



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

154095

CRASH SEVERITY

3 1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

<input type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC* 02506	REPORTING AGENCY NAME* Grove City Division of Police	02	NUMBER OF UNITS	UNIT IN ERROR 01	98 ANIMAL 99 UNKNOWN
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COUNTY* 25	CITY* GROVE CITY	CITY, VILLAGE, TOWNSHIP* GROVE CITY	CRASH DATE* 10/14/2015	TIME OF CRASH 12:14	DAY OF WEEK WED
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DEGREES/MINUTES/SECONDS LATITUDE	LONGITUDE	DECIMAL DEGREES LATITUDE	LONGITUDE
		39.849265	83.083529

ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input type="checkbox"/> 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
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LOCATION ROUTE TYPE1 IR	LOCATION ROUTE NUMBER 71	LOC PREFIX N.S E.W	LOCATION ROAD NAME	LOCATION ROAD TYPE2	ROUTE TYPES1 IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE
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DISTANCE FROM REFERENCE 200	MILES FEET YARDS	DIR FROM REF N.S E.W	REFERENCE ROUTE TYPE1	REFERENCE ROUTE NUMBER	REF PREFIX N.S E.W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 98.2	REFERENCE ROAD TYPE2 MP
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REFERENCE POINT USED 2	CRASH LOCATION 01	02 - FOUR-WAY INTERSECTION	06 - FIVE-POINT, OR MORE	11 - RAILWAY GRADE CROSSING	INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 1	1 - ON ROADWAY	5 - ON GORE
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ROAD CONTOUR 1	1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL	4 - CURVE GRADE 9 - UNKNOWN	ROAD 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
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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 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
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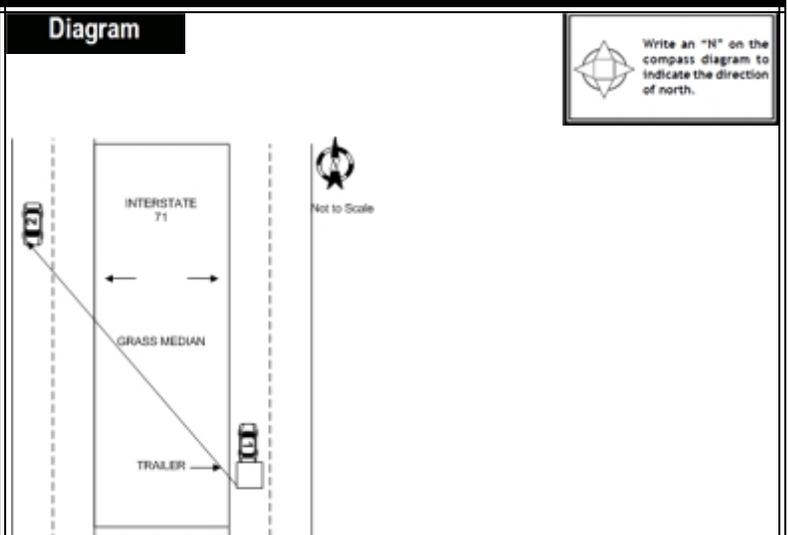
ROAD SURFACE 2	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK	4 - SLUG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY 1	SECONDARY	1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY	5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER	9 - UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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WORK ZONE RELATED <input type="checkbox"/>	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 MEDIAN	4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA	4 - ACTIVITY AREA 5 - TERMINATION AREA
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**Incident Report Narrative**

NARRATIVE

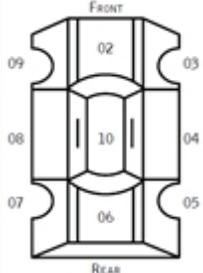
UNIT#1 WAS TRAVELING FROM SOUTH TO NORTH ON I-71 IN THE LEFT PASSING LANE NEAR THE 98.3 MILE MARKER AND WAS PULLING A UTILITY TRAILER KENTUCKY TAG 454239. UNIT #2 WAS TRAVELING FROM NORTH TO SOUTH ON I-71 IN THE RIGHT CURB LANE. THE DRIVER'S SIDE TIRE FROM UNIT#1'S TRAILER BROKE FREE FROM THE AXEL. THE WHEEL TRAVELED THROUGH THE GRASS MEDIAN STRIKING UNIT#2 IN THE FRONT BUMPER. UNIT#1 WAS CITED AT FAULT IN THE ACCIDENT FOR DRIVING UNSAFE VEHICLES. THE TRAILER WAS OVERLOADED CAUSING THE AXEL TO BREAK AND THE WHEEL TO STRIKE UNIT#2



REPORT TAKEN BY POLICE AGENCY	<input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)
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DATE CRASH REPORTED 10/14/2015	TIME CRASH REPORTED 12:14	DISPATCH TIME 12:24	ARRIVAL TIME 12:24	TIME CLEARED 13:09	OTHER INVESTIGATION TIME 25	TOTAL MINUTES 70
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OFFICER'S NAME* FRALEY DOUG B	OFFICER'S BADGE NUMBER B22	CHECKED BY S07 BUTSKO RICK A	PAGE 1 OF 4
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UNIT NUMBER <b>01</b>	OWNER'S NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )	OWNER'S PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER )	DAMAGE SCALE <b>1</b>	DAMAGE AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE <b>KY</b>	LICENSE PLATE NUMBER <b>527-HXY</b>	VEHICLE IDENTIFICATION NUMBER <b>1FTYR44E33PA55334</b>	# OCCUPANTS <b>01</b>	
VEHICLE YEAR <b>2003</b>	VEHICLE MAKE <b>FORD</b>	VEHICLE MODEL <b>RANGER</b>	VEHICLE COLOR <b>SILVER</b>	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>ANCHOR INSURANCE</b>	POLICY NUMBER <b>41-514-626-00</b>	TOWED BY <b>AAA</b>	
CARRIER NAME ADDRESS: CITY, STATE, ZIP			CARRIER PHONE: INC. AREA CODE	

US DOT <b>1</b>	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 <b>04</b>	TRAFFICWAY DESCRIPTION <b>3</b>
HM PLACARD ID NO.	HAZARDOUS MATERIALS 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	1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT 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			

NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b>	TYPE OF USE <b>1</b>	UNIT TYPE <b>99 - UNKNOWN OR HIT / SKIP</b>	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
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	1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT IN EMERGENCY RESPONSE <input checked="" type="checkbox"/>				
			<input checked="" type="checkbox"/> <b>Has HM Placard</b>		

SPECIAL FUNCTION <b>01</b>	01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS- TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA <b>01</b>	01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER	99 - UNKNOWN	ACTION <b>2</b>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <b>01</b>	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 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 <b>19</b>	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO 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 <b>08</b>	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 <b>13</b> 2 <b>10</b> 3 <b>20</b> 4 <b>99 - UNKNOWN</b> 5 <b>99 - UNKNOWN</b> 6 <b>99 - UNKNOWN</b>	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 <b>70</b>	POSTED SPEED <b>65</b>	TRAFFIC CONTROL <b>12</b>	UNIT DIRECTION FROM <b>2</b> TO <b>1</b>
<input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	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 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN

UNIT NUMBER <b>02</b>	OWNER'S NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>WABASH NATIONAL INC</b>	OWNER'S PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) <b>800-369-6434</b>	DAMAGE SCALE <b>2</b>	DAMAGE AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>1525 GEORGESVILLE RD COLUMBUS OH 43228-</b>			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>PIN-7016</b>	VEHICLE IDENTIFICATION NUMBER <b>1FUBA6CK29LAD7849</b>	# OCCUPANTS <b>01</b>	
VEHICLE YEAR <b>2009</b>	VEHICLE MAKE <b>FREIGHTLINER</b>	VEHICLE MODEL <b>COLUMBIA</b>	VEHICLE COLOR <b>BLUE</b>	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>WOODRUFF-SAWYER</b>	POLICY NUMBER <b>57UENPV9337</b>	TOWED BY	

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

US DOT <b>778349</b>	VEHICLE WEIGHT GVWR/GCWR <b>3</b> 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <b>01</b> 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION <b>3</b> 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT 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

NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b> 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 <b>2</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT  <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>16</b> 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
			<input type="checkbox"/> <b>Has HM Placard</b>		

SPECIAL FUNCTION <b>01</b> 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS- TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA <b>02</b> 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER	99 - UNKNOWN	ACTION <b>4</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <b>01</b> 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	MOTORIST 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 <b>01</b> 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 <b>01</b> 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 <b>23</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 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 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 <b>60</b>	POSTED SPEED <b>65</b>	TRAFFIC CONTROL <b>12</b> 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM <b>1</b> TO <b>2</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**154095**

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>TANSEY FRANK M JR</b>	DATE OF BIRTH <b>05/28/1949</b>	AGE <b>66</b>	GENDER <b>M</b> F - FEMALE M - MALE						
ADDRESS, CITY, STATE, ZIP <b>6933 BALLARDSVILLE R SMITHFIELD KY 40068-</b>			CONTACT PHONE - INCLUDE AREA CODE <b>502-475-2604</b>							
INJURIES <b>1</b>	INJURIES TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	<input checked="" type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>	
OL STATE <b>KY</b>	OPERATOR LICENSE NUMBER <b>T98-162-204</b>	OL CLASS <b>4</b>	<input checked="" type="checkbox"/> No VALID OL <input checked="" type="checkbox"/> M/C END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
OFFENSE CHARGED <b>337.01A</b>	( <input checked="" type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION <b>DRIVING UNSAFE VEHICLES</b>	CITATION NUMBER <b>GC118196</b>	<input checked="" type="checkbox"/> HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY <b>1</b>					

UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>GILLMAN MICHAEL P</b>	DATE OF BIRTH <b>03/31/1963</b>	AGE <b>52</b>	GENDER <b>M</b> F - FEMALE M - MALE						
ADDRESS, CITY, STATE, ZIP <b>2737 AZELDA AVE COLUMBUS OH 43211-</b>			CONTACT PHONE - INCLUDE AREA CODE <b>614-592-0077</b>							
INJURIES <b>1</b>	INJURIES TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	<input checked="" type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>	
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RL902840</b>	OL CLASS <b>1</b>	<input checked="" type="checkbox"/> No VALID OL <input checked="" type="checkbox"/> M/C END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
OFFENSE CHARGED	( <input 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
1 - NO INJURY / NONE REPORTED	1 - NOT TRANSPORTED/ TREATED AT SCENE	MOTORIST	01 - NONE USED-VEHICLE OCCUPANT	09 - NONE USED
2 - POSSIBLE	2 - EMS	02 - SHOULDER BELT ONLY USED	05 - CHILD RESTRAINT SYSTEM-FORWARD FACING	10 - HELMET USED
3 - NON-INCAPACITATING	3 - POLICE	03 - LAP BELT ONLY USED	06 - CHILD RESTRAINT SYSTEM-REAR FACING	11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)
4 - INCAPACITATING	4 - OTHER	04 - SHOULDER AND LAP BELT USED	07 - BOOSTER SEAT	12 - REFLECTIVE CLOTHING
5 - FATAL	9 - UNKNOWN		08 - HELMET USED	13 - LIGHTING
				14 - OTHER

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

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	

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN	1 - NONE	1 - NONE GIVEN	1 - NONE	1 - NO DISTRACTION REPORTED
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 (NAVIGATION DEVICE, RADIO, DVD)
5 - TEST GIVEN, RESULTS UNKNOWN	5 - OTHER	5 - TEST GIVEN, RESULTS UNKNOWN		6 - OTHER INSIDE THE VEHICLE
				7 - EXTERNAL DISTRACTION

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	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

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	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