



# TRAFFIC CRASH REPORT

LOCAL INFORMATION  
P17011000000724

LOCAL REPORT NUMBER \*  
49-0015-49

CRASH SEVERITY  
3  
1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP  
0  
1 - SOLVED  
2 - UNSOLVED

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| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><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 *<br>OHP49 | REPORTING AGENCY NAME *<br>Ohio State Highway Patrol | NUMBER OF UNITS<br>1 | UNIT IN ERROR<br>1<br>98 - ANIMAL<br>99 - UNKNOWN |
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| COUNTY *<br>Madison County | <input type="checkbox"/> CITY *<br><input type="checkbox"/> VILLAGE *<br><input checked="" type="checkbox"/> TOWNSHIP * | CITY, VILLAGE, TOWNSHIP *<br>Canaan (Township of) | CRASH DATE *<br>01/10/2017 | TIME OF CRASH<br>07:40 | DAY OF WEEK<br>TUE |
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| DEGREES/MINUTES/SECONDS<br>LATITUDE<br>:: | LONGITUDE<br>:: | DECIMAL DEGREES<br>LATITUDE<br>40.051778 | LONGITUDE<br>83.229211 |
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| ROADWAY DIVISION<br><input type="checkbox"/> DIVIDED<br><input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL<br><input type="checkbox"/> N - NORTHBOUND<br><input type="checkbox"/> S - SOUTHBOUND | E - EASTBOUND<br>W - WESTBOUND | NUMBER OF THRU LANES<br>2 | ROAD TYPES OR MILEPOST<br>AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY<br>AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE<br>BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL |
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| LOCATION ROUTE NUMBER<br><input type="checkbox"/> LOCATION ROUTE TYPE | LOC PREFIX<br><input type="checkbox"/> N,S,<br><input type="checkbox"/> E,W | LOCATION ROAD NAME<br>Hayden Run | LOCATION ROAD TYPE<br>RD | ROUTE TYPES<br>IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE<br>US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE<br>SR - STATE ROUTE |
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|   |                                  |  |                        |                           |  |                           |
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| DISTANCE FROM REFERENCE<br>0.20<br><input checked="" type="checkbox"/> MILES<br><input type="checkbox"/> FEET<br><input type="checkbox"/> YARDS | DIR FROM REF<br>W<br>N,S,<br>E,W | REFERENCE ROUTE TYPE<br><input type="checkbox"/> | REFERENCE ROUTE NUMBER | REF PREFIX<br>N,S,<br>E,W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #)<br>Carters Mill | REFERENCE ROAD TYPE<br>RD |
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| REFERENCE POINT USED<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER<br>1 | CRASH LOCATION<br>1<br>01 - NOT AN INTERSECTION<br>02 - FOUR-WAY INTERSECTION<br>03 - T-INTERSECTION<br>04 - Y-INTERSECTION<br>05 - TRAFFIC CIRCLE/ ROUNDABOUT<br>06 - FIVE-POINT, OR MORE<br>07 - ON RAMP<br>08 - OFF RAMP<br>09 - CROSSOVER<br>10 - DRIVEWAY/ ALLEY ACCESS | 11 - RAILWAY GRADE CROSSING<br>12 - SHARED-USE PATHS OR TRAILS<br>99 - UNKNOWN | <input type="checkbox"/> INTERSECTION RELATED | LOCATION OF FIRST HARMFUL EVENT<br>4<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFICWAY<br>9 - UNKNOWN |
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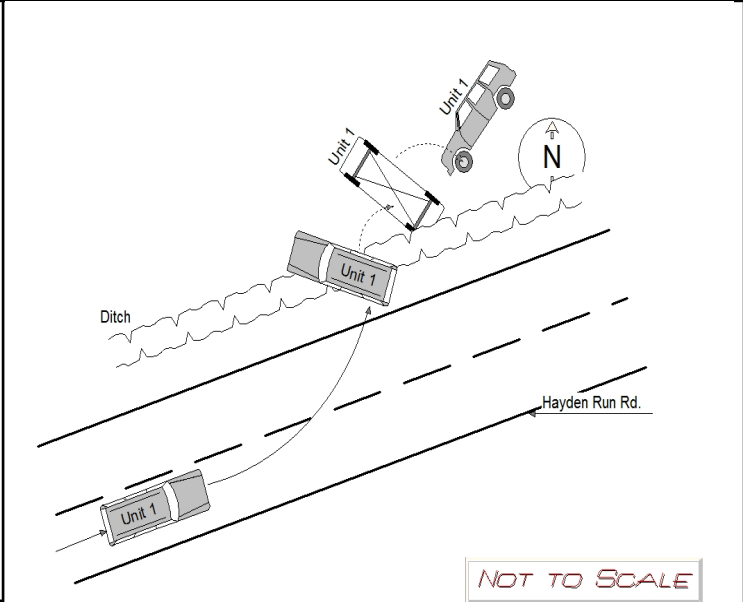
|   |   |                           |
|---|---|---------------------------|
| ROAD CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - UNKNOWN | ROAD CONDITIONS<br>PRIMARY<br>4<br>SECONDARY<br>01 - DRY<br>02 - WET<br>03 - SNOW<br>04 - ICE<br>05 - SAND, MUD, DIRT, OIL, GRAVEL<br>06 - WATER (STANDING, MOVING)<br>07 - SLUSH<br>08 - DEBRIS *<br>09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT *<br>10 - OTHER<br>99 - UNKNOWN | *SECONDARY CONDITION ONLY |
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| MANNER OF CRASH COLLISION/IMPACT<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, -SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - UNKNOWN | WEATHER<br>4<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - OTHER/UNKNOWN |
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| ROAD SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>6 - OTHER | LIGHT CONDITIONS<br>5<br>PRIMARY<br>SECONDARY<br>1 - DAYLIGHT<br>2 - DAWN<br>3 - DUSK<br>4 - DARK - LIGHTED ROADWAY<br>5 - DARK - ROADWAY NOT LIGHTED<br>6 - DARK - UNKNOWN ROADWAY LIGHTING<br>7 - GLARE *<br>8 - OTHER | 9 - UNKNOWN | <input type="checkbox"/> SCHOOL ZONE RELATED<br><input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED<br><input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
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| <input type="checkbox"/> WORK ZONE RELATED | <input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | TYPE OF WORK ZONE<br>0<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>0<br>1 - BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |
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NARRATIVE  
Unit 1 was traveling east bound on Hayden Run Rd. at an unsafe speed for the icy conditions. Unit 1 slid off the left edge of the roadway striking a ditch and overturned.



|   |   |                                   |  |                           |                          |                          |                                |                      |
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| REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | DATE CRASH REPORTED<br>01/10/2017 | TIME CRASH REPORTED<br>1/10/2017 7:58:00 | DISPATCH TIME<br>07:58 AM | ARRIVAL TIME<br>08:18 AM | TIME CLEARED<br>09:20 AM | OTHER INVESTIGATION TIME<br>30 | TOTAL MINUTES<br>112 |
| OFFICER'S NAME *<br>Ehrenborg, Timothy  | OFFICER'S BADGE NUMBER<br>1441  | CHECKED BY<br>0808                |  |                           |                          |                          |                                |                      |



UNIT

LOCAL REPORT NUMBER

49-0015-49

|   |   |  |                          |                                   |
|---|---|--|--------------------------|-----------------------------------|
| UNIT NUMBER<br><b>1</b>   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>Dominguez, Nancy,</b> | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>614-485-8483</b> | DAMAGE SCALE<br><b>3</b> | DAMAGE AREA<br>FRONT<br><br>REAR  |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>8362 Jericho Way, Plain City, OH, 43064</b> |   |  | 1 - NONE                 |                                   |
| LP STATE<br><b>OH</b>   | LICENSE PLATE NUMBER<br><b>GEC9819</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>1GNEK13Z52J220173</b>  | 2 - MINOR                |                                   |
| VEHICLE YEAR<br><b>2002</b>   | VEHICLE MAKE<br><b>CHEV</b>   | VEHICLE MODEL<br><b>CTA</b>  | 3 - FUNCTIONAL           |                                   |
| PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>   | INSURANCE COMPANY<br><b>Allstate</b>  | POLICY NUMBER<br><b>992543529</b>  | 4 - DISABLING            |                                   |
| TOWED BY<br><b>Private</b>  |   |  | 9 - UNKNOWN              |                                   |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP   |   |  |                          | CARRIER PHONE - INCLUDE AREA CODE |

|                   |  |   |  |  |
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| US DOT            | VEHICLE WEIGHT <b>GVWR/GCWR</b><br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS<br><input type="checkbox"/> 2 - 10,001 TO 26,000K LBS<br><input type="checkbox"/> 3 - MORE THAN 26,000K LBS. | CARGO BODY TYPE<br><b>1</b><br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE /REFUSE<br>99 - OTHER/UNKNOWN | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - T WO-WAY, NOT DIVIDED<br>2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA<br>4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY<br><input type="checkbox"/> HIT / SKIP UNIT |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL<br><input type="checkbox"/> RELEASED  |   |  |  |
| HM CLASS NUMBER   |  |   |  |  |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><input type="checkbox"/> | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>6</b><br>99 - UNKNOWN OR HIT/SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LMO (9 OR MORE INCLUDING DRIVER)<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK, 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE | 21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br><b>NON-MOTORIST</b><br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST | <input type="checkbox"/> HAS HM PLACARD |
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| SPECIAL FUNCTION<br><b>1</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br><b>4</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL (ALL AREAS)<br>14 - OTHER | 99 - UNKNOWN | ACTION<br><b>3</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
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| PRE-CRASH ACTIONS<br><b>1</b><br>99 - UNKNOWN | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
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| CONTRIBUTING CIRCUMSTANCE<br>PRIMARY<br><b>6</b><br>SECONDARY<br><input type="checkbox"/><br>99 - UNKNOWN | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><input type="checkbox"/><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
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| SEQUENCE OF EVENTS<br>1 <b>9</b> 2 <b>44</b> 3 <b>1</b> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>FIRST HARMFUL EVENT <b>2</b> MOST HARMFUL EVENT <b>3</b><br>99 - UNKNOWN   | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT | 10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE<br>OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVART<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |   |  |

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| UNIT SPEED<br><b>35</b><br><input checked="" type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED | POSTED SPEED<br><b>55</b> | TRAFFIC CONTROL<br><b>12</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>4</b> TO <b>3</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
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# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
49-0015-49

|                  |   |                             |           |  |
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| UNIT NUMBER<br>1 | NAME: LAST, FIRST, MIDDLE<br>Solano-Alderete, Miguel, Angel | DATE OF BIRTH<br>01/30/1991 | AGE<br>25 | GENDER<br><input checked="" type="checkbox"/> M F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br>8362 Jericho Way, Plain City, OH, 43064 | CONTACT PHONE - INCLUDE AREA CODE<br>614-975-7039 |
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|   |   |            |                                   |                            |   |   |  |   |  |
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| INJURIES<br><input checked="" type="checkbox"/> | INJURED TAKEN BY<br><input checked="" type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br>4 | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><input checked="" type="checkbox"/> | AIR BAG USAGE<br><input checked="" type="checkbox"/> | EJECTION<br><input checked="" type="checkbox"/> | TRAPPED<br><input checked="" type="checkbox"/> |
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|          |                         |                                      |   |                                     |  |   |  |  |                    |                       |                     |
|----------|-------------------------|--------------------------------------|---|-------------------------------------|--|---|--|--|--------------------|-----------------------|---------------------|
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS<br><input type="checkbox"/> | No VALID DL<br><input type="checkbox"/> | M/C END<br><input type="checkbox"/> | CONDITION<br><input checked="" type="checkbox"/> | ALCOHOL/DRUG SUSPECTED<br><input checked="" type="checkbox"/> | ALCOHOL TEST STATUS<br><input checked="" type="checkbox"/> | ALCOHOL TEST TYPE<br><input checked="" type="checkbox"/> | ALCOHOL TEST VALUE | DRUG TEST STATUS<br>1 | DRUG TEST TYPE<br>1 |
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| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)<br>4511.202 | OFFENSE DESCRIPTION<br>Operating vehicle without reasonable con | CITATION NUMBER<br>OHP491441011020170910 | HANDS-FREE DEVICE USED<br><input type="checkbox"/> | DRIVER DISTRACTED BY<br><input checked="" type="checkbox"/> |
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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> F - FEMALE<br>M - MALE |
|-------------|---------------------------|---------------|-----|---|

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

|                                      |  |            |                                   |                       |   |  |   |                                      |                                     |
|--------------------------------------|--|------------|-----------------------------------|-----------------------|---|--|---|--------------------------------------|-------------------------------------|
| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><input type="checkbox"/> | AIR BAG USAGE<br><input type="checkbox"/> | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
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|          |                         |                                      |   |                                     |                                       |  |   |   |                    |                  |                |
|----------|-------------------------|--------------------------------------|---|-------------------------------------|---------------------------------------|--|---|---|--------------------|------------------|----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS<br><input type="checkbox"/> | No VALID DL<br><input type="checkbox"/> | M/C END<br><input type="checkbox"/> | CONDITION<br><input type="checkbox"/> | ALCOHOL/DRUG SUSPECTED<br><input type="checkbox"/> | ALCOHOL TEST STATUS<br><input type="checkbox"/> | ALCOHOL TEST TYPE<br><input type="checkbox"/> | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
|----------|-------------------------|--------------------------------------|---|-------------------------------------|---------------------------------------|--|---|---|--------------------|------------------|----------------|

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

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

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

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|---|---|--|---|--|
| EJECTION  | TRAPPED   | OPERATOR LICENSE CLASS   | CONDITION   | ALCOHOL/DRUG SUSPECTED   |
| 1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO'S "D")<br>5 - MC/MOPED ONLY | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBE)<br>4 - ILLNESS | 5 - FELL ASLEEP, FAINTED, FATIGUE<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER |

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

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

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

|                                      |  |            |                                   |                       |   |  |   |                                      |                                     |
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| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><input type="checkbox"/> | AIR BAG USAGE<br><input type="checkbox"/> | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
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|             |                           |               |     |   |
|-------------|---------------------------|---------------|-----|---|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><input type="checkbox"/> | AIR BAG USAGE<br><input type="checkbox"/> | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
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MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT