

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER \*

49-0699-49

|   |  |   |  |   |  |   |  |   |  |   |  |  |  |
|---|--|---|--|---|--|---|--|---|--|---|--|--|--|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> SECONDARY CRASH  |  | <input checked="" type="checkbox"/> OH -2<br><input type="checkbox"/> OH-1P<br><input type="checkbox"/> PRIVATE PROPERTY                          |  | LOCAL INFORMATION P19120400000915<br>REPORTING AGENCY NAME *<br>Ohio State Highway Patrol   |  | NCIC *<br>OHP49   |  | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED  |  | NUMBER OF UNITS<br>2  |  | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN   |  |
| COUNTY*<br>49   |  | LOCALITY*<br>1 - CITY<br>2 - VILLAGE<br>3 - TOWNSHIP<br>3   |  | LOCATION: CITY, VILLAGE, TOWNSHIP*<br>Deer Creek (Township of)  |  | CRASH DATE / TIME*<br>12/04/2019 09:10  |  | CRASH SEVERITY<br>1 - FATAL<br>2 - SERIOUS INJURY SUSPECTED<br>3 - MINOR INJURY SUSPECTED<br>4 - INJURY POSSIBLE<br>5 - PROPERTY DAMAGE ONLY  |  |   |  |  |  |
| ROUTE TYPE<br>SR  |  | ROUTE NUMBER<br>38  |  | PREFIX<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  |  | LOCATION ROAD NAME  |  | ROAD TYPE<br>MP   |  | LATITUDE DECIMAL DEGREES<br>39.952518   |  | LONGITUDE DECIMAL DEGREES<br>-83.435329  |  |
| REFERENCE POINT<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE #<br>2  |  | DIRECTION FROM REFERENCE<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>1   |  | ROUTE TYPE<br>IR - INTERSTATE ROUTE (TP)<br>US - FEDERAL US ROUTE<br>SR - STATE ROUTE<br>CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE                         |  | ROAD TYPE<br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS   |  | ROAD TYPE<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>OV - OVAL<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE   |  | INTERSECTION RELATED<br><input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH<br><input type="checkbox"/> WITHIN INTERCHANGE AREA       |  | NUMBER OF APPROACHES   |  |
| DISTANCE FROM REFERENCE<br>0.60   |  | DISTANCE UNIT OF MEASURE<br>1 - MILES<br>2 - FEET<br>3 - YARDS<br>1   |  | ROADWAY<br><input type="checkbox"/> ROADWAY DIVIDED   |  | 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 TRAFFIC WAY<br>7 - ON RAMP<br>8 - OFF RAMP |  | 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 - OTHER / UNKNOWN |  | DIRECTION OF TRAVEL<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  | MEDIAN TYPE<br>1 - DIVIDED FLUSH MEDIAN (< 4 FEET)<br>2 - DIVIDED FLUSH MEDIAN (≥ 4 FEET)<br>3 - DIVIDED, DEPRESSED MEDIAN<br>4 - DIVIDED, RAISED MEDIAN (ANY TYPE)<br>9 - OTHER / UNKNOWN |  |
| <input checked="" type="checkbox"/> WORK ZONE RELATED<br><input checked="" type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT<br><input type="checkbox"/> ACTIVE SCHOOL ZONE |  | WORK ZONE TYPE<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>1 - BEFORE THE 1ST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |  | CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - OTHER /UNKNOWN   |  | CONDITIONS<br>1 - DRY<br>2 - WET<br>3 - SNOW<br>4 - ICE<br>5 - SAND, MUD, DIRT, OIL, GRAVEL<br>6 - WATER (STANDING, MOVING)<br>7 - SLUSH<br>9 - OTHER / UNKNOWN   |  | SURFACE<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>9 - OTHER / UNKNOWN |  |  |  |
| LIGHT CONDITION<br>1 - DAYLIGHT<br>2 - DAWN/DUSK<br>3 - DARK - LIGHTED ROADWAY<br>4 - DARK - ROADWAY NOT LIGHTED<br>5 - DARK - UNKNOWN ROADWAY LIGHTING<br>9 - OTHER / UNKNOWN                                  |  | WEATHER<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL   |  | WEATHER<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - FREEZING RAIN OR FREEZING DRIZZLE<br>99 - OTHER / UNKNOWN                         |  | NARRATIVE<br>Unit #1 was traveling southbound on SR 38. Unit #2 was traveling northeast bound on SR 38. Unit #2 attempted to pass an ODOT work crew and sideswiped Unit #1.       |  |   |  |   |  |  |  |
|   |  |   |  |   |  |   |  |   |  |   |  |  |  |
| CRASH REPORTED DATE / TIME<br>12/04/2019 09:14  |  | DISPATCH DATE / TIME<br>12/04/2019 09:14  |  | ARRIVAL DATE / TIME<br>12/04/2019 09:23   |  | SCENE CLEARED DATE / TIME<br>12/04/2019 10:30   |  | REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST   |  |   |  |  |  |
| TOTAL TIME ROADWAY CLOSED<br>OTHER INVESTIGATION TIME   |  | TOTAL MINUTES<br>76   |  | OFFICER'S NAME*<br>Bryner, James  |  | CHECKED BY OFFICER'S NAME*<br>Scales, Todd  |  | <input type="checkbox"/> SUPPLEMENT<br>(CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)  |  |   |  |  |  |
|   |  |   |  | OFFICER'S BADGE NUMBER*<br>1262   |  | CHECKED BY OFFICER'S BADGE NUMBER*<br>1676  |  |   |  |   |  |  |  |

|  |  |   |
|--|--|---|
| <b>UNIT #</b><br>1   | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>KIRTS, KIRK, A | <b>OWNER PHONE:</b> INCLUDE AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) |
| <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>7859 SR 56, MECHANICSBURG, OH, 43044 |  |   |
| <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP   |  | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE                                |

|  |   |   |  |                              |
|--|---|---|--|------------------------------|
| <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>GLB3617             | <b>VEHICLE IDENTIFICATION #</b><br>1D7HU18D14S646510  | <b>VEHICLE YEAR</b><br>2004  | <b>VEHICLE MAKE</b><br>DODGE |
| <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>  | <b>INSURANCE COMPANY</b><br>SONNENBERG MUTUAL | <b>INSURANCE POLICY #</b><br>SSV34020056080   | <b>COLOR</b><br>SIL  | <b>VEHICLE MODEL</b><br>RAM  |
| <b>TYPE OF USE</b><br><input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE |   | <b>US DOT #</b>   | <b>TOWED BY:</b> COMPANY NAME  |                              |
| <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>  | <input type="checkbox"/> <b>HIT/SKIP UNIT</b> | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - ≤10K LBS.<br>2 - 10.001 - 26K LBS.<br>3 - > 26K LBS. | <b>HAZARDOUS MATERIAL</b><br><input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD PLACARD ID # |                              |

**UNIT TYPE** [ 4 ]

|                             |                                    |                        |  |                            |
|-----------------------------|------------------------------------|------------------------|--|----------------------------|
| 1 - PASSENGER CAR           | 6 - VAN (9-15 SEATS)               | 12 - GOLF CART         | 18 - LIMO (LIVERY VEHICLE)                     | 23 - PEDESTRIAN/SKATER     |
| 2 - PASSENGER VAN (MINIVAN) | 7 - MOTORCYCLE 2-WHEELED           | 13 - SNOWMOBILE        | 19 - BUS (16+ PASSENGERS)                      | 24 - WHEELCHAIR (ANY TYPE) |
| 3 - SPORT UTILITY VEHICLE   | 8 - MOTORCYCLE 3-WHEELED           | 14 - SINGLE UNIT TRUCK | 20 - OTHER VEHICLE                             | 25 - OTHER NON-MOTORIST    |
| 4 - PICK UP                 | 9 - AUTOCYCLE                      | 15 - SEMI-TRACTOR      | 21 - HEAVY EQUIPMENT                           | 26 - BICYCLE               |
| 5 - CARGO VAN               | 10 - MOPED OR MOTORIZED BICYCLE    | 16 - FARM EQUIPMENT    | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE | 27 - TRAIN                 |
|                             | 11 - ALL TERRAIN VEHICLE (ATV/UTV) | 17 - MOTORHOME         | 99 - UNKNOWN OR HIT/SKIP                       |                            |

# of TRAILING UNITS

**VEHICLE MODE** [ 2 ]

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

**AUTONOMOUS MODE LEVEL** [ 0 ]

|                        |                            |                   |
|------------------------|----------------------------|-------------------|
| 0 - NO AUTOMATION      | 3 - CONDITIONAL AUTOMATION | 9 - OTHER/UNKNOWN |
| 1 - DRIVER ASSISTANCE  | 4 - HIGH AUTOMATION        |                   |
| 2 - PARTIAL AUTOMATION | 5 - FULL AUTOMATION        |                   |

**SPECIAL FUNCTION** [ 1 ]

|                             |                        |                          |                            |                      |
|-----------------------------|------------------------|--------------------------|----------------------------|----------------------|
| 1 - NONE                    | 6 - BUS - CHARTER/TOUR | 11 - FIRE                | 16 - FARM                  | 21 - MAIL CARRIER    |
| 2 - TAXI                    | 7 - BUS - INTERCITY    | 12 - MILITARY            | 17 - MOWING                | 99 - OTHER / UNKNOWN |
| 3 - ELECTRONIC RIDE SHARING | 8 - BUS - SHUTTLE      | 13 - POLICE              | 18 - SNOW REMOVAL          |                      |
| 4 - SCHOOL TRANSPORT        | 9 - BUS - OTHER        | 14 - PUBLIC UTILITY      | 19 - TOWING                |                      |
| 5 - BUS - TRANSIT/COMMUTER  | 10 - AMBULANCE         | 15 - CONSTRUCTION EQUIP. | 20 - SAFETY SERVICE PATROL |                      |

**CARGO BODY TYPE** [ 1 ]

|  |                                  |                        |                       |                      |
|--|----------------------------------|------------------------|-----------------------|----------------------|
| 1 - NO CARGO BODY TYPE / NOT APPLICABLE  | 4 - LOGGING                      | 7 - GRAIN/CHIPS/GRAVEL | 11 - DUMP             | 99 - OTHER / UNKNOWN |
| 2 - BUS                                  | 5 - INTERMODAL CONTAINER CHASSIS | 8 - POLE               | 12 - CONCRETE MIXER   |                      |
| 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | 6 - CARGOVAN /ENCLOSED BOX       | 9 - CARGO TANK         | 13 - AUTO TRANSPORTER |                      |
|  |                                  | 10 - FLAT BED          | 14 - GARBAGE/REFUSE   |                      |

**VEHICLE DEFECTS**

|                  |                  |                                 |                                   |                      |
|------------------|------------------|---------------------------------|-----------------------------------|----------------------|
| 1 - TURN SIGNALS | 4 - BRAKES       | 7 - WORN OR SLICK TIRES         | 9 - MOTOR TROUBLE                 | 99 - OTHER / UNKNOWN |
| 2 - HEAD LAMPS   | 5 - STEERING     | 8 - TRAILER EQUIPMENT DEFECTIVE | 10 - DISABLED FROM PRIOR ACCIDENT |                      |
| 3 - TAIL LAMPS   | 6 - TIRE BLOWOUT |                                 |                                   |                      |

**NON-MOTORIST LOCATION AT IMPACT**

|                                       |                                  |                            |  |                      |
|---------------------------------------|----------------------------------|----------------------------|--|----------------------|
| 1 - INTERSECTION - MARKED CROSSWALK   | 4 - MIDBLOCK - MARKED CROSSWALK  | 7 - SHOULDER/ROADSIDE      | 10 - DRIVEWAY ACCESS                   | 99 - OTHER / UNKNOWN |
| 2 - INTERSECTION - UNMARKED CROSSWALK | 5 - TRAVEL LANE - OTHER LOCATION | 8 - SIDEWALK               | 11 - SHARED USE PATHS OR TRAILS        |                      |
| 3 - INTERSECTION - OTHER              | 6 - BICYCLE LANE                 | 9 - MEDIAN/CROSSING ISLAND | 12 - FIRST RESPONDER AT INCIDENT SCENE |                      |

**ACTION** [ 5 ]

**PRE-CRASH ACTIONS** [ 1 ]

|                            |                           |  |   |  |
|----------------------------|---------------------------|--|---|--|
| 1 - NON-CONTACT            | 1 - STRAIGHT AHEAD        | 9 - LEAVING TRAFFIC LANE                     | 15 - WALKING, RUNNING, JOGGING, PLAYING | 21 - STANDING OUTSIDE DISABLED VEHICLE |
| 2 - NON-COLLISION          | 2 - BACKING               | 10 - PARKED                                  | 16 - WORKING                            | 99 - OTHER / UNKNOWN                   |
| 3 - STRIKING               | 3 - CHANGING LANES        | 11 - SLOWING OR STOPPED IN TRAFFIC           | 17 - PUSHING VEHICLE                    |  |
| 4 - STRUCK                 | 4 - OVERTAKING/PASSING    | 12 - DRIVERLESS                              | 18 - APPROACHING OR LEAVING VEHICLE     |  |
| 5 - BOTH STRIKING & STRUCK | 5 - MAKING RIGHT TURN     | 13 - NEGOTIATING A CURVE                     | 19 - STANDING                           |  |
| 9 - OTHER / UNKNOWN        | 6 - MAKING LEFT TURN      | 14 - ENTERING OR CROSSING SPECIFIED LOCATION | 20 - OTHER NON-MOTORIST                 |  |
|                            | 7 - MAKING U-TURN         |  |   |  |
|                            | 8 - ENTERING TRAFFIC LANE |  |   |  |

**CONTRIBUTING CIRCUMSTANCES** [ 1 ]

|                      |                               |  |                                      |                                |
|----------------------|-------------------------------|--|--------------------------------------|--------------------------------|
| 1 - NONE             | 8 - FOLLOWING TOO CLOSE /ACDA | 13 - IMPROPER START FROM A PARKED POSITION | 18 - OPERATING DEFECTIVE EQUIPMENT   | 23 - OPENING DOOR INTO ROADWAY |
| 2 - FAILURE TO YIELD | 9 - IMPROPER LANE CHANGE      | 14 - STOPPED OR PARKED ILLEGALLY           | 19 - LOAD SHIFTING /FALLING/SPILLING | 99 - OTHER IMPROPER ACTION     |
| 3 - RAN RED LIGHT    | 10 - IMPROPER PASSING         | 15 - SWERVING TO AVOID                     | 20 - IMPROPER CROSSING               |                                |
| 4 - RAN STOP SIGN    | 11 - DROVE OFF ROAD           | 16 - WRONG WAY                             | 21 - LYING IN ROADWAY                |                                |
| 5 - UNSAFE SPEED     | 12 - IMPROPER BACKING         | 17 - VISION OBSTRUCTION                    | 22 - NOT DISCERNIBLE                 |                                |
| 6 - IMPROPER TURN    |                               |  |                                      |                                |
| 7 - LEFT OF CENTER   |                               |  |                                      |                                |

**SEQUENCE OF EVENTS**

[ 20 ]

|                                     |  |                          |                                      |   |
|-------------------------------------|--|--------------------------|--------------------------------------|---|
| 1 - OVERTURN/ROLLOVER               | 7 - SEPARATION OF UNITS                              | 12 - DOWNHILL RUNAWAY    | 19 - ANIMAL - OTHER                  | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| 2 - FIRE/EXPLOSION                  | 8 - RAN OFF ROAD RIGHT                               | 13 - OTHER NON-COLLISION | 20 - MOTOR VEHICLE IN TRANSPORT      | 24 - OTHER MOVABLE OBJECT   |
| 3 - IMMERSION                       | 9 - RAN OFF ROAD LEFT                                | 14 - PEDESTRIAN          | 21 - PARKED MOTOR VEHICLE            |   |
| 4 - JACKKNIFE                       | 10 - CROSS MEDIAN                                    | 15 - PEDALCYCLE          | 22 - WORK ZONE MAINTENANCE EQUIPMENT |   |
| 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL | 16 - RAILWAY VEHICLE     |                                      |   |
| 6 - EQUIPMENT FAILURE               |  | 17 - ANIMAL - FARM       |                                      |   |
|                                     |  | 18 - ANIMAL - DEER       |                                      |   |

**COLLISION WITH FIXED OBJECT - STRUCK**

|  |                               |                                  |                                      |                         |
|--|-------------------------------|----------------------------------|--------------------------------------|-------------------------|
| 25 - IMPACT ATTENUATOR / CRASH CUSHION | 31 - GUARDRAIL END            | 38 - OVERHEAD SIGN POST          | 45 - EMBANKMENT                      | 52 - BUILDING           |
| 26 - BRIDGE OVERHEAD STRUCTURE         | 32 - PORTABLE BARRIER         | 39 - LIGHT / LUMINARIES SUPPORT  | 46 - FENCE                           | 53 - TUNNEL             |
| 27 - BRIDGE PIER OR ABUTMENT           | 33 - MEDIAN CABLE BARRIER     | 40 - UTILITY POLE                | 47 - MAILBOX                         | 54 - OTHER FIXED OBJECT |
| 28 - BRIDGE PARAPET                    | 34 - MEDIAN GUARDRAIL BARRIER | 41 - OTHER POST, POLE OR SUPPORT | 48 - TREE                            | 99 - OTHER / UNKNOWN    |
| 29 - BRIDGE RAIL                       | 35 - MEDIAN CONCRETE BARRIER  | 42 - CULVERT                     | 49 - FIRE HYDRANT                    |                         |
| 30 - GUARDRAIL FACE                    | 36 - MEDIAN OTHER BARRIER     | 43 - CURB                        | 50 - WORK ZONE MAINTENANCE EQUIPMENT |                         |
|  | 37 - TRAFFIC SIGN POST        | 44 - DITCH                       | 51 - WALL                            |                         |

[ 1 ] **FIRST HARMFUL EVENT** [ 1 ] **MOST HARMFUL EVENT**

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**DAMAGE**

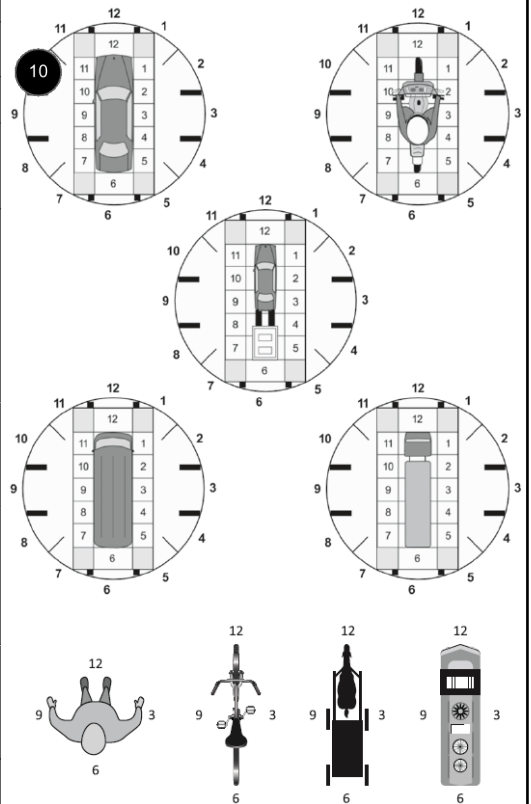
**DAMAGE SCALE**

[ 2 ]

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

**DAMAGED AREA(S)**

INDICATE ALL THAT APPLY



NO DAMAGE [ 0 ]

UNDERCARRIAGE [ 14 ]

TOP [ 13 ]

ALL AREAS [ 15 ]

UNIT NOT AT SCENE [ 16 ]

**INITIAL POINT OF CONTACT**

[ 11 ]

|                              |                           |
|------------------------------|---------------------------|
| 0 - NO DAMAGE                | 14 - UNDERCARRIAGE        |
| 1-12 - REFER TO UNIT DIAGRAM | 15 - VEHICLE NOT AT SCENE |
| 13 - TOP                     | 99 - UNKNOWN              |

**TRAFFIC**

|  |   |
|--|---|
| <b>TRAFFICWAY FLOW</b><br>1 - ONE-WAY<br>2 - TWO-WAY | <b>TRAFFIC CONTROL</b><br>1 - ROUNDABOUT 4 - STOP SIGN<br>2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |
|--|---|

|  |   |
|--|---|
| <b># OF THROUGH LANES ON ROAD</b><br>[ 2 ] | <b>RAIL GRADE CROSSING</b><br>1 - NOT INVOLVED<br>2 - INVOLVED-ACTIVE CROSSING<br>3 - INVOLVED-PASSIVE CROSSING |
|--|---|

**UNIT / NON-MOTORIST DIRECTION**

FROM [ 1 ] TO [ 2 ]

|                     |               |
|---------------------|---------------|
| 1 - NORTH           | 5 - NORTHEAST |
| 2 - SOUTH           | 6 - NORTHWEST |
| 3 - EAST            | 7 - SOUTHEAST |
| 4 - WEST            | 8 - SOUTHWEST |
| 9 - OTHER / UNKNOWN |               |

|                               |   |
|-------------------------------|---|
| <b>UNIT SPEED</b><br>[ 40 ]   | <b>DETECTED SPEED</b><br>1 - STATED / ESTIMATED SPEED |
| <b>POSTED SPEED</b><br>[ 55 ] | [ 1 ] 2 - CALCULATED / EDR<br>3 - UNDETERMINED        |



# MOTORIST / Non-MOTORIST

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|  |  |   |  |   |   |   |                              |                           |                      |                        |
|--|--|---|--|---|---|---|------------------------------|---------------------------|----------------------|------------------------|
| <b>UNIT #</b><br>1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>KIRTS, KIRK, A |   |  |   | <b>DATE OF BIRTH</b><br>07/02/1970            |   | <b>AGE</b><br>49             | <b>GENDER</b><br>M        |                      |                        |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>7859 SR 56, MECHANICSBURG, OH, 43044 |  |   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>      |   |                              |                           |                      |                        |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b><br>1                       | <b>EMS AGENCY (NAME)</b>                  | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>4             | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1 | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1    |
| <b>OL STATE</b><br>OH  | <b>OPERATOR LICENSE NUMBER</b>                     |   | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/> | <b>OFFENSE DESCRIPTION</b>  |                              | <b>CITATION NUMBER</b>    |                      |                        |
| <b>OL CLASS</b><br>1   | <b>ENDORSEMENT</b><br>N, M                         | <b>RESTRICTION SELECT UP TO 3</b><br>2, 3 | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br>1   | <b>ALCOHOL TEST</b>          |                           | <b>DRUG TEST(S)</b>  |                        |
|  |  |   |  |   |   | STATUS  |                              | TYPE                      |                      | RESULTS SELECT UP TO 4 |
|  |  |   |  |   |   | 1   |                              | 1                         |                      | .                      |

|  |   |  |  |   |   |   |                              |  |                      |                        |
|--|---|--|--|---|---|---|------------------------------|--|----------------------|------------------------|
| <b>UNIT #</b><br>2   | <b>NAME: LAST, FIRST, MIDDLE</b><br>GRANGER, LINDA, A |  |  |   | <b>DATE OF BIRTH</b><br>09/05/1964            |   | <b>AGE</b><br>55             | <b>GENDER</b><br>F                             |                      |                        |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>1445 ITAWAMBA TRL, LONDON, OH, 43140 |   |  |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b>      |   |                              |  |                      |                        |
| <b>INJURIES</b><br>5   | <b>INJURED TAKEN BY</b><br>1                          | <b>EMS AGENCY (NAME)</b>               | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>4             | <input type="checkbox"/> DOT-COMPLIANT<br><input checked="" type="checkbox"/> MC HELMET | <b>SEATING POSITION</b><br>1 | <b>AIR BAG USAGE</b><br>1                      | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1    |
| <b>OL STATE</b><br>OH  | <b>OPERATOR LICENSE NUMBER</b>                        |  | <b>OFFENSE CHARGED</b><br>4511.27                      |   | <b>LOCAL CODE</b><br><input type="checkbox"/> | <b>OFFENSE DESCRIPTION</b><br>RULES GOVERNING OVERTAKING AND                            |                              | <b>CITATION NUMBER</b><br>OHP49126212042019095 |                      |                        |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT</b>                                    | <b>RESTRICTION SELECT UP TO 3</b><br>3 | <b>DRIVER DISTRACTED BY</b><br>1                       | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |   | <b>CONDITION</b><br>1   | <b>ALCOHOL TEST</b>          |  | <b>DRUG TEST(S)</b>  |                        |
|  |   |  |  |   |   | STATUS  |                              | TYPE   |                      | RESULTS SELECT UP TO 4 |
|  |   |  |  |   |   | 1   |                              | 1  |                      | .                      |

|  |                                  |                                   |  |                                 |  |  |                         |                        |                     |                        |
|--|----------------------------------|-----------------------------------|--|---------------------------------|--|--|-------------------------|------------------------|---------------------|------------------------|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b> |                                   |  |                                 | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>              | <b>GENDER</b>          |                     |                        |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                  |                                   |  |                                 | <b>CONTACT PHONE - INCLUDE AREA CODE</b> |  |                         |                        |                     |                        |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>          | <b>EMS AGENCY (NAME)</b>          | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |                                 | <b>SAFETY EQUIPMENT USED</b>             | <input type="checkbox"/> DOT-COMPLIANT<br><input type="checkbox"/> MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b>   | <b>EJECTION</b>     | <b>TRAPPED</b>         |
| <b>OL STATE</b>                          | <b>OPERATOR LICENSE NUMBER</b>   |                                   | <b>OFFENSE CHARGED</b>                                 |                                 | <b>LOCAL CODE</b>                        | <b>OFFENSE DESCRIPTION</b>   |                         | <b>CITATION NUMBER</b> |                     |                        |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b>               | <b>RESTRICTION SELECT UP TO 3</b> | <b>DRIVER DISTRACTED BY</b>                            | <b>ALCOHOL / DRUG SUSPECTED</b> |  | <b>CONDITION</b>   | <b>ALCOHOL TEST</b>     |                        | <b>DRUG TEST(S)</b> |                        |
|  |                                  |                                   |  |                                 |  | STATUS   |                         | TYPE                   |                     | RESULTS SELECT UP TO 4 |
|  |                                  |                                   |  |                                 |  |  |                         |                        |                     |                        |

| INJURIES                                      | SEATING POSITION   | AIR BAG                            | OL CLASS                     | OL RESTRICTION(S)  | DRIVER DISTRACTION   | TEST STATUS                                    |
|---|--|------------------------------------|------------------------------|--|--|--|
| 1 - FATAL                                     | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  | 1 - NOT DEPLOYED                   | 1 - CLASS A                  | 1 - ALCOHOL INTERLOCK DEVICE   | 1 - NOT DISTRACTED   | 1 - NONE GIVEN                                 |
| 2 - SUSPECTED SERIOUS INJURY                  | 2 - FRONT - MIDDLE   | 2 - DEPLOYED FRONT                 | 2 - CLASS B                  | 2 - CDL INTRASTATE ONLY  | 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) | 2 - TEST REFUSED                               |
| 3 - SUSPECTED MINOR INJURY                    | 3 - FRONT - RIGHT SIDE   | 3 - DEPLOYED SIDE                  | 3 - CLASS C                  | 3 - CORRECTIVE LENSES  | 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE                                       | 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE |
| 4 - POSSIBLE INJURY                           | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  | 4 - DEPLOYED BOTH FRONT/SIDE       | 4 - REGULAR CLASS (OHIO = D) | 4 - FARM WAIVER  | 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE  | 4 - TEST GIVEN, RESULTS KNOWN                  |
| 5 - NO APPARENT INJURY                        | 5 - SECOND - MIDDLE  | 5 - NOT APPLICABLE                 | 5 - M/C MOPED ONLY           | 5 - EXCEPT CLASS A BUS & CLASS B BUS   | 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE   | 5 - TEST GIVEN, RESULTS UNKNOWN                |
|   | 6 - SECOND - RIGHT SIDE  | 9 - DEPLOYMENT UNKNOWN             | 6 - NO VALID OL              | 6 - EXCEPT TRACTOR-TRAILER   | 6 - PASSENGER  | <b>ALCOHOL TEST TYPE</b>                       |
|   | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)  |                                    |                              | 7 - INTERMEDIATE LICENSE RESTRICTIONS  | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | 1 - NONE                                       |
|   | 8 - THIRD - MIDDLE   | <b>EJECTION</b>                    | <b>OL ENDORSEMENT</b>        | 8 - LIMITED TO DAYLIGHT ONLY   | 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE  | 2 - BLOOD                                      |
|   | 9 - THIRD - RIGHT SIDE   | 1 - NOT EJECTED                    | H - HAZMAT                   | 9 - LEARNER'S PERMIT RESTRICTIONS  | 9 - OTHER / UNKNOWN  | 3 - URINE                                      |
| <b>INJURIES TAKEN BY</b>                      | 10 - SLEEPER SECTION OF TRUCK CAB  | 2 - PARTIALLY EJECTED              | M - MOTORCYCLE               | 10 - LIMITED TO EMPLOYMENT   |  | 4 - BREATH                                     |
| 1 - NOT TRANSPORTED /TREATED AT SCENE         | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) | 3 - TOTALLY EJECTED                | P - PASSENGER                | 11 - LIMITED TO OTHER  | <b>CONDITION</b>   | 5 - OTHER                                      |
| 2 - EMS                                       | 12 - PASSENGER IN UNENCLOSED CARGO AREA  | 4 - NOT APPLICABLE                 | Q - TANKER                   | 12 - LIMITED - OTHER   | 1 - APPARENTLY NORMAL  | <b>DRUG TEST TYPE</b>                          |
| 3 - POLICE                                    | 13 - TRAILING UNIT   | <b>TRAPPED</b>                     | N - TANKER                   | 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) | 2 - PHYSICAL IMPAIRMENT  | 1 - NONE                                       |
| 9 - OTHER / UNKNOWN                           | 14 - RIDING ON VEHICLE EXTERIOR  | 1 - NOT TRAPPED                    | R - THREE-WHEEL MOTORCYCLE   | 14 - MILITARY VEHICLES ONLY  | 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)                                    | 2 - BLOOD                                      |
| <b>SAFETY EQUIPMENT</b>                       | 15 - NON-MOTORIST  | 2 - EXTRICATED BY MECHANICAL MEANS | S - SCHOOL BUS               | 15 - MOTOR VEHICLES WITHOUT AIR BRAKES   | 4 - ILLNESS  | 3 - URINE                                      |
| 1 - NONE USED                                 | 99 - OTHER / UNKNOWN   | 3 - FREED BY NON-MECHANICAL MEANS  | T - DOUBLE & TRIPLE TRAILERS | 16 - OUTSIDE MIRROR  | 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 4 - OTHER                                      |
| 2 - SHOULDER BELT ONLY USED                   |  |                                    | X - TANKER / HAZMAT          | 17 - PROSTHETIC AID  | 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL                             | <b>DRUG TEST RESULT(S)</b>                     |
| 3 - LAP BELT ONLY USED                        |  |                                    |                              | 18 - OTHER   | 9 - OTHER / UNKNOWN  | 1 - AMPHETAMINES                               |
| 4 - SHOULDER & LAP BELT USED                  |  |                                    | <b>GENDER</b>                |  |  | 2 - BARBITURATES                               |
| 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   |  |                                    | F - FEMALE                   |  |  | 3 - BENZODIAZEPINES                            |
| 6 - CHILD RESTRAINT SYSTEM - REAR FACING      |  |                                    | M - MALE                     |  |  | 4 - CANNABINOIDS                               |
| 7 - BOOSTER SEAT                              |  |                                    | U - OTHER / UNKNOWN          |  |  | 5 - COCAINE                                    |
| 8 - HELMET USED                               |  |                                    |                              |  |  | 6 - OPIATES / OPIOIDS                          |
| 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) |  |                                    |                              |  |  | 7 - OTHER                                      |
| 10 - REFLECTIVE CLOTHING                      |  |                                    |                              |  |  | 8 - NEGATIVE RESULTS                           |
| 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     |  |                                    |                              |  |  |  |
| 99 - OTHER / UNKNOWN                          |  |                                    |                              |  |  |  |

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
49-0699-49

|  |  |                                  |  |  |  |                         |                      |                 |                |
|--|--|----------------------------------|--|--|--|-------------------------|----------------------|-----------------|----------------|
| <b>OCCUPANT</b>                          | <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE |  |  | <b>DATE OF BIRTH</b>                             |                         | <b>AGE</b>           | <b>GENDER</b>   |                |
|  | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                                  |  |  | <b>CONTACT PHONE</b> - INCLUDE AREA CODE         |                         |                      |                 |                |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b>                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
| <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE         |                                  |  | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>              | <b>GENDER</b>        |                 |                |
| <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |  |                                  |  | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |  |                         |                      |                 |                |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b>                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
| <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE         |                                  |  | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>              | <b>GENDER</b>        |                 |                |
| <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |  |                                  |  | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |  |                         |                      |                 |                |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b>                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |
| <b>UNIT #</b>                            | <b>NAME:</b> LAST, FIRST, MIDDLE         |                                  |  | <b>DATE OF BIRTH</b>                     |  | <b>AGE</b>              | <b>GENDER</b>        |                 |                |
| <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |  |                                  |  | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |  |                         |                      |                 |                |
| <b>INJURIES</b>                          | <b>INJURED TAKEN BY</b>                  | <b>EMS AGENCY (NAME)</b>         | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> | <b>SAFETY EQUIPMENT</b>                  | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b> | <b>AIR BAG USAGE</b> | <b>EJECTION</b> | <b>TRAPPED</b> |

| INJURIES                     | SAFETY EQUIPMENT USED                         | SEATING POSITION  | AIR BAG USAGE                      |
|------------------------------|---|---|------------------------------------|
| 1 - FATAL                    | 1 - NONE USED - VEHICLE OCCUPANT              | 1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)   | 1 - NOT DEPLOYED                   |
| 2 - SUSPECTED SERIOUS INJURY | 2 - SHOULDER BELT ONLY USED                   | 2 - FRONT - MIDDLE  | 2 - DEPLOYED FRONT                 |
| 3 - SUSPECTED MINOR INJURY   | 3 - LAP BELT ONLY USED                        | 3 - FRONT - RIGHT SIDE  | 3 - DEPLOYED SIDE                  |
| 4 - POSSIBLE INJURY          | 4 - SHOULDER & LAP BELT USED                  | 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)   | 4 - DEPLOYED BOTH FRONT/SIDE       |
| 5 - NO APPARENT INJURY       | 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING   | 5 - SECOND - MIDDLE   | 5 - NOT APPLICABLE                 |
|                              | 6 - CHILD RESTRAINT SYSTEM - REAR FACING      | 6 - SECOND - RIGHT SIDE   | 9 - DEPLOYMENT UNKNOWN             |
|                              | 7 - BOOSTER SEAT                              | 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)   | EJECTION                           |
|                              | 8 - HELMET USED                               | 8 - THIRD - MIDDLE  | 1 - NOT EJECTED                    |
|                              | 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 9 - THIRD - RIGHT SIDE  | 2 - PARTIALLY EJECTED              |
|                              | 10 - REFLECTIVE CLOTHING                      | 10 - SLEEPER SECTION OF TRUCK CAB   | 3 - TOTALLY EJECTED                |
|                              | 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY     | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 4 - NOT APPLICABLE                 |
|                              | 99 - OTHER / UNKNOWN                          | 12 - PASSENGER IN UNENCLOSED CARGO AREA   | TRAPPED                            |
|                              |   | 13 - TRAILING UNIT  | 1 - NOT TRAPPED                    |
|                              |   | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)   | 2 - EXTRICATED BY MECHANICAL MEANS |
|                              |   | 15 - NON-MOTORIST   | 3 - FREED BY NON-MECHANICAL MEANS  |
|                              |   | 99 - OTHER / UNKNOWN  |                                    |

|  |  |                      |  |  |  |
|--|--|----------------------|--|--|--|
| <b>WITNESS</b>                           | <b>NAME:</b> LAST, FIRST, MIDDLE         | <b>DATE OF BIRTH</b> |  | <b>AGE</b>                               | <b>GENDER</b>                            |
|  | FROST, CHRISTOPHER                       | 03/01/1976           |  | 43                                       | M  |
| <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |  |                      |  | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |  |
| 1427 ITAWAMBA TRL, LONDON, OH, 43140     |  |                      |  |  |  |
| <b>WITNESS</b>                           | <b>NAME:</b> LAST, FIRST, MIDDLE         | <b>DATE OF BIRTH</b> |  | <b>AGE</b>                               | <b>GENDER</b>                            |
|  | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                      |  |  | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |
| <b>WITNESS</b>                           | <b>NAME:</b> LAST, FIRST, MIDDLE         | <b>DATE OF BIRTH</b> |  | <b>AGE</b>                               | <b>GENDER</b>                            |
|  | <b>ADDRESS:</b> STREET, CITY, STATE, ZIP |                      |  |  | <b>CONTACT PHONE</b> - INCLUDE AREA CODE |