, VEHICLE OR OBJECT NOT FIXED                                                                                                                                                                                                                                                                                                                                       |  | 14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN/ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT |  | COLLISION WITH FIXED OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |  |                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                               |  |
| UNIT SPEED                                                                                                                                                                                                                                                                                                                                                                               |  | POSTED SPEED                                                                                                                                                                                                                                                                                                                                                             |  | TRAFFIC CONTROL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | UNIT DIRECTION                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                                                                                                                               |  |
| 01 - STATED<br>02 - ESTIMATED                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                                                                                                                                                                                          |  | 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                                                                                                                                                                                                                                                                                                                                                                             |  | FROM N To S<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                                                                                                                                                                                    |  |                                                                                                                                                                                                                                                                                                               |  |

**2018-00001374**

|                                                                                                                                                                                                                        |  |                                                                                                                    |  |                                                                                                                                                                            |  |                                                                                                                                                                                                                                             |  |                                                                                                                                                                                                    |  |                                                                                                                                                                       |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------|--|-------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------|--|----------------------------|--|
| UNIT NUMBER<br><b>01</b>                                                                                                                                                                                               |  | NAME: LAST, FIRST, MIDDLE<br><b>PARKED, 2018-00001374</b>                                                          |  |                                                                                                                                                                            |  | DATE OF BIRTH<br>                                                                                                                                                                                                                           |  | AGE<br>                                                                                                                                                                                            |  | GENDER<br>F - FEMALE<br>M - MALE                                                                                                                                      |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
| ADDRESS, CITY, STATE, ZIP<br>                                                                                                                                                                                          |  |                                                                                                                    |  |                                                                                                                                                                            |  | CONTACT PHONE- INCLUDE AREA CODE<br>                                                                                                                                                                                                        |  |                                                                                                                                                                                                    |  |                                                                                                                                                                       |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
| INJURIES<br>                                                                                                                                                                                                           |  | INJURED TAKEN BY<br>                                                                                               |  | EMS AGENCY<br>                                                                                                                                                             |  | MEDICAL FACILITY INJURED TAKEN TO<br>                                                                                                                                                                                                       |  | SAFETY EQUIPMENT USED<br>                                                                                                                                                                          |  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET<br><input checked="" type="checkbox"/>                                                                                          |  | SEATING POSITION<br>                                                                                                                                                    |  | AIR BAG USAGE<br>               |  | EJECTION<br>                  |  | TRAPPED<br>                                                                                                                                                  |  |                              |  |                            |  |
| OL STATE<br>                                                                                                                                                                                                           |  | OPERATOR LICENSE NUMBER<br>                                                                                        |  | OL CLASS<br>                                                                                                                                                               |  | No<br>VALID<br>OL<br><input type="checkbox"/>                                                                                                                                                                                               |  | M/C<br>END.<br><input type="checkbox"/>                                                                                                                                                            |  | CONDITION<br>                                                                                                                                                         |  | ALCOHOL/DRUG SUSPECTED<br>                                                                                                                                              |  | ALCOHOL TEST STATUS<br>         |  | ALCOHOL TEST TYPE<br>         |  | ALCOHOL TEST VALUE<br>                                                                                                                                       |  | DRUG TEST STATUS<br>         |  | DRUG TEST TYPE<br>         |  |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )<br>                                                                                                                                                            |  |                                                                                                                    |  | OFFENSE DESCRIPTION<br>                                                                                                                                                    |  |                                                                                                                                                                                                                                             |  | CITATION NUMBER<br>                                                                                                                                                                                |  |                                                                                                                                                                       |  | HANDS-FREE<br>DEVICE<br>USED<br><input type="checkbox"/>                                                                                                                |  |                                 |  | DRIVER DISTRACTED BY<br>      |  |                                                                                                                                                              |  |                              |  |                            |  |
| UNIT NUMBER<br><b>02</b>                                                                                                                                                                                               |  | NAME: LAST, FIRST, MIDDLE<br><b>UNKNOWN, 02, 2018-00001374</b>                                                     |  |                                                                                                                                                                            |  | DATE OF BIRTH<br>                                                                                                                                                                                                                           |  | AGE<br>                                                                                                                                                                                            |  | GENDER<br>F - FEMALE<br>M - MALE                                                                                                                                      |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
| ADDRESS, CITY, STATE, ZIP<br>                                                                                                                                                                                          |  |                                                                                                                    |  |                                                                                                                                                                            |  | CONTACT PHONE- INCLUDE AREA CODE<br>                                                                                                                                                                                                        |  |                                                                                                                                                                                                    |  |                                                                                                                                                                       |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
| INJURIES<br>                                                                                                                                                                                                           |  | INJURED TAKEN BY<br>                                                                                               |  | EMS AGENCY<br>                                                                                                                                                             |  | MEDICAL FACILITY INJURED TAKEN TO<br>                                                                                                                                                                                                       |  | SAFETY EQUIPMENT USED<br>                                                                                                                                                                          |  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET<br><input type="checkbox"/>                                                                                                     |  | SEATING POSITION<br><b>01</b>                                                                                                                                           |  | AIR BAG USAGE<br><b>9</b>       |  | EJECTION<br><b>1</b>          |  | TRAPPED<br><b>1</b>                                                                                                                                          |  |                              |  |                            |  |
| OL STATE<br>                                                                                                                                                                                                           |  | OPERATOR LICENSE NUMBER<br>                                                                                        |  | OL CLASS<br>                                                                                                                                                               |  | No<br>VALID<br>OL<br><input type="checkbox"/>                                                                                                                                                                                               |  | M/C<br>END.<br><input type="checkbox"/>                                                                                                                                                            |  | CONDITION<br>                                                                                                                                                         |  | 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>                                                                                                                                       |  | DRUG TEST STATUS<br><b>1</b> |  | DRUG TEST TYPE<br><b>1</b> |  |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )<br>                                                                                                                                                            |  |                                                                                                                    |  | OFFENSE DESCRIPTION<br>                                                                                                                                                    |  |                                                                                                                                                                                                                                             |  | CITATION NUMBER<br>                                                                                                                                                                                |  |                                                                                                                                                                       |  | HANDS-FREE<br>DEVICE<br>USED<br><input type="checkbox"/>                                                                                                                |  |                                 |  | DRIVER DISTRACTED BY<br>      |  |                                                                                                                                                              |  |                              |  |                            |  |
| INJURIES<br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL                                                                                                 |  | INJURED TAKEN BY<br>1 - NOT TRANSPORTED /<br>TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN |  | SAFETY EQUIPMENT USED<br>MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT USED       |  | 99 - UNKNOWN SAFETY EQUIPMENT<br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM- REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED                                                                            |  | Non-Motorist<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED<br>(ELBOWS,KNEES, ETC)                                                                                             |  | 12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER                                                                                                               |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
| SEATING POSITION<br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE |  |                                                                                                                    |  |                                                                                                                                                                            |  | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) |  |                                                                                                                                                                                                    |  |                                                                                                                                                                       |  | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN |  |                                 |  |                               |  | AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |  |                              |  |                            |  |
| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE                                                                                                                      |  | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY<br>MECHANICAL MEANS<br>3 - EXTRICATED BY<br>NON-MECHANICAL MEANS   |  | OPERATOR LICENSE CLASS<br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS "D")<br>5 - MC/MOPED ONLY                                                |  | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS                                                                                                                 |  | 5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF<br>MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER                                                                                       |  | ALCOHOL/DRUG SUSPECTED<br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HBD NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
| ALCOHOL TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN                                          |  | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                                 |  | DRUG TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN |  | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER                                                                                                                                                                           |  | DRIVER DISTRACTED BY<br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/E-MAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE<br>(NAVIGATION DEVICE, RADIO, DVD) |  | 6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION                                                                                                              |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
| UNIT NUMBER<br>                                                                                                                                                                                                        |  | NAME: LAST, FIRST, MIDDLE<br>                                                                                      |  |                                                                                                                                                                            |  | DATE OF BIRTH<br>                                                                                                                                                                                                                           |  | AGE<br>                                                                                                                                                                                            |  | GENDER<br>F - FEMALE<br>M - MALE                                                                                                                                      |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
| ADDRESS, CITY, STATE, ZIP<br>                                                                                                                                                                                          |  |                                                                                                                    |  |                                                                                                                                                                            |  | CONTACT PHONE- INCLUDE AREA CODE<br>                                                                                                                                                                                                        |  |                                                                                                                                                                                                    |  |                                                                                                                                                                       |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
| INJURIES<br>                                                                                                                                                                                                           |  | INJURED TAKEN BY<br>                                                                                               |  | EMS AGENCY<br>                                                                                                                                                             |  | MEDICAL FACILITY INJURED TAKEN TO<br>                                                                                                                                                                                                       |  | SAFETY EQUIPMENT USED<br>                                                                                                                                                                          |  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET<br><input type="checkbox"/>                                                                                                     |  | SEATING POSITION<br>                                                                                                                                                    |  | AIR BAG USAGE<br>               |  | EJECTION<br>                  |  | TRAPPED<br>                                                                                                                                                  |  |                              |  |                            |  |
| UNIT NUMBER<br>                                                                                                                                                                                                        |  | NAME: LAST, FIRST, MIDDLE<br>                                                                                      |  |                                                                                                                                                                            |  | DATE OF BIRTH<br>                                                                                                                                                                                                                           |  | AGE<br>                                                                                                                                                                                            |  | GENDER<br>F - FEMALE<br>M - MALE                                                                                                                                      |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
| ADDRESS, CITY, STATE, ZIP<br>                                                                                                                                                                                          |  |                                                                                                                    |  |                                                                                                                                                                            |  | CONTACT PHONE- INCLUDE AREA CODE<br>                                                                                                                                                                                                        |  |                                                                                                                                                                                                    |  |                                                                                                                                                                       |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
| INJURIES<br>                                                                                                                                                                                                           |  | INJURED TAKEN BY<br>                                                                                               |  | EMS AGENCY<br>                                                                                                                                                             |  | MEDICAL FACILITY INJURED TAKEN TO<br>                                                                                                                                                                                                       |  | SAFETY EQUIPMENT USED<br>                                                                                                                                                                          |  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET<br><input type="checkbox"/>                                                                                                     |  | SEATING POSITION<br>                                                                                                                                                    |  | AIR BAG USAGE<br>               |  | EJECTION<br>                  |  | TRAPPED<br>                                                                                                                                                  |  |                              |  |                            |  |
| UNIT NUMBER<br>                                                                                                                                                                                                        |  | NAME: LAST, FIRST, MIDDLE<br>                                                                                      |  |                                                                                                                                                                            |  | DATE OF BIRTH<br>                                                                                                                                                                                                                           |  | AGE<br>                                                                                                                                                                                            |  | GENDER<br>F - FEMALE<br>M - MALE                                                                                                                                      |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
| ADDRESS, CITY, STATE, ZIP<br>                                                                                                                                                                                          |  |                                                                                                                    |  |                                                                                                                                                                            |  | CONTACT PHONE- INCLUDE AREA CODE<br>                                                                                                                                                                                                        |  |                                                                                                                                                                                                    |  |                                                                                                                                                                       |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
| INJURIES<br>                                                                                                                                                                                                           |  | INJURED TAKEN BY<br>                                                                                               |  | EMS AGENCY<br>                                                                                                                                                             |  | MEDICAL FACILITY INJURED TAKEN TO<br>                                                                                                                                                                                                       |  | SAFETY EQUIPMENT USED<br>                                                                                                                                                                          |  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET<br><input type="checkbox"/>                                                                                                     |  | SEATING POSITION<br>                                                                                                                                                    |  | AIR BAG USAGE<br>               |  | EJECTION<br>                  |  | TRAPPED<br>                                                                                                                                                  |  |                              |  |                            |  |
| UNIT NUMBER<br>                                                                                                                                                                                                        |  | NAME: LAST, FIRST, MIDDLE<br>                                                                                      |  |                                                                                                                                                                            |  | DATE OF BIRTH<br>                                                                                                                                                                                                                           |  | AGE<br>                                                                                                                                                                                            |  | GENDER<br>F - FEMALE<br>M - MALE                                                                                                                                      |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
| ADDRESS, CITY, STATE, ZIP<br>                                                                                                                                                                                          |  |                                                                                                                    |  |                                                                                                                                                                            |  | CONTACT PHONE- INCLUDE AREA CODE<br>                                                                                                                                                                                                        |  |                                                                                                                                                                                                    |  |                                                                                                                                                                       |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
| INJURIES<br>                                                                                                                                                                                                           |  | INJURED TAKEN BY<br>                                                                                               |  | EMS AGENCY<br>                                                                                                                                                             |  | MEDICAL FACILITY INJURED TAKEN TO<br>                                                                                                                                                                                                       |  | SAFETY EQUIPMENT USED<br>                                                                                                                                                                          |  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET<br><input type="checkbox"/>                                                                                                     |  | SEATING POSITION<br>                                                                                                                                                    |  | AIR BAG USAGE<br>               |  | EJECTION<br>                  |  | TRAPPED<br>                                                                                                                                                  |  |                              |  |                            |  |
| UNIT NUMBER<br>                                                                                                                                                                                                        |  | NAME: LAST, FIRST, MIDDLE<br>                                                                                      |  |                                                                                                                                                                            |  | DATE OF BIRTH<br>                                                                                                                                                                                                                           |  | AGE<br>                                                                                                                                                                                            |  | GENDER<br>F - FEMALE<br>M - MALE                                                                                                                                      |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
| ADDRESS, CITY, STATE, ZIP<br>                                                                                                                                                                                          |  |                                                                                                                    |  |                                                                                                                                                                            |  | CONTACT PHONE- INCLUDE AREA CODE<br>                                                                                                                                                                                                        |  |                                                                                                                                                                                                    |  |                                                                                                                                                                       |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |
| INJURIES<br>                                                                                                                                                                                                           |  | INJURED TAKEN BY<br>                                                                                               |  | EMS AGENCY<br>                                                                                                                                                             |  | MEDICAL FACILITY INJURED TAKEN TO<br>                                                                                                                                                                                                       |  | SAFETY EQUIPMENT USED<br>                                                                                                                                                                          |  | DOT COMPLIANT<br>MOTORCYCLE<br>HELMET<br><input type="checkbox"/>                                                                                                     |  | SEATING POSITION<br>                                                                                                                                                    |  | AIR BAG USAGE<br>               |  | EJECTION<br>                  |  | TRAPPED<br>                                                                                                                                                  |  |                              |  |                            |  |
| UNIT NUMBER<br>                                                                                                                                                                                                        |  | NAME: LAST, FIRST, MIDDLE<br>                                                                                      |  |                                                                                                                                                                            |  | DATE OF BIRTH<br>                                                                                                                                                                                                                           |  | AGE<br>                                                                                                                                                                                            |  | GENDER                                                                                                                                                                |  |                                                                                                                                                                         |  |                                 |  |                               |  |                                                                                                                                                              |  |                              |  |                            |  |