



# Traffic Crash Report

Local Information		Local Report Number * <b>1709508</b>				Crash Severity <b>3</b> 1 - Fatal 2 - Injury 3 - PDO	Hit/Skip 1 - Solved 2 - Unsolved		
<input checked="" type="checkbox"/> Photos Taken <input type="checkbox"/> PDO Under State <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other		<input type="checkbox"/> Private Property Reporting Agency NCIC * <b>08001</b>		Reporting Agency Name * <b>MARYSVILLE DIVISION OF POLICE</b>		Number of Units <b>02</b>	Unit in error 98 - Animal 99 - Unknown		
County * <b>1810</b>	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township * <b>MARYSVILLE</b>				Crash Date * <b>12052017</b>	Time of Crash <b>0732</b>	Day of Week <b>TUE</b>	
Degrees / Minutes / Seconds		Latitude		Longitude		Decimal Degrees			
		0	"	0	"	O R	40°12'46.512"	-83°13'74.4615"	
Roadway Division	Divided Lane Direction of Travel		Number of Thru Lanes	Road Types or Milepost <sup>2</sup>		MP - Milepost	PL - Place	ST - Street	WA - Way
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	N - Northbound S - Southbound	E - Eastbound W - Westbound	<b>23</b>	AL - Alley AV - Avenue BL - Boulevard	CR - Circle CT - Court DR - Drive	HE - Heights HW - Highway LA - Lane	RD - Road PI - Pike SO - Square	TE - Terrace TL - Trail	
Location Route Number	Loc Prefix	Location Road Name		<b>R D</b>	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>			
<b>W</b>	N.S. E.W	<b>AMRINE MILL</b>			IR - Interstate Route (inc. turnpike) US - US Route SR - State Route	CR - Numbered County Route TR - Numbered Township Route			
Distance From Reference	Dir From Ref	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)					
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	<b>O F</b>	<b>833 N. MAPLE</b>	<b>S T</b>	Reference Road Type <sup>2</sup>					
Reference Point Used	Crash Location		Intersection Related		Location of First Harmful Event				
<b>3</b> 1 - Intersection 2 - Mile Post 3 - House Number	<b>01</b>	01 - Not an Intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveaway/Alley Access	11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown	<b>1</b>	1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside	5 - On Gore 6 - Outside Trafficway 9 - Unknown		
Road Contour	4 - Curve Grade 9 - Unknown	Road Contour Primary	Secondary	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	* Secondary Condition Only		
Manner of Crash Collision/Impact			Weather						
<b>2</b> 1 - Not Collision Between Two Motor Vehicles In Transport	2 - Rear-End 3 - Head-On 4 - Rear-to-Rear	5 - Backing 6 - Angle 7 - Sideswipe, Same Direction	8 - Sideswipe, Opposite Direction 9 - Unknown	<b>2</b>	1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke	4 - Rain 5 - Sleet, Hail 6 - Snow	7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown		
Road Surface	4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light Conditions Primary	Secondary	1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare*	9 - Unknown	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved	School Bus Related	
<input type="checkbox"/> Work Zone Related	<input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	Type of Work Zone	4 - Intermittent or Moving Work 5 - Other		Location of Crash in Work Zone	1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area  4 - Activity Area 5 - Termination Area			
<p><b>Narrative</b>  <b>Unit 01 and Unit 02 traveling west on Amrine Mill passing STEMS School. Unit 01 began to slow down when did not and Unit 02 struck Unit 01. Unit 02 was cited for ACDA</b></p>									
<b>Diagram</b> <p>Write an "N" on the compass diagram to indicate the direction of north.</p>									
* * E N D * *									
Report Taken By <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist		<input type="checkbox"/> Supplement (Correction or Addition to an Existing Report Sent to ODPS)				Drawing Not To Scale			
Date Crash Reported <b>12052017</b>		Time Crash Reported <b>0732</b>	Dispatch Time <b>0732</b>	Arrival Time <b>0739</b>	Time Cleared <b>0757</b>	Other Investigation Time <b>45</b>	Total Minutes <b>163</b>		
Officer's Name <b>MITCHELL E. COLLIER</b>				Officer's Badge Number <b>90</b>	Checked By <b>N. T. SACHS</b>		Page <b>1</b> of <b>4</b>		



# Unit

Local Report Number

1709508

Unit Number <b>101</b>	Owner Name: Last, First, Middle <b>LOWE, BRIAN K</b>	<input type="checkbox"/> Same As Driver	Owner Phone Number - Inc. area code <b>(937) 243-7571</b>	<input type="checkbox"/> Same As Driver	Damage Scale <b>2</b>	Damaged Area
Owner Address: City, State, Zip 13868 FAIRWAY DR		MARYSVILLE OH 43040		1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown		
LP State <b>OH</b>	License Plate Number <b>HBU9994</b>	Vehicle Identification Number <b>J1N1K1C1V1511F1X151M13108171517</b>		# Occupants <b>101</b>		
Vehicle Year <b>120105</b>	Vehicle Make <b>INFINITI</b>	Vehicle Model <b>4-DOOR</b>	Vehicle Color <b>WHI</b>			
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>PROGRESSIVE</b>	Policy Number <b>40861296</b>	Towed By			
Carrier Name, Address, City, State, Zip					Carrier Phone - include area code	
US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More than 26,000 Lbs.	Cargo Body Type <b>01</b>	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	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description <b>1</b>	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 Transport <input type="checkbox"/> Hit / Skip Unit
HM Placard ID No.	Hazardous Material Released <input type="checkbox"/>					
HM Class Number						
Non-Motorist Location Prior to Impact		Type of Use <b>1</b>	Unit Type <b>03</b>	Pasenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Boattail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedalcyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
		<input type="checkbox"/> In Emergency Response			<input type="checkbox"/> Has HM Placard	
Special Function <b>01</b>	01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area <b>06</b>	Impact Area <b>06</b>	Action <b>4</b>
				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	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
Pre-Crash Actions						
<b>01</b>	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing		21 - Other Non-Motorist Action
99 - Unknown						
Contributing Circumstances						Vehicle Defects
Primary <b>01</b>	Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Close/ACDA 10 - Improper Lane Change/ Passing/Off Road	11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs/ Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	<input type="checkbox"/> 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		
Secondary <b>01</b>						
99 - Unknown						
Sequence of Events		Non-Collision Events				
1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>		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 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision		
First Harmful Event <b>1</b>	Most Harmful Event <b>1</b>					
Collision with Person, Vehicle or Object Not Fixed		Collision with Fixed Object				
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	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 <b>112</b>	Posted Speed <b>125</b>	Traffic Control <b>01</b>	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	Unit Direction From <b>3</b> To <b>4</b>	1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
<input checked="" type="checkbox"/> Stated	<input type="checkbox"/> Estimated					



# Unit

Local Report Number

1709508

Unit Number <b>102</b>	Owner Name: Last, First, Middle <b>GLASS, LAWSON</b>	<input type="checkbox"/> Same As Driver	Owner Phone Number - Inc. area code <b>(937) 537-2544</b>	<input type="checkbox"/> Same As Driver	Damage Scale <b>2</b>	Damaged Area				
Owner Address: City, State, Zip 127 E 8TH ST		MARYSVILLE OH 43040								
LP State <b>OH</b>	License Plate Number <b>HCR5707</b>	Vehicle Identification Number <b>1HIGCIP2F34BAI061713</b>		# Occupants <b>012</b>						
Vehicle Year <b>2011</b>	Vehicle Make <b>HONDA</b>	Vehicle Model <b>4-DOOR</b>	Vehicle Color <b>GRY</b>							
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>STATE AUTO</b>	Policy Number <b>AHO0023988</b>	Towed By							
Carrier Name, Address, City, State, Zip					Carrier Phone - include area code					
US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More than 26,000 Lbs.	Cargo Body Type <b>01</b>	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	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description <b>1</b>	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 Transport				
HM Placard ID No.	Hazardous Material Released <input type="checkbox"/>					<input type="checkbox"/> Hit / Skip Unit				
Non-Motorist Location Prior to Impact		Type of Use <b>1</b>	Unit Type <b>03</b>	Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Boattail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver)				
HM Class Number	<input type="checkbox"/> In Emergency Response					Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedalcyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist				
						<input type="checkbox"/> Has HM Placard				
Special Function <b>01</b>	01 - None 02 - Taxi 03 - Rental Truck (Over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area <b>02</b>	01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	99 - Unknown 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other	Action <b>3</b>			
Pre-Crash Actions <b>01</b>	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing	21 - Other Non-Motorist Action					
99 - Unknown										
Contributing Circumstances							Vehicle Defects			
Primary <b>09</b>	Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Close/ACDA 10 - Improper Lane Change/ Passing/Off Road	11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs/ Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	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						
Secondary <b>02</b>										
99 - Unknown										
Sequence of Events							Non-Collision Events			
1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>							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 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision	
First Harmful Event <b>1</b>	Most Harmful Event <b>1</b>							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
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			
Unit Speed <b>115</b>	Posted Speed <b>125</b>	Traffic Control <b>01</b>	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 <b>3</b> To <b>4</b>	1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest	9 - Unknown	
<input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated										Page 3 of 4



# Motorist / Non-Motorist / Occupant

Local Report Number

11709508

Unit Number	Name: Last, First, Middle							Date of Birth	Age	Gender		
1011	LOWE, ZACHARY R							1123020010	16	<input checked="" type="checkbox"/> F - Female <input type="checkbox"/> M - Male		
Address: City, State, Zip 13868 FAIRWAY DR, MARYSVILLE, OH 43040								Contact Phone Number - Inc. area code (937) 243-7571				
Injuries <input checked="" type="checkbox"/> 1	Injured Taken By <input checked="" type="checkbox"/> 1	EMS Agency	Medical Facility Injured Taken To			Safety Equipment Used <input checked="" type="checkbox"/> 04	DOT Compliant <input type="checkbox"/> Motorcycle <input type="checkbox"/> Helmet	Seating Position <input checked="" type="checkbox"/> 01	Air Bag Usage <input checked="" type="checkbox"/> 1	Ejection <input checked="" type="checkbox"/> 1	Trapped <input checked="" type="checkbox"/> 1	
OL State <input checked="" type="checkbox"/> OH	Operator License Number UQ491905		OL Class <input checked="" type="checkbox"/> D	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition <input checked="" type="checkbox"/> 1	Alcohol/Drug Suspected <input checked="" type="checkbox"/> 1	Alcohol Test Status <input checked="" type="checkbox"/> 1	Alcohol Test Type <input checked="" type="checkbox"/> 1	Alcohol Test Value <input type="checkbox"/>	Drug Test Status <input checked="" type="checkbox"/> 1	Drug Test Type <input checked="" type="checkbox"/> 1
Offense Charged <input type="checkbox"/> Local Code )			Offense Description				Citation Number			Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By <input checked="" type="checkbox"/> 1	
Unit Number	Name: Last, First, Middle							Date of Birth	Age	Gender		
1012	BEVINS, LUKE E							10305120010	17	<input checked="" type="checkbox"/> F - Female <input type="checkbox"/> M - Male		
Address: City, State, Zip 18924 SMOKEY RD, MARYSVILLE, OH 43040								Contact Phone Number - Inc. area code (937) 707-7302				
Injuries <input checked="" type="checkbox"/> 1	Injured Taken By <input checked="" type="checkbox"/> 1	EMS Agency	Medical Facility Injured Taken To			Safety Equipment Used <input checked="" type="checkbox"/> 04	DOT Compliant <input type="checkbox"/> Motorcycle <input type="checkbox"/> Helmet	Seating Position <input checked="" type="checkbox"/> 01	Air Bag Usage <input checked="" type="checkbox"/> 1	Ejection <input checked="" type="checkbox"/> 1	Trapped <input checked="" type="checkbox"/> 1	
OL State <input checked="" type="checkbox"/> OH	Operator License Number UL974443		OL Class <input checked="" type="checkbox"/> D	No Valid OL <input type="checkbox"/>	M/C End. <input type="checkbox"/>	Condition <input checked="" type="checkbox"/> 1	Alcohol/Drug Suspected <input checked="" type="checkbox"/> 1	Alcohol Test Status <input checked="" type="checkbox"/> 1	Alcohol Test Type <input checked="" type="checkbox"/> 1	Alcohol Test Value <input type="checkbox"/>	Drug Test Status <input checked="" type="checkbox"/> 1	Drug Test Type <input checked="" type="checkbox"/> 1
Offense Charged <input checked="" type="checkbox"/> Local Code )			Offense Description 333.03A				Citation Number 37435			Hands-Free Device Used <input type="checkbox"/>	Driver Distracted By <input checked="" type="checkbox"/> 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 Non-Motorist 05 - Child Restraint System-Forward Facing 06 - Child Restraint System-Rear Facing 07 - Booster Seat 08 - Helmet Used								
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				99 - Unknown Safety Equipment Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbows, Knees, Etc) 12 - Passenger in Unenclosed Cargo Area 13 - Trailing Unit 14 - Riding on Vehicle Exterior (Non-Trailing Unit) 15 - Non-Motorist 16 - Other 99 - 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)				
Unit Number	Name: Last, First, Middle							Date of Birth	Age	Gender		
1012	GLASS, MICKAYLA D							1010511919	18	<input checked="" type="checkbox"/> F - Female <input type="checkbox"/> M - Male		
Address: City, State, Zip 127 E. 8TH ST, MARYSVILLE, OH 43040								Contact Phone Number - Inc. area code (937) 537-2544				
Injuries <input checked="" type="checkbox"/> 1	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To			Safety Equipment Used <input checked="" type="checkbox"/> 04	DOT Compliant <input type="checkbox"/> Motorcycle <input type="checkbox"/> Helmet	Seating Position <input checked="" type="checkbox"/> 03	Air Bag Usage <input checked="" type="checkbox"/> 1	Ejection <input checked="" type="checkbox"/> 4	Trapped <input checked="" type="checkbox"/> 1	
Unit Number	Name: Last, First, Middle							Date of Birth <input type="checkbox"/>	Age	Gender <input type="checkbox"/> F - Female <input checked="" type="checkbox"/> M - Male		
Address: City, State, Zip								Contact Phone Number - Inc. area code				
Injuries <input type="checkbox"/>	Injured Taken By <input type="checkbox"/>	EMS Agency	Medical Facility Injured Taken To			Safety Equipment Used <input type="checkbox"/>	DOT Compliant <input type="checkbox"/> Motorcycle <input type="checkbox"/> Helmet	Seating Position <input type="checkbox"/>	Air Bag Usage <input type="checkbox"/>	Ejection <input type="checkbox"/>	Trapped <input type="checkbox"/>	