

TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER*

19-2777

| | | | | | |
|--------------------------------------------------|--------------------------------|-------------------------------------------|------------------------|----------------------------|-----------------------------|
| <input checked="" type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> OH-2 | <input type="checkbox"/> OH-3 | LOCAL INFORMATION | | |
| <input type="checkbox"/> SECONDARY CRASH | <input type="checkbox"/> OH-1P | <input checked="" type="checkbox"/> OTHER | REPORTING AGENCY NAME* | | |
| <input type="checkbox"/> PRIVATE PROPERTY | HEATH POLICE DEPARTMENT | | NCIC* | HIT/SKIP | NUMBER OF UNITS |
| | | | 04507 | 1 - SOLVED 2 - UNSOLVED | 02 |
| | | | CRASH DATE / TIME* | | UNIT IN ERROR |
| | | | 12142019 2312 | | 98 - ANIMAL 99 - UNKNOWN |

| | | | | |
|---------------|------------------------------------------------------|-------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------|
| COUNTY* 45 | LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP | LOCATION: CITY, VILLAGE, TOWNSHIP* Heath (Fourmile Lock) | CRASH DATE / TIME* | CRASH SEVERITY |
| | | | 12142019 2312 | 5 1 - FATAL 2 - SERIOUS INJURY SUSPECTED 3 - MINOR INJURY SUSPECTED 4 - INJURY POSSIBLE 5 - PROPERTY DAMAGE ONLY |

| | | | | | | |
|------------|--------------|--------------|------------------------------------------------|-------------------------------------------------------------|-----------------|-----------------------------------------|
| ROUTE TYPE | ROUTE NUMBER | PREFIX | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | LOCATION ROAD NAME HOPEWELL | ROAD TYPE DR | LATITUDE DECIMAL DEGREES 40.035825 |
| REFERENCE | ROUTE TYPE | ROUTE NUMBER | PREFIX | REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) KENSINGTON | ROAD TYPE DR | LONGITUDE DECIMAL DEGREES -82.424427 |

| | | | | | | |
|--------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| REFERENCE POINT | DIRECTION FROM REFERENCE | ROUTE TYPE | ROAD TYPE | INTERSECTION RELATED | | |
| 1 - INTERSECTION 2 - MILE POST 3 - HOUSE # | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | IR - INTERSTATE ROUTE(TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE | AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS | HW - HIGHWAY LA - LANE MP - MILEPOST OV - OVAL PK - PARKWAY PI - PIKE PL - PLACE | <input type="checkbox"/> WITHIN INTERSECTION OR ON APPROACH <input type="checkbox"/> WITHIN INTERCHANGE AREA NUMBER OF APPROACHES ROADWAY <input type="checkbox"/> ROADWAY DIVIDED | |

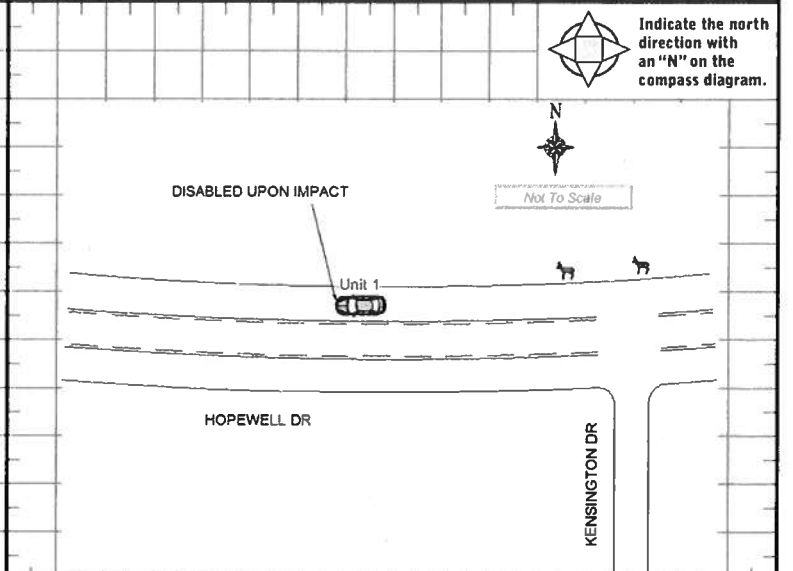
| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| LOCATION OF FIRST HARMFUL EVENT | MANNER OF CRASH COLLISION/IMPACT | DIRECTION OF TRAVEL | MEDIAN TYPE |
| 01 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP | 1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER / UNKNOWN | 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 1 - DIVIDED FLUSH MEDIAN (<4 FEET) 2 - DIVIDED FLUSH MEDIAN (≥4 FEET) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN |

| | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE | WORK ZONE TYPE | LOCATION OF CRASH IN WORK ZONE | CONTOUR | CONDITIONS | SURFACE |
| | 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER | 1 - BEFORE THE 1ST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA | 3 | 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN | 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/UNKNOWN |

| | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------|---------|
| LIGHT CONDITION | WEATHER | CONTOUR | CONDITIONS | SURFACE |
| 3 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN | 4 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER / UNKNOWN | 3 | 2 | 2 |

NARRATIVE

Unit #1 traveled west on Hopewell Dr. Unit #2 traveled east on Hopewell Dr. Unit #2 struck a deer crossing the roadway. The impact forced the deer into the path of Unit #1. Unit #1 struck a second deer at the same time. Unit #2 fled the scene prior to police arrival. Unit #2 was disabled from impact.



| | | | | |
|----------------------------|--------------------------|---------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CRASH REPORTED DATE / TIME | DISPATCH DATE / TIME | ARRIVAL DATE / TIME | SCENE CLEARED DATE / TIME | REPORT TAKEN BY |
| 12142019 2312 | 12142019 2330 | 12142019 2335 | 12152019 0019 | <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) |
| TOTAL TIME ROADWAY CLOSED | OTHER INVESTIGATION TIME | TOTAL MINUTES | OFFICER'S NAME* | CHECKED BY OFFICER'S NAME* |
| | | 49 | SGT SMART, EMMANUEL | <i>[Signature]</i> |
| | | | OFFICER'S BADGE NUMBER* | CHECKED BY OFFICER'S BADGE NUMBER* |
| | | | 138 | 132 |

19-2777

OWNER

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE: SAME AS DRIVER
 OWNER PHONE: INCLUDE AREA CODE: SAME AS DRIVER
 OWNER ADDRESS: STREET, CITY, STATE, ZIP: SAME AS DRIVER
 COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP
 COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE

DAMAGE

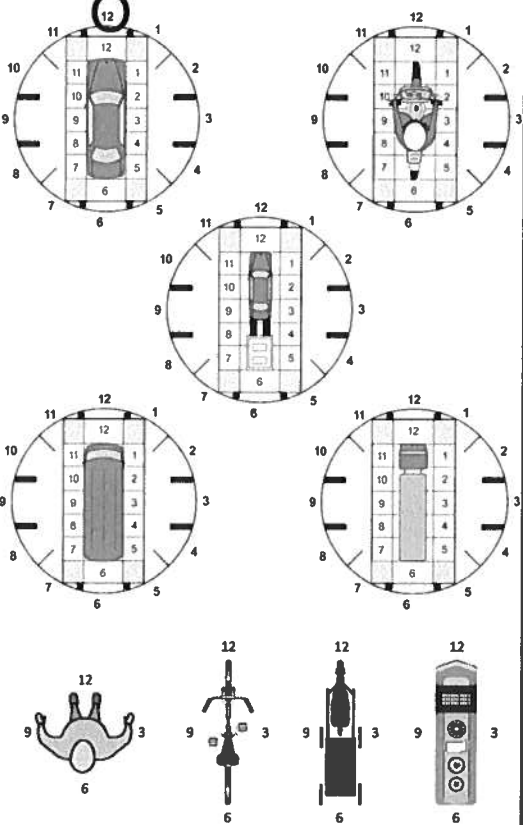
DAMAGE SCALE

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

VEHICLE

LP STATE OH LICENSE PLATE # GJJ8995 VEHICLE IDENTIFICATION # 1C3C DZAB 0EN1 46998 VEHICLE YEAR 2014 VEHICLE MAKE DODG
 INSURANCE VERIFIED INSURANCE COMPANY NATIONWIDE INSURANCE POLICY # 9234P550059 COLOR RED / RE VEHICLE MODEL AVN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



TYPE OF USE: COMMERCIAL GOVERNMENT IN EMERGENCY RESPONSE
 US DOT # _____ TOWED BY: COMPANY NAME JAE'S
 INTERLOCK DEVICE EQUIPPED HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR: 1 - <10K LBS., 2 - 10,001 - 26K LBS., 3 - >26K LBS.
 MATERIAL RELEASED PLACARD HAZARDOUS MATERIAL CLASS # _____ PLACARD ID # _____

UNIT TYPE

01 1 - PASSENGER CAR 7 - MOTORCYCLE 2-WHEELED 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN / SKATER
0 2 - PASSENGER VAN (MINIVAN) 8 - MOTORCYCLE 3-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE)
 3 - SPORT UTILITY VEHICLE 9 - AUTOCYCLE 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST
 4 - PICK UP 10 - MOPED OR MOTORIZED BICYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE
 5 - CARGO VAN 11 - ALL TERRAIN VEHICLE (ATV / UTV) 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN
 6 - VAN (9-15 SEATS) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP

OF TRAILING UNITS _____

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?

2 1 - YES 2 - NO 9 - OTHER / UNKNOWN **AUTONOMOUS MODE LEVEL** 0 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION

01 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 EQUIPMENT 20 - SAFETY SERVICE PATROL

CARGO BODY TYPE

01 1 - NO CARGO BODY TYPE / NOT APPLICABLE 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER
 2 - BUS 4 - LOGGING 6 - CARGO VAN/ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER
 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 10 - FLAT BED 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS

01 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

01 1 - INTERSECTION - MARKED CROSSWALK 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
 2 - INTERSECTION - UNMARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER / ROADSIDE 10 - DRIVEWAY ACCESS 13 - TOP [13]
 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 99 - OTHER / UNKNOWN

ACTION

1 1 - NON-CONTACT 1 - STRAIGHT AHEAD 7 - MAKING U-TURN 13 - NEGOTIATING A CURVE 18 - APPROACHING OR LEAVING VEHICLE
01 2 - NON-COLLISION 2 - BACKING 8 - ENTERING TRAFFIC LANE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 19 - STANDING
 3 - STRIKING 3 - CHANGING LANES 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 20 - OTHER NON MOTORIST
 4 - STRUCK 4 - OVERTAKING/PASSING 10 - PARKED 16 - WORKING 21 - STANDING OUTSIDE DISABLED VEHICLE
 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 99 - OTHER / UNKNOWN
 9 - OTHER / UNKNOWN 6 - MAKING LEFT TURN 12 - DRIVERLESS

INITIAL POINT OF CONTACT

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

CONTRIBUTING CIRCUMSTANCES

01 1 - NONE 7 - LEFT OF CENTER 13 - IMPROPER START FROM A PARKED POSITION 17 - VISION OBSTRUCTION 21 - LYING IN ROADWAY
 2 - FAILURE TO YIELD 8 - FOLLOWING TOO CLOSE / ACDA 14 - STOPPED OR PARKED ILLEGALLY 18 - OPERATING DEFECTIVE EQUIPMENT 22 - NOT DISCERNIBLE
 3 - RAN RED LIGHT 9 - IMPROPER LANE CHANGE 15 - SWERVING TO AVOID 19 - LOAD SHIFTING/FALLING/ SPILLING 23 - OPENING DOOR INTO ROADWAY
 4 - RAN STOP SIGN 10 - IMPROPER PASSING 16 - WRONG WAY 20 - IMPROPER CROSSING 99 - OTHER IMPROPER ACTION
 5 - UNSAFE SPEED 11 - DROVE OFF ROAD
 6 - IMPROPER TURN 12 - IMPROPER BACKING

TRAFFIC

TRAFFICWAY FLOW 2 1 - ONE WAY 2 - TWO WAY
TRAFFIC CONTROL 06 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

SEQUENCE OF EVENTS

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

OF THROUGH LANES ON ROAD 1
RAIL GRADE CROSSING 1 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

COLLISION WITH FIXED OBJECT - STRUCK

1 25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 37 - TRAFFIC SIGN POST 43 - CURB 50 - WORK ZONE MAINTENANCE EQUIPMENT
 4 - 26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 38 - OVERHEAD SIGN POST 44 - DITCH 51 - WALL
 5 - 27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 45 - EMBANKMENT 52 - BUILDING
 28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 40 - UTILITY POLE 46 - FENCE 53 - TUNNEL
 29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE OR SUPPORT 47 - MAILBOX 54 - OTHER FIXED OBJECT
 6 - 30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 42 - CULVERT 48 - TREE 55 - OTHER / UNKNOWN
 49 - FIRE HYDRANT

1 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT

UNIT / NON-MOTORIST DIRECTION

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

UNIT SPEED 000
POSTED SPEED 50
DETECTED SPEED 3 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| UNIT # | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) | OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) |
| <u>02</u> | | |
| OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) | | |
| COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP | | |
| COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE | | |
| LP STATE | LICENSE PLATE # | VEHICLE IDENTIFICATION # |
| | <u>UNKNOWN</u> | |
| <input type="checkbox"/> INSURANCE VERIFIED | INSURANCE COMPANY | INSURANCE POLICY # |
| | | |
| <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | US DOT # | TOWED BY: COMPANY NAME |
| | | |
| <input type="checkbox"/> INTERLOCK DEVICE EQUIPPED <input checked="" type="checkbox"/> HIT/SKIP UNIT | #OCCUPANTS | VEHICLE WEIGHT GVWR/GCWR |
| | <u>01</u> | 1 - ≤10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. |
| 01 | 1 - PASSENGER CAR | 12 - GOLF CART |
| UNIT TYPE | 2 - PASSENGER VAN (MINIVAN) | 13 - SNOWMOBILE |
| | 3 - SPORT UTILITY VEHICLE | 14 - SINGLE UNIT TRUCK |
| | 4 - PICK UP | 15 - SEMI-TRACTOR |
| | 5 - CARGO VAN | 16 - FARM EQUIPMENT |
| | 6 - VAN (9-15 SEATS) | 17 - MOTORHOME |
| 0 | 7 - MOTORCYCLE 2-WHEELED | 18 - LIMO (LIVERY VEHICLE) |
| # OF TRAILING UNITS | 8 - MOTORCYCLE 3-WHEELED | 19 - BUS (16+ PASSENGERS) |
| | 9 - AUTOCYCLE | 20 - OTHER VEHICLE |
| | 10 - MOPED OR MOTORIZED BICYCLE | 21 - HEAVY EQUIPMENT |
| | 11 - ALL TERRAIN VEHICLE (ATV / UTV) | 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE |
| | | 23 - PEDESTRIAN / SKATER |
| | | 24 - WHEELCHAIR (ANY TYPE) |
| | | 25 - OTHER NON-MOTORIST |
| | | 26 - BICYCLE |
| | | 27 - TRAIN |
| | | 99 - UNKNOWN OR HIT/SKIP |
| 9 | WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? | 0 - NO AUTOMATION |
| | <u>9</u> | 1 - DRIVER ASSISTANCE |
| | AUTONOMOUS MODE LEVEL | 2 - PARTIAL AUTOMATION |
| | | 3 - CONDITIONAL AUTOMATION |
| | | 4 - HIGH AUTOMATION |
| | | 5 - FULL AUTOMATION |
| 01 | 1 - NONE | 11 - FIRE |
| SPECIAL FUNCTION | 2 - TAXI | 12 - MILITARY |
| | 3 - ELECTRONIC RIDE SHARING | 13 - POLICE |
| | 4 - SCHOOL TRANSPORT | 14 - PUBLIC UTILITY |
| | 5 - BUS - TRANSIT/COMMUTER | 15 - CONSTRUCTION EQUIPMENT |
| | 6 - BUS - CHARTER/TOUR | 16 - FARM |
| | 7 - BUS - INTERCITY | 17 - MOWING |
| | 8 - BUS - SHUTTLE | 18 - SNOW REMOVAL |
| | 9 - BUS - OTHER | 19 - TOWING |
| | 10 - AMBULANCE | 20 - SAFETY SERVICE PATROL |
| 01 | 1 - NO CARGO BODY TYPE / NOT APPLICABLE | 5 - INTERMODAL CONTAINER CHASSIS |
| CARGO BODY TYPE | 2 - BUS | 6 - CARGO VAN/ENCLOSED BOX |
| | 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE | 7 - GRAIN/CHIPS/GRAVEL |
| | 4 - LOGGING | 8 - POLE |
| | 5 - INTERMODAL CONTAINER CHASSIS | 9 - CARGO TANK |
| | 6 - CARGO VAN/ENCLOSED BOX | 10 - FLAT BED |
| | 7 - GRAIN/CHIPS/GRAVEL | 11 - DUMP |
| | 8 - POLE | 12 - CONCRETE MIXER |
| | 9 - CARGO TANK | 13 - AUTOTRANSPORTER |
| | 10 - FLAT BED | 14 - GARBAGE/REFUSE |
| | 11 - DUMP | 99 - OTHER / UNKNOWN |
| | 12 - CONCRETE MIXER | |
| | 13 - AUTOTRANSPORTER | |
| | 14 - GARBAGE/REFUSE | |
| | 99 - OTHER / UNKNOWN | |
| 1 | 1 - TURN SIGNALS | 7 - WORN OR SLICK TIRES |
| VEHICLE DEFECTS | 2 - HEAD LAMPS | 8 - TRAILER EQUIPMENT DEFECTIVE |
| | 3 - TAIL LAMPS | 9 - MOTOR TROUBLE |
| | 4 - BRAKES | 10 - DISABLED FROM PRIOR ACCIDENT |
| | 5 - STEERING | |
| | 6 - TIRE BLOWOUT | |
| 1 | 1 - INTERSECTION - MARKED CROSSWALK | 6 - BICYCLE LANE |
| NON-MOTORIST LOCATION AT IMPACT | 2 - INTERSECTION - UNMARKED CROSSWALK | 7 - SHOULDER / ROADSIDE |
| | 3 - INTERSECTION - OTHER | 8 - SIDEWALK |
| | 4 - MIDBLOCK - MARKED CROSSWALK | 9 - MEDIAN/CROSSING ISLAND |
| | 5 - TRAVEL LANE - OTHER LOCATION | 10 - DRIVEWAY ACCESS |
| | | 11 - SHARED USE PATHS OR TRAILS |
| | | 12 - FIRST RESPONDER AT INCIDENT SCENE |
| | | 99 - OTHER / UNKNOWN |
| 1 | 1 - NON-CONTACT | 7 - MAKING U-TURN |
| ACTION | 2 - NON-COLLISION | 8 - ENTERING TRAFFIC LANE |
| | 3 - STRIKING | 9 - LEAVING TRAFFIC LANE |
| | 4 - STRUCK | 10 - PARKED |
| | 5 - BOTH STRIKING & STRUCK | 11 - SLOWING OR STOPPED IN TRAFFIC |
| | 9 - OTHER / UNKNOWN | 12 - DRIVERLESS |
| | 1 - STRAIGHT AHEAD | 13 - NEGOTIATING A CURVE |
| | 2 - BACKING | 14 - ENTERING OR CROSSING SPECIFIED LOCATION |
| | 3 - CHANGING LANES | 15 - WALKING, RUNNING, JOGGING, PLAYING |
| | 4 - OVERTAKING/PASSING | 16 - WORKING |
| | 5 - MAKING RIGHT TURN | 17 - PUSHING VEHICLE |
| | 6 - MAKING LEFT TURN | 18 - APPROACHING OR LEAVING VEHICLE |
| | | 19 - STANDING |
| | | 20 - OTHER NON-MOTORIST |
| | | 21 - STANDING OUTSIDE DISABLED VEHICLE |
| | | 99 - OTHER / UNKNOWN |
| 01 | 1 - NONE | 13 - IMPROPER START FROM A PARKED POSITION |
| CONTRIBUTING CIRCUMSTANCES | 2 - FAILURE TO YIELD | 14 - STOPPED OR PARKED ILLEGALLY |
| | 3 - RAN RED LIGHT | 15 - SWERVING TO AVOID |
| | 4 - RAN STOP SIGN | 16 - WRONG WAY |
| | 5 - UNSAFE SPEED | 17 - VISION OBSTRUCTION |
| | 6 - IMPROPER TURN | 18 - OPERATING DEFECTIVE EQUIPMENT |
| | | 19 - LOAD SHIFTING/FALLING/SPILLING |
| | | 20 - IMPROPER CROSSING |
| | | 21 - LYING IN ROADWAY |
| | | 22 - NOT DISCERNIBLE |
| | | 23 - OPENING DOOR INTO ROADWAY |
| | | 99 - OTHER IMPROPER ACTION |
| 18 | 1 - OVERTURN/ROLLOVER | 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL |
| SEQUENCE OF EVENTS | 2 - FIRE/EXPLOSION | 12 - DOWNHILL RUNAWAY |
| | 3 - IMMERSION | 13 - OTHER NON-COLLISION |
| | 4 - JACKKNIFE | 14 - PEDESTRIAN |
| | 5 - CARGO / EQUIPMENT LOSS OR SHIFT | 15 - PEDALCYCLE |
| | | 16 - RAILWAY VEHICLE |
| | | 17 - ANIMAL - FARM |
| | | 18 - ANIMAL - DEER |
| | | 19 - ANIMAL - OTHER |
| | | 20 - MOTOR VEHICLE IN TRANSPORT |
| | | 21 - PARKED MOTOR VEHICLE |
| | | 22 - WORK ZONE MAINTENANCE EQUIPMENT |
| | | 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE |
| | | 24 - OTHER MOVABLE OBJECT |
| 25 | 25 - IMPACT ATTENUATOR / CRASH CUSHION | 37 - TRAFFIC SIGN POST |
| COLLISION WITH FIXED OBJECT - STRUCK | 26 - BRIDGE OVERHEAD STRUCTURE | 38 - OVERHEAD SIGN POST |
| | 27 - BRIDGE PIER OR ABUTMENT | 39 - LIGHT / LUMINARIES SUPPORT |
| | 28 - BRIDGE PARAPET | 40 - UTILITY POLE |
| | 29 - BRIDGE RAIL | 41 - OTHER POST, POLE OR SUPPORT |
| | 30 - GUARDRAIL FACE | 42 - CULVERT |
| | | 43 - CURB |
| | | 44 - DITCH |
| | | 45 - EMBANKMENT |
| | | 46 - FENCE |
| | | 47 - MAILBOX |
| | | 48 - TREE |
| | | 49 - FIRE HYDRANT |
| | | 50 - WORK ZONE MAINTENANCE EQUIPMENT |
| | | 51 - WALL |
| | | 52 - BUILDING |
| | | 53 - TUNNEL |
| | | 54 - OTHER FIXED OBJECT |
| | | 99 - OTHER / UNKNOWN |

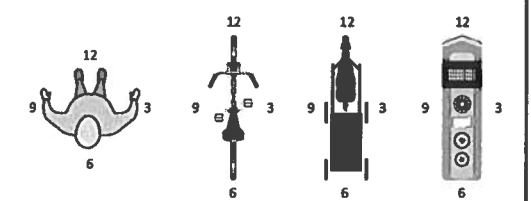
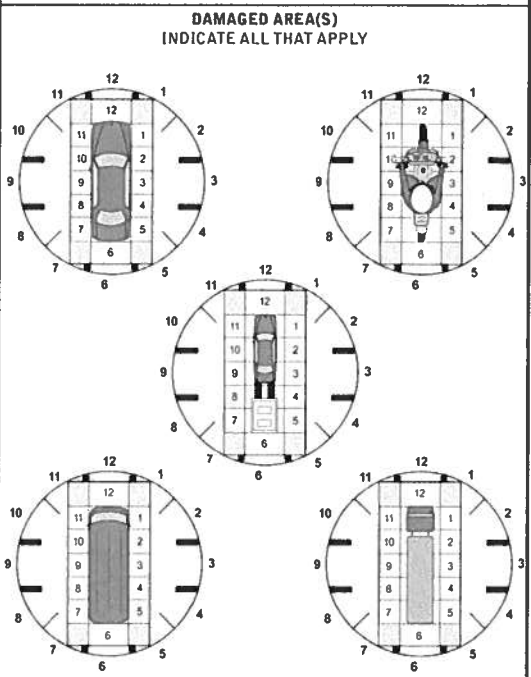
DAMAGE

DAMAGE SCALE

2 1 - NONE 3 - FUNCTIONAL DAMAGE

2 - MINOR DAMAGE 4 - DISABLING DAMAGE

9 - UNKNOWN



NO DAMAGE [0] UNDERCARRIAGE [14]

TOP [13] ALL AREAS [15]

UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

15 0 - NO DAMAGE 14 - UNDERCARRIAGE

1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE

13 - TOP 99 - UNKNOWN

TRAFFIC

TRAFFICWAY FLOW

2 1 - ONE-WAY

2 - TWO-WAY

TRAFFIC CONTROL

06 1 - ROUNDABOUT 4 - STOP SIGN

2 - SIGNAL 5 - YIELD SIGN

3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD

1

RAIL GRADE CROSSING

1 1 - NOT INVOLVED

2 - INVOLVED-ACTIVE CROSSING

3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 4 TO 3

1 - NORTH 5 - NORTHEAST

2 - SOUTH 6 - NORTHWEST

3 - EAST 7 - SOUTHEAST

4 - WEST 8 - SOUTHWEST

9 - OTHER / UNKNOWN

UNIT SPEED

000

POSTED SPEED

50

DETECTED SPEED

3 1 - STATED / ESTIMATED SPEED

2 - CALCULATED / EDR

3 - UNDETERMINED



MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER
19-2777

| | | | | | | | | | | | |
|-------------------------|-----------------------------------------------------------------------------|-------------------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|-----------------------------------------------------|-------------------------------|---------------------------------------------------------------------|----------------------|---------------------|
| MOTORIST / NON-MOTORIST | UNIT # 01 | NAME: LAST, FIRST, MIDDLE NETHERS, TREVOR E | | DATE OF BIRTH 03311995 | | AGE 24 | GENDER M | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP 13 DODDRIDGE RD NEWARK OH 43055 | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| | INJURIES 5 | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 04 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OL STATE OH | OPERATOR LICENSE NUMBER TX293302 | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | |
| OL CLASS 4 | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 1 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 1 | ALCOHOL TEST STATUS 1 TYPE 1 VALUE | | DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 | | |

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|-------------------------|-----------------------------------|----------------------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------|-----------------------------------------------------|-------------------------------|---------------------------------------------------------------------|----------------------|---------------------|
| MOTORIST / NON-MOTORIST | UNIT # 02 | NAME: LAST, FIRST, MIDDLE UNKNOWN, | | DATE OF BIRTH | | AGE | GENDER M | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED 99 | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY 9 | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION 9 | ALCOHOL TEST STATUS 1 TYPE 1 VALUE | | DRUG TEST(S) STATUS 1 TYPE 1 RESULT SELECT UP TO 4 | | |

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|-------------------------|-----------------------------------|----------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------|--------------------------------------------------|------------------|---------------------------------------------------|----------|---------|
| MOTORIST / NON-MOTORIST | UNIT # | NAME: LAST, FIRST, MIDDLE | | DATE OF BIRTH | | AGE | GENDER | | | | |
| | ADDRESS: STREET, CITY, STATE, ZIP | | | | | CONTACT PHONE - INCLUDE AREA CODE | | | | | |
| | INJURIES | INJURED TAKEN BY | EMS AGENCY (NAME) | INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) | | SAFETY EQUIPMENT USED | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| OL STATE | OPERATOR LICENSE NUMBER | | OFFENSE CHARGED | LOCAL CODE <input type="checkbox"/> | OFFENSE DESCRIPTION | | | CITATION NUMBER | | | |
| OL CLASS | ENDORSEMENT SELECT UP TO 2 | RESTRICTION SELECT UP TO 3 | DRIVER DISTRACTED BY | ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG | | CONDITION | ALCOHOL TEST STATUS TYPE VALUE | | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 | | |

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