



TRAFFIC CRASH REPORT

| | | |
|-----------------------|---|---------------------------------|
| LOCAL REPORT NUMBER * | CRASH SEVERITY | HIT/SKIP |
| 16 1891 10 | 3 1 - FATAL 2 - INJURY 3 - PDO | 0 1 - SOLVED 2 - UNSOLVED |

| | | | | | | |
|--|---|---|----------------------------------|---|----------------------|--|
| <input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input checked="" 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 | NUMBER OF UNITS 1 | UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN |
|--|---|---|----------------------------------|---|----------------------|--|

| | | | | | |
|----------------------------|---|--|----------------------------|------------------------|--------------------|
| COUNTY * Madison County | <input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP * | CITY, VILLAGE, TOWNSHIP * Oak Run (Township of) | CRASH DATE * 10/16/2016 | TIME OF CRASH 17:05 | DAY OF WEEK SUN |
|----------------------------|---|--|----------------------------|------------------------|--------------------|

| | | | |
|---|-----------------|--|------------------------|
| DEGREES/MINUTES/SECONDS LATITUDE :: | LONGITUDE :: | DECIMAL DEGREES LATITUDE 39.835559 | LONGITUDE 83.376679 |
|---|-----------------|--|------------------------|

| | | | | |
|---|--|--------------------------------|---------------------------|--|
| 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 W - WESTBOUND | NUMBER OF THRU LANES 2 | ROAD TYPES OR MILEPOST 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 NUMBER SR 56 | LOC PREFIX <input type="checkbox"/> N,S, <input type="checkbox"/> E,W | LOCATION ROAD NAME | LOCATION ROAD TYPE | ROUTE TYPES IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE | CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE |
|--------------------------------|---|--------------------|--------------------|---|--|

| | | | | | |
|--|--|------------------------|--|--|---------------------|
| DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input checked="" type="checkbox"/> FEET <input type="checkbox"/> YARDS 10.00 | DIR FROM REF <input type="checkbox"/> N,S, <input checked="" type="checkbox"/> E,W | REFERENCE ROUTE NUMBER | REF PREFIX <input type="checkbox"/> N,S, <input checked="" type="checkbox"/> E,W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 6930 | REFERENCE ROAD TYPE |
|--|--|------------------------|--|--|---------------------|

| | | | | | | |
|--|--|--|--|---|---|--|
| REFERENCE POINT USED 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | CRASH LOCATION 1 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 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE | 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN |
|--|--|--|--|---|---|--|

| | | | | | |
|--|--------------------------------|--|---|--|--|
| ROAD CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL | 4 - CURVE GRADE 9 - UNKNOWN | ROAD CONDITIONS 1 PRIMARY SECONDARY | 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 |
|--|--------------------------------|--|---|--|--|

| | | | | | | |
|--|---|--|--|---|---|--|
| 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, HAIL 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/BLOCK | 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER | LIGHT CONDITIONS 1 PRIMARY SECONDARY | 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY | 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER | 9 - UNKNOWN | <input type="checkbox"/> SCHOOL 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 0 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 0 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA | 4 - ACTIVITY AREA 5 - TERMINATION AREA |
|--|---|---|--|---|---|

| |
|--|
| NARRATIVE Unit 1 was northbound on SR 56 when it struck a dog that darted into the road. The dog was killed. The dog owner is Jennifer Orn residing at 6990 SR 56, London, OH 43140. Orn indicated that she would retrieve the dog and take care of it. |
|--|

| | |
|--|---|
| 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 10/16/2016 | TIME CRASH REPORTED 10/16/2016 | DISPATCH TIME 05:08 PM | ARRIVAL TIME 05:12 PM | TIME CLEARED 06:26 PM | OTHER INVESTIGATION TIME 0 | TOTAL MINUTES 78 |
| OFFICER'S NAME * Martin, John | OFFICER'S BADGE NUMBER 126 | CHECKED BY 5 | | | | |



UNIT

LOCAL REPORT NUMBER

16 1891 10

| | | | | |
|--|--|--|--------------------------|----------------------------------|
| UNIT NUMBER 1 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Burton, David, | OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 740-363-4126 | DAMAGE SCALE 4 | DAMAGE AREA FRONT REAR |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 238 Comberland Road, Delaware, OH, 43015 | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER EOX 8932 | VEHICLE IDENTIFICATION NUMBER 1G6KD54Y15U262025 | 2 - MINOR | |
| VEHICLE YEAR 2005 | VEHICLE MAKE CADI | VEHICLE MODEL DEV | 3 - FUNCTIONAL | |
| PROOF OF INSURANCE SHOWN | INSURANCE COMPANY CINCINNATI INSURANCE | POLICY NUMBER AO1 0260961 | 4 - DISABLING | |
| | | TOWED BY Flynns | 9 - UNKNOWN | |

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE - INCLUDE AREA CODE

| | | | | |
|-------------------|--|--|--|--|
| US DOT | VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 3 - MORE THAN 26,000K LBS. | CARGO BODY TYPE 99 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASIS 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 1 - T WO-WAY, NOT DIVIDED 2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA 4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED | | | <input type="checkbox"/> HIT / SKIP UNIT |
| HM CLASS NUMBER | | | | |

| | | | |
|---|---|---|---|
| NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVE WAY 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 4 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 BUS/VAN/LMO (9 OR MORE INCLUDING DRIVER) 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 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST | <input type="checkbox"/> HAS HM PLACARD |
|---|---|---|---|

| | | | | | | |
|---|---|---|---|--|--------------|--|
| SPECIAL FUNCTION 1 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 2 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 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
|---|---|---|---|--|--------------|--|

| | | | | | |
|---|--|---|--|--|--------------------------------|
| PRE-CRASH ACTIONS 1 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 CIRCUMSTANCE PRIMARY 1 SECONDARY <input type="checkbox"/> 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 <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 19 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 - CULVART 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 55 <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | POSTED SPEED 55 | TRAFFIC CONTROL 1 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE | 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS | 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED | UNIT DIRECTION FROM 2 TO 1 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
16 1891 10

| | | | | |
|------------------|--|-----------------------------|-----------|--|
| UNIT NUMBER 1 | NAME: LAST, FIRST, MIDDLE Burton, David | DATE OF BIRTH 12/02/1957 | AGE 58 | GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE |
|------------------|--|-----------------------------|-----------|--|

| | |
|--|---|
| ADDRESS, CITY, STATE, ZIP 449 SR 47, Waldo, OH, 43356 | CONTACT PHONE - INCLUDE AREA CODE 740-513-6445 |
|--|---|

| | | | | | | | | | |
|---|---|------------|-----------------------------------|----------------------------|---|------------------------|--------------------|---------------|--------------|
| INJURIES <input checked="" type="checkbox"/> | INJURED TAKEN BY <input checked="" type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 4 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION 99 | AIR BAG USAGE 2 | EJECTION 1 | TRAPPED 1 |
|---|---|------------|-----------------------------------|----------------------------|---|------------------------|--------------------|---------------|--------------|

| | | | | | | | | | | | |
|----------------|-------------------------------------|---------------|---|-------------------------------------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|----------------|
| OL STATE OH | OPERATOR LICENSE NUMBER RG359914 | OL CLASS 4 | No VALID DL <input type="checkbox"/> | M/C END <input type="checkbox"/> | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS 1 | DRUG TEST TYPE |
|----------------|-------------------------------------|---------------|---|-------------------------------------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|----------------|

| | | | | |
|--|---------------------|-----------------|--|---------------------------|
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY 1 |
|--|---------------------|-----------------|--|---------------------------|

| | | | | |
|-------------|---------------------------|---------------|-----|---|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER <input type="checkbox"/> F - FEMALE M - MALE |
|-------------|---------------------------|---------------|-----|---|

| | |
|---------------------------|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|---------------------------|-----------------------------------|

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

| | | | | | | | | | | | |
|----------|-------------------------|----------|---|-------------------------------------|-----------|------------------------|---------------------|-------------------|--------------------|------------------|----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | No VALID DL <input type="checkbox"/> | M/C END <input type="checkbox"/> | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
|----------|-------------------------|----------|---|-------------------------------------|-----------|------------------------|---------------------|-------------------|--------------------|------------------|----------------|

| | | | | |
|--|---------------------|-----------------|--|--|
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY <input type="checkbox"/> |
|--|---------------------|-----------------|--|--|

| | | |
|--|---|---|
| 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 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 - LIGHTING 14 - OTHER |
|--|---|---|

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

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

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

| | | | | |
|------------------|--|-----------------------------|-----------|--|
| UNIT NUMBER 1 | NAME: LAST, FIRST, MIDDLE Burton, David | DATE OF BIRTH 04/15/1928 | AGE 88 | GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE |
|------------------|--|-----------------------------|-----------|--|

| | |
|---|---|
| ADDRESS, CITY, STATE, ZIP 238 Cumberland Road, Delaware, OH, 43015 | CONTACT PHONE - INCLUDE AREA CODE 740-363-4126 |
|---|---|

| | | | | | | | | | |
|---|--|------------|-----------------------------------|-----------------------------|---|-----------------------|--------------------|---------------|--------------|
| INJURIES <input checked="" type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 99 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION 1 | AIR BAG USAGE 4 | EJECTION 1 | TRAPPED 1 |
|---|--|------------|-----------------------------------|-----------------------------|---|-----------------------|--------------------|---------------|--------------|

| | | | | |
|------------------|--|-----------------------------|-----------|--|
| UNIT NUMBER 1 | NAME: LAST, FIRST, MIDDLE Burton, Karen | DATE OF BIRTH 04/04/1960 | AGE 56 | GENDER <input checked="" type="checkbox"/> F F - FEMALE M - MALE |
|------------------|--|-----------------------------|-----------|--|

| | |
|--|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP 449 SR 47, Waldo, OH, 43356 | CONTACT PHONE - INCLUDE AREA CODE |
|--|-----------------------------------|

| | | | | | | | | | |
|---|--|------------|-----------------------------------|----------------------------|---|-----------------------|--------------------|---------------|--------------|
| INJURIES <input checked="" type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 4 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION 4 | AIR BAG USAGE 5 | EJECTION 1 | TRAPPED 1 |
|---|--|------------|-----------------------------------|----------------------------|---|-----------------------|--------------------|---------------|--------------|

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
16 1891 10

OCCUPANT

| | | | | |
|------------------|--|-----------------------------|----------|--|
| UNIT NUMBER 1 | NAME: LAST, FIRST, MIDDLE Burton, Carter, | DATE OF BIRTH 07/22/2013 | AGE 3 | GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE |
|------------------|--|-----------------------------|----------|--|

| | |
|--|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP 449 SR 47, Waldo, OH, 43356 | CONTACT PHONE - INCLUDE AREA CODE |
|--|-----------------------------------|

| | | | | | | | | | |
|---|--|------------|-----------------------------------|----------------------------|---|---|--|---|--|
| INJURIES <input checked="" type="checkbox"/> 1 | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 5 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION <input checked="" type="checkbox"/> 5 | AIR BAG USAGE <input checked="" type="checkbox"/> 5 | EJECTION <input checked="" type="checkbox"/> 1 | TRAPPED <input checked="" type="checkbox"/> 1 |
|---|--|------------|-----------------------------------|----------------------------|---|---|--|---|--|

OCCUPANT

| | | | | |
|------------------|---|-----------------------------|-----------|--|
| UNIT NUMBER 1 | NAME: LAST, FIRST, MIDDLE Burton, Dorothy, | DATE OF BIRTH 06/04/1932 | AGE 84 | GENDER <input checked="" type="checkbox"/> F F - FEMALE M - MALE |
|------------------|---|-----------------------------|-----------|--|

| | |
|---|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP 238 Cumberland Road, Delaware, OH, 43015 | CONTACT PHONE - INCLUDE AREA CODE |
|---|-----------------------------------|

| | | | | | | | | | |
|---|--|------------|-----------------------------------|----------------------------|---|---|--|---|--|
| INJURIES <input checked="" type="checkbox"/> 1 | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 4 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION <input checked="" type="checkbox"/> 6 | AIR BAG USAGE <input checked="" type="checkbox"/> 5 | EJECTION <input checked="" type="checkbox"/> 1 | TRAPPED <input checked="" type="checkbox"/> 1 |
|---|--|------------|-----------------------------------|----------------------------|---|---|--|---|--|

OCCUPANT

| | | | | |
|-------------|---------------------------|---------------|-----|---|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER <input type="checkbox"/> F - FEMALE M - MALE |
|-------------|---------------------------|---------------|-----|---|

| | |
|---------------------------|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|---------------------------|-----------------------------------|

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

OCCUPANT

| | | | | |
|-------------|---------------------------|---------------|-----|---|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER <input type="checkbox"/> F - FEMALE M - MALE |
|-------------|---------------------------|---------------|-----|---|

| | |
|---------------------------|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|---------------------------|-----------------------------------|

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

OCCUPANT

| | | | | |
|-------------|---------------------------|---------------|-----|---|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER <input type="checkbox"/> F - FEMALE M - MALE |
|-------------|---------------------------|---------------|-----|---|

| | |
|---------------------------|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|---------------------------|-----------------------------------|

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

OCCUPANT

| | | | | |
|-------------|---------------------------|---------------|-----|---|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER <input type="checkbox"/> F - FEMALE M - MALE |
|-------------|---------------------------|---------------|-----|---|

| | |
|---------------------------|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|---------------------------|-----------------------------------|

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

| | | | | | |
|---|--|---|---|--|--|
| 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 ONLY USE | 99 - UNKNOWN SAFETY EQUIPMENT 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 - LIGHTING 14 - OTHER |
|---|--|---|---|--|--|

| | | |
|--|---|--|
| SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) | AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN | EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE |
| TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS | | |