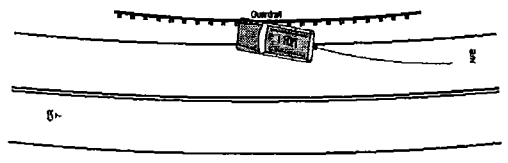


Rec. 5/4/16 JH

TRAFFIC CRASH REPORT



LOCAL INFORMATION P16080200002626		LOCAL REPORT NUMBER* 49-0306-49		HIT/SLIP <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED	
PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER		PDD UNDER REPORTABLE AMOUNT <input type="checkbox"/> PRIVATE PROPERTY <input type="checkbox"/> STATE DOLLAR AMOUNT		CRASH SEVERITY <input checked="" type="checkbox"/> 3 - FATAL <input type="checkbox"/> 2 - INJURY <input type="checkbox"/> 1 - PDO	
REPORTING AGENCY NCIC* OHP49		REPORTING AGENCY NAME* Ohio State Highway Patrol		NUMBER OF UNITS <input type="checkbox"/> 1	
CITY* Jefferson		CITY, VILLAGE, TOWNSHIP* Jefferson		TIME OF CRASH 1630	
COUNTY* Madison		DEGREES MINUTES/SECONDS 40:00:07.87		CRASH DATE* 08/02/2016	
LONGITUDE 83:15:36.40		LONGITUDE R		DAY OF WEEK Tue	
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		ROAD TYPE <input type="checkbox"/> ALLEY <input type="checkbox"/> AVENUE <input type="checkbox"/> BLDG. DRIVE <input type="checkbox"/> BOULEVARD <input type="checkbox"/> CIRCLE <input type="checkbox"/> DRIVE <input type="checkbox"/> HIGHWAY <input type="checkbox"/> LA. LANE <input type="checkbox"/> LOOP <input type="checkbox"/> PARKWAY <input type="checkbox"/> PL. PLACE <input type="checkbox"/> RD. ROAD <input type="checkbox"/> SQ. SQUARE <input type="checkbox"/> ST. STREET <input type="checkbox"/> TERRACE <input type="checkbox"/> TRAIL	
ROADWAY TYPE <input type="checkbox"/> CR		LOCATION ROUTE NUMBER 7		LOCATION ROAD NAME 46	
DISTANCE FROM REFERENCE POINT USED <input type="checkbox"/> FEET <input checked="" type="checkbox"/> MILES		DIR FROM REFERENCE POINT <input type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W		REFERENCE ROUTE NUMBER 46	
REFERENCE POINT USED <input checked="" type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE NUMBER		CRASH LOCATION <input type="checkbox"/> 01 - NOT AN INTERSECTION <input type="checkbox"/> 02 - FOUR-WAY INTERSECTION <input type="checkbox"/> 03 - T-INTERSECTION <input type="checkbox"/> 04 - Y-INTERSECTION <input type="checkbox"/> 05 - TRAFFIC CIRCLE/ROUNDBOULT <input type="checkbox"/> 10 - DRIVEWAY/ALLEY ACCESS		LOCATION OF FIRST HARMFUL EVENT <input checked="" type="checkbox"/> 4 - INTERSECTION RELATED	
ROAD CONTOUR <input checked="" type="checkbox"/> 1 - STRAIGHT LEVEL <input type="checkbox"/> 2 - STRAIGHT GRADE <input type="checkbox"/> 3 - CURVE LEVEL		ROAD CONDITIONS <input type="checkbox"/> PRIMARY <input checked="" type="checkbox"/> SECONDARY		LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA	
MANNER OF CRASH COLLISION/IMPACT <input checked="" type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 2 - REAR-END <input type="checkbox"/> 3 - HEAD-ON <input type="checkbox"/> 4 - REAR-TO-REAR		WEATHER <input checked="" type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 2 - CLOUDY <input type="checkbox"/> 3 - FOG, SMOG, SMOKE <input type="checkbox"/> 4 - RAIN <input type="checkbox"/> 5 - SLEET, HAIL <input type="checkbox"/> 6 - SNOW <input type="checkbox"/> 7 - SEVERE CROSSWINDS <input type="checkbox"/> 8 - BLOWING SAND/ SOIL/ DIRT/ SNOW <input type="checkbox"/> 9 - OTHER/UNKNOWN		ROAD SURFACE <input checked="" type="checkbox"/> 1 - CONCRETE <input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT <input type="checkbox"/> 3 - BRICK/BLOCK <input type="checkbox"/> 4 - FLAG, GRAVEL, STONE <input type="checkbox"/> 5 - DIRT <input type="checkbox"/> 6 - OTHER	
WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OTHER VEHICLES) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)		LIGHT CONDITIONS <input checked="" type="checkbox"/> 1 - DAYLIGHT <input type="checkbox"/> 2 - DAWN <input type="checkbox"/> 3 - DUSK <input type="checkbox"/> 4 - DARK-LIGHTED ROADWAY <input type="checkbox"/> 5 - DARK-ROADWAY NOT LIGHTED <input type="checkbox"/> 6 - DARK-UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 7 - GLARE <input type="checkbox"/> 8 - OTHER		SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED	
NARRATIVE Unit 1 was northbound on CR 7 when it went off the right side of the roadway and struck a guardrail face.					
REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		SUPPLEMENT CORRECTION OR ADDITION (AN Estimate Please See ODPIS)		NOT TO SCALE	
DATE CRASH REPORTED 08/02/2016		TIME CRASH REPORTED 1705		OTHER INVESTIGATION TIME 0	
OFFICER'S NAME Walker, Dominique		DISPATCH TIME 1705		TOTAL MINUTES 85	
OFFICER'S BADGE NUMBER 0939		ARRIVAL TIME 1715		TIME CLEARED 1830	
CHECKED BY		OFFICER'S BADGE NUMBER		TIME CLEARED	





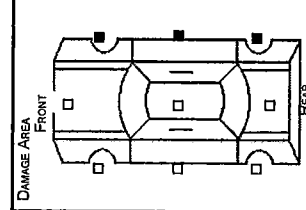
UNIT

INDUSTRY MEDICAL PROTECTION
DEPARTMENT OF PUBLIC SAFETY
SAFETY

LOCAL REPORT NUMBER
49-0306-49

UNIT NUMBER 1
OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
Young, Daneka, M
OWNER ADDRESS: CITY, STATE, ZIP SAME AS DRIVER

OWNER PHONE NUMBER
614-896-4683



DAMAGE SCALE **3**
1 - NONE
2 - MINOR
3 - FUNCTIONAL
4 - DISABLING
9 - UNKNOWN

825 Columbus Ave , Marysville, OH, 43040

LP STATE OH
LICENSE PLATE NUMBER **GAH4669**
VEHICLE MAKE **Honda**
VEHICLE MODEL **Ct-V**

VEHICLE IDENTIFICATION NUMBER **JHLRD186DXC074962**
VEHICLE COLOR **BLK**
TOWED BY **Woody's**
POLICY NUMBER **9234K098651**

US DOT
VEHICLE WEIGHT **GVWR/GCWR**
1 - LESS THAN OR EQUAL TO 10K LBS
2 - 10,001 TO 26,000K LBS
3 - MORE THAN 26,000K LBS

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 w/F-T), MEDIA
4 - T wo-Way, Divided, POSITIVE MEDIAN/BARRIER
5 - ONE-WAY TRAFFICWAY
 HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT
01 - INTERSECTION - MARKED CROSSWALK
02 - INTERSECTION - NO CROSSWALK
03 - CHANGING LANES
04 - MIDBLOCK - MARKED CROSSWALK
05 - TRAVEL LANE - OTHER LOCATION
06 - SHOULDER/ROADSIDE
07 - BI-CYCLE LANE
08 - SIDEWALK
09 - MEDIAN/CROSSING ISLAND
10 - DRIVE WAY ACCESS
11 - SHOULDER/USE PATH OR TRAIL
12 - NON-TRAFFICWAY AREA
99 - OTHER (UNKNOWN)

CARGO BODY TYPE **01**
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 - GRAM, CHIPS, GRAVEL
09 - POLE
10 - CARGO TANK
11 - FLAT BED
12 - DUMP
13 - CONCRETE MIXER
14 - AUTO TRANSPORTER
15 - GARAGE/REFUSE
99 - OTHER/UNKNOWN

TYPE OF USE **1**
1 - PERSONAL
2 - COMMERCIAL
3 - GOVERNMENT
 IN EMERGENCY RESPONSE

PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) **06**
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

SPECIAL FUNCTION **01**
01 - NONE
02 - TAXI
03 - RENTAL TRUCK (OVER 10K LBS)
04 - BUS - SCHOOL (PUBLIC OR PRIVATE)
05 - BUS - TRANSPORT
06 - BUS - CHARTER
07 - BUS - SHUTTLE
08 - BUS - OTHER

PASSENGER VEHICLES (10+ BUS/VAN/UTV) OR MORE INCLUDING DRIVER
13 - SINGLE UNIT TRUCK OR VAN 2 AXLE 6 TIRES
14 - SINGLE UNIT TRUCK 3+ AXLES
15 - SINGLE UNIT TRUCK / TRAILER
16 - TRACTOR/TRACTOR (BOAT/AL)
17 - TRACTOR/SEMI-TRAILER
18 - TRACTOR/DOUBLE
19 - TRACTOR/TRIPLES
20 - OTHER MED/HEAVY VEHICLE

PRE-CRASH ACTIONS
01
01 - STRAIGHT AHEAD
02 - BACKING
03 - CHANGING LANES
04 - OVERTAKING/PASSING
05 - MAKING RIGHT TURN
06 - MAKING LEFT TURN

MOST DAMAGED AREA **03**
01 - NONE
02 - CENTER FRONT
03 - RIGHT FRONT
04 - RIGHT SIDE
05 - REAR CENTER
06 - REAR TRAILER
07 - LEFT REAR
08 - LEFT SIDE
09 - LEFT FRONT
10 - TOP AND WINDOWS
11 - UNDERCARRIAGE
12 - LOAD/TRAILER
13 - TOTAL (ALL AREAS)
14 - OTHER

CONTRIBUTING CIRCUMSTANCE
PRIMARY **19**
01 - NONE
02 - FAILURE TO YIELD
03 - RAN STOP SIGN
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
SECONDARY **17**
01 - NONE
02 - FAILURE TO YIELD
03 - RAN STOP SIGN
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
99 - UNKNOWN

NON-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
15 - ENTERING OR CROSSING SPECIFIED LOCATIO
16 - WALKING/RUNNING, JOGGING, PLAYING, CYCLING
17 - WORKING
18 - PUSHING VEHICLE
19 - APPROACHING OR LEAVING VEHICLE
20 - STANDING
21 - OTHER NON-MOTORIST ACTION

SEQUENCE OF EVENTS
1 **08** **2** **30** **3** **4** **5** **6**
FIRST HARMFUL EVENT **2**
HARMFUL EVENT **2**
99 - UNKNOWN

VEHICLE DEFECTS **06**
01 - TURN SIGNALS
02 - HEAD LAMPS
03 - TAIL LAMPS
04 - BRAKES
05 - STEERING
06 - TIRE BLOWOUT
07 - WORK OR SLACK TIRES
08 - TRAILER EQUIPMENT DEFECTIVE
09 - MOTOR TROUBLE
10 - DISABLED FROM PRIOR ACCIDENT
11 - OTHER DEFECTS

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT EXED
14 - PEDESTRIAN
15 - BICYCLE
16 - RAILWAY VEHICLE (TRAIL, 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

NON-COLLISION EVENTS
01 - OVERTURN/Rollover
02 - FIRE/EXPLOSION
03 - IMMERSION
04 - JACKKNIFE
05 - CARGO/EQUIPMENT LOSS OR SHIFT
06 - EQUIPMENT FAILURE (Below the Bumper 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
25 - IMPACT ATTENUATOR/CRASH CUSHION/35 - MEDIAN CABLE BARRIER
26 - BRIDGE OVERHEAD STRUCTURE
27 - BRIDGE PIER OR ABUTMENT
28 - BRIDGE PAVEMENT
29 - BRIDGE RAIL
30 - GUARDRAIL FACE
31 - GUARDRAIL END
32 - PORTABLE BARRIER
33 - MEDIAN CONCRETE BARRIER
34 - MEDIAN GUARDRAIL BARRIER
35 - MEDIAN OTHER BARRIER
36 - MEDIAN OTHER BARRIER
37 - TRAFFIC SIGN POST
38 - OVERHEAD SIGN POST
39 - LIGHT/LUMINAIRIES SUPPORT
40 - UTILITY POLE
41 - OTHER POST, POLE OR SUPPORT
42 - CULVERT
43 - CURB
44 - DITCH
45 - EMBANKMENT
46 - FENCE
47 - MAULBOX
48 - TREE
49 - FIRE HYDRANT
50 - WORK ZONE MAINTENANCE EQUIPMENT
51 - WALL BUILDING, TUNNEL
52 - OTHER FIXED OBJECT

UNIT SPEED **50**
POSTED SPEED **50**
TRAFFIC CONTROL **12**
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
49-0306-49

UNIT NUMBER	NAME LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
1	Young, Hobert, Robinson	06/16/1979	37	M
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		
825 Columbus Ave., Marysville, OH, 43040		614-896-4683		

INJURIES	INJURED TAKEN BY	EMTS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
1	1			04	01		1	1	1	
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No. Valid	M/C End	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST VALUE	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE
OH	TF481592	4	1	1	1	1	1	1	1	1
OFFENSE CHARGED (Local Code)	OFFENSE DESCRIPTION									
4511.202	Operating vehicle without reasonable con									

UNIT NUMBER	NAME LAST, FIRST, MIDDLE	AGE	GENDER
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE	

INJURIES	INJURED TAKEN BY	EMTS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No. Valid	M/C End	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST VALUE	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED (Local Code)	OFFENSE DESCRIPTION									

INJURIES	INJURED TAKEN BY	EMTS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No. Valid	M/C End	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST VALUE	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED (Local Code)	OFFENSE DESCRIPTION									

INJURIES	INJURED TAKEN BY	EMTS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No. Valid	M/C End	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST VALUE	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED (Local Code)	OFFENSE DESCRIPTION									

INJURIES	INJURED TAKEN BY	EMTS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No. Valid	M/C End	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST VALUE	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED (Local Code)	OFFENSE DESCRIPTION									

UNIT NUMBER	NAME LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES	INJURED TAKEN BY	EMTS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT NUMBER	NAME LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					

INJURIES	INJURED TAKEN BY	EMTS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
UNIT NUMBER	NAME LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE							

SAFETY EQUIPMENT USED:
99 - UNKNOWN SAFETY EQUIPMENT

Non-Motorist
01 - NONE USED - VEHICLE OCCUPANT
02 - SHOULDER BELT ONLY USED
03 - LAP BELT ONLY USED
04 - SHOULDER AND LAP BELT ONLY USED

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
12 - REFLECTIVE COATING
13 - LIGHTING
14 - OTHER

SEATING POSITION
01 - FRONT - LEFT SIDE (Motorcyclist Driver)
02 - FRONT - MIDDLE
03 - FRONT - RIGHT SIDE
04 - SECOND - MIDDLE
05 - SECOND - RIGHT SIDE
06 - THIRD - LEFT SIDE (Motorcyclist Passenger)
07 - THIRD - MIDDLE
08 - THIRD - RIGHT SIDE
09 - SLEEPER SECTION OF CAB (Truck)
10 - PASSENGER IN OTHER ENCLOSED CARGO AREA (Non-Trucking Unit Shows as Belt, Padded and Crib)
11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (Non-Trucking Unit Shows as Belt, Padded and Crib)

Non-Motorist
01 - None
02 - Blood
03 - Urine
04 - Breath
05 - Other

Alcohol/Drug Suspected
1 - None
2 - Yes - Alcohol Suspected
3 - Yes - Herb/Notified
4 - Yes - Drugs Suspected
5 - Yes - Alcohol and Drugs Suspected

Alcohol Test Status
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unknown Results Known
4 - Test Given, Results Known
5 - Test Given, Results Unknown

Operator License Class
1 - Class A
2 - Class B
3 - Class C
4 - Regular Class (over 21)
5 - M/Minor Only

Alcohol Test Type
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unknown Results Known
4 - Test Given, Results Known
5 - Test Given, Results Unknown

Driver Distracted By
1 - No Distraction Reported
2 - Phone
3 - Eating/Evaluating
4 - Electronic Communication Device (Non-Hands-Free, Text, etc.)
5 - Other Inside The Vehicle
6 - Other Outside The Vehicle
7 - External Distraction

OHIO TRAFFIC ACCIDENT - OH2 NARRATIVE

LOCAL REPORT NUMBER 49-0306-49	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 08/02/2016
IN COUNTY OF Madison County	ACCIDENT LOCATION 7	

Roadwidth- 21'3"

Reference Point- south end of guardrail northbound lane

RP to Baseline- 5'8"

No injuries reported

Unit 1 damage- right side doors, right front fender, right front tire, right front rim

Property damage- guardrail

Madison County Engineers office needs notified of guardrail damage 825 US 42, London, OH 43140 (740) 852-9404

	AE	FE	DESCRIPTION
A	136'4"	5'8"	Unit 1 right front tire off the roadway
B	189'3"	5'8"	Impact with guardrail
C	225'8"	5'8"	End of guardrail
D	283'4"	11'10"	Unit 1 left rear tire at final rest
E	292'4"	12'10"	Unit 1 left front tire at final rest

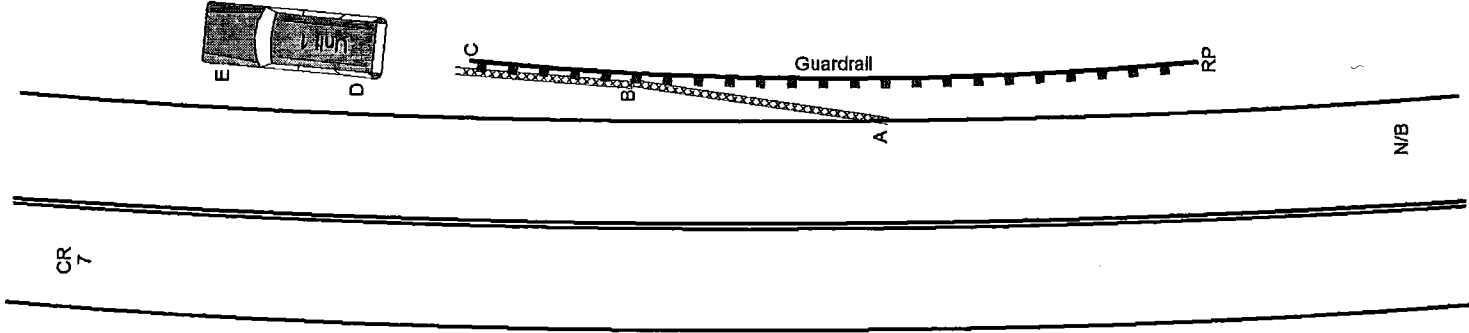
OFFICERS SIGNATURE

BADGE NO.

0939

OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER 49-0306-49	REPORTING AGENCY Ohio State Highway Patrol	REPORTING AGENCY 08/02/2016
IN COUNTY OF Madison County	ACCIDENT LOCATION 7	



NOT TO SCALE

OFFICERS SIGNATURE

BADGE NO.

0939