



TRAFFIC CRASH REPORT

LOCAL INFORMATION

LOCAL REPORT NUMBER *

2018-00001360

CRASH SEVERITY

| | |
|---|------------|
| 3 | 1 - FATAL |
| | 2 - INJURY |
| | 3 - PDO |

| |
|--------------|
| Hit/Skip |
| 1 - SOLVED |
| 2 - UNSOLVED |

| | | | | | | |
|---|---|--|--------------------------------------|-----------------------------------|-------------------------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> PDD UNDER STATE REPORTABLE DOLLAR AMOUNT | <input type="checkbox"/> PRIVATE PROPERTY | REPORTING AGENCY NCIC * | REPORTING AGENCY NAME * | NUMBER OF UNITS | UNIT IN ERROR |
| <input type="checkbox"/> OH-2 | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OH-3 | 02510 | Westerville Police Department | 02 | 98 - ANIMAL 99 - UNKNOWN |
| COUNTY * | CITY * | CITY, VILLAGE, TOWNSHIP * | | | CRASH DATE * | TIME OF CRASH |
| 25 | Westerville | | | | 01152018 | 1720 |
| DEGREES / MINUTES / SECONDS | | | | | DAY OF WEEK | |
| LATITUDE | | LONGITUDE | | DECIMAL DEGREES | | |
| 0 ° / 0' | | 0 ° / 0' | | 40.123565 | | MON |
| ROADWAY DIVISION | | DIVIDED LANE DIRECTION OF TRAVEL | | NUMBER OF THRU LANES | ROAD TYPES OR MILEPOST ² | |
| <input type="checkbox"/> DIVIDED | | N - NORTHBOUND | E - EASTBOUND | 02 | AL - ALLEY | CR - CIRCLE |
| <input checked="" type="checkbox"/> UNDIVIDED | | S - SOUTHBOUND | W - WESTBOUND | | AV - AVENUE | CT - COURT |
| | | | | | BL - BOULEVARD | DR - DRIVE |
| | | | | | LA - LANE | PI - PIKE |
| | | | | | HE - HEIGHTS | MP - MILEPOST |
| | | | | | HW - HIGHWAY | PL - PLACE |
| | | | | | PK - PARKWAY | RD - ROAD |
| | | | | | TE - TERRACE | ST - STREET |
| | | | | | SQ - SQUARE | WA - WAY |
| | | | | | TL - TRAIL | |
| LOCATION ROUTE NUMBER | LOC PREFIX | LOCATION ROAD NAME | | | LOCATION ROAD TYPE ² | ROUTE TYPES ¹ |
| ROUTE TYPE ¹ | N,S, E,W | OTTERBEIN AVE | | | AV | IR - INTERSTATE ROUTE (INC. TURNPIKE) |
| | | | | | | CR - NUMBERED COUNTY ROUTE |
| | | | | | | US - US ROUTE |
| | | | | | | TR - NUMBERED TOWNSHIP ROUTE |
| REFERENCE POINT USED | | CRASH LOCATION | DIR FROM REF | REFERENCE ROUTE NUMBER | REF PREFIX | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) |
| <input type="checkbox"/> 1 - INTERSECTION | | 02 | <input type="checkbox"/> N,S, E,W | F | E | E PARK ST |
| <input type="checkbox"/> 2 - MILE POST | | | | | | ST |
| <input type="checkbox"/> 3 - HOUSE NUMBER | | | | | | REFERENCE ROAD TYPE ² |
| ROAD CONTOUR | | ROAD CONDITIONS | PRIMARY | SECONDARY | WEATHER | |
| <input type="checkbox"/> 1 - STRAIGHT LEVEL | | 01 - NOT AN INTERSECTION | 01 - DRY | 05 - SAND, MUD, DIRT, OIL, GRAVEL | 1 - CLEAR | 1 - ON ROADWAY |
| <input type="checkbox"/> 2 - STRAIGHT GRADE | | 02 - FOUR-WAY INTERSECTION | 02 - WET | 06 - WATER (STANDING, MOVING) | 2 - CLOUDY | 2 - ON SHOULDER |
| <input type="checkbox"/> 3 - CURVE LEVEL | | 03 - T-INTERSECTION | 03 - SNOW | 07 - SLUSH | 3 - FOG, SMOG, SMOKE | 3 - IN MEDIAN |
| | | 04 - Y-INTERSECTION | 04 - ICE | 08 - DEBRIS* | 6 - SNOW | 4 - UNKNOWN |
| | | 05 - TRAFFIC CIRCLE/ROUNDABOUT | | | | 5 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* |
| | | 10 - DRIVEWAY/ALLEY ACCESS | | | | 10 - OTHER |
| | | | | | | 99 - UNKNOWN |
| MANNER OF CRASH COLLISION/IMPACT | | CRASH LOCATION | DIR FROM REF | REFERENCE ROUTE NUMBER | REF PREFIX | LOCATION OF FIRST HARMFUL EVENT |
| <input type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT | | 01 - NOT AN INTERSECTION | <input type="checkbox"/> N,S, E,W | F | E | 1 - ON ROADWAY |
| | | 02 - FOUR-WAY INTERSECTION | | | | 2 - ON SHOULDER |
| | | 03 - T-INTERSECTION | | | | 3 - IN MEDIAN |
| | | 04 - Y-INTERSECTION | | | | 4 - ON Roadside |
| | | 05 - TRAFFIC CIRCLE/ROUNDABOUT | | | | 5 - ON GORE |
| | | 10 - DRIVEWAY/ALLEY ACCESS | | | | 6 - OUTSIDE TRAFFICWAY |
| | | | | | | 7 - IN MEDIAN |
| | | | | | | 8 - UNKNOWN |
| ROAD SURFACE | | LIGHT CONDITIONS | PRIMARY | SECONDARY | WEATHER | |
| <input type="checkbox"/> 1 - CONCRETE | | 4 - SLAG, GRAVEL | 4 | 1 - DAYLIGHT | 1 - CLEAR | 1 - SEVERE CROSSWINDS |
| <input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT | | STONE | | 2 - DAWN | 2 - CLOUDY | 2 - BLOWING SAND, SOIL, DIRT, SNOW |
| <input type="checkbox"/> 3 - BRICK/BLOCK | | 5 - DIRT | | 3 - DUSK | 5 - SLEET, HAIL | 3 - FOG, SMOG, SMOKE |
| | | 6 - OTHER | | 4 - DARK - LIGHTED ROADWAY | 6 - SNOW | 6 - OTHER/UNKNOWN |
| WORK ZONE RELATED | | TYPE OF WORK ZONE | 1 - LANE CLOSURE | 4 - INTERMITTENT OR MOVING WORK | 7 - GLARE* | |
| | | | 2 - LANE SHIFT/CROSSOVER | 5 - OTHER | 8 - OTHER | |
| | | | 3 - WORK ON SHOULDER OR MEDIAN | | | * SECONDARY CONDITION ONLY |
| NARRATIVE | | Diagram | | | | |
| <p>Unit #1 was E/B on East Park Street. Unit #2 was N/B on South Otterbein Ave. Unit #1 did not stop for the stop sign at Otterbein Avenue and Park Street. Unit #2 struck the left side of unit #1 as he entered the intersection. Both vehicles had to be towed from the scene be Al's Towing.</p> <p>There were no injuries reported at the scene.</p> | | <p>NOT TO SCALE</p> | | | | |
| REPORT TAKEN BY | | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | | | | |
| <input type="checkbox"/> POLICE AGENCY | | <input type="checkbox"/> MOTORIST | | | | |
| DATE CRASH REPORTED | | TIME CRASH REPORTED | DISPATCH TIME | ARRIVAL TIME | TIME CLEARED | OTHER INVESTIGATION TIME |
| 01152018 | | 1726 | 1726 | 1730 | 1846 | 0060 |
| TOTAL MINUTES | | 136 | | | | |
| OFFICER'S NAME * | | CHECKED BY | | | | |
| Nightingale, Kurt L | | Spoon, Brian J | | | | |
| HS Y7001 OH1 (REV 01/12) | | PAGE 1 OF 4 | | | | |



UNIT

LOCAL REPORT NUMBER

2018-00001360

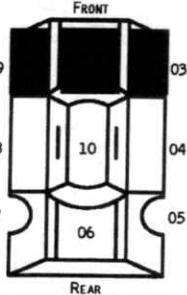
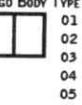
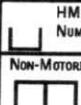
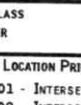
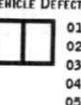
| | | | | | | | | | |
|--|---|---|---|---|--|--|---|--|--|
| UNIT NUMBER 01 | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) Munoz, Bryson, Alexander | | OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) 614-460-1051 | DAMAGE SCALE 4 | DAMAGED AREA FRONT 09 08 10 06 05 REAR | | | | |
| OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 6112 COMMONWEALTH DR , Galena , OH 43082 | | | | 1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN | | | | | |
| LP STATE OH | LICENSE PLATE NUMBER GWN1627 | VEHICLE IDENTIFICATION NUMBER 1YVFP80C145N53483 | | # OCCUPANTS 01 | | | | | |
| VEHICLE YEAR 2004 | VEHICLE MAKE Mazda | VEHICLE MODEL 6 | VEHICLE COLOR RED | | | | | | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY State Farm Ins. | POLICY NUMBER 9574539C2635 | TOWED BY | | | | | | |
| 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 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 | | | | | |
| HM PLACARD ID NO. □ □ | HM CLASS NUMBER □ | HAZARDOUS MATERIAL RELEASED RELEASED | 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN | □ HIT / SKIP UNIT | | | | | |
| 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 03 99 - UNKNOWN OR HIT / SKIP 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT 10 - MOTORCYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE | 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 2 AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK, 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DUOBLE 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/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST | | | |
| 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) | IMPACT AREA 08 08 - UNKNOWN 08 - UNKNOWN | 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 - UNDERCARROGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER | 99 - UNKNOWN 99 - UNKNOWN | ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN | |
| PRE-CRASH ACTIONS 01 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN | | | | | | 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 |
| CONTRIBUTING CIRCUMSTANCES 04 04 - NONE 05 - FAILURE TO YIELD 06 - RAN RED LIGHT 07 - RAN STOP SIGN 08 - EXCEEDED SPEED LIMIT 09 - UNSAFE SPEED 10 - IMPROPER TURN 11 - LEFT OF CENTER 12 - FOLLOWED TOO CLOSELY/AC/DA 13 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 14 - OPERATING 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 - STOPPED OR PARKED ILLEGALLY 23 - OPERATING VEHICLE IN NEGLIGENT MANNER 24 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 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 | | |
| SEQUENCE OF EVENTS 1 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL 1 MOST HARMFUL 1 EVENT 99 - UNKNOWN | | | | | | NON-COLLISION EVENTS 01 - IMPROPER BACKING 02 - IMPROPER START FROM PARKED POSITION 03 - STOPPED OR PARKED ILLEGALLY 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT | 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 |
| 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 | | | | | | 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 | |
| UNIT SPEED 25 | POSTED SPEED 35 | TRAFFIC CONTROL 02 | 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 4 To 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN | | | |



UNIT

LOCAL REPORT NUMBER

2018-00001360

| | | | | | | | |
|--|--|--|--|--|---|--|--|
| UNIT NUMBER 02 | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) Weaver, David, J | OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) 614-598-1340 | DAMAGE SCALE 4 | DAMAGED AREA  | | | |
| OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 206 EASTWOOD AVE ,Westerville ,OH 43081 | | | | | | | |
| LP STATE OH | LICENSE PLATE NUMBER GFS2348 | VEHICLE IDENTIFICATION NUMBER 1F1P1X14525NA28009 | # OCCUPANTS 02 | | | | |
| VEHICLE YEAR 2005 | VEHICLE MAKE Ford | VEHICLE MODEL F150 | VEHICLE COLOR SIL | | | | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY Geico Ins. | POLICY NUMBER 4181043417 | TOWED BY | | | | |
| 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 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT | | | |
| HM PLACARD ID No.  | HM CLASS NUMBER  | HAZARDOUS MATERIAL RELEASED <input checked="" type="checkbox"/> | 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN | | | | |
| NON-MOTORIST LOCATION PRIOR TO IMPACT  | | TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 07 99 - UNKNOWN OR HIT / SKIP 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 | 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 01 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 02 - SINGLE UNIT TRUCK; 3+ AXLES 03 - SINGLE UNIT TRUCK / TRAILER 04 - TRUCK/TRACTOR (BOTTL) | 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/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST | |
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| 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 | | 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 | HAS HM PLACARD <input type="checkbox"/> | | | |
| CONTRIBUTING CIRCUMSTANCES 01 PRIMARY 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 CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 99 - UNKNOWN | | 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 | 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 | 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 | | |
| SEQUENCE OF EVENTS 20 2 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 | | 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 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 MOBILE 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 | | |
| UNIT SPEED 20 | POSTED SPEED 35 | TRAFFIC CONTROL 02 | 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 2 TO 1 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

2018-00001360

| | | | | | | | | | | | | | | | | | |
|--|--|---|--|--|--------------------------------------|--|------------------------------------|---|--|---|---|---|---|--|--|--|--|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE Munoz, Bryson, Alexander | | | | | | | DATE OF BIRTH | AGE | GENDER | | | | | | | |
| 01 | | | | | | | | 04271999 | 018 | <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE | | | | | | | |
| ADDRESS, CITY, STATE, ZIP 6112 COMMONWEALTH DR , Galena ,OH 43082 | | | | | | | | | CONTACT PHONE- INCLUDE AREA CODE 614-460-1051 | | | | | | | | |
| INJURIES 1 | | INJURED TAKEN BY <input type="checkbox"/> | | EMS AGENCY | | MEDICAL FACILITY INJURED TAKEN TO | | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | | | |
| OL STATE O/H | OPERATOR LICENSE NUMBER UK685196 | | OL CLASS 4 | No VALID OL <input type="checkbox"/> | M/C END. <input type="checkbox"/> | 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 (<input type="checkbox"/> LOCAL CODE) 331.19 | | | OFFENSE DESCRIPTION Operation of Vehicles at Stop Signs | | | | CITATION NUMBER 170493 | | | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY 1 | | | | | | |
| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE Weaver, David, J | | | | | | | DATE OF BIRTH | AGE | GENDER | | | | | | | |
| ADDRESS, CITY, STATE, ZIP 206 EASTWOOD AVE ,Westerville ,OH 43081 | | | | | | | | | CONTACT PHONE- INCLUDE AREA CODE 614-598-1340 | | | | | | | | |
| INJURIES 1 | | INJURED TAKEN BY <input type="checkbox"/> | | EMS AGENCY | | MEDICAL FACILITY INJURED TAKEN TO | | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | | | |
| OL STATE O/H | OPERATOR LICENSE NUMBER RU690085 | | OL CLASS 4 | No VALID OL <input type="checkbox"/> | M/C END. <input type="checkbox"/> | 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 (<input type="checkbox"/> LOCAL CODE) | | | OFFENSE DESCRIPTION | | | | CITATION NUMBER | | | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY 1 | | | | | | |
| INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL 9 - UNKNOWN | | 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) | | | | | | AIR BAG USAGE 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 "D") 5 - MC/MOPED ONLY | | CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS | | | | | | ALCOHOL/DRUG SUSPECTED 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER | | | | | |
| 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 02 | NAME: LAST, FIRST, MIDDLE Weaver, Mya | | | | | | | DATE OF BIRTH | AGE | GENDER | | | | | | | |
| ADDRESS, CITY, STATE, ZIP 206 EASTWOOD AVE ,Westerville ,OH 43081 | | | | | | | | | CONTACT PHONE- INCLUDE AREA CODE | | | | | | | | |
| UNIT NUMBER 1 | INJURED TAKEN BY <input type="checkbox"/> | | EMS AGENCY | | MEDICAL FACILITY INJURED TAKEN TO | | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 03 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | | | | |
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | | | | | | | DATE OF BIRTH | AGE | GENDER | | | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | | | | | | | CONTACT PHONE- INCLUDE AREA CODE | | | | | | | | |
| INJURIES <input type="checkbox"/> <input type="checkbox"/> | | INJURED TAKEN BY <input type="checkbox"/> <input type="checkbox"/> | | EMS AGENCY | | MEDICAL FACILITY INJURED TAKEN TO | | SAFETY EQUIPMENT USED <input type="checkbox"/> <input type="checkbox"/> | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION <input type="checkbox"/> <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> <input type="checkbox"/> | EJECTION <input type="checkbox"/> <input type="checkbox"/> | TRAPPED <input type="checkbox"/> <input type="checkbox"/> | | | | |



TRAFFIC CRASH REPORT

LOCAL INFORMATION

LOCAL REPORT NUMBER *

2018-00001054

CRASH SEVERITY

3
1 - FATAL
2 - INJURY
3 - PDO

Hit/Skip

1 - SOLVED
2 - UNSOLVED

| | | | | | | |
|---------------------------------------|---|---|-------------------------|-------------------------------|-----------------|-----------------|
| <input type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | <input type="checkbox"/> PRIVATE PROPERTY | REPORTING AGENCY NCIC * | REPORTING AGENCY NAME * | NUMBER OF UNITS | UNIT IN ERROR |
| <input type="checkbox"/> OH-2 | <input type="checkbox"/> OH-1P | | 02510 | Westerville Police Department | 02 | 01 99 - UNKNOWN |

| | | | | | | |
|-------------------------------------|------------------------------------|---------------------------|--|--------------|---------------|-------------|
| COUNTY * | <input type="checkbox"/> CITY * | CITY, VILLAGE, TOWNSHIP * | | CRASH DATE * | TIME OF CRASH | DAY OF WEEK |
| 25 | <input type="checkbox"/> VILLAGE * | Westerville | | 01/12/2018 | 1240 | Fri |
| <input type="checkbox"/> TOWNSHIP * | | | | | | |

| | | | | | |
|-----------------------------|---|---|-----------------|---|---|
| DEGREES / MINUTES / SECONDS | | | DECIMAL DEGREES | | |
| LATITUDE | 0 | / | LONGITUDE | 0 | / |
| | | " | | | " |
| | | | | | |

| | | | |
|---|---|----------------------|---|
| Roadway Division | Divided Lane Direction of Travel | Number of Thru Lanes | Road Types or Milepost ² |
| <input type="checkbox"/> DIVIDED | <input type="checkbox"/> N - NORTHBOUND | 02 | AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY |
| <input checked="" type="checkbox"/> UNDIVIDED | <input type="checkbox"/> S - SOUTHBOUND | | AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE |
| | <input type="checkbox"/> W - WESTBOUND | | BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL |

| | | | |
|-------------------------|--------------|--------------------|---|
| LOCATION ROUTE NUMBER | LOC PREFIX | LOCATION ROAD NAME | ROUTE TYPES ³ |
| ROUTE TYPE ¹ | S | S SUNBURY RD | RD LOCATION ROAD TYPE ² |
| MILES | N, S, E,W | | IR - INTERSTATE ROUTE (INC TURNPIKE) CR - NUMBERED COUNTY ROUTE |
| FEET | | | US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE |
| YARDS | | | SR - STATE ROUTE |

| | | | | | |
|-------------------------|---------------|------------------------|-------------|--|----------------------------------|
| DISTANCE FROM REFERENCE | DIR FROM REF. | REFERENCE ROUTE NUMBER | REF PREFIX | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) | REFERENCE ROAD TYPE ² |
| 30 | N MILES | | N,S, E,W | North | ST |
| | E,W FEET | | | | |
| | YARDS | | | | |

| | | |
|---|---|---|
| REFERENCE POINT USED | CRASH LOCATION | LOCATION OF FIRST HARMFUL EVENT |
| 1 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | 01 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDABOUT 10 - DRIVEWAY/ALLEY ACCESS | 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE |
| | 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 99 - UNKNOWN | 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 7 - IN MEDIAN 8 - ON ROADSIDE |
| | | 9 - UNKNOWN |

| | | |
|---|--|---|
| ROAD CONTOUR | ROAD CONDITIONS | WEATHER |
| 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL | PRIMARY 02 9 - UNKNOWN | 4 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - SNOW 9 - SEVERE CROSSWINDS 10 - SLEET, HAIL 11 - SLUSH 12 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 13 - OTHER 14 - UNKNOWN 15 - ROADWAY OBSTRUCTION 16 - ROADWAY OBSTRUCTION 17 - ROADWAY OBSTRUCTION 18 - ROADWAY OBSTRUCTION 19 - ROADWAY OBSTRUCTION 20 - ROADWAY OBSTRUCTION 21 - ROADWAY OBSTRUCTION 22 - ROADWAY OBSTRUCTION 23 - ROADWAY OBSTRUCTION 24 - ROADWAY OBSTRUCTION 25 - ROADWAY OBSTRUCTION 26 - ROADWAY OBSTRUCTION 27 - ROADWAY OBSTRUCTION 28 - ROADWAY OBSTRUCTION 29 - ROADWAY OBSTRUCTION 30 - ROADWAY OBSTRUCTION 31 - ROADWAY OBSTRUCTION 32 - ROADWAY OBSTRUCTION 33 - ROADWAY OBSTRUCTION 34 - ROADWAY OBSTRUCTION 35 - ROADWAY OBSTRUCTION 36 - ROADWAY OBSTRUCTION 37 - ROADWAY OBSTRUCTION 38 - ROADWAY OBSTRUCTION 39 - ROADWAY OBSTRUCTION 40 - ROADWAY OBSTRUCTION 41 - ROADWAY OBSTRUCTION 42 - ROADWAY OBSTRUCTION 43 - ROADWAY OBSTRUCTION 44 - ROADWAY OBSTRUCTION 45 - ROADWAY OBSTRUCTION 46 - ROADWAY OBSTRUCTION 47 - ROADWAY OBSTRUCTION 48 - ROADWAY OBSTRUCTION 49 - ROADWAY OBSTRUCTION 50 - ROADWAY OBSTRUCTION 51 - ROADWAY OBSTRUCTION 52 - ROADWAY OBSTRUCTION 53 - ROADWAY OBSTRUCTION 54 - ROADWAY OBSTRUCTION 55 - ROADWAY OBSTRUCTION 56 - ROADWAY OBSTRUCTION 57 - ROADWAY OBSTRUCTION 58 - ROADWAY OBSTRUCTION 59 - ROADWAY OBSTRUCTION 60 - ROADWAY OBSTRUCTION 61 - ROADWAY OBSTRUCTION 62 - ROADWAY OBSTRUCTION 63 - ROADWAY OBSTRUCTION 64 - ROADWAY OBSTRUCTION 65 - ROADWAY OBSTRUCTION 66 - ROADWAY OBSTRUCTION 67 - ROADWAY OBSTRUCTION 68 - ROADWAY OBSTRUCTION 69 - ROADWAY OBSTRUCTION 70 - ROADWAY OBSTRUCTION 71 - ROADWAY OBSTRUCTION 72 - ROADWAY OBSTRUCTION 73 - ROADWAY OBSTRUCTION 74 - ROADWAY OBSTRUCTION 75 - ROADWAY OBSTRUCTION 76 - ROADWAY OBSTRUCTION 77 - ROADWAY OBSTRUCTION 78 - ROADWAY OBSTRUCTION 79 - ROADWAY OBSTRUCTION 80 - ROADWAY OBSTRUCTION 81 - ROADWAY OBSTRUCTION 82 - ROADWAY OBSTRUCTION 83 - ROADWAY OBSTRUCTION 84 - ROADWAY OBSTRUCTION 85 - ROADWAY OBSTRUCTION 86 - ROADWAY OBSTRUCTION 87 - ROADWAY OBSTRUCTION 88 - ROADWAY OBSTRUCTION 89 - ROADWAY OBSTRUCTION 90 - ROADWAY OBSTRUCTION 91 - ROADWAY OBSTRUCTION 92 - ROADWAY OBSTRUCTION 93 - ROADWAY OBSTRUCTION 94 - ROADWAY OBSTRUCTION 95 - ROADWAY OBSTRUCTION 96 - ROADWAY OBSTRUCTION 97 - ROADWAY OBSTRUCTION 98 - ROADWAY OBSTRUCTION 99 - ROADWAY OBSTRUCTION |
| | SECONDARY 02 9 - UNKNOWN | |
| | 03 - SNOW 04 - ICE | |
| | 05 - DRY 06 - WET 07 - SLUSH 08 - DEBRIS* | |
| | | * SECONDARY CONDITION ONLY |

| | |
|---|---|
| MANNER OF CRASH COLLISION/IMPACT | WEATHER |
| 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES 2 - HEAD-ON IN TRANSPORT | 4 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - SNOW 9 - SEVERE CROSSWINDS 10 - SLEET, HAIL 11 - SLUSH 12 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 13 - OTHER 14 - UNKNOWN 15 - ROADWAY OBSTRUCTION 16 - ROADWAY OBSTRUCTION 17 - ROADWAY OBSTRUCTION 18 - ROADWAY OBSTRUCTION 19 - ROADWAY OBSTRUCTION 20 - ROADWAY OBSTRUCTION 21 - ROADWAY OBSTRUCTION 22 - ROADWAY OBSTRUCTION 23 - ROADWAY OBSTRUCTION 24 - ROADWAY OBSTRUCTION 25 - ROADWAY OBSTRUCTION 26 - ROADWAY OBSTRUCTION 27 - ROADWAY OBSTRUCTION 28 - ROADWAY OBSTRUCTION 29 - ROADWAY OBSTRUCTION 30 - ROADWAY OBSTRUCTION 31 - ROADWAY OBSTRUCTION 32 - ROADWAY OBSTRUCTION 33 - ROADWAY OBSTRUCTION 34 - ROADWAY OBSTRUCTION 35 - ROADWAY OBSTRUCTION 36 - ROADWAY OBSTRUCTION 37 - ROADWAY OBSTRUCTION 38 - ROADWAY OBSTRUCTION 39 - ROADWAY OBSTRUCTION 40 - ROADWAY OBSTRUCTION 41 - ROADWAY OBSTRUCTION 42 - ROADWAY OBSTRUCTION 43 - ROADWAY OBSTRUCTION 44 - ROADWAY OBSTRUCTION 45 - ROADWAY OBSTRUCTION 46 - ROADWAY OBSTRUCTION 47 - ROADWAY OBSTRUCTION 48 - ROADWAY OBSTRUCTION 49 - ROADWAY OBSTRUCTION 50 - ROADWAY OBSTRUCTION 51 - ROADWAY OBSTRUCTION 52 - ROADWAY OBSTRUCTION 53 - ROADWAY OBSTRUCTION 54 - ROADWAY OBSTRUCTION 55 - ROADWAY OBSTRUCTION 56 - ROADWAY OBSTRUCTION 57 - ROADWAY OBSTRUCTION 58 - ROADWAY OBSTRUCTION 59 - ROADWAY OBSTRUCTION 60 - ROADWAY OBSTRUCTION 61 - ROADWAY OBSTRUCTION 62 - ROADWAY OBSTRUCTION 63 - ROADWAY OBSTRUCTION 64 - ROADWAY OBSTRUCTION 65 - ROADWAY OBSTRUCTION 66 - ROADWAY OBSTRUCTION 67 - ROADWAY OBSTRUCTION 68 - ROADWAY OBSTRUCTION 69 - ROADWAY OBSTRUCTION 70 - ROADWAY OBSTRUCTION 71 - ROADWAY OBSTRUCTION 72 - ROADWAY OBSTRUCTION 73 - ROADWAY OBSTRUCTION 74 - ROADWAY OBSTRUCTION 75 - ROADWAY OBSTRUCTION 76 - ROADWAY OBSTRUCTION 77 - ROADWAY OBSTRUCTION 78 - ROADWAY OBSTRUCTION 79 - ROADWAY OBSTRUCTION 80 - ROADWAY OBSTRUCTION 81 - ROADWAY OBSTRUCTION 82 - ROADWAY OBSTRUCTION 83 - ROADWAY OBSTRUCTION 84 - ROADWAY OBSTRUCTION 85 - ROADWAY OBSTRUCTION 86 - ROADWAY OBSTRUCTION 87 - ROADWAY OBSTRUCTION 88 - ROADWAY OBSTRUCTION 89 - ROADWAY OBSTRUCTION 90 - ROADWAY OBSTRUCTION 91 - ROADWAY OBSTRUCTION 92 - ROADWAY OBSTRUCTION 93 - ROADWAY OBSTRUCTION 94 - ROADWAY OBSTRUCTION 95 - ROADWAY OBSTRUCTION 96 - ROADWAY OBSTRUCTION 97 - ROADWAY OBSTRUCTION 98 - ROADWAY OBSTRUCTION 99 - ROADWAY OBSTRUCTION |
| | |

| | | | |
|--|--|--|---|
| ROAD SURFACE | LIGHT CONDITIONS | WEATHER | SCHOOL BUS RELATED |
| 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK | 1 - PRIMARY 1 SECONDARY 1 | 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY | 4 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE |
| 4 - SLAG, GRAVEL STONE 5 - DIRT 6 - OTHER | 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN | 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER | 1 - YES, SCHOOL BUS DIRECTLY INVOLVED 2 - YES, SCHOOL BUS INDIRECTLY INVOLVED |
| | 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | 9 - UNKNOWN | |

| | | |
|--|--|--|
| ROAD SURFACE | TYPE OF WORK ZONE | LOCATION OF CRASH IN WORK ZONE |
| 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK | 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN | 4 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA |
| 4 - SLAG, GRAVEL STONE 5 - DIRT 6 - OTHER | 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | 4 - ACTIVITY AREA 5 - TERMINATION AREA |
| | | |

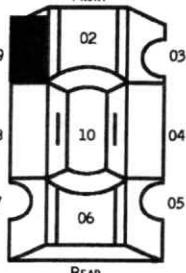
| | | |
|---|-----------------------------------|---|
| NARRATIVE | | Diagram |
| <p>Unit#2 was stopped on Sunbury Rd at North St in the inside through lane of travel for the light. Unit#2 was traveling south on Sunbury Rd approaching behind Unit#2. Unit#1 was not going to be able to stop in time and attempted to swerve right to avoid contact. Unit#1 lost control, fishtailed then collided with Unit#2 on the right side with its front left.</p> | | <p>NOT TO SCALE</p> |
| REPORT TAKEN BY | | |
| <input type="checkbox"/> POLICE AGENCY | <input type="checkbox"/> MOTORIST | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPD) |
| DATE CRASH REPORTED | | TIME CRASH REPORTED |
| 01/12/2018 | | 1240 |
| DISPATCH TIME | | ARRIVAL TIME |
| 1242 | | 1248 |
| TIME CLEARED | | OTHER INVESTIGATION TIME |
| 1350 | | |
| TOTAL MINUTES | | |
| OFFICER'S NAME * | | OFFICER'S BADGE NUMBER |
| Bobovnyk, Thomas J | | 490 |
| CHECKED BY | | Rudd, Anthony L |



UNIT

LOCAL REPORT NUMBER

2018-00001054

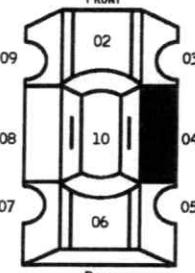
| | | | | | | | | | |
|--|---|---|---|--|---|--|---|--|--|
| UNIT NUMBER 01 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) WHITTON, John, WESLEY | | OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 614-314-1913 | DAMAGE SCALE 2 | DAMAGED AREA  | | | | |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 4287 APPIAN WA W ,GAHANNA ,OH 43230 | | | | | | | | | |
| LP STATE OH | LICENSE PLATE NUMBER HDZ3371 | VEHICLE IDENTIFICATION NUMBER 1F1AF1P153U12A201779 | # OCCUPANTS 02 | | | | | | |
| VEHICLE YEAR 2002 | VEHICLE MAKE Ford | VEHICLE MODEL Taurus | VEHICLE COLOR TAN | | | | | | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY State Farm | POLICY NUMBER 9443215D1535 | 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | TRAFFICWAY DESCRIPTION 2 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED(PAINTED OR GRASS >4FT) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT | | | | | | |
| HM PLACARD ID NO.  | HM CLASS NUMBER <input type="checkbox"/> | HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED | UNIT TYPE 03 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 09 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 09 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOTAIL) 17 - TRACTOR/Semi-TRAILER 18 - TRACTOR/DDOUBLE 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/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST | | | |
| NON-MOTORIST LOCATION PRIOR TO IMPACT  01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDLICK - 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 | | | | | | <input type="checkbox"/> HAS HM PLACARD | | | |
| 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) | IMPACT AREA 09 | MOST DAMAGED AREA 09 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR | ACTION 3 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 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | | | | | | NON-MOTORIST 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING | NON-MOTORIST ACTION 21 - OTHER NON-MOTORIST ACTION | | |
| CONTRIBUTING CIRCUMSTANCES 17 PRIMARY 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 CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | | | | | | NON-MOTORIST 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 | 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 | | |
| SEQUENCE OF EVENTS 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 | 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 | 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 |
| 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 MOBILE OBJECT | 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 EQUIPMENT 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX | |
| UNIT SPEED 35 | POSTED SPEED 45 | TRAFFIC CONTROL 04 | 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 1 To 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST | | | |



UNIT

LOCAL REPORT NUMBER

2018-00001054

| | | | | | | |
|---|---|--|--|---|---|--|
| UNIT NUMBER 02 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) AEP Security Operations Center | | OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 614-716-1337 | DAMAGE SCALE 2 | DAMAGED AREA  | |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 1 RIVERSIDE PLZ 5 ,COLUMBUS ,OH 43215 | | | | 1 - NONE | | |
| LP STATE OH | LICENSE PLATE NUMBER PIL9675 | VEHICLE IDENTIFICATION NUMBER 3C7WRNFL0EIG140036 | # OCCUPANTS 01 | 2 - MINOR | | |
| VEHICLE YEAR 2014 | VEHICLE MAKE Dodge | VEHICLE MODEL Ram 2500 | VEHICLE COLOR WHI | 3 - FUNCTIONAL | | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY McG Griff | POLICY NUMBER 73200461 | TOWED BY | 4 - DISABLING | | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | | 9 - UNKNOWN | CARRIER PHONE - INCLUDE AREA CODE | |
| US DOT  | VEHICLE WEIGHT GVWR/GCWR 1 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 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 2 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 | | | |
| HM PLACARD ID No.  | HM CLASS NUMBER <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED | | <input type="checkbox"/> HIT / SKIP UNIT | | | |
| 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 2 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 07 99 - UNKNOWN OR HIT / SKIP 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 | 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 01 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 02 - SINGLE UNIT TRUCK; 3+ AXLES 03 - SINGLE UNIT TRUCK / TRAILER 04 - TRUCK/TRACTOR (BOBTAIL) 05 - TRACTOR/SEMI-TRAILER 06 - TRACTOR/DOUBLE 07 - TRACTOR/TRIPLES 08 - 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) |
| SPECIAL FUNCTION 14 | 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 04 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR | IMPACT AREA 04 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARROGE 12 - LOAD/TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER | NON-MOTORIST 21 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
| <input type="checkbox"/> HAS HM PLACARD | | | | | | |
| PRE-CRASH ACTIONS 11 | MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN | 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 | ACTION 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown | |
| CONTRIBUTING CIRCUMSTANCES | | | | | | |
| PRIMARY 01 | 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 CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 99 - UNKNOWN | 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/WRONC 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 | 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 | | |
| SECONDARY  | | | | | | |
| SEQUENCE OF EVENTS 20 | 1  3  4  5  6  | 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 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION | | |
| FIRST HARMFUL EVENT 1 | MOST HARMFUL EVENT 1 | 99 - UNKNOWN | 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 | 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX | | |
| 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 MOBILE OBJECT | 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 | 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT | | | |
| UNIT SPEED 5 | POSTED SPEED 45 | TRAFFIC CONTROL 04 | 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 1 To 2 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

2018-00001054

| | | | | | | | | | | | |
|---|--|--|---|--|---|---|--|---|--|---|----------------------------|
| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE MORGAN, JENNA, MARIE | | | DATE OF BIRTH 10092000 | AGE 017 | GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE | | | | | |
| ADDRESS, CITY, STATE, ZIP 4287 APPIAN WA W ,GAHANNA ,OH 43230 | | | | CONTACT PHONE- INCLUDE AREA CODE 614-314-6587 | | | | | | | |
| INJURIES 1 | | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OL STATE O/H | OPERATOR LICENSE NUMBER UQ726119 | OL CLASS 4 | <input type="checkbox"/> VALID OL | <input type="checkbox"/> M/C END. | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE <input type="checkbox"/> | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 331.34A | | | OFFENSE DESCRIPTION Failure to Control | | | CITATION NUMBER 85000 | | | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY 1 | |
| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE PARK, RANDY, ALAN | | | DATE OF BIRTH 02111987 | AGE 030 | GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE | CONTACT PHONE- INCLUDE AREA CODE 614-787-4395 | | | | |
| ADDRESS, CITY, STATE, ZIP 28 W NATIONAL DR ,NEWARK ,OH 43055 | | | | | | | | | | | |
| INJURIES 1 | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OL STATE O/H | OPERATOR LICENSE NUMBER SQ850409 | OL CLASS 1 | <input type="checkbox"/> VALID OL | <input type="checkbox"/> M/C END. | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE <input type="checkbox"/> | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | | | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY 1 | |
| INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL 9 - UNKNOWN | | 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 | | ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED | | | |
| DRUG TEST TYPE 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | | 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 - BREATH 5 - 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 01 | NAME: LAST, FIRST, MIDDLE WATSON, BENJAMIN, NOAH | | | DATE OF BIRTH 07262000 | AGE 017 | GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE | CONTACT PHONE- INCLUDE AREA CODE 614-940-6100 | | | | |
| ADDRESS, CITY, STATE, ZIP 1316 GOLDSMITH DR ,Westerville ,OH 43081 | | | | | | | | | | | |
| INJURIES 1 | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 03 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| UNIT NUMBER <input type="checkbox"/> | NAME: LAST, FIRST, MIDDLE | | | DATE OF BIRTH <input type="checkbox"/> | AGE <input type="checkbox"/> | GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE | CONTACT PHONE- INCLUDE AREA CODE <input type="checkbox"/> | | | | |
| ADDRESS, CITY, STATE, ZIP <input type="checkbox"/> | | | | | | | | | | | |
| INJURIES <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/> | | SAFETY EQUIPMENT USED <input type="checkbox"/> | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> | EJECTION <input type="checkbox"/> | TRAPPED <input type="checkbox"/> | |

HHS
4061

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

| | | |
|---------------------|------------------|---------------|
| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CRASH |
| 18-1054 | Westerville PD | M 1/13/18 |

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Randy Park
(PRINTED)

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Theresa J Asbury #490
(OFFICERS NAME)

AT

(LOCATION)

I WAS SLOWING AT TRAFFIC LIGHT AT SUNBURY & MARY ST
WHEN I HEARD TIRES SCREECH AND WAS HIT BY GOLD
TAURUS

| | | |
|----------------------|-------------------|---------------|
| ADDRESS OF WITNESS | 28 W NEWTON DR | PHONE |
| SIGNATURE OF WITNESS | <u>Randy Park</u> | 4014-787-4395 |
| OFFICERS SIGNATURE | <u>290-a #490</u> | |

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

| | | | | |
|---------------------------|---------|---------------------|----------------|----------------|
| LOCAL REPORT NUMBER | 18-1054 | REPORTING AGENCY | Westerville PD | DATE OF CRASH |
| | | | | M / D / Y / 18 |

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jenna Morgan
(PRINTED)

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Thomas J Bobrovnik 490
(OFFICERS NAME)AT Sunbury - central College
(LOCATION)

I was coming to a stop, my car lost traction & slid. I tried swerving to the right to avoid hitting him & my car fishtailed & hit him.

| | | |
|----------------------------|----------------------|-------------------|
| ADDRESS OF WITNESS | 4287 Appian way west | PHONE |
| SIGNATURE OF WITNESS | Jenna Morgan | 614-314-6587 |
| | OFFICERS SIGNATURE | <u>292-287490</u> |



TRAFFIC CRASH REPORT

LOCAL INFORMATION

| | | |
|-----------------------|----------------|-------------------|
| LOCAL REPORT NUMBER * | CRASH SEVERITY | HIT/SKIP |
| 2018-00001189 | 3 | 1 - FATAL |
| | | 2 - INJURY |
| | | 3 - PDO |

| | | | | | | |
|---------------------------------------|--|--|-------------------------|--------------------------------------|-----------------|---------------------|
| <input type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> PDD UNDER STATE | <input type="checkbox"/> PRIVATE PROPERTY | REPORTING AGENCY NCIC * | REPORTING AGENCY NAME * | NUMBER OF UNITS | UNIT IN ERROR |
| <input type="checkbox"/> OH-2 | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OTHER DOLLAR AMOUNT | 02510 | Westerville Police Department | 02 | 98 - ANIMAL |
| | | | | | | 99 - UNKNOWN |

| | | | | | |
|------------|------------------------------------|-------------------------------------|-----------------|---------------|-------------|
| COUNTY * | <input type="checkbox"/> CITY * | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * | TIME OF CRASH | DAY OF WEEK |
| 215 | <input type="checkbox"/> VILLAGE * | <input type="checkbox"/> TOWNSHIP * | 01142018 | 0707 | Sun |
| | | Westerville | | | |

| | |
|--|--------------------------------|
| DEGREES / MINUTES / SECONDS | DECIMAL DEGREES |
| LATITUDE 0 ° / 0' . 00" / 0 ° / 0' . 00" | LATITUDE 40.109713 |
| LONGITUDE 0 ° / 0' . 00" / 0 ° / 0' . 00" | LONGITUDE -82.925587 |

| | | | |
|------------------------------------|----------------------------------|----------------------|---|
| ROADWAY DIVISION | DIVIDED LANE DIRECTION OF TRAVEL | NUMBER OF THRU LANES | ROAD TYPES OR MILEPOST ² |
| <input type="checkbox"/> DIVIDED | N - NORTHBOUND E - EASTBOUND | 04 | AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY |
| <input type="checkbox"/> UNDIVIDED | S - SOUTHBOUND W - WESTBOUND | | HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE |
| | | | BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL |

| | | | | | |
|-------------------------|-----------------------|-------------|--------------------|-------------------------|--|
| SR | LOCATION ROUTE NUMBER | LOC PREFIX | LOCATION ROAD NAME | ST | ROUTE TYPES ³ |
| ROUTE TYPE ¹ | | N,S, E,W | STATE ST | ROUTE TYPE ² | IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE |
| | | | | | US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE |
| | | | | | SR - STATE ROUTE |

| | | | | | | | |
|-------------------------------------|------------------------------------|----------------------------|--|----------------------------|--|----|----------------------------------|
| DISTANCE FROM REFERENCE | DIR FROM REF | REFERENCE | REFERENCE ROUTE NUMBER | REF PREFIX | REFERENCE NAME (Road, Milepost, House #) | RD | REFERENCE ROAD TYPE ² |
| <input type="checkbox"/> MILES 0 | <input type="checkbox"/> FEET 0 | <input type="checkbox"/> F | <input type="checkbox"/> ROUTE TYPE ¹ | <input type="checkbox"/> W | W SCHROCK RD | | |
| <input type="checkbox"/> YARDS 0 | | | | | | | |

| | | | | | | |
|---|----------------|--|---|--|---|--|
| REFERENCE POINT USED | CRASH LOCATION | 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDABOUT 10 - DRIVEWAY/ALLEY ACCESS | 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS | 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN | <input type="checkbox"/> INTERSECTION RELATED | LOCATION OF FIRST HARMFUL EVENT |
| 1 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | 02 | | | | 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE | 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN |

| | | | | |
|---|-----------------------------------|--|--|--|
| ROAD CONTOUR | ROAD CONDITIONS | WEATHER | | |
| 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL | PRIMARY 02 SECONDARY | 1 - DRY 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 | |
| 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES 2 - REAR-END 3 - HEAD-ON IN TRANSPORT 4 - REAR-TO-REAR 7 - SIDESWIPE, SAME DIRECTION 9 - UNKNOWN | 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE | 4 - RAIN 5 - SLEET, HAIL 6 - BLOWING SAND, SOIL, DIRT, SNOW 7 - SEVERE CROSSWINDS 8 - SNOW 9 - OTHER/UNKNOWN |

| | | | | | |
|--|----------------------------------|--|--|-------------|--|
| ROAD SURFACE | LIGHT CONDITIONS | WEATHER | SCHOOL BUS RELATED | | |
| 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK | PRIMARY 4 SECONDARY | 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY | 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER | 9 - UNKNOWN | <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |

* SECONDARY CONDITION ONLY

| | | | | |
|--|---|--|--|---|
| <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 | LOCATION OF CRASH IN WORK ZONE | SCHOOL BUS RELATED |
| | | 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN | 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA | 4 - ACTIVITY AREA 5 - TERMINATION AREA |

NARRATIVE
Unit 1 was southbound on SR3 in the curb lane at the traffic bar at W. Schrock Rd. Unit 2 was westbound in the left through lane on E. Schrock Rd. at SR3. Unit 1 entered the intersection and struck Unit 2 on the right rear with the front center of Unit 1. Unit 2 spun around from the impact and left the scene northbound on SR3.

Diagram



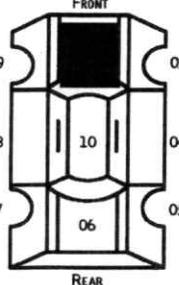
| | | | | | | |
|---|--|--------------------------------------|-----------------------------|-----------------------------|--------------------------|----------------------------|
| REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | | | | | |
| DATE CRASH REPORTED 01142018 | TIME CRASH REPORTED 0707 | DISPATCH TIME 0730 | ARRIVAL TIME 0733 | TIME CLEARED 0856 | OTHER INVESTIGATION TIME | TOTAL MINUTES 83 |
| OFFICER'S NAME * Snyder, Jon E | OFFICER'S BADGE NUMBER 517 | CHECKED BY Johnson, John A | PAGE 1 OF 4 | | | |



UNIT

LOCAL REPORT NUMBER

2018-00001189

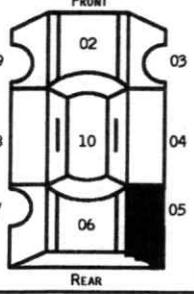
| | | | | | | | | |
|---|---|---|---|---|--|--|--|--|
| UNIT NUMBER 01 | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) Mars Sr, Pernell, E | | | OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) 614-679-7465 | DAMAGE SCALE 2 | DAMAGED AREA  | | |
| OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 7974 TRUMAN TRL ,Reynoldsburg ,OH 43068 | | | | 1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN | | | | |
| LP STATE OH | LICENSE PLATE NUMBER FYT3497 | VEHICLE IDENTIFICATION NUMBER 1G6DL67A290100546 | # OCCUPANTS 01 | VEHICLE MODEL STS | VEHICLE COLOR BLK | | | |
| VEHICLE YEAR 2009 | VEHICLE MAKE Cadillac | POLICY NUMBER | TOWED BY | | | | | |
| PROOF OF INSURANCE SHOWN | INSURANCE COMPANY | | | | | | | |
| 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 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 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 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 <input type="checkbox"/> HIT / SKIP UNIT | | | |
| HM PLACARD ID No. | HM CLASS NUMBER | HAZARDOUS MATERIAL RELEASED <input type="checkbox"/> | | | | | | |
| NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> <input type="checkbox"/> 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 <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 03 99 - UNKNOWN OR HIT / SKIP <input type="checkbox"/> | 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 (BOTBAIL) 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/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST | | |
| 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) | 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 <input type="checkbox"/> HAS HM PLACARD | ACTION 3 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 07 - ENTERING TRAFFIC LANE 08 - LEAVING TRAFFIC LANE 09 - PARKED 10 - SLOWING OR STOPPED IN TRAFFIC 11 - DRIVERLESS | | | | | | | 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 |
| CONTRIBUTING CIRCUMSTANCES 01 PRIMARY 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 CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD SECONDARY <input type="checkbox"/> 99 - UNKNOWN 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 /SIGNS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS <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 |
| SEQUENCE OF EVENTS 20 1 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 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 | 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 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 | | | | | | | 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 |
| UNIT SPEED <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED | POSTED SPEED 35 | TRAFFIC CONTROL 04 | 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 1 To 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST | | |



UNIT

LOCAL REPORT NUMBER

2018-00001189

| | | | | | | | |
|---|---|--|---|---|---|--|--|
| UNIT NUMBER 02 | 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 9 | DAMAGED AREA  | |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) | | | | | | | |
| LP STATE  | LICENSE PLATE NUMBER | | VEHICLE IDENTIFICATION NUMBER | | # OCCUPANTS | | |
| VEHICLE YEAR  | VEHICLE MAKE Ford | | VEHICLE MODEL Focus | | VEHICLE COLOR GRY | | |
| <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 <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 99 | 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 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 <input type="checkbox"/> HIT / SKIP UNIT | | |
| HM PLACARD ID No.  | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED | | HM CLASS NUMBER  | | | | |
| NON-MOTORIST LOCATION PRIOR TO IMPACT  | | TYPE OF USE  1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 02 | 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 2 AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOMESTIC 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/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST | |
| <input type="checkbox"/> HAS HM PLACARD | | | | | | | |
| SPECIAL FUNCTION 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) | IMPACT AREA 99 05 | 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 - UNDERCARROGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER | 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 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING | | | | | | | |
| CONTRIBUTING CIRCUMSTANCES 03 PRIMARY 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 CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD SECONDARY  99 - UNKNOWN NON-MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLECTFUL 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 | | | | | | | |
| SEQUENCE OF EVENTS 20 2  3  4  5  6  FIRST HARMFUL 1 MOST HARMFUL 1 EVENT 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 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION | | | | | | | |
| COLLISION WITH FIXED OBJECT 25 - IMPACT ATTENUATOR/CRAASH 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 | | | | | | | |
| UNIT SPEED 30 | POSTED SPEED 35 | TRAFFIC CONTROL 04 | 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 3 To 4 1 - NORTH 5 - NORTHEAST 9 - UNKNOWN 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST | |



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2018-00001189

| | | | | | | | | | | | |
|--|---------------------------|---|--|---|-----------------------|--|---|--|---|----------------------|----------------|
| Motorist/Non-Motorist | UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | GENDER | | | |
| | 01 | Mars Sr, Pernell, E | | | | 01021965 | 053 | <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE | | | |
| ADDRESS, CITY, STATE, ZIP | | | | | | CONTACT PHONE- INCLUDE AREA CODE | | | | | |
| 7974 TRUMAN TRL ,Reynoldsburg ,OH 43068 | | | | | | 614-679-7465 | | | | | |
| Injuries | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | | Safety Equipment Used | DOT Compliant <input checked="" type="checkbox"/> MOTORCYCLE HELMET | Seating Position | Air Bag Usage | Ejection | Trapped | |
| 1 | | | | | 04 | 01 | 1 | 1 | 1 | 1 | |
| OL State | Operator License Number | OL Class | No <input type="checkbox"/> VALID OL | M/C END. | Condition | Alcohol/Drug Suspected | Alcohol Test Status | Alcohol Test Type | Alcohol Test Value | Drug Test Status | Drug Test Type |
| OH | RA743602 | 4 | | | 1 | 1 | 1 | | | 1 | 1 |
| Offense Charged (<input type="checkbox"/> Local Code) | | | Offense Description | | | | Citation Number | | | Driver Distracted By | |
| | | | | | | | | | <input checked="" type="checkbox"/> DEVICE USED | | 1 |
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | GENDER | | | | |
| 02 | | | | | | | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | | | | CONTACT PHONE- INCLUDE AREA CODE | | | | | |
| Injuries | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | | Safety Equipment Used | DOT Compliant <input checked="" type="checkbox"/> MOTORCYCLE HELMET | Seating Position | Air Bag Usage | Ejection | Trapped | |
| | | | | | | 01 | | | | | |
| OL State | Operator License Number | OL Class | No <input type="checkbox"/> VALID OL | M/C END. | Condition | Alcohol/Drug Suspected | Alcohol Test Status | Alcohol Test Type | Alcohol Test Value | Drug Test Status | Drug Test Type |
| | | | | | 7 | | 1 | | | 1 | 1 |
| Offense Charged (<input type="checkbox"/> Local Code) | | | Offense Description | | | | Citation Number | | | Driver Distracted By | |
| | | | | | | | | | <input checked="" type="checkbox"/> DEVICE USED | | 1 |
| Injuries | | Injured Taken By | | Safety Equipment Used | | 99 - UNKNOWN SAFETY EQUIPMENT | | | | | |
| 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL | | 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN | | MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED | | NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED | | | | | |
| 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | | 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER | | | | | | | | | |
| 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 | | Trapped | | Operator License Class | | Condition | | | | | |
| 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE | | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS | | 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY | | 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 Test Status | | Alcohol Test Type | | Drug Test Status | | Drug Test Type | | Driver Distracted By | | | |
| 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | | 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | | 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | | 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | | 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 | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | GENDER | | | | |
| N/a | Reidelbach, Anna, M. | | | | 01051986 | 032 | <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE | | | | |
| ADDRESS, CITY, STATE, ZIP | | | | | | CONTACT PHONE- INCLUDE AREA CODE | | | | | |
| 20 N STATE ST 20 1/2 ,Westerville ,OH 43081 | | | | | | 614-806-1824 | | | | | |
| Injuries | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | | Safety Equipment Used | DOT Compliant <input checked="" type="checkbox"/> MOTORCYCLE HELMET | Seating Position | Air Bag Usage | Ejection | Trapped | |
| | | | | | | 01 | | | | | |
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | GENDER | | | | |
| | | | | | | | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | | | | CONTACT PHONE- INCLUDE AREA CODE | | | | | |
| Injuries | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | | Safety Equipment Used | DOT Compliant <input checked="" type="checkbox"/> MOTORCYCLE HELMET | Seating Position | Air Bag Usage | Ejection | Trapped | |
| | | | | | | 01 | | | | | |
| Page 4 of 4 | | | | | | | | | | | |

OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

| | | |
|-----------------------------|-------------------|------------------|
| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF ACCIDENT |
| 2018-00001189 | WEPD | M 01 D 14 Y 2018 |
| IN COUNTY OF 25 Franklin | ACCIDENT LOCATION | SR3 |

Unit 1 driver and the witness both said the traffic signal for southbound SR3 turned green. Both Unit 1 driver and the witness proceeded to move into the intersection. Both stated Unit 2 driver ran the red traffic signal. I found Unit 1 front license plate in the roadway near the crosswalk on the west side of the intersection. It was returned to him. Unit 1 driver said Unit 2 was a dark gray vehicle. The witness said it was possibly a Ford Focus. The witness will complete an OH-3 at a later time.

OFFICERS SIGNATURE
517\ Snyder, Jon, E,BADGE NO.
517



TRAFFIC CRASH WITNESS STATEMENT

| | | |
|--------------------------------|------------------------------------|----------------------------------|
| LOCAL REPORT NUMBER 18-1189 | REPORTING AGENCY WESTERVILLE PD | DATE OF CRASH M 01 10 14 Y 18 |
|--------------------------------|------------------------------------|----------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

| | |
|---|--|
| I, <u>Pernell E. Mans Sr.</u> PRINTED <u>J. SMYDER #517</u> OFFICER'S NAME | HEREBY MAKE THIS VOLUNTARY STATEMENT TO AT <u>525 S. State St (KFC)</u> LOCATION |
|---|--|

Driving south bound on State St near Starbucks in Westerville. Car heading east bound bound ran a red light and did a U-turn in the middle of the intersection and took off north bound on state st. I didn't get at chance to get the license number or make and model of the vehicle, just that it was a dark grey compact, nor did I get a good look at the driver. It was still very dark outside

| | |
|---|--|
| ADDRESS OF WITNESS 7974 Truman Trail Reynoldsburg OH 43068 | PHONE 614-679-7465 |
| SIGNATURE OF WITNESS <u>X Pernell E. Mans Sr.</u> | OFFICER'S SIGNATURE <u>J. SMYDER #517</u> |



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER

18-1189

REPORTING AGENCY

WESTERVILLE PD

DATE OF CRASH

M 01 10 14 18

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

1. ANNA REIDELBACH
PRINTED

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

J. SNEYDER #517
OFFICER'S NAME

AT 29 S. STATE ST.

LOCATION

The driver going west bound on Shrock Rd ran a red light and caused an accident with the cadillac driving south bound on State St. I slowed down and honked my horn at the African American women who was driving a four door vehicle. The cadillac was unable to avoid the women and hit her car causing the driver to spin. She drove away without leaving any information or checking on the other driver.

ADDRESS OF WITNESS

20 1/2 N. State St.

SIGNATURE OF WITNESS

X Anna Reidelbach

PHONE

614-804-1824

OFFICER'S SIGNATURE

X J. SNEYDER #517



TRAFFIC CRASH REPORT

LOCAL INFORMATION

LOCAL REPORT NUMBER *

2018-00001131

CRASH SEVERITY

| | |
|---|------------|
| 3 | 1 - FATAL |
| | 2 - INJURY |
| | 3 - PDO |

| |
|--------------|
| H/S/K |
| 1 - SOLVED |
| 2 - UNSOLVED |

| | | | | | | |
|---------------------------------------|--|---|-------------------------|-------------------------------|-----------------|-----------------------------|
| <input type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> PDO UNDER STATE DOLLAR AMOUNT | <input type="checkbox"/> PRIVATE PROPERTY | REPORTING AGENCY NCIC * | REPORTING AGENCY NAME * | NUMBER OF UNITS | UNIT IN ERROR |
| <input type="checkbox"/> OH-2 | <input type="checkbox"/> OH-1P | <input type="checkbox"/> OH-3 OTHER | 02510 | Westerville Police Department | 02 | 98 - ANIMAL 99 - UNKNOWN |

| | | | | | |
|-----------|-------------------------------|---------------------------|--------------|---------------|-------------|
| COUNTY * | CITY * | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * | TIME OF CRASH | DAY OF WEEK |
| 125 | <input type="checkbox"/> CITY | Westerville | 01132018 | 1100 | Sat |
| VILLAGE * | TOWNSHIP * | | | | |

| | |
|-----------------------------|-------------------------|
| DEGREES / MINUTES / SECONDS | DECIMAL DEGREES |
| LATITUDE 0 ° / 0' / 0" | LATITUDE 40.146000 |
| LONGITUDE 0 ° / 0' / 0" | LONGITUDE -82.939210 |

| | | | |
|----------------------------------|--|----------------------|--|
| Roadway Division | Divided Lane Direction of Travel | Number of Thru Lanes | Road Types or Milepost ² |
| <input type="checkbox"/> DIVIDED | <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> S - SOUTHBOUND | 06 | AL - ALLEY CR - CIRCLE AV - AVENUE CT - COURT BL - BOULEVARD DR - DRIVE HE - HEIGHTS MP - MILEPOST HW - HIGHWAY PK - PARKWAY LA - LANE PI - PIKE PL - PLACE RD - ROAD ST - STREET TE - TERRACE WA - WAY SQ - SQUARE TL - TRAIL |

| | | | | |
|-------------------------|-------------|--------------------|------------------------------|--|
| Location Route Number | Loc Prefix | Location Road Name | PK | ROUTE TYPES ¹ |
| ROUTE TYPE ¹ | N,S, E,W | POLARIS PKWY | ROUTE ROAD TYPE ² | IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE |

| | | | | | | |
|---|--------------|------------------------|-------------|--|----|----------------------------------|
| Distance From Reference | Dir From Ref | Reference Route Number | Ref Prefix | Reference Name (Road, Milepost, House #) | RD | REFERENCE ROAD TYPE ² |
| <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS | N,S, E,W | F | N,S, E,W | AFRICA RD | | |

| | | |
|--|--|--|
| REFERENCE POINT USED | CRASH LOCATION | LOCATION OF FIRST HARMFUL EVENT |
| 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | 02 | 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON Roadsides |
| 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDABOUT 10 - DRIVEWAY/ALLEY ACCESS | 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDABOUT 10 - DRIVEWAY/ALLEY ACCESS | 5 - On Gore 6 - Outside Trafficway 7 - In Median 8 - Unknown |

| | | |
|--|--|---|
| ROAD CONTOUR | ROAD CONDITIONS | WEATHER |
| 4 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL | PRIMARY 03 SECONDARY 03 | 2 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - DAWN 6 - DUSK 7 - GLARE* 8 - OTHER |
| | 01 - DRY 02 - WET 03 - SNOW 04 - ICE | 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER |
| | 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* | 9 - UNKNOWN 10 - OTHER 99 - UNKNOWN |

* SECONDARY CONDITION ONLY

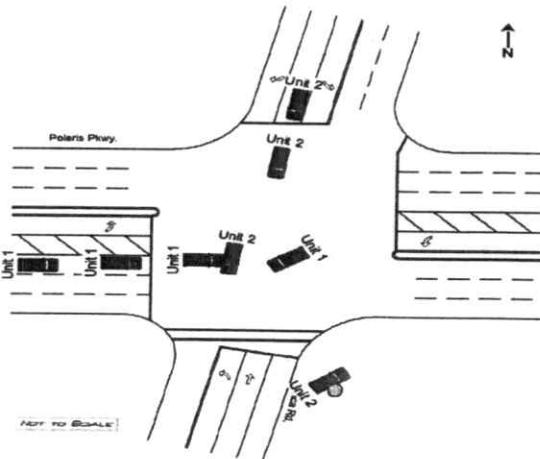
| | | |
|--|--|--|
| MANNER OF CRASH COLLISION/IMPACT | CRASH LOCATION | WEATHER |
| 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT | 02 | 2 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE |
| 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR | 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDABOUT 10 - DRIVEWAY/ALLEY ACCESS | 4 - RAIN 5 - SLEET, HAIL 6 - SNOW |
| | 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER | 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN |

| | | | |
|---|--|---|--|
| ROAD SURFACE | LIGHT CONDITIONS | WEATHER | SCHOOL BUS RELATED |
| 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK | 1 PRIMARY 1 SECONDARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY | 2 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER | <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |

* SECONDARY CONDITION ONLY

| | | |
|---|--|--|
| WORK ZONE RELATED | TYPE OF WORK ZONE | LOCATION OF CRASH IN WORK ZONE |
| <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN | 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA |
| | 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | 4 - ACTIVITY AREA 5 - TERMINATION AREA |

NARRATIVE
Unit #2 was southbound on Africa Rd crossing Polaris Pkwy on a green light. Unit #1 was eastbound on Polaris Pkwy approaching Africa Rd on a red light. Unit #1 ran the red light striking Unit#2 in the passenger side. The impact spun Unit #2 around pushing it off the road and coming to rest against a utility pole. The driver of Unit #1 was cited for running the red light.

Diagram


| | |
|---|--|
| REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> 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 |
| 01132018 | 1102 | 1104 | 1104 | 1230 | | |

| | | |
|------------------|------------------------|-------------------|
| OFFICER'S NAME * | OFFICER'S BADGE NUMBER | CHECKED BY |
| Ryan, Timothy J | 486 | Franey, Gregory S |



UNIT

LOCAL REPORT NUMBER

2018-00001131

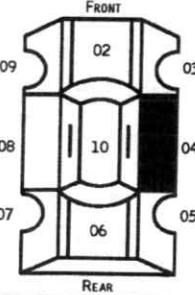
| | | | | | |
|---|---|---|---|--|--|
| UNIT NUMBER 01 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) ODONNELL, SARAH, E | | OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 614-882-9039 | DAMAGE SCALE 4 | DAMAGED AREA |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 691 TIMBERLAKE DR ,Westerville ,OH 43081 | | | | | |
| LP STATE OH | LICENSE PLATE NUMBER DLK4679 | VEHICLE IDENTIFICATION NUMBER 5 J 6 R E 4 H 7 9 B L 0 0 5 3 4 1 | | # OCCUPANTS 01 | |
| VEHICLE YEAR 2016 | VEHICLE MAKE Honda | VEHICLE MODEL CRV | VEHICLE COLOR BLU | | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY Liberty Mutual | POLICY NUMBER AOS288054350407 | TOWED BY Al's | 9 - UNKNOWN | |
| 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 <input type="checkbox"/> <input type="checkbox"/> | 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 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Grass >4Ft) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway <input type="checkbox"/> HIT / SKIP UNIT | |
| HM PLACARD ID No. | HM CLASS NUMBER <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED | UNIT TYPE 06 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | 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 (BOBTAIL) 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/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
| 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 06 99 - UNKNOWN OR HIT / SKIP | <input type="checkbox"/> HAS HM PLACARD | | |
| 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) | IMPACT AREA 02 02 | MOST DAMAGED AREA 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - LEFT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR | ACTION 3 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 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 21 - OTHER NON-MOTORIST ACTION 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING | | | | | |
| CONTRIBUTING CIRCUMSTANCES 03 PRIMARY 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 CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 99 - UNKNOWN 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLECTFUL 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 VEHICLE DEFECTS 03 - 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 | | | | | |
| SEQUENCE OF EVENTS 20 2 3 4 5 6 99 - UNKNOWN FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 1 - 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 MOBILE OBJECT NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 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 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 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 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION COLLISION WITH FIXED OBJECT 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 40 | POSTED SPEED 45 | TRAFFIC CONTROL 04 | 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 4 To 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |



UNIT

LOCAL REPORT NUMBER

2018-00001131

| | | | | |
|---|---|---|--|---|
| UNIT NUMBER 02 | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) BULLOCK, SUSAN, P | OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) 740-602-2083 | DAMAGE SCALE 4 | DAMAGED AREA  |
| OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 2200 LEWIS CENTER RD ,Lewis Center ,OH 43035 | | | | |
| LP STATE OH | LICENSE PLATE NUMBER GJP8927 | VEHICLE IDENTIFICATION NUMBER 2H1KRM4H77E1H708101 | # OCCUPANTS 01 | |
| VEHICLE YEAR 2014 | VEHICLE MAKE Honda | VEHICLE MODEL CRV | VEHICLE COLOR BLU | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> Allstate Ins | INSURANCE COMPANY Allstate Ins | POLICY NUMBER 992250170 | TOWED BY Shamrock | |
| 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 <input type="checkbox"/> | TRAFFICWAY DESCRIPTION 1 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 <input type="checkbox"/> HIT / SKIP UNIT | |
| HM PLACARD ID NO.  | HM CLASS NUMBER | HAZARDOUS MATERIAL RELEASED <input type="checkbox"/> | 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 | |
| NON-MOTORIST LOCATION PRIOR TO IMPACT  | | TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 06 99 - UNKNOWN OR HIT / SKIP 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 | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) |
| 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) | 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 |
| 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 | | 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 |
| CONTRIBUTING CIRCUMSTANCES 01 PRIMARY 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 99 - UNKNOWN SECONDARY  09 - FOLLOWED TOO CLOSELY/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 NEGLECTFUL 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 ILLIGALLY 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 | NON-MOTORIST 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 |
| SEQUENCE OF EVENTS 20 1 2 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 | | 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 | VEHICLE DEFECTS 01 - CROSS MEDIAN 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 MOBILE 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 | 25 - 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 |
| UNIT SPEED 35 | POSTED SPEED 35 | TRAFFIC CONTROL 04 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 1 To 2 1 - NORTH 5 - NORTHEAST 9 - UNKNOWN 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST |



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2018-00001131

| | | | | | | | | | | | |
|---|---------------------------|---|---|--|---|---|--|------------------------|--|------------------|----------------------|
| Motorist/Non-Motorist | UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | GENDER | | | |
| | 01 | ODONNELL, SARAH, E | | | | 02201935 | 082 | F - FEMALE M - MALE | | | |
| ADDRESS, CITY, STATE, ZIP | | | | | | CONTACT PHONE- INCLUDE AREA CODE | | | | | |
| 691 TIMBERLAKE DR ,Westerville ,OH 43081 | | | | | | 614-882-9039 | | | | | |
| Injuries | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | | Safety Equipment Used | DOT Compliant Motorcycle Helmet | Seating Position | Air Bag Usage | Ejection | Trapped | |
| 1 | | | | | 04 | <input type="checkbox"/> | 01 | 2 | 1 | 1 | |
| OL State | Operator License Number | OL Class | No <input type="checkbox"/> VALID OL | M/C <input type="checkbox"/> END. | Condition | Alcohol/Drug Suspected | Alcohol Test Status | Alcohol Test Type | Alcohol Test Value | Drug Test Status | Drug Test Type |
| OH | RN331673 | 4 | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 1 | 1 | 1 | .L | 1 | 1 |
| Offense Charged (<input type="checkbox"/> Local Code) | | | Offense Description | | | | Citation Number | | Hands-Free <input type="checkbox"/> Device Used | | Driver Distracted By |
| 313.01 | | | Obedience to Traffic Control Devices | | | | 25100002082 | | | | 1 |
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | GENDER | | | | |
| 02 | BULLOCK, SUSAN, P | | | | 04011960 | 057 | F - FEMALE M - MALE | | | | |
| ADDRESS, CITY, STATE, ZIP | | | | | | CONTACT PHONE- INCLUDE AREA CODE | | | | | |
| 2200 LEWIS CENTER RD ,Lewis Center ,OH 43035 | | | | | | 740-602-2083 | | | | | |
| Injuries | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | | Safety Equipment Used | DOT Compliant Motorcycle Helmet | Seating Position | Air Bag Usage | Ejection | Trapped | |
| 1 | | | | | 04 | <input type="checkbox"/> | 01 | 3 | 1 | 1 | |
| OL State | Operator License Number | OL Class | No <input type="checkbox"/> VALID OL | M/C <input type="checkbox"/> END. | Condition | Alcohol/Drug Suspected | Alcohol Test Status | Alcohol Test Type | Alcohol Test Value | Drug Test Status | Drug Test Type |
| OH | RL814886 | 4 | <input type="checkbox"/> | <input type="checkbox"/> | 1 | 1 | 1 | 1 | .L | 1 | 1 |
| Offense Charged (<input type="checkbox"/> Local Code) | | | Offense Description | | | | Citation Number | | Hands-Free <input type="checkbox"/> Device Used | | Driver Distracted By |
| | | | | | | | | | | | 1 |
| Injuries | | Injured Taken By | Safety Equipment Used | | 99 - UNKNOWN SAFETY EQUIPMENT | | | | Non-Motorist | | |
| 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL 9 - UNKNOWN | | 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER | 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED | | 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED | | | | 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 | | TRAPPED | OPERATOR LICENSE CLASS | CONDITION | | | | | ALCOHOL/DRUG SUSPECTED | | |
| 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE | | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS | 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY | 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 | | | | 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED | | |
| ALCOHOL TEST STATUS | | | ALCOHOL TEST TYPE | DRUG TEST STATUS | | DRUG TEST TYPE | DRIVER DISTRACTED BY | | | | |
| 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | | | 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | | 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | 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 | | | | |
| N/a | HERBST, SHERRI | | | | 01011964 | 054 | F - FEMALE M - MALE | | | | |
| ADDRESS, CITY, STATE, ZIP | | | | | | CONTACT PHONE- INCLUDE AREA CODE | | | | | |
| 7386 LOTT RD ,SUNBURY ,OH 43074 | | | | | | 614-562-2282 | | | | | |
| Occupant | UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | | | | DATE OF BIRTH | AGE | GENDER | | | |
| | N/a | RUSSELL, GARY, SHAWN | | | | 08171972 | 045 | F - FEMALE M - MALE | | | |
| ADDRESS, CITY, STATE, ZIP | | | | | | CONTACT PHONE- INCLUDE AREA CODE | | | | | |
| 560 SUNBURY MEADOWS DR ,Sunbury ,OH 43074 | | | | | | 937-417-7888 | | | | | |
| Occupant | Injuries | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | | Safety Equipment Used | DOT Compliant Motorcycle Helmet | Seating Position | Air Bag Usage | Ejection | Trapped |
| | | | | | | | <input type="checkbox"/> | | | | |
| | Injuries | Injured Taken By | EMS Agency | Medical Facility Injured Taken To | | Safety Equipment Used | DOT Compliant Motorcycle Helmet | Seating Position | Air Bag Usage | Ejection | Trapped |
| | | | | | | | <input type="checkbox"/> | | | | |



TRAFFIC CRASH REPORT

LOCAL INFORMATION
District 4
LOCAL REPORT NUMBER *
2018-00001121
CRASH SEVERITY
3
 1 - FATAL
 2 - INJURY
 3 - PDO

HIT/SKIP

 1 - SOLVED
 2 - UNSOLVED

 PHOTOS TAKEN
 OH-2 OH-1P
 OH-3 OTHER

 PDO UNDER
 STATE
 REPORTABLE
 DOLLAR AMOUNT

 PRIVATE
 PROPERTY

REPORTING AGENCY NCIC *
02510
Westerville Police Department
REPORTING AGENCY NAME *
**NUMBER OF
UNITS**
02
UNIT IN ERROR
 98 - ANIMAL
 99 - UNKNOWN
01
COUNTY *
25
CITY, VILLAGE, TOWNSHIP *
Westerville
CRASH DATE *
01132018
TIME OF CRASH
0831
DAY OF WEEK
Sat
DEGREES / MINUTES / SECONDS

 LATITUDE
 0 ° 0' 0" N

 LONGITUDE
 0 ° 0' 0" W

DECIMAL DEGREES

LATITUDE

40.109713

LONGITUDE

-82.925587
ROADWAY DIVISION
 DIVIDED
 UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL
 N - NORTHBOUND
 S - SOUTHBOUND
 E - EASTBOUND
 W - WESTBOUND

NUMBER OF THRU LANES
04
ROAD TYPES OR MILEPOST²

 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
ROUTE TYPE¹
3
LOCATION ROUTE NUMBER
S
LOC PREFIX
**N,S,
E,W**
LOCATION ROAD NAME
STATE ST
ST
ROUTE TYPE¹
Road
Type²
ROUTE TYPES¹
 IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE
 US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE
 SR - STATE ROUTE

REFERENCE POINT FROM
MILES
FEET
YARDS
DIR FROM REF
**N,S,
E,W**
REFERENCE ROUTE NUMBER
F
ROUTE TYPE¹
REFERENCE ROUTE NUMBER
E
ROUTE TYPE¹
REF PREFIX
**N,S,
E,W**
REFERENCE NAME (ROAD, MILEPOST, HOUSE #)
E SCHROCK RD
RD
REFERENCE ROAD TYPE²
REFERENCE POINT USED
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE NUMBER

CRASH LOCATION
02

- 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 - DRIVEWAY/ALLEY ACCESS
-
- 11 - RAILWAY GRADE CROSSING
-
- 12 - SHARED-USE PATHS OR TRAILS
-
- 99 - UNKNOWN

INTERSECTION RELATED

- LOCATION OF FIRST HARMFUL EVENT**
-
- 1 - ON ROADWAY
-
- 2 - ON SHOULDER
-
- 3 - IN MEDIAN
-
- 4 - ON ROADSIDE
-
- 5 - ON GORE
-
- 6 - OUTSIDE TRAFFICWAY
-
- 7 - UNKNOWN

ROAD CONTOUR
1
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL

ROAD CONDITIONS
PRIMARY
03
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

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

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
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK

LIGHT CONDITIONS
1
PRIMARY
1
SECONDARY

- 1 - DAYLIGHT 5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN
-
- 2 - DAWN 6 - DARK - UNKNOWN ROADWAY LIGHTING
-
- 3 - DUSK 7 - GLARE*
-
- 4 - DARK - LIGHTED ROADWAY 8 - OTHER

- SCHOOL BUS RELATED**
-
-
- YES, SCHOOL BUS DIRECTLY INVOLVED
-
-
- YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED
TYPE OF WORK ZONE
1
 1 - LANE CLOSURE
 2 - LANE SHIFT/CROSSOVER
 3 - WORK ON SHOULDER OR MEDIAN

- 4 - INTERMITTENT OR MOVING WORK
-
- 5 - OTHER

LOCATION OF CRASH IN WORK ZONE
1
 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN
 2 - ADVANCE WARNING AREA
 3 - TRANSITION AREA

- 4 - ACTIVITY AREA
-
- 5 - TERMINATION AREA

NARRATIVE

Unit 1 was northbound on SR3 in the curb lane at E.

Diagram

REPORT TAKEN BY
 POLICE AGENCY MOTORIST

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)
DATE CRASH REPORTED
01132018
TIME CRASH REPORTED
0831
DISPATCH TIME
0839
ARRIVAL TIME
0841
TIME CLEARED
1032
OTHER INVESTIGATION TIME

[Blank]

TOTAL MINUTES
111
OFFICER'S NAME *
Snyder, Jon E
OFFICER'S BADGE NUMBER
517
CHECKED BY
Franey, Gregory S



UNIT

LOCAL REPORT NUMBER

2018-00001121

| | | | | | | |
|---|---|--|---|--|---|--|
| UNIT NUMBER 01 | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) Hernandez Fuentes, Michael, Jose | | OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) 985-360-9544 | DAMAGE SCALE 2 | DAMAGED AREA FRONT 09 03 08 04 10 05 07 06 REAR | |
| OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 113 JANE AV C ,Houma ,LA 70363 | | | | 1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN | | |
| LP STATE L A | LICENSE PLATE NUMBER 511AYE | VEHICLE IDENTIFICATION NUMBER J N R A R 0 5 Y 8 V W 0 1 7 3 9 7 | | # OCCUPANTS 02 | | |
| VEHICLE YEAR 1997 | VEHICLE MAKE Infiniti | VEHICLE MODEL QX4 | VEHICLE COLOR TAN | | | |
| PROOF OF INSURANCE SHOWN | INSURANCE COMPANY | POLICY NUMBER | TOWED BY | | | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | | CARRIER PHONE- INCLUDE AREA CODE | | |
| US DOT HM PLACARD ID No. | 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 | 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 3 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 | | |
| HM CLASS NUMBER U | HAZARDOUS MATERIAL RELEASED | <input checked="" type="checkbox"/> HIT / SKIP UNIT | | | | |
| NON-MOTORIST LOCATION PRIOR TO IMPACT 01 02 - INTERSECTION - MARKED CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDDLE BLOCK - 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 <input checked="" type="checkbox"/> 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 | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 01 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 6 TIRES 02 - SINGLE UNIT TRUCK / 3+ AXLES 03 - SINGLE UNIT TRUCK / TRAILER 04 - TRUCK/TRACTOR (BOATAIL) 05 - TRACTOR/SEMI-TRAILER 06 - TRACTOR/DOMESTIC 07 - TRACTOR/TRIPLES 08 - VAN 09 - MOTORCYCLE 10 - SNOWMOBILE/ATV 11 - 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/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist |
| SPECIAL FUNCTION 01 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) | IMPACT AREA 02 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR | MOST DAMAGED AREA 02 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL (ALL AREAS) 99 - UNKNOWN | ACTION 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown | |
| PRE-CRASH ACTIONS 05 MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | | | | | | |
| 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 | | | | | | |
| CONTRIBUTING CIRCUMSTANCES 17 PRIMARY 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 CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 99 - UNKNOWN 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 | | | | | | |
| VEHICLE DEFECTS 01 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 | | | | | | |
| SEQUENCE OF EVENTS 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 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION | | | | | | |
| 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 | | | | | | |
| UNIT SPEED 15 POSTED SPEED 25 TRAFFIC CONTROL 04 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 2 To 3 1 - NORTH 5 - NORTHEAST 9 - UNKNOWN 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST | | | | | | |



UNIT

LOCAL REPORT NUMBER

2018-00001121

| | | | | | | | | | | | |
|--|---|---|---|---|--|--|--------------|--|--|--|--|
| UNIT NUMBER 02 | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) Papritz, Kristian, A | | OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) 614-935-1860 | DAMAGE SCALE 3 | DAMAGED AREA | | | | | | |
| OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 490 GLENACRE DR, Westerville, OH 43081 | | | | | | | | | | | |
| LP STATE OH | LICENSE PLATE NUMBER HBW4163 | VEHICLE IDENTIFICATION NUMBER J T D K N 3 D U 2 E 1 7 4 5 1 3 3 | | # OCCUPANTS 01 | | | | | | | |
| VEHICLE YEAR 2014 | VEHICLE MAKE Toyota | VEHICLE MODEL Prius | VEHICLE COLOR BLK | | | | | | | | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY Nationwide | POLICY NUMBER 9234K220122 | 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 | 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 3 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY | | | | | | | |
| HM PLACARD ID No. | HM CLASS NUMBER | HAZARDOUS MATERIAL RELEASED <input type="checkbox"/> | 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN | 01 - HIT / SKIP UNIT | | | | | | | |
| 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 <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 02 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 | 01 - 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 (BOTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DDOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE | 01 - 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/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST | | | | | |
| 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) | MOST DAMAGED AREA 09 IMPACT AREA 09 | 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 11 MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | | | | | | NON-MOTORIST 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION 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 | | |
| CONTRIBUTING CIRCUMSTANCES PRIMARY 01 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 CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/Off ROAD 99 - UNKNOWN 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 | | | 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 | | |
| 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 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 | | | | | | COLLISION WITH FIXED OBJECT 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 MOBILE 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 |
| UNIT SPEED | POSTED SPEED 25 | TRAFFIC CONTROL 04 | 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 3 To 4 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

2018-00001121

| | | | | | | | | | | | | | | |
|--|---------------------------|--|--|---|--|---|---|-----------------------|---|---|---|---|------------------------|--|
| Motorist/Non-Motorist | UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | | | | | | DATE OF BIRTH | AGE | GENDER | | | | |
| | 01 | Hernandez Fuentes, Michael, Jose | | | | | | 04021992 | 025 | <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE | | | | |
| | ADDRESS, CITY, STATE, ZIP | | | | | | CONTACT PHONE- INCLUDE AREA CODE | | | | | | | |
| 113 JANE AV C ,Houma ,LA 70363 | | | | | | | | | | | 985-360-9544 | | | |
| INJURIES | | INJURED TAKEN BY | EMS AGENCY | | | MEDICAL FACILITY INJURED TAKEN TO | | SAFETY EQUIPMENT USED | DOT Compliant | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| 1 | | | | | | | | 04 | <input type="checkbox"/> MOTORCYCLE HELMET | 01 | 1 | 1 | 1 | |
| OL STATE | OPERATOR LICENSE NUMBER | | OL CLASS | No <input checked="" type="checkbox"/> VALID OL | M/C END. | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE | | |
| Failure to Control | | | Offense Description | | | CITATION NUMBER | | | HANDS-FREE DEVICE USED | | | DRIVER DISTRACTED BY | | |
| 331.34A | | Failure to Control | | | 25100007112 | | | | | | <input type="checkbox"/> 1 | | | |
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | | | | | | DATE OF BIRTH | AGE | GENDER | | | | | |
| 02 | Papritz, Kristian, A | | | | | | 08231986 | 031 | <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | | | | | | | | | CONTACT PHONE- INCLUDE AREA CODE | | | |
| 490 GLENACRE DR ,Westerville ,OH 43081 | | | | | | | | | | | 614-935-1860 | | | |
| INJURIES | | INJURED TAKEN BY | EMS AGENCY | | | MEDICAL FACILITY INJURED TAKEN TO | | SAFETY EQUIPMENT USED | DOT Compliant | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| 1 | | | | | | | | 04 | <input type="checkbox"/> MOTORCYCLE HELMET | 01 | 1 | 1 | 1 | |
| OL STATE | OPERATOR LICENSE NUMBER | | OL CLASS | No <input checked="" type="checkbox"/> VALID OL | M/C END. | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE | | |
| OH | SM469195 | | 4 | | | 1 | 1 | 1 | 1 | . | 1 | 1 | | |
| Offense Charged (<input type="checkbox"/> Local Code) | | | Offense Description | | | CITATION NUMBER | | | HANDS-FREE DEVICE USED | | | DRIVER DISTRACTED BY | | |
| | | | | | | | | | | | | <input type="checkbox"/> 1 | | |
| INJURIES | | INJURED TAKEN BY | SAFETY EQUIPMENT USED | | | 99 - UNKNOWN SAFETY EQUIPMENT | | | | | | NON-MOTORIST | | |
| 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL 9 - UNKNOWN | | 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER | MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED | | | 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED | | | | | | 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 | | | | | | | | |
| EJECTION | | TRAPPED | OPERATOR LICENSE CLASS | 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 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE | | 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS | 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (Ohio is "D") 5 - MC/MOPED ONLY | | | | | | | | 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED | | | |
| ALCOHOL TEST STATUS | | ALCOHOL TEST TYPE | DRUG TEST STATUS | | | DRUG TEST TYPE | DRIVER DISTRACTED BY | | | | | | | |
| 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | | 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | | | 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | 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 | | | | | |
| 01 | Renderos, Victor, G | | | | | | 03221977 | 040 | <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | | | | | | | | | CONTACT PHONE- INCLUDE AREA CODE | | | |
| 2517 DEXHAM CT ,COLUMBUS ,OH 43224 | | | | | | | | | | | 614-353-0270 | | | |
| INJURIES | | INJURED TAKEN BY | EMS AGENCY | | | MEDICAL FACILITY INJURED TAKEN TO | | SAFETY EQUIPMENT USED | DOT Compliant | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| 1 | | | | | | | | 04 | <input type="checkbox"/> MOTORCYCLE HELMET | 03 | 1 | 1 | 1 | |
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | | | | | | DATE OF BIRTH | AGE | GENDER | | | | | |
| | | | | | | | | | <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | | | | | | | | | CONTACT PHONE- INCLUDE AREA CODE | | | |
| INJURIES | | INJURED TAKEN BY | EMS AGENCY | | | MEDICAL FACILITY INJURED TAKEN TO | | SAFETY EQUIPMENT USED | DOT Compliant | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| | | | | | | | | | <input type="checkbox"/> MOTORCYCLE HELMET | | | | | |



TRAFFIC CRASH REPORT

| | | | | | | | | | | |
|---|---|---|--|---|--|--|---|--|--|--|
| LOCAL INFORMATION | | LOCAL REPORT NUMBER * | | CRASH SEVERITY | | HIT/SKIP | | | | |
| District 3 | | 2018-00000951 | | <input checked="" type="checkbox"/> 1 - FATAL | 1 - SOLVED | | | | | |
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | | <input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT 02510 | | <input type="checkbox"/> PRIVATE PROPERTY Westerville Police Department | | <input type="checkbox"/> 2 - INJURY <input type="checkbox"/> 3 - PDO | | | | |
| NUMBER OF UNITS | | UNIT IN ERROR | | | | | | | | |
| 02 | | 01 | | | | | | | | |
| COUNTY * | CITY * | CITY, VILLAGE, TOWNSHIP * | | CRASH DATE * | | TIME OF CRASH | | | | |
| 125 | Westerville | | | 01112018 | | 1315 | | | | |
| DAY OF WEEK | | | | | | Thu | | | | |
| DEGREES / MINUTES / SECONDS | | LATITUDE | | DECIMAL DEGREES | | LONGITUDE | | | | |
| LATITUDE 0° / 0' / 0" | | LONGITUDE 0° / 0' / 0" | | LATITUDE 40° 13' 9.101" | | LONGITUDE -82° 9' 19.071" | | | | |
| ROADWAY DIVISION | | DIVIDED LANE DIRECTION OF TRAVEL | | NUMBER OF THRU LANES | | ROAD TYPES OR MILEPOST ² | | | | |
| <input type="checkbox"/> DIVIDED | <input type="checkbox"/> UNDIVIDED | <input type="checkbox"/> N - NORTHBOUND | <input type="checkbox"/> E - EASTBOUND | <input type="checkbox"/> 02 | | 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 | | | | |
| LOCATION ROUTE TYPE ¹ | ROUTE NUMBER | LOC PREFIX | LOCATION ROAD NAME | RD | LOCATION ROAD TYPE ² | ROUTE TYPES ¹ | | | | |
| | | N, S, E,W | COPELAND MILL RD | | | 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 ROUTE TYPE ¹ | REFERENCE ROUTE TYPE ¹ | REFERENCE ROUTE NUMBER | REF PREFIX N,S, E,W | REFERENCE NAME (Road, Milepost, House #) | AV | REFERENCE ROAD TYPE ² | | |
| | | | | 0 | | S CLEVELAND AVE | | | | |
| REFERENCE POINT USED | CRASH LOCATION | 1 - NOT AN INTERSECTION 2 - FOUR-WAY INTERSECTION 3 - T-INTERSECTION 4 - Y-INTERSECTION 5 - TRAFFIC CIRCLE/ROUNDABOUT | | | | 01 - FIVE-POINT, OR MORE 02 - ON RAMP 03 - OFF RAMP 04 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN | | | | |
| 1 | 03 | | | | | <input type="checkbox"/> INTERSECTION RELATED | | | | |
| LOCATION OF FIRST HARMFUL EVENT | | | | | | 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE | | | | |
| ROAD CONTOUR | ROAD CONDITIONS | PRIMARY 02 | | | | SECONDARY 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* | | | | |
| 1 | 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL | | | | | | | | | |
| * SECONDARY CONDITION ONLY | | | | | | | | | | |
| MANNER OF CRASH COLLISION/IMPACT | WEATHER | 8 - SIDESWIPE, OPPOSITE DIRECTION | | | | 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - BLOWING SAND, SOIL, DIRT, SNOW 7 - GLARE* 8 - SNOW 9 - OTHER/UNKNOWN | | | | |
| 6 | 4 | | | | | | | | | |
| ROAD SURFACE | LIGHT CONDITIONS | | | | 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER | | | | SCHOOL BUS RELATED | |
| 2 | 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK | PRIMARY 1 | SECONDARY <input type="checkbox"/> | 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY | 9 - UNKNOWN | | | | <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED | |
| * SECONDARY CONDITION ONLY | | | | | | | | | | |
| 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 | 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN | | | | LOCATION OF CRASH IN WORK ZONE | 4 - ACTIVITY AREA 5 - TERMINATION AREA | | |
| | | | | | | | <input type="checkbox"/> | 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA | | |
| NARRATIVE | | | | | | | | | | |
| <p>Unit #1 was westbound on Copeland Mill Rd. stopped at the stop sign, pulled past the stop bars into oncoming traffic, at Cleveland Ave. Unit #2 was northbound on Cleveland Ave, approaching Copeland Mill, in the curb lane. Unit #2 struck Unit #1 at an angle, causing minor damage to both vehicles.</p> | | | | | | | | | | |
| Diagram | | | | | | | | | | |
| <p>NOT TO SCALE</p> | | | | | | | | | | |
| 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.) | | | | | | | | |
| DATE CRASH REPORTED 01112018 | | TIME CRASH REPORTED 1318 | | DISPATCH TIME 1320 | ARRIVAL TIME 1322 | TIME CLEARED 1400 | OTHER INVESTIGATION TIME 0030 | TOTAL MINUTES 68 | | |
| OFFICER'S NAME * Mason, James W | | | | OFFICER'S BADGE NUMBER 529 | | CHECKED BY Rudd, Anthony L | | | PAGE 1 OF 4 | |



UNIT

LOCAL REPORT NUMBER

2018-00000951

| | | | | | | |
|--|---|--|---|--|---|--|
| UNIT NUMBER 101 | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) Merkle, Diane, J | OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) 614-459-0683 | DAMAGE SCALE 2 | DAMAGED AREA | | |
| OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 4657 STONEHAVEN DR ,Upper Arlington ,OH 43220 | | | | | | |
| LP STATE O/H | LICENSE PLATE NUMBER FFD5503 | VEHICLE IDENTIFICATION NUMBER 5T1D1DK3E1H6B1S073837 | # OCCUPANTS 01 | | | |
| VEHICLE YEAR 2011 | VEHICLE MAKE Toyota | VEHICLE MODEL Highlander | VEHICLE COLOR BLK | | | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY Westfield Ins. | POLICY NUMBER WNP3228057 | 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 <input type="checkbox"/> 01 - NO CARGO BODY TYPE/NOT APPLICABLE <input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE <input type="checkbox"/> 05 - LOGGING <input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT/SKIP UNIT | | | |
| HM PLACARD ID No. | HM CLASS NUMBER | HAZARDOUS MATERIAL RELEASED <input type="checkbox"/> | | | | |
| NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK <input type="checkbox"/> 03 - INTERSECTION - OTHER <input type="checkbox"/> 04 - MIDBLOCK - MARKED CROSSWALK <input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 06 - BICYCLE LANE <input type="checkbox"/> 07 - SHOULDER/ROADSIDE <input type="checkbox"/> 08 - SIDEWALK <input type="checkbox"/> 09 - MEDIUM/CROSSING ISLAND <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL <input type="checkbox"/> 12 - NON-TRAFFICWAY AREA <input type="checkbox"/> 99 - OTHER/UNKNOWN | | TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> 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 | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 01 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 02 - SINGLE UNIT TRUCK; 3+ AXLES 03 - TRUCK/TRACTOR (BOOTHAIL) 04 - TRACTOR/SEMI-TRAILER 05 - TRACTOR/DOUBLE 06 - TRACTOR/TRIPLES 07 - OTHER (EXPLAIN IN NARRATIVE) | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 01 - BUS/VAN (9-15 SEATS, INC DRIVER) 02 - BUS (16+ SEATS, INC DRIVER) 03 - ANIMAL WITH RIDER 04 - ANIMAL WITH BUGGY, WAGON, SURREY 05 - BICYCLE/PEDACYCLIST 06 - PEDESTRIAN/SKATER 07 - OTHER NON-MOTORIST |
| SPECIAL FUNCTION 01 | 02 - TAXI 03 - RENTAL TRUCK (OVER 10k LBS) 04 - BUS - SCHOOL (PUNIC 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 09 IMPACT AREA 09 | ACTION 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown | |
| PRE-CRASH ACTIONS 05 | | 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 |
| CONTRIBUTING CIRCUMSTANCES 02 | | 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 CLOSELY/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 /PASSING/OFF ROAD | 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 /SIGNS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS <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 | |
| SEQUENCE OF EVENTS 20 2 3 4 5 6 | | 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 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION |
| FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 | | 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 |
| 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 MOVEABLE OBJECT | | | 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED | 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT |
| UNIT SPEED 01 | POSTED SPEED 25 | TRAFFIC CONTROL 02 | UNIT DIRECTION FROM 3 To 1 | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST | |
| LOCAL REPORT NUMBER 2018-00000951 | | | | | | |



UNIT

LOCAL REPORT NUMBER

2018-00000951

| | | | | | | | | |
|---|---|---|---|--|---|--|---|---|
| UNIT NUMBER | | OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) | | OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) | | DAMAGE SCALE | DAMAGED AREA | |
| 102 | | Tumblin-Weldon, Doris | | 614-226-2913 | | 2 | FRONT 09 02 03 08 10 04 07 06 05 | |
| OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) | | | | | | | | |
| 5903 BLUE SPRUCE PL, COLUMBUS ,OH 43231 | | | | | | | | |
| LP STATE | LICENSE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER | | # OCCUPANTS | | | | |
| O/H | GRZ6045 | WD D S J 4 G B 0 G N 3 2 7 1 4 8 | | 0 1 | | | | |
| VEHICLE YEAR | VEHICLE MAKE | VEHICLE MODEL | VEHICLE COLOR | | | | | |
| 12016 | Mercedes-Benz | 250 | BLK | | | | | |
| PROOF OF <input checked="" type="checkbox"/> INSURANCE SHOWN | INSURANCE COMPANY | POLICY NUMBER | TOWED BY | | | | | |
| | American Select Ins | WNP7969319 | | | | | | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | | | | | | |
| CARRIER PHONE- INCLUDE AREA CODE | | | | | | | | |
| US DOT | VEHICLE WEIGHT GVWR/GCWR | CARGO BODY TYPE | | TRAFFICWAY DESCRIPTION | | | | |
| | 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS. | 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 | | | | |
| HM PLACARD ID No. | | | | 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 | | | | |
| HM CLASS NUMBER | <input checked="" 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) | | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS | | |
| <input checked="" type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDLIGHT - 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 | | 1 2 - PERSONAL 3 - COMMERCIAL 4 - GOVERNMENT | 03 99 - UNKNOWN OR HIT / SKIP | 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 | | 01 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 6 TIRES 13 - SINGLE UNIT TRUCK 3+ AXLES 14 - SINGLE UNIT TRUCK / TRAILER 15 - TRUCK/TRACTOR (BOSTAIL) 16 - TRACTOR/SEMI-TRAILER 17 - TRACTOR/DUPLICATE 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE | | |
| | | <input checked="" type="checkbox"/> IN EMERGENCY RESPONSE | | | | 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/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST | | |
| | | | | <input checked="" type="checkbox"/> HAS HM PLACARD | | | | |
| SPECIAL FUNCTION | 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 | | IMPACT AREA | | |
| 01 | | | | 09 | 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 |
| | | | | 09 | | | | 3 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 | 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 | | 21 - OTHER NON-MOTORIST ACTION | | |
| 99 - UNKNOWN | | | | 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING | | | | |
| CONTRIBUTING CIRCUMSTANCES | | | | | | | | |
| PRIMARY | MOTORIST | | | NON-MOTORIST | | VEHICLE DEFECTS | | |
| 01 | 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 CLOSELY/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 | | 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 | | | | | | | | |
| 99 - UNKNOWN | | | | | | | | |
| SEQUENCE OF EVENTS | | | | | | | | |
| 1 20 | 2 | 3 | 4 | 5 | 6 | NON-COLLISION EVENTS | | |
| FIRST HARMFUL EVENT | MOST HARMFUL EVENT | | | | | 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 | |
| | 1 | | | 99 - UNKNOWN | | 10 - CROSS MEDIAN 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 MOVEABLE OBJECT | COLLISION WITH FIXED OBJECT | | 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - BRIDGE RAIL 38 - GUARDRAIL FACE 39 - PORTABLE BARRIER | 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 | POSTED SPEED | TRAFFIC CONTROL | 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 2 To 1 | | |
| 35 | 45 | 12 | | | | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN | | |
| PAGE 3 OF 4 | | | | | | | | |



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2018-00000951

| | | | | | | | | | | | | | | | | | |
|--|---|---|--|--|---|--|--|---|--|---|----------------------------|---|--|--|--|--|--|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE Merkle, Diane, J | | | | | DATE OF BIRTH | AGE | GENDER | | | | | | | | | |
| 01 | | | | | | 03101959 | 058 | <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE | | | | | | | | | |
| ADDRESS, CITY, STATE, ZIP 4657 STONEHAVEN DR ,Upper Arlington ,OH 43220 | | | | | | CONTACT PHONE- INCLUDE AREA CODE 614-459-0683 | | | | | | | | | | | |
| INJURIES 1 | | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | | | | | |
| OL STATE OH | OPERATOR LICENSE NUMBER RJ232860 | OL CLASS 4 | No VALID OL <input type="checkbox"/> | M/C END. <input checked="" type="checkbox"/> | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE <input type="checkbox"/> | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 | | | | | | |
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 331.18A | | | OFFENSE DESCRIPTION Right-of-Way at Stop Signs | | | CITATION NUMBER 200465 | | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY 1 | | | | | | | | |
| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE Tumblin-Weldon, Doris | | | | | DATE OF BIRTH | AGE | GENDER | | | | | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | | | | CONTACT PHONE- INCLUDE AREA CODE | | | | | | | | | | | |
| 5903 BLUE SPRUCE PL ,COLUMBUS ,OH 43231 | | | | | | 614-226-2913 | | | | | | | | | | | |
| INJURIES 1 | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | | | | | | |
| OL STATE OH | OPERATOR LICENSE NUMBER RH087987 | OL CLASS 4 | No VALID OL <input type="checkbox"/> | M/C END. <input checked="" type="checkbox"/> | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE <input type="checkbox"/> | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 | | | | | | |
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | | | OFFENSE DESCRIPTION | | | CITATION NUMBER | | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY 1 | | | | | | | | |
| INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL 9 - UNKNOWN | | 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 | | 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) | | | | | | | |
| UNIT NUMBER <input type="checkbox"/> | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE | | | | | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | | | | CONTACT PHONE- INCLUDE 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 checked="" type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> | EJECTION <input type="checkbox"/> | TRAPPED <input type="checkbox"/> | | | | | | | |
| UNIT NUMBER <input type="checkbox"/> | NAME: LAST, FIRST, MIDDLE | | | | | DATE OF BIRTH | AGE | GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE | | | | | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | | | | CONTACT PHONE- INCLUDE 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 checked="" type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> | EJECTION <input type="checkbox"/> | TRAPPED <input type="checkbox"/> | | | | | | | |