



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

2018-00001961

CRASH SEVERITY

2 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 *

01222018

TIME OF CRASH

0653

DAY OF WEEK

Mon

DEGREES / MINUTES / SECONDS

LATITUDE 0 / " LONGITUDE 0 / "

DECIMAL DEGREES

LATITUDE 40.061203 LONGITUDE -8.239638

ROADWAY DIVISION

☒ DIVIDED
☐ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

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

NUMBER OF THRU LANES

04

ROAD TYPES OR MILEPOST 2

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

SR LOCATION ROUTE TYPE 1

LOCATION ROUTE NUMBER

16

LOC PREFIX

N,S,E,W

LOCATION ROAD NAME

LOCATION ROAD TYPE 2

ROUTE TYPES 1

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

DISTANCE FROM REFERENCE

250

MILES

☒ FEET
☐ YARDS

DIR FROM REF

E

N,S,E,W

REFERENCE ROUTE TYPE 1

REFERENCE ROUTE NUMBER

REF PREFIX

N,S,E,W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

Hudson

AV REFERENCE ROAD TYPE 2

REFERENCE POINT USED

1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBER

CRASH LOCATION

01

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

LOCATION OF FIRST HARMFUL EVENT

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

ROAD CONTOUR

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

ROAD CONDITIONS

02

PRIMARY SECONDARY

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

MANNER OF CRASH COLLISION/IMPACT

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

WEATHER

2

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

ROAD SURFACE

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

LIGHT CONDITIONS

1

PRIMARY SECONDARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY
5 - 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

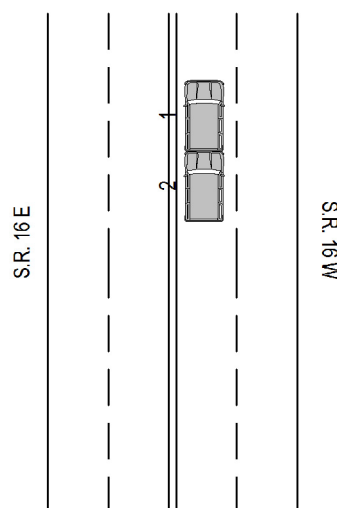
LOCATION OF CRASH IN WORK ZONE

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

NARRATIVE

Unit 1 and 2 were traveling w/b on S.R. 16 W. in the left lane approaching the Hudson Ave. off-ramp. Unit 1 and 2 finished coming around a corner on the highway when traffic ahead were slowing / coming to a stop. Unit 1 hit his breaks and unit 2 was unable to stop in time. The front of unit 2 struck the rear of unit 1. The rear of unit 1 sustained functional damage to the rear of the vehicle. The front of unit 2 sustained disabling damage. The driver of unit 2 sustained a possibly injury to her wrist.

Diagram



REPORT TAKEN BY

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

DATE CRASH REPORTED

01222018

TIME CRASH REPORTED

0653

DISPATCH TIME

0653

ARRIVAL TIME

0655

TIME CLEARED

0755

OTHER INVESTIGATION TIME

TOTAL MINUTES

62

OFFICER'S NAME *

Phillips, Robert

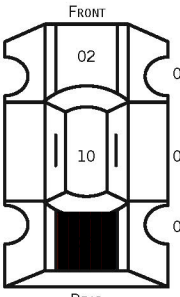
OFFICER'S BADGE NUMBER

45NPD-347

CHECKED BY

PAGE 1 OF 4

2018-00001961

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER) West, Daniel, M	OWNER PHONE NUMBER - INC. AREA CODE (☒ SAME AS DRIVER) 740-644-2125	DAMAGE SCALE 3	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER) 4855 MONTGOMERY RD NE ,Newark ,OH 43055			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER GEP1247	VEHICLE IDENTIFICATION NUMBER 1D8HB38P67F502178	2 - MINOR	
VEHICLE YEAR 2007	VEHICLE MAKE Dodge	VEHICLE MODEL DURANGO	3 - FUNCTIONAL	
VEHICLE COLOR Black	PROOF OF INSURANCE SHOWN ☒	INSURANCE COMPANY Ohio Mutual Ins Co	4 - DISABLING	
	POLICY NUMBER PPA 0057241 09	TOWED BY	9 - UNKNOWN	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE- INCLUDE AREA CODE	
US DOT	VEHICLE WEIGHT GVWR/GCWR ☐ 1 - LESS THAN OR EQUAL TO 10K LBS. ☐ 2 - 10,001 TO 26,000 LBS. ☐ 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE ☐ 01 - No CARGO BODY TYPE/NOT APPLICABLE ☐ 02 - BUS/VAN (9-15 SEATS, INC DRIVER) ☐ 03 - BUS (16+ SEATS, INC DRIVER) ☐ 04 - VEHICLE TOWING ANOTHER VEHICLE ☐ 05 - LOGGING ☐ 06 - INTERMODAL CONTAINER CHASSIS ☐ 07 - CARGO VAN/ENCLOSED BOX ☐ 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 4 1 - Two-Way, NOT DIVIDED 2 - Two-Way, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - Two-Way, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN 4 - Two-Way, DIVIDED, POSITIVE MEDIAN BARRIER 5 - One-Way Trafficway ☐ HIT / SKIP UNIT	
HM PLACARD ID No. 0000	HAZARDOUS MATERIAL RELEASED ☐	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN		
HM CLASS NUMBER 00				
Non-Motorist LOCATION Prior to Impact ☐ 01 - INTERSECTION - MARKED CROSSWALK ☐ 02 - INTERSECTION - NO CROSSWALK ☐ 03 - INTERSECTION - OTHER ☐ 04 - MIDBLOCK - MARKED CROSSWALK ☐ 05 - TRAVEL LANE - OTHER LOCATION ☐ 06 - BICYCLE LANE ☐ 07 - SHOULDER/ROADSIDE ☐ 08 - SIDEWALK ☐ 09 - MEDIAN/CROSSING ISLAND ☐ 10 - DRIVEWAY ACCESS ☐ 11 - SHARED-USE PATH OR TRAIL ☐ 12 - Non-Trafficway AREA ☐ 99 - OTHER/UNKNOWN		TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT ☐ IN EMERGENCY RESPONSE	UNIT TYPE 06 99 - UNKNOWN OR HIT / SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE
SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER		09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE
MOST DAMAGED AREA 06 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR		08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER	99 - UNKNOWN	ACTION 4 1 - Non-CONTACT 2 - Non-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
PRE-CRASH ACTIONS 01 MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN				
Non-Motorist 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER Non-Motorist ACTION				
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SECONDARY ☐ 99 - UNKNOWN			VEHICLE DEFECTS ☐ 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS	
CONTRIBUTING CIRCUMSTANCES Non-Motorist 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER Non-Motorist ACTION				
SEQUENCE OF EVENTS 1 20 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN			Non-Collision EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN OR SUPPORT 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER Non-COLLISION	
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN/ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT			COLLISION WITH FIXED OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT	
UNIT SPEED 25 ☐ STATED ☒ ESTIMATED	POSTED SPEED 55	TRAFFIC CONTROL 01 01 - No CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM E TO W 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	PAGE 2 OF 4

2018-00001961

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER) Blankenship, Heather, E	OWNER PHONE NUMBER - INC. AREA CODE (☒ SAME AS DRIVER) 614-554-6596	DAMAGE SCALE 4	DAMAGED AREA 		
OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER) 3265 NOB HILL RD ,Zanesville ,OH			1 - NONE			
LP STATE OH	LICENSE PLATE NUMBER GIC3077	VEHICLE IDENTIFICATION NUMBER 1C4NJPFB1ED859313	# OCCUPANTS 1	2 - MINOR		
VEHICLE YEAR 2014	VEHICLE MAKE Jeep (after 1988)	VEHICLE MODEL	VEHICLE COLOR	3 - FUNCTIONAL		
☒ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Progressive Insuranc	POLICY NUMBER 901931984	TOWED BY Midland Towing	4 - DISABLING		
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				9 - UNKNOWN		
CARRIER PHONE- INCLUDE AREA CODE						
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UNIT SPEED 55 ☐ STATED ☒ ESTIMATED	POSTED SPEED 55	TRAFFIC CONTROL 01 01 - No CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM E TO W 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN			



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2018-00001961

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE West, Daniel, M				DATE OF BIRTH 08071982				AGE 035	GENDER M F - FEMALE M - MALE		
ADDRESS, CITY, STATE, ZIP 4855 MONTGOMERY RD NE ,Newark ,OH 43055								CONTACT PHONE- INCLUDE AREA CODE 740-644-2125				
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED 04	☐ DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER RW526308		OL CLASS 4	☐ No VALID OL	☐ M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (☐ LOCAL CODE)			OFFENSE DESCRIPTION				CITATION NUMBER		☐ HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 1		

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Blankenship, Heather, E				DATE OF BIRTH 09231974				AGE 043	GENDER F F - FEMALE M - MALE		
ADDRESS, CITY, STATE, ZIP 3265 NOB HILL RD ,Zanesville ,OH								CONTACT PHONE- INCLUDE AREA CODE 614-554-6596				
INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED 04	☐ DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER RP475892		OL CLASS 4	☐ No VALID OL	☐ M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (☐ LOCAL CODE)			OFFENSE DESCRIPTION				CITATION NUMBER		☐ HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 1		

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

UNIT NUMBER FRICK, Tammara, M	NAME: LAST, FIRST, MIDDLE Frick, Tammara, M				DATE OF BIRTH 10301963				AGE 054	GENDER F F - FEMALE M - MALE	
ADDRESS, CITY, STATE, ZIP 14814 BRUSHY FORK RD SE ,OH 43056								CONTACT PHONE- INCLUDE AREA CODE 740-364-5250			
INJURIES FRICK, Tammara, M	INJURED TAKEN BY FRICK, Tammara, M	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED FRICK, Tammara, M	☐ DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION FRICK, Tammara, M	AIR BAG USAGE FRICK, Tammara, M	EJECTION FRICK, Tammara, M	TRAPPED FRICK, Tammara, M
UNIT NUMBER FRICK, Tammara, M	NAME: LAST, FIRST, MIDDLE FRICK, Tammara, M				DATE OF BIRTH FRICK, Tammara, M				AGE FRICK, Tammara, M	GENDER FRICK, Tammara, M F - FEMALE M - MALE	
ADDRESS, CITY, STATE, ZIP FRICK, Tammara, M								CONTACT PHONE- INCLUDE AREA CODE FRICK, Tammara, M			
INJURIES FRICK, Tammara, M	INJURED TAKEN BY FRICK, Tammara, M	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED FRICK, Tammara, M	☐ DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION FRICK, Tammara, M	AIR BAG USAGE FRICK, Tammara, M	EJECTION FRICK, Tammara, M	TRAPPED FRICK, Tammara, M