



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

153272

CRASH SEVERITY

3

1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

2

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

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

 PDO UNDER STATE REPORTABLE DOLLAR AMOUNT
 PRIVATE PROPERTY
REPORTING AGENCY NCIC*
02506REPORTING AGENCY NAME*
Grove City Division of Police

2 NUMBER OF UNITS

UNIT IN ERROR
1 98 ANIMAL
99 UNKNOWNCOUNTY*
25CITY*
 VILLAGE*
 TOWNSHIP*CITY, VILLAGE, TOWNSHIP*
GROVE CITYCRASH DATE*
08/19/2015TIME OF CRASH
12:00DAY OF WEEK
WEDDEGREES/MINUTES/SECONDS
LATITUDE

LONGITUDE

DECIMAL DEGREES
LATITUDE

LONGITUDE

39.879107

83.047349

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

NUMBER OF THRU LANES

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
LOCATION ROUTE TYPE1
LOCATION ROUTE NUMBER
LOC PREFIX
LOCATION ROAD NAME
STRINGTOWN

RD

LOCATION ROAD TYPE2

ROUTE TYPES1
IR - INTERSTATE ROUTE (INC. TURNPIKE)
US - US ROUTE
SR - STATE ROUTECR - NUMBERED COUNTY ROUTE
TR - NUMBERED TOWNSHIP ROUTEDISTANCE FROM REFERENCE
 MILES
 FEET
 YARDSDIR FROM REF
N,S
E,W

REFERENCE ROUTE TYPE1

REF PREFIX
N,S
E,WREFERENCE NAME (ROAD, MILEPOST, HOUSE #)
1650

REFERENCE ROAD TYPE2

REFERENCE POINT USED
3 1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBERCRASH LOCATION
01
 01 - NOT AN INTERSECTION
 02 - FOUR-WAY INTERSECTION
 03 - T-INTERSECTION
 04 - Y-INTERSECTION
 05 - TRAFFIC CIRCLE/ROUNDBOUT
 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
6
 1 - ON ROADWAY
 2 - ON SHOULDER
 3 - IN MEDIAN
 4 - ROADSIDE
 5 - ON GORE
 6 - OUTSIDE TRAFFICWAY
 9 - UNKNOWN
ROAD CONTOUR
2 1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL4 - CURVE GRADE
9 - UNKNOWNROAD CONDITIONS
PRIMARY
01

SECONDARY

 01 - DRY
 02 - WET
 03 - SNOW
 04 - ICE

 05 - SAN, MUD, DIRT, OL, 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
1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT2 - REAR-END
3 - HEAD-ON
4 - REAR TO REAR5 - BACKING
6 - ANGLE
7 - SIDESWIPE, SAME DIRECTION8 - SIDESWIPE, OPPOSITE DIRECTION
9 - UNKNOWNWEATHER
2
 1 - CLEAR
 2 - CLOUDY
 3 - FOG, SMOG, SMOKE

 4 - RAIN
 5 - SLEET, HAL
 6 - SNOW

 7 - SEVERE CROSSWINDS
 8 - BLOWING SAND, SOIL, DIRT, SNOW
 9 - OTHER/UNKNOWN
ROAD SURFACE
2 1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK4 - SLUG, GRAVEL, STONE
5 - DIRT
6 - OTHERLIGHT CONDITIONS
PRIMARY
1

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

*SECONDARY CONDITION ONLY

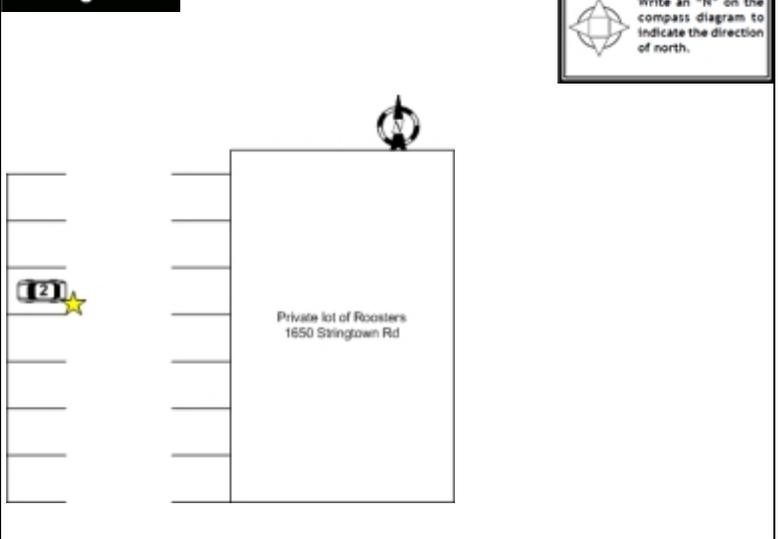
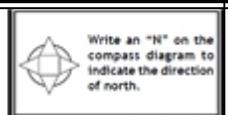
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
 LAW ENFORCEMENT PRESENT (VEHICLE ONLY)
TYPE OF WORK ZONE
1 - LANE CLOSURE
2 - LANE SHIFT/CROSSOVER
3 - WORK ON SHOULDER OR MEDIAN4 - INTERMITTENT OR MOVING WORK
5 - OTHERLOCATION OF CRASH IN WORK ZONE
1 - BEFORE THE FIRST WORK ZONE WARNING SIGN
2 - ADVANCE WARNING AREA
3 - TRANSITION AREA4 - ACTIVITY AREA
5 - TERMINATION AREA

Crash Report Narrative

NARRATIVE

UNIT 2 WAS PARKED FACING EAST TO WEST ON THE PRIVATE LOT OF ROOSTERS. UNIT 1 WAS TRAVELING IN AN UNKNOWN DIRECTION AND STRUCK THE LEFT REAR OF UNIT 2. UNIT 1 LEFT THE SCENE WITHOUT LEAVING ANY INFORMATION BEHIND.
UNIT 2 WAS PARKED FROM 1200-1300.

Diagram

REPORT TAKEN BY
 POLICE AGENCY MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)DATE CRASH REPORTED
08/19/2015TIME CRASH REPORTED
13:06DISPATCH TIME
13:10ARRIVAL TIME
13:11TIME CLEARED
14:12OTHER INVESTIGATION TIME
0TOTAL MINUTES
61OFFICER'S NAME*
DARNELL JOHN WOFFICER'S BADGE NUMBER
B45CHECKED BY
S09

HOLMSTROM KEVIN M

PAGE 1 OF 4

| | | | | |
|--|--|--|---|-----------------|
| UNIT NUMBER 01 | OWNER'S NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) | OWNER'S PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) | DAMAGE SCALE 9 | DAMAGE AREA |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) | | | 1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN | |
| LP STATE | LICENSE PLATE NUMBER | VEHICLE IDENTIFICATION NUMBER | # OCCUPANTS | |
| VEHICLE YEAR | VEHICLE MAKE | VEHICLE MODEL | VEHICLE COLOR | |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN | INSURANCE COMPANY | POLICY NUMBER | TOWED BY | |

CARRIER NAME ADDRESS: CITY, STATE, ZIP _____ CARRIER PHONE: INC. AREA CODE _____

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| 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 | 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN | 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. | HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> | | | <input type="checkbox"/> HIT / SKIP UNIT |

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| 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 <input type="checkbox"/> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input checked="" type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 99 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 VAN 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/LMD (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
| <input type="checkbox"/> Has HM Placard | | | | | |

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| SPECIAL FUNCTION <input type="checkbox"/> 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 | ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| 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 |
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| CONTRIBUTING CIRCUMSTANCES PRIMARY 99 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 - WRONGS SIDE/WRONGS 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 <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 |
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| SEQUENCE OF EVENTS 1 21 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 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 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 |
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| UNIT SPEED 5 <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED | POSTED SPEED <input type="checkbox"/> | 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 |
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|--|--|--|---|-----------------|
| UNIT NUMBER 02 | OWNER'S NAME: LAST, FIRST, MIDDLE SMITH CARRIE A (<input type="checkbox"/> SAME AS DRIVER) | OWNER'S PHONE NUMBER - INC. AREA CODE 614-795-1612 (<input type="checkbox"/> SAME AS DRIVER) | DAMAGE SCALE 2 | DAMAGE AREA |
| OWNER ADDRESS: CITY, STATE, ZIP 2 CONGRESS ST COMMERCIAL PNT OH 43116- (<input type="checkbox"/> SAME AS DRIVER) | | | 1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN | |
| LP STATE OH | LICENSE PLATE NUMBER DFZ7490 | VEHICLE IDENTIFICATION NUMBER 1C4RJFAG9EC154862 | # OCCUPANTS 0 | |
| VEHICLE YEAR 2014 | VEHICLE MAKE JEEP | VEHICLE MODEL GRAND CHEROKEE | VEHICLE COLOR BLACK | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY STATE FARM | POLICY NUMBER 0054033-F28-35G | TOWED BY | |

CARRIER NAME ADDRESS: CITY, STATE, ZIP _____ CARRIER PHONE: INC. AREA CODE _____

| | | | | |
|------------------------------------|---|--|---|---|
| US DOT <input type="checkbox"/> | 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 | 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN | TRAFFICWAY DESCRIPTION <input type="checkbox"/> 1 - TWO-WAY, NOT DIVIDED <input type="checkbox"/> 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT LEFT TURN LANE <input type="checkbox"/> 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN <input type="checkbox"/> 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 5 - ONE-WAY TRAFFICWAY <input checked="" type="checkbox"/> HIT / SKIP UNIT |
|------------------------------------|---|--|---|---|

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|--|--|---|---|---|--|
| 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 - MEDIAN/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 <input type="checkbox"/> 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input checked="" type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE <input type="checkbox"/> 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 VAN 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/LMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
|--|--|---|---|---|--|

Has HM Placard

| | | | | | | |
|---|---|---|--|---|--------------|--|
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|---|---|---|--|---|--------------|--|

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|--|---|--|--|--------------------------------|
| PRE-CRASH ACTIONS <input type="checkbox"/> 10 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 | 21 - OTHER NON-MOTORIST ACTION |
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| CONTRIBUTING CIRCUMSTANCES PRIMARY <input type="checkbox"/> 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 | 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 | 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 <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 |
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|---|---|---|
| SEQUENCE OF EVENTS 1 <input type="checkbox"/> 20 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <input type="checkbox"/> 1 MOST HARMFUL EVENT <input type="checkbox"/> 1 COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED | 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 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT |
|---|---|---|

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|--|--|--|--|
| UNIT SPEED <input type="checkbox"/> 0 <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | POSTED SPEED <input type="checkbox"/> | TRAFFIC CONTROL <input type="checkbox"/> 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 <input type="checkbox"/> 3 TO <input type="checkbox"/> 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
153272

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

| | | | | | | | | | | | |
|---|---|---------------------|---|--|---|-------------------------------|--|----------------------------------|---------------------|------------------------------|----------------------------|
| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE UNKNOWN | DATE OF BIRTH | AGE 00 | GENDER U F - FEMALE M - MALE | | | | | | | |
| ADDRESS, CITY, STATE, ZIP | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | | | | |
| INJURIES 1 | INJURIES TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 99 | <input checked="" type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | | |
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | <input checked="" type="checkbox"/> No VALID OL | <input checked="" type="checkbox"/> M/C END. | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
| OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) | | OFFENSE DESCRIPTION | | | CITATION NUMBER | | <input checked="" type="checkbox"/> HANDS-FREE DEVICE USED | DRIVER DISTRACTED BY 1 | | | |

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|---|---------------------------|---------------------|---|--|---|------------------------|--|----------------------|--------------------|------------------|----------------|
| 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 | INJURIES TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | <input checked="" type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | | |
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | <input checked="" type="checkbox"/> No VALID OL | <input checked="" type="checkbox"/> M/C END. | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
| OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) | | OFFENSE DESCRIPTION | | | CITATION NUMBER | | <input checked="" type="checkbox"/> HANDS-FREE DEVICE USED | DRIVER DISTRACTED BY | | | |

| | | | | | |
|-------------------------------|--------------------------------------|---------------------------------|--|---|--------------------------|
| INJURIES | INJURED TAKEN BY | SAFETY EQUIPMENT USED | 99 - UNKNOWN SAFETY EQUIPMENT | Non-MOTORIST | 12 - REFLECTIVE CLOTHING |
| 1 - NO INJURY / NONE REPORTED | 1 - NOT TRANSPORTED/TREATED AT SCENE | MOTORIST | 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING | 09 - NONE USED | 13 - LIGHTING |
| 2 - POSSIBLE | 2 - EMS | 01 - NONE USED-VEHICLE OCCUPANT | 06 - CHILD RESTRAINT SYSTEM-REAR FACING | 10 - HELMET USED | 14 - OTHER |
| 3 - NON-INCAPACITATING | 3 - POLICE | 02 - SHOULDER BELT ONLY USED | 07 - BOOSTER SEAT | 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) | |
| 4 - INCAPACITATING | 4 - OTHER | 03 - LAP BELT ONLY USED | 08 - HELMET USED | | |
| 5 - FATAL | 9 - UNKNOWN | 04 - SHOULDER AND LAP BELT USED | | | |

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| SEATING POSITION | 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 12 - PASSENGER IN UNENCLOSED CARGO AREA | AIRBAG USAGE |
| | 02 - FRONT - MIDDLE | 08 - THIRD - MIDDLE | 13 - TRAILING UNIT | 1 - NOT DEPLOYED |
| | 03 - FRONT - RIGHT SIDE | 09 - THIRD - RIGHT SIDE | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - DEPLOYED FRONT |
| | 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 10 - SLEEPER SECTION OF CAB (TRUCK) | 15 - NON-MOTORIST | 3 - DEPLOYED SIDE |
| | 05 - SECOND - MIDDLE | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA | 16 - OTHER | 4 - DEPLOYED BOTH FRONT/SIDE |
| | 06 - SECOND - RIGHT SIDE | NON-TRAILING UNIT SUCH A BUS, PICK-UP WITH CAP) | 99 - UNKNOWN | 5 - NOT APPLICABLE |
| | | | | 9 - DEPLOYMENT UNKNOWN |

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| EJECTION | TRAPPED | OPERATOR LICENSE CLASS | CONDITION | ALCOHOL/DRUG SUSPECTED |
| 1 - NOT EJECTED | 1 - NOT TRAPPED | 1 - CLASS A | 1 - APPARENTLY NORMAL | 1 - NONE |
| 2 - TOTALLY EJECTED | 2 - EXTRICATED BY MECHANICAL MEANS | 2 - CLASS B | 2 - PHYSICAL IMPAIRMENT | 2 - YES - ALCOHOL SUSPECTED |
| 3 - PARTIALLY EJECTED | 3 - EXTRICATED BY NON-MECHANICAL MEANS | 3 - CLASS C | 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) | 3 - YES - HBD NOT IMPAIRED |
| 4 - NOT APPLICABLE | | 4 - REGULAR CLASS (OHIO IS "D") | 4 - ILLNESS | 4 - YES - DRUGS SUSPECTED |
| | | 5 - MC/MOPED ONLY | 5 - FELL ASLEEP, FAINTED, FATIGUED | 5 - YES - ALCOHOL AND DRUGS SUSPECTED |
| | | | 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL | |
| | | | 7 - OTHER | |

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| ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | DRUG TEST STATUS | DRUG TEST TYPE | DRIVER DISTRACTED BY | 6 - OTHER INSIDE THE VEHICLE |
| 1 - NONE GIVEN | 1 - NONE | 1 - NONE GIVEN | 1 - NONE | 1 - NO DISTRACTION REPORTED | 7 - EXTERNAL DISTRACTION |
| 2 - TEST REFUSED | 2 - BLOOD | 2 - TEST REFUSED | 2 - BLOOD | 2 - PHONE | |
| 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | 3 - URINE | 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | 3 - URINE | 3 - TEXTING/E-MAILING | |
| 4 - TEST GIVEN, RESULTS KNOWN | 4 - BREATH | 4 - TEST GIVEN, RESULTS KNOWN | 4 - ILLNESS | 4 - ELECTRONIC COMMUNICATION DEVICE | |
| 5 - TEST GIVEN, RESULTS UNKNOWN | 5 - OTHER | 5 - TEST GIVEN, RESULTS UNKNOWN | | 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) | |

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| 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 | INJURIES TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | <input checked="" type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

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| 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 | INJURIES TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | <input checked="" type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |