



# TRAFFIC CRASH REPORT

LOCAL INFORMATION  
P1611020000587

LOCAL REPORT NUMBER \*  
49-0454-49

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

HIT/SKIP  
0  
1 - SOLVED  
2 - UNSOLVED

|  |   |  |                                  |  |                      |  |
|--|---|--|----------------------------------|--|----------------------|--|
| <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>98<br>98 - ANIMAL<br>99 - UNKNOWN |
| COUNTY *<br>Madison County   | <input type="checkbox"/> CITY *<br><input type="checkbox"/> VILLAGE *<br><input checked="" type="checkbox"/> TOWNSHIP * | CITY, VILLAGE, TOWNSHIP *<br>Jefferson (Township of) | CRASH DATE *<br>11/02/2016       | TIME OF CRASH<br>06:56                               | DAY OF WEEK<br>WED   |  |

|   |                 |  |                        |
|---|-----------------|--|------------------------|
| DEGREES/MINUTES/SECONDS<br>LATITUDE<br>:: | LONGITUDE<br>:: | DECIMAL DEGREES<br>LATITUDE<br>39.974322 | LONGITUDE<br>83.280392 |
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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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|   |  |                                   |                          |   |
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| LOCATION ROUTE NUMBER<br><input type="checkbox"/> | LOC PREFIX<br><input type="checkbox"/> N,S,<br>E,W | LOCATION ROAD NAME<br>Middle Pike | 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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|   |   |  |                        |  |  |                           |
|---|---|--|------------------------|--|--|---------------------------|
| DISTANCE FROM REFERENCE<br>0.30<br><input checked="" type="checkbox"/> MILES<br><input type="checkbox"/> FEET<br><input type="checkbox"/> YARDS | DIR FROM REF<br><input checked="" type="checkbox"/> S<br><input type="checkbox"/> N,S,<br>E,W | REFERENCE ROUTE TYPE<br><input type="checkbox"/> | REFERENCE ROUTE NUMBER | REF PREFIX<br><input type="checkbox"/> N,S,<br>E,W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #)<br>Morgan | REFERENCE ROAD TYPE<br>RD |
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| REFERENCE POINT USED<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER | CRASH LOCATION<br>1 | 01 - NOT AN INTERSECTION<br>02 - FOUR-WAY INTERSECTION<br>03 - T-INTERSECTION<br>04 - Y-INTERSECTION<br>05 - TRAFFIC CIRCLE/ ROUNDABOUT | 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>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 |
|---|---------------------|---|--|--|---|--|

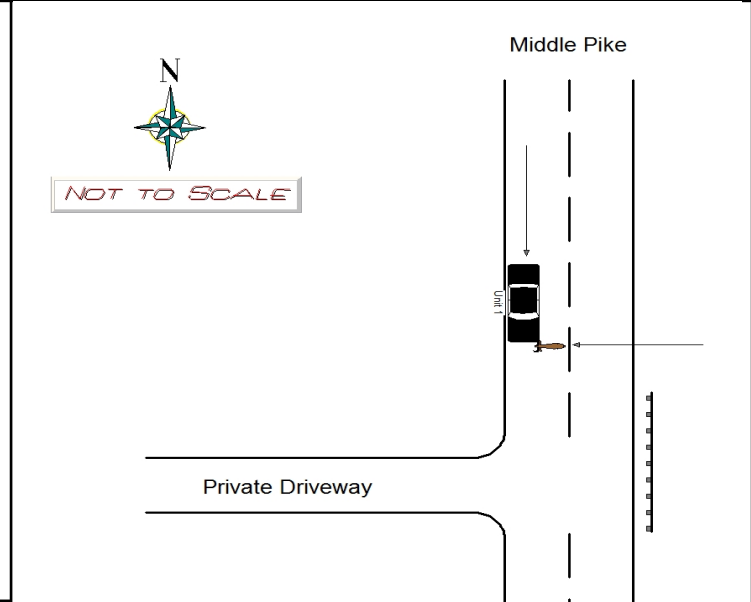
|   |                                 |                                       |   |  |  |
|---|---------------------------------|---------------------------------------|---|--|--|
| ROAD CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - UNKNOWN | ROAD CONDITIONS<br>PRIMARY<br>1 | SECONDARY<br><input type="checkbox"/> | 01 - DRY<br>02 - WET<br>03 - SNOW<br>04 - ICE | 05 - SAND, MUD, DIRT, OIL, GRAVEL<br>06 - WATER (STANDING, MOVING)<br>07 - SLUSH<br>08 - DEBRIS* | 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*<br>10 - OTHER<br>99 - UNKNOWN |
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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 | 5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, -SAME DIRECTION | 8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - UNKNOWN | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE | 4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW | 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>2<br>PRIMARY<br>SECONDARY<br><input type="checkbox"/> | 1 - DAYLIGHT<br>2 - DAWN<br>3 - DUSK<br>4 - DARK - LIGHTED ROADWAY | 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 | SCHOOL BUS 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 south on Middle Pike when a deer ran into the roadway and was struck.



|   |   |                                   |  |                           |                          |                          |                                |                     |
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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>11/02/2016 | TIME CRASH REPORTED<br>11/2/2016 6:56:00 | DISPATCH TIME<br>06:56 AM | ARRIVAL TIME<br>07:05 AM | TIME CLEARED<br>07:25 AM | OTHER INVESTIGATION TIME<br>15 | TOTAL MINUTES<br>44 |
| OFFICER'S NAME *<br>Mathias, Kevin  | OFFICER'S BADGE NUMBER<br>0801  | CHECKED BY<br>0070                |  |                           |                          |                          |                                |                     |



UNIT

LOCAL REPORT NUMBER

49-0454-49

|  |  |  |                                   |                                  |
|--|--|--|-----------------------------------|----------------------------------|
| UNIT NUMBER<br><b>1</b>  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>Miller, Susan, K</b> | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>740-837-6856</b> | DAMAGE SCALE<br><b>2</b>          | DAMAGE AREA<br>FRONT<br><br>REAR |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>11000 Main St, Plain City, OH, 43064</b> |  |  | 1 - NONE                          |                                  |
| LP STATE<br><b>OH</b>  | LICENSE PLATE NUMBER<br><b>DR09VW</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>1G11C5SL3FF272587</b>  | 2 - MINOR                         |                                  |
| VEHICLE YEAR<br><b>2015</b>  | VEHICLE MAKE<br><b>CHEV</b>  | VEHICLE MODEL<br><b>MAL</b>  | 3 - FUNCTIONAL                    |                                  |
| PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>  | INSURANCE COMPANY<br><b>Allstate</b>   | POLICY NUMBER<br><b>992397178</b>  | 4 - DISABLING                     | 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"/><br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVE WAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | 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>3</b><br>99 - UNKNOWN OR HIT/SKIP<br>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<br>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<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<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>9</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>1</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>18</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</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<br>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>55</b><br><input checked="" type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED | POSTED SPEED<br><b>45</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>1</b> TO <b>2</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 |
|---|---------------------------|--|--|



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

49-0454-49

|  |   |   |  |  |  |   |   |   |   |  |   |  |
|--|---|---|--|--|--|---|---|---|---|--|---|--|
| UNIT NUMBER<br>1   | NAME: LAST, FIRST, MIDDLE<br>Miller, Susan, K           |   |  |  | DATE OF BIRTH<br>08/26/1984                        | AGE<br>32   | GENDER<br><input checked="" type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |   |   |  |   |  |
| ADDRESS, CITY, STATE, ZIP<br>11000 Main St, Plain City, OH, 43064  |   |   |  |  |  | CONTACT PHONE - INCLUDE AREA CODE<br>740-837-6856   |   |   |   |  |   |  |
| 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<br><input type="checkbox"/> MOTORCYCLE<br><input checked="" type="checkbox"/> HELMET  | SEATING POSITION<br><input checked="" type="checkbox"/> 1   | AIR BAG USAGE<br><input checked="" type="checkbox"/> 1                                 | EJECTION<br><input checked="" type="checkbox"/> 1 | TRAPPED<br><input checked="" type="checkbox"/> 1 |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER<br>SD111747                     | OL CLASS<br><input checked="" type="checkbox"/> 4   | No<br><input type="checkbox"/> VALID<br>DL | M/C<br><input type="checkbox"/> END  | CONDITION<br><input checked="" type="checkbox"/> 1 | ALCOHOL/DRUG SUSPECTED<br><input checked="" type="checkbox"/> 1   | ALCOHOL TEST STATUS<br><input checked="" type="checkbox"/> 1                                  | ALCOHOL TEST TYPE<br><input checked="" type="checkbox"/> 1  | ALCOHOL TEST VALUE  | DRUG TEST STATUS<br>1  | DRUG TEST TYPE<br>1                               |  |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)   |   | OFFENSE DESCRIPTION   |  |  |  | CITATION NUMBER   |   | HANDS-FREE<br><input type="checkbox"/> DEVICE<br>USED   |   | DRIVER DISTRACTED BY<br><input checked="" type="checkbox"/> 1 <input type="checkbox"/> |   |  |
| UNIT NUMBER  | NAME: LAST, FIRST, MIDDLE                               |   |  |  | DATE OF BIRTH                                      | AGE   | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE            |   |   |  |   |  |
| 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<br><input type="checkbox"/> MOTORCYCLE<br><input type="checkbox"/> HELMET   | SEATING POSITION<br><input type="checkbox"/>  | AIR BAG USAGE<br><input type="checkbox"/>  | EJECTION<br><input type="checkbox"/>              | TRAPPED<br><input type="checkbox"/>              |
| OL STATE   | OPERATOR LICENSE NUMBER                                 | OL CLASS<br><input type="checkbox"/>  | No<br><input type="checkbox"/> VALID<br>DL | M/C<br><input type="checkbox"/> END  | 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<br><input type="checkbox"/> DEVICE<br>USED   |   | DRIVER DISTRACTED BY<br><input type="checkbox"/> <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     |  | MOTORIST<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       |  | NON-MOTORIST<br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM-REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED  |   | 09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)  |   | 12 - REFLECTIVE COATING<br>13 - LIGHTING<br>14 - OTHER                                 |   |  |
| SEATING POSITION   |   |   |  |  |  | AIR BAG USAGE   |   |   |   |  |   |  |
| 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE |   |   |  |  |  | 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 |  |   |  |
| 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><input type="checkbox"/> M - MALE            |   |   |  |   |  |
| 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<br><input type="checkbox"/> MOTORCYCLE<br><input type="checkbox"/> HELMET   | SEATING POSITION<br><input type="checkbox"/>  | AIR BAG USAGE<br><input type="checkbox"/>  | EJECTION<br><input type="checkbox"/>              | TRAPPED<br><input type="checkbox"/>              |
| UNIT NUMBER  | NAME: LAST, FIRST, MIDDLE                               |   |  |  | DATE OF BIRTH                                      | AGE   | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE            |   |   |  |   |  |
| 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<br><input type="checkbox"/> MOTORCYCLE<br><input type="checkbox"/> HELMET   | SEATING POSITION<br><input type="checkbox"/>  | AIR BAG USAGE<br><input type="checkbox"/>  | EJECTION<br><input type="checkbox"/>              | TRAPPED<br><input type="checkbox"/>              |

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT