

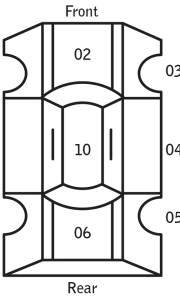


Traffic Crash Report

Local Information 3 100		Local Report Number * 170584765		Crash Severity 3 1 - Fatal 2 - Injury 3 - PDO		Hit/Skip 2 1 - Solved 2 - Unsolved																			
<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		<input checked="" type="checkbox"/> Private Property		Reporting Agency NCIC * COP00		Reporting Agency Name * Columbus PD		Number of Units 02		Unit in error 01 98 - Animal 99 - Unknown													
County * 25		<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *		City, Village, Township * Columbus		Crash Date * 07092017		Time of Crash 0100		Day of Week SUN															
Degrees / Minutes / Seconds Latitude 0 / /						Longitude 0 / /						OR		Decimal Degrees Latitude 39.920106						Longitude -83.117402					
Roadway Division <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided		Divided lane Direction of Travel <input type="checkbox"/> N - Northbound <input type="checkbox"/> S - Southbound		E - Eastbound <input type="checkbox"/> W - Westbound		Number of Thru Lanes 01		Road Types or Milepost ² AV - Avenue CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AL - Alley 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 1		Location Route Number 1		Loc Prefix N N, S, E, W		Location Road Name Georgesville Sq		Road Type ² DR		Route Types ¹ IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route															
Distance From Reference .25		<input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards		Dir From Ref N N, S, E, W		Reference Route Type ¹ 1		Reference Route Number 1		Ref Prefix H N, S, E, W		Reference Name (Road, Milepost, House #) Holt		Reference Road Type ² RD											
Reference Point Used 1 1 - Intersection 2 - Mile Post 3 - House Number		Crash Location 01 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		<input type="checkbox"/> Intersection Related		Location of First Harmful Event 6 1 - On Roadway 5 - On Gore 2 - On Shoulder 6 - Outside Trafficway 3 - In Median 9 - Unknown 4 - On Roadside															
Road Contour 1 1 - Straight Level 2 - Straight Grade 3 - Curve Level		4 - Curve Grade 9 - Unknown		Road Conditions Primary 01 Secondary 1		01 - Dry 05 - Sand, Mud, Dirt, Oil, Gravel 02 - Wet 06 - Water (Standing, Moving) 03 - Snow 07 - Slush 04 - Ice 08 - Debris *		09 - Rut, Holes, Bumps, Uneven Pavement * 10 - Other 99 - Unknown * Secondary Condition Only																	
Manner of Crash Collision/Impact 1 1 - Not Collision Between Two Motor Vehicles In Transport		2 - Rear End 3 - Head-On 4 - Rear-to-Rear		5 - Backing 6 - Angle 7 - Sideswipe, Same Direction		8 - Sideswipe, Opposite Direction 9 - Unknown		Weather 1 1 - Clear 4 - Rain 7 - Sever Crosswinds 2 - Cloudy 5 - Sleet/Hail 8 - Blowing Sand, Soil, Dirt, Snow 3 - Fog, Smog, Smoke 6 - Snow 9 - Other/Unknown																	
Road Surface 2 1 - Concrete 4 - Slag, Gravel, Stone 2 - Blacktop, Bituminous Asphalt 3 - Brick/Block 5 - Dirt 6 - Other		Light Conditions Primary 4 Secondary 1		1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway		5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other * Secondary Condition Only		<input type="checkbox"/> School Zone Related		School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved															
<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 <input type="checkbox"/> 1 - Lane Closure 4 - Intermittent or Moving Work 2 - Lane Shift/Crossover 5 - Other 3 - Work on Shoulder or Median		Location of Crash in Work Zone <input type="checkbox"/> 1 - Before the First Work Zone Warning Sign 4 - Activity Area 2 - Advance Warning Area 5 - Termination Area 3 - Transition Area																			
Narrative The accident occurred on private property, on the Buffalo Wild Wings lot at 1690 Georgesville Square Dr. The owner of unit #2 stated that he and the passenger were sitting in the car but it was not started. The owner of unit #2 stated that unit #1 struck unit #2 while it was parked on the lot. Unit #1 then fled the scene. Unit #2 left the scene was driven from the scene without impairment. No injuries were reported out of the crash. Reporting Officer attempted to make contact with the hit skip driver, at the vehicles registered address but there was no answer at the door.												Diagram 													
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 07092017		Time Crash Reported 0105		Dispatch Time 0130		Arrival Time 0145		Time Cleared 0200		Other Investigation Time 30		Total Minutes 60									
Officer's Name * KINZEL, JOSHUA L						Officer's Badge Number 356						Checked By KINZEL, JOSHUA L						Page 1 of 5							

Local Report Number

170584765

Unit Number 01		Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Sweeney, Joshua Michael		Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver)		Damage Scale 2 1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown		Damaged Area 	
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 293 E Welch Ave Columbus, OH 43207									
LP State OH		License Plate Number GDX2641		Vehicle Identification Number 1J8GR48K08C179497			# Occupants 01		
Vehicle Year 2008		Vehicle Make Jeep		Vehicle Model Other		Vehicle Color Silver			
<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 HM Placard ID No. 		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 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 >4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway <input checked="" type="checkbox"/> Hit / Skip Unit		
HM Class Number 		<input type="checkbox"/> Hazardous Material Released							
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 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 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 <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)		Most Damaged Area 99 Impact Area 99 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						99 - Unknown		Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown	
Pre-Crash Actions 99 99 - Unknown									
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 Primary 17 Secondary 99 - Unknown					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 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 21 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 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object					Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object				
Unit Speed 5 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated		Posted Speed 15		Traffic Control 01 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported		Unit Direction From 9 To 9 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown			

170584765

Unit Number 02	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Thompson, Nicholas A	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) (614) 205-8830	Damage Scale 2 1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown	Damaged Area Front 09 02 03 08 10 04 07 05 Rear
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 2870 Toth Pl Grove City, OH 43123				
LP State OH	License Plate Number GIF1121	Vehicle Identification Number 3H02U548587	# Occupants 02	
Vehicle Year 1963	Vehicle Make Mercury	Vehicle Model Comet	Vehicle Color Black	
<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 HM Placard ID No. 1111	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 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 >4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway <input type="checkbox"/> Hit / Skip Unit	
HM Class Number 1	<input type="checkbox"/> Hazardous Material Released	Unit Type 04 99 - Unknown or Hit / Skip	<input type="checkbox"/> Has HM Placard	
Non-Motorist Location Prior to Impact 01 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	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	
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 06 Impact Area 06 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other 99 - Unknown Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Unit Speed 000 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 15	Traffic Control 01 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 7 To 6 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

1 7 0 5 8 4 7 6 5

Unit Number 01	Name: Last, First, Middle Unknown, Unknown	Date of Birth	Age	Gender M F - Female M - Male							
Address, City, State, Zip		Contact Phone-include area code									
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 99	DOT Compliant Motorcycle Helmet	Seating Position 01	Air Bag Usage 1	Ejection 1	Trapped 1		
OL State	Operator License Number	OL Class	No Valid OL	M/C End.	Condition	Alcohol/Drug Suspected 1	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
Offense Charged (Local Code)		Offense Description			Citation Number		Hands-Free Device Used	Driver Distracted By 1			

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender F - Female 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 Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped		
OL State	Operator License Number	OL Class	No Valid OL	M/C End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
Offense Charged (Local Code)		Offense Description			Citation Number		Hands-Free Device Used	Driver Distracted By			

Injuries 1 - No Injury / None Reported 2 - Possible 3 - Non-Incapacitating 4 - Incapacitating 5 - Fatal	Injured Taken By 1 - Not Transported / Treated at Scene 2 - EMS 3 - Police 4 - Other 9 - Unknown	Safety Equipment Used Motorist 01 - None Used - Vehicle Occupant 02 - Shoulder Belt Only Used 03 - Lap Belt Only Used 04 - Shoulder and Lap Belt Used	99 - Unknown Safety Equipment Non-Motorist 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		Air Bag Usage 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		
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 2 - Test Refused 3 - Test Given, Contaminated Sample/Unusable 4 - Test Given, Results Known 5 - Test Given, Results Unknown	Drug Test Type 1 - None 2 - Blood 3 - Urine 4 - Other	Driver Distracted By 1 - No Distraction Reported 2 - Phone 3 - Texting/E-mailing 4 - Electronic Communication Device 5 - Other Electronic Device (Navigation Device, Radio, DVD) 6 - Other Inside the Vehicle 7 - External Distraction

Unit Number 02	Name: Last, First, Middle Thompson, Nicholas A	Date of Birth 09/24/1984	Age 32	Gender M F - Female M - Male					
Address, City, State, Zip 2870 Toth Pl Grove City, OH 43123		Contact Phone-include area code (614) 205-8830							
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet	Seating Position 01	Air Bag Usage 5	Ejection 1	Trapped 1
Unit Number 02	Name: Last, First, Middle Dellenbach, Sherman Jane	Date of Birth 1/22/71	Age 22	Gender F F - Female M - Male					
Address, City, State, Zip 1758 Pine Cone Ct Lewis Center, OH 43035		Contact Phone-include area code (614) 915-4540							
Injuries 1	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used 04	DOT Compliant Motorcycle Helmet	Seating Position 03	Air Bag Usage 5	Ejection 1	Trapped 1



OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 170584765	REPORTING AGENCY Columbus PD	DATE OF CRASH M 07 D 09 Y 2017
IN COUNTY OF Franklin	CRASH LOCATION Georgesville Sq DR - Columbus	
<p>AIU Follow Up: There was insufficient evidence to identify driver #1 for criminal traffic charges. R. Moder #1905</p>		
OFFICER'S SIGNATURE X		BADGE NUMBER 356