



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *
16 1214 07CRASH SEVERITY
1 - FATAL
2 - INJURY
3 - PDO
3HIT/SKIP
1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

<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 type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 04900	REPORTING AGENCY NAME * Madison County Sheriff's Office	NUMBER OF UNITS 1	UNITS IN ERROR 1 98 - ANIMAL 99 - UNKNOWN
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COUNTY * Madison	<input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * Darby	CRASH DATE * 07/12/2016	TIME OF CRASH 0859	DAY OF WEEK Tue
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DEGREES/MINUTES/SECONDS LATITUDE ::	LONGITUDE ::	DECIMAL DEGREES LATITUDE 40.104022	LONGITUDE 83.230260
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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 <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> W - WESTBOUND	NUMBER OF THRU LANES 2	ROAD TYPE OR MILEPOST AL - ALLEY CR - CIRCLE AV - AVENUE CT - COURT BL - BOULEVARD DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PL - PLACE RD - ROAD SQ - SQUARE ST - STREET VA - WAY
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LOCATION ROUTE NUMBER SR 161	LOC PREFIX N, S, E, W	LOCATION ROAD NAME	LOCATION ROAD TYPE	ROUTE TYPES IR - INTERSTATE ROUTE (ING/STUR/CLD) US - US ROUTE CR - NUMBERED COUNTY ROUTE SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE
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DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input checked="" type="checkbox"/> FEET <input type="checkbox"/> YARDS 100	DIR FROM REF N, S, E, W E	REFERENCE ROUTE NUMBER CR 34	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER 1	CRASH LOCATION 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDOABOUT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 03	INTERSECTION RELATED <input checked="" type="checkbox"/>	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN 2
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ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN 3	ROAD CONDITIONS PRIMARY 01 SECONDARY 02 - WET 03 - SNOW 04 - ICE	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
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MANNER OF CRASH COLLISION/IMPACT 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 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER 2	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 ZONE 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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<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 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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NARRATIVE
UNIT 01 TRAVELING WEST BOUND SR 161 NEAR CEMETERY PIKE WHEN UNIT 01 RAN OFF THE ROADWAY RIGHT TO AVOID A STOPPED CAR WAITING TO TURN LEFT ONTO CEMETERY PIKE. UNIT 01 SPUN AROUND AND BACKED INTO THE DITCH COMING TO FINAL REST.

REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPSS)
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DATE CRASH REPORTED 07/12/2016	TIME CRASH REPORTED 0859	DISPATCH TIME 0900	ARRIVAL TIME 0920	TIME CLEARED 1045	OTHER INVESTIGATION TIME 0	TOTAL MINUTES 105
OFFICER'S NAME Talbert, Michael			OFFICER'S BADGE NUMBER 34	CHECKED BY 7		



UNIT

LOCAL REPORT NUMBER

16 1214 07

UNIT NUMBER 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) ANDERSON, KARL, P	OWNER PHONE NUMBER 614-584-0066	DAMAGE SCALE 3	DAMAGE AREA FRONT REAR	
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 354 POLLEY RD, Columbus, OH, 43201		VEHICLE IDENTIFICATION NUMBER 1G8AJ55F57Z160340	# OCCUPANTS 1		
LP STATE OH	LICENSE PLATE NUMBER FAF8515	VEHICLE MAKE Saturn Corporation	VEHICLE MODEL Other	VEHICLE COLOR SIL	
VEHICLE YEAR 2007	INSURANCE COMPANY STATE FARM	POLICY NUMBER 3739757A1535A	TOWED BY		
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE	
US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10k LBS <input type="checkbox"/> 2 - 10,001 TO 26,000k LBS <input type="checkbox"/> 3 - MORE THAN 26,000k LBS.	CARGO BODY TYPE 99	TRAFFICWAY DESCRIPTION 1		
HM PLACARD ID NO.	HAZARDOUS MATERIAL <input type="checkbox"/> RELATED	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	<input type="checkbox"/> HIT / SKIP UNIT	
HM CLASS NUMBER		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	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/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	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	
NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/>	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 03 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 99 - UNKNOWN OR HIT/SKIP	MED/HEAVY TRUCKS OR COMBO UNITS > 10k LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)	<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 08 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
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 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 CIRCUMSTANCE PRIMARY 09	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 - SWERING 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	
SEQUENCE OF EVENTS 1 08 2 44 3 4 5 6	FIRST HARMFUL EVENT 2	MOST HARMFUL EVENT 2	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	
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 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 - LIGHTS/LUMINARIES SUPPORT 40 - UTILITY POLE	
UNIT SPEED 50	POSTED SPEED 55	TRAFFIC CONTROL 12	01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE	07 - RAILROAD CROSSINGS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	
UNIT DIRECTION FROM 3 TO 4		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHWEST 8 - SOUTHWEST 9 - UNKNOWN			



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

16 1214 07

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE ANDERSON, KARL, P	DATE OF BIRTH 01/10/1934	AGE 82	GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE																																				
ADDRESS, CITY, STATE, ZIP 373 POLLEY RD, Columbus, OH, 43201			CONTACT PHONE - INCLUDE AREA CODE 614-585-0066																																					
INJURIES <input checked="" type="checkbox"/> 1	INJURED TAKEN BY <input checked="" type="checkbox"/> 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04																																				
DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																				
OL STATE OH	OPERATOR LICENSE NUMBER RJ222843	OL CLASS 4	No <input type="checkbox"/> VALID DL	M/C <input type="checkbox"/> END																																				
CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE																																				
DRUG TEST STATUS 1	DRUG TEST TYPE	OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER																																				
HANDS-FREE <input type="checkbox"/> 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																																					
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PHYSICAL IMPAIRMENT 03 - EMOTION (DEPRESSED, ANGRY, DISTURBED) 04 - ILLNESS 05 - FELL ASLEEP, FAINTED, FATIGUE 06 - UNDER THE INFLUENCE OF 07 - MEDICATIONS, DRUGS, ALCOHOL 08 - OTHER	01 - NONE 02 - YES ALCOHOL SUSPECTED 03 - YES BLOOD NOTIFIED 04 - YES DRUGS SUSPECTED 05 - YES ALCOHOL AND DRUGS SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY	01 - NONE GIVEN 02 - TEST FAILED 03 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 04 - TEST GIVEN, RESULTS KNOWN 05 - TEST GIVEN, RESULTS UNKNOWN	01 - NONE 02 - BLOOD 03 - URINE 04 - BREATH 05 - OTHER	01 - NONE GIVEN 02 - TEST FAILED 03 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 04 - TEST GIVEN, RESULTS KNOWN 05 - TEST GIVEN, RESULTS UNKNOWN	01 - NONE 02 - BLOOD 03 - URINE 04 - OTHER	01 - NO DISTRACTION REPORTED 02 - PHONE 03 - TEXTING / EMAILING 04 - ELECTRONIC COMMUNICATION DEVICE 05 - OTHER ELECTRONIC DEVICE (WATCH, DEVICE, PAGER, D/G) 06 - OTHER (INSIDE) OF VEHICLE 07 - EXTERNAL DISTRACTION
INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	NON-MOTORIST																																					
01 - NO INJURY / NONE REPORTED 02 - POSSIBLE 03 - NON-INJURING 04 - IN CAPACITATING 05 - FATAL	01 - NOT TRANSPORTED / 02 - TREAT AT SCENE 03 - EMS 04 - PROCE 05 - OTHER 06 - UNKNOWN	99 - UNKNOWN SAFETY EQUIPMENT Motorist: 01 - NONE USED / VEHICLE OCCUPANT 02 - SEATER BELT ONLY USED 03 - DUAL BELT ONLY USED 04 - SEATER BELT AND SEATER ONLY 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 COATING 13 - LIGHTS 14 - OTHER	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTS 14 - OTHER																																					
SEATING POSITION	SEATING POSITION	SEATING POSITION	AIR BAG USAGE																																					
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 (NARROW INTERIOR AND REAR CARGO AREA) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	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 (NARROW INTERIOR AND REAR CARGO AREA) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTS 14 - OTHER	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTS 14 - OTHER																																					
EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED																																				
01 - NOT EJECTED 02 - PARTIALLY EJECTED 03 - PARTIALLY EJECTED 04 - NOT APPLICABLE	01 - NOT TRAPPED 02 - EXTRACTED BY 03 - MECHANICAL MEANS 04 - EXTRACTED BY 05 - MECHANICAL MEANS 06 - OTHER	41 - CLASS A 42 - CLASS B 43 - CLASS C 44 - REGULAR CLASS (MOTORIST) 45 - M/MORDED ONLY	01 - APPARENTLY NORMAL 02 - PHYSICAL IMPAIRMENT 03 - EMOTION (DEPRESSED, ANGRY, DISTURBED) 04 - ILLNESS 05 - FELL ASLEEP, FAINTED, FATIGUE 06 - UNDER THE INFLUENCE OF 07 - MEDICATIONS, DRUGS, ALCOHOL 08 - OTHER	01 - NONE 02 - YES ALCOHOL SUSPECTED 03 - YES BLOOD NOTIFIED 04 - YES DRUGS SUSPECTED 05 - YES ALCOHOL AND DRUGS SUSPECTED																																				
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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	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED																																				
DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																				
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DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																																				

OCCUPANT / WITNESS ADDENDUM

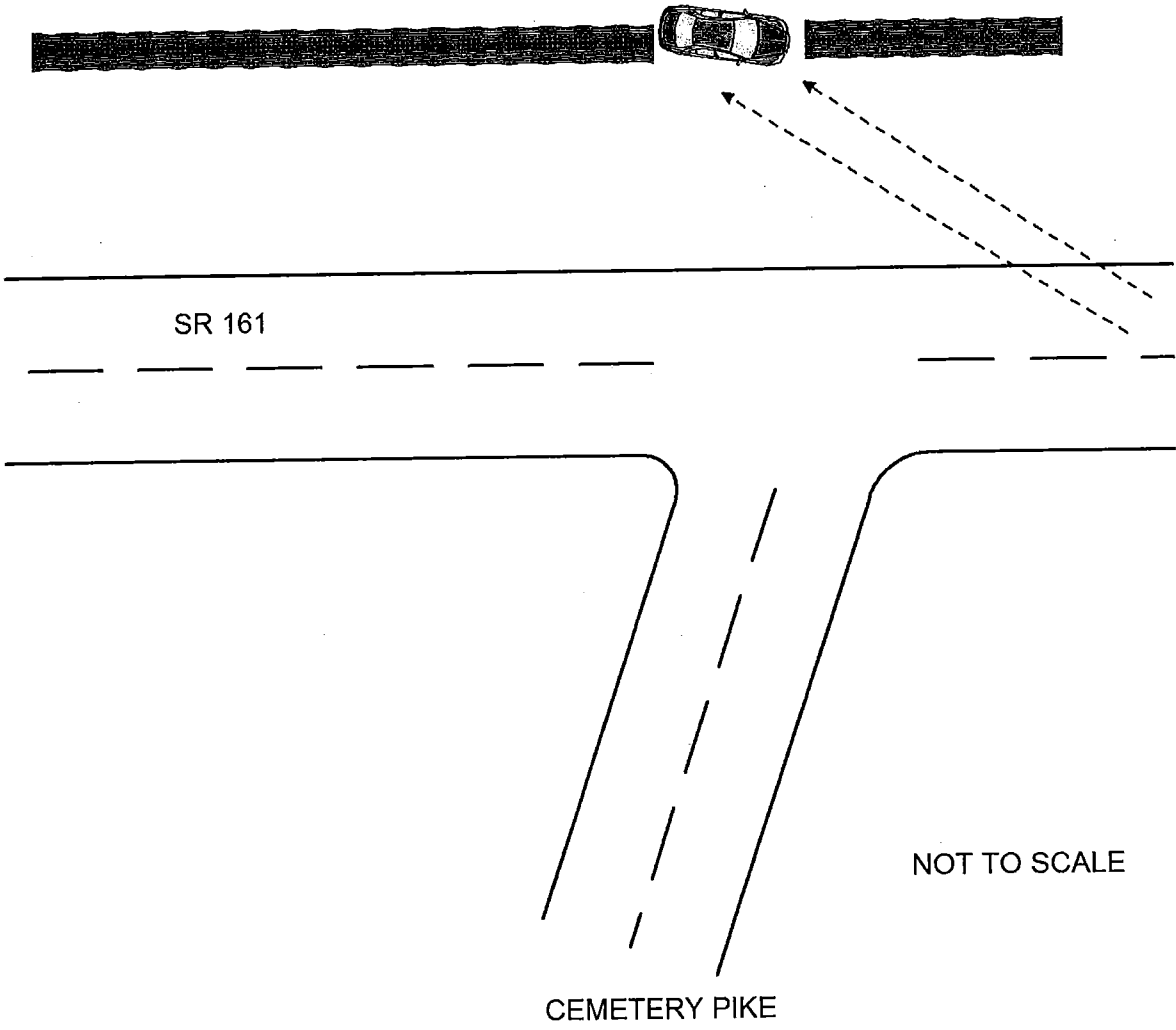
LOCAL REPORT NUMBER

16 1214 07

OCCUPANT	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																					
OCCUPANT	INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT <input type="checkbox"/> COMPLIANT <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED																
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OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER 16 1214 07	REPORTING AGENCY Madison County Sheriff	REPORTING AGENCY 07/12/2016
IN COUNTY OF Madison County	ACCIDENT LOCATION 161	



OFFICERS SIGNATURE	BADGE NO. 34
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