TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL INFORMATION

LOCAL REPORT NUMBER *: 1-16-3825

CRASH SEVERITY: 3 (1 - FATAL, 2 - INJURY, 3 - PDO)

HIT/SKIP: ☐ 1 - SOLVED, 2 - UNSOLVED

☐ PHOTOS TAKEN ☐ OH-2 ☐ OH-1P ☐ OH-3 ☐ OTHER

☐ PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

☐ PRIVATE PROPERTY

REPORTING AGENCY NCIC *: 0301

REPORTING AGENCY NAME *: Cambridge Police Department

NUMBER OF UNITS: 02

UNIT IN ERROR: 01 (98 - ANIMAL, 99 - UNKNOWN)

COUNTY *: 30

☒ CITY * ☐ VILLAGE * ☐ TOWNSHIP *

CITY, VILLAGE, TOWNSHIP *: cambridge

CRASH DATE *: 06/06/2016

TIME OF CRASH: 1414

DAY OF WEEK: MON

DEGREES / MINUTES / SECONDS — LATITUDE ___° ___' ___.___" LONGITUDE -___° ___' ___.___"

OR

DECIMAL DEGREES — LATITUDE: 40.007169 LONGITUDE: -81.344655

ROADWAY DIVISION: ☐ DIVIDED ☒ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL: ☐ N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND

NUMBER OF THRU LANES: 02

ROAD TYPES OR MILEPOST [2]: AL - ALLEY, AV - AVENUE, BL - BOULEVARD, CR - CIRCLE, CT - COURT, DR - DRIVE, HE - HEIGHTS, HW - HIGHWAY, LA - LANE, MP - MILEPOST, PK - PARKWAY, PI - PIKE, PL - PLACE, RD - ROAD, SQ - SQUARE, ST - STREET, TE - TERRACE, TL - TRAIL, WA - WAY

LOCATION ROUTE TYPE [1]: SR — LOCATION ROUTE NUMBER: 209

LOC PREFIX: ☐ N,S, E,W — LOCATION ROAD NAME: Southgate

LOCATION ROAD TYPE [2]: PK

ROUTE TYPES [1]: IR - INTERSTATE ROUTE (INC. TURNPIKE), US - US ROUTE, SR - STATE ROUTE, CR - NUMBERED COUNTY ROUTE, TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE: ☐ MILES ☐ FEET ☐ YARDS

DIR FROM REF: ☐ N,S, E,W

OF

REFERENCE ROUTE TYPE [1]: SR — REFERENCE ROUTE NUMBER: 209

REF PREFIX: ☐ N,S, E,W — REFERENCE NAME (ROAD, MILEPOST, HOUSE #): 1721

REFERENCE ROAD TYPE [2]: ☐

REFERENCE POINT USED: 3 (1 - INTERSECTION, 2 - MILE POST, 3 - HOUSE NUMBER)

CRASH LOCATION: 10
01 - NOT AN INTERSECTION
02 - FOUR-WAY INTERSECTION
03 - T-INTERSECTION
04 - Y-INTERSECTION
05 - TRAFFIC CIRCLE/ROUNDABOUT
06 - FIVE-POINT, OR MORE
07 - ON RAMP
08 - OFF RAMP
09 - CROSSOVER
10 - DRIVEWAY/ALLEY ACCESS
11 - RAILWAY GRADE CROSSING
12 - SHARED-USE PATHS OR TRAILS
99 - UNKNOWN

☐ INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT: 1 (1 - ON ROADWAY, 2 - ON SHOULDER, 3 - IN MEDIAN, 4 - ON ROADSIDE, 5 - ON GORE, 6 - OUTSIDE TRAFFICWAY, 9 - UNKNOWN)

ROAD CONTOUR: 1 (1 - STRAIGHT LEVEL, 2 - STRAIGHT GRADE, 3 - CURVE LEVEL, 4 - CURVE GRADE, 9 - UNKNOWN)

ROAD CONDITIONS — PRIMARY: 01 — SECONDARY: ☐
01 - DRY
02 - WET
03 - SNOW
04 - ICE
05 - SAND, MUD, DIRT, OIL, GRAVEL
06 - WATER (STANDING, MOVING)
07 - SLUSH
08 - DEBRIS*
09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*
10 - OTHER
99 - UNKNOWN
* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT: 6 (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 - UNKNOWN)

WEATHER: 1 (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 - OTHER/UNKNOWN)

ROAD SURFACE: 2 (1 - CONCRETE, 2 - BLACKTOP, BITUMINOUS, ASPHALT, 3 - BRICK/BLOCK, 4 - SLAG, GRAVEL, STONE, 5 - DIRT, 6 - OTHER)

LIGHT CONDITIONS — PRIMARY: 1 — SECONDARY: ☐
1 - DAYLIGHT
2 - DAWN
3 - DUSK
4 - DARK - LIGHTED ROADWAY
5 - DARK - ROADWAY NOT LIGHTED
6 - DARK - UNKNOWN ROADWAY LIGHTING
7 - GLARE*
8 - OTHER
9 - UNKNOWN
* SECONDARY CONDITION ONLY

☐ SCHOOL ZONE RELATED

SCHOOL BUS RELATED: ☐ YES, SCHOOL BUS DIRECTLY INVOLVED ☐ YES, SCHOOL BUS INDIRECTLY INVOLVED

☐ WORK ZONE RELATED

☐ WORKERS PRESENT
☐ LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
☐ LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

TYPE OF WORK ZONE: ☐ 1 - LANE CLOSURE, 2 - LANE SHIFT/CROSSOVER, 3 - WORK ON SHOULDER OR MEDIAN, 4 - INTERMITTENT OR MOVING WORK, 5 - OTHER

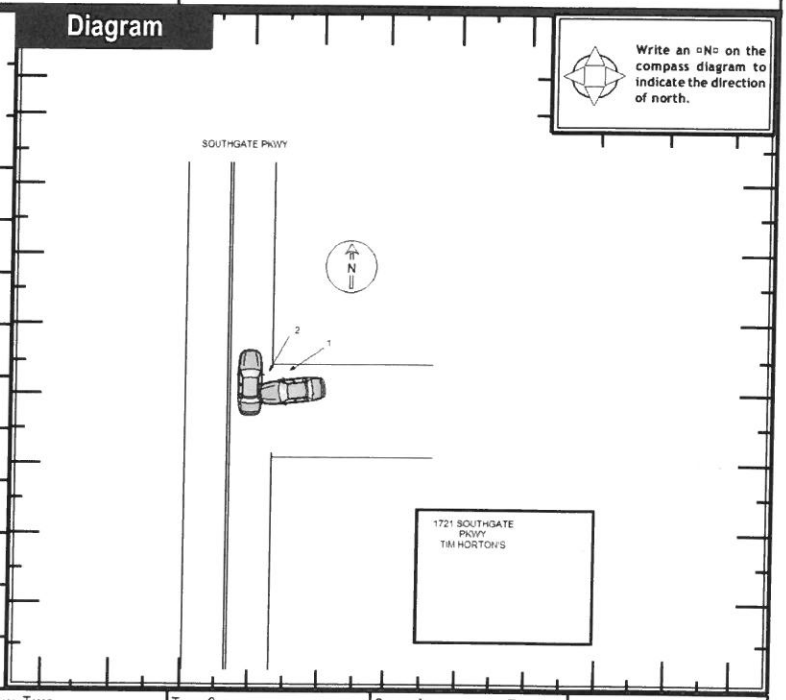
LOCATION OF CRASH IN WORK ZONE: ☐ 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN, 2 - ADVANCE WARNING AREA, 3 - TRANSITION AREA, 4 - ACTIVITY AREA, 5 - TERMINATION AREA

NARRATIVE

UNIT #1 WAS ATTEMPTING TO EXIT DRIVEWAY OF TIM HORTON'S TO SOUTHBOUND SOUTHGATE PKWY. UNIT #2 WAS TRAVELING NORTHBOUND ON SOUTHGATE PKWY.
UNIT #1 FAILED TO YIELD TO UNIT #2 RESULTING IN A CRASH.

Diagram

Write an "N" on the compass diagram to indicate the direction of north.



REPORT TAKEN BY: ☒ POLICE AGENCY ☐ MOTORIST

☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
06/06/2016	1414	1418	1418	1431	30	43

OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY
Angler, Roy	30	

HSY7001 OH1 (REV 01/12)

UNIT

Local Report Number: 1-16-3825

Unit Number	Owner Name: Last, First, Middle (☐ Same As Driver)	Owner Phone Number - inc. area code (☐ Same As Driver)	Damage Scale
01	NEVERS, KYLE DANIEL		2

1 - None
2 - Minor
3 - Functional
4 - Disabling
9 - Unknown

Damaged Area: Front 02, 09, 03, 08, 10, 04, 07, 06, 05, Rear

Owner Address: City, State, Zip (☒ Same As Driver)

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	GRN6370	1HGCM56807A188147	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2007	HOND	ACC	BLU

Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
☒	PROGRESSIVE		

Carrier Name, Address, City, State, Zip

Carrier Phone - include area code

US DOT

HM Placard ID No.

HM Class Number

Vehicle Weight GVWR/GCWR
- 1 - Less Than or Equal to 10K Lbs.
- 2 - 10,001 to 26,000 Lbs
- 3 - More Than 26,000 Lbs.

☐ Hazardous Material Released

Cargo Body Type: 01
- 01 - No Cargo Body Type/Not Applicable
- 02 - Bus/Van (9-15 Seats, Inc Driver)
- 03 - Bus (16+ Seats, Inc Driver)
- 04 - Vehicle Towing Another Vehicle
- 05 - Logging
- 06 - Intermodal Container Chassis
- 07 - Cargo Van/Enclosed Box
- 08 - Grain, Chips, Gravel
- 09 - Pole
- 10 - Cargo Tank
- 11 - Flat Bed
- 12 - Dump
- 13 - Concrete Mixer
- 14 - Auto Transporter
- 15 - Garbage/Refuse
- 99 - Other/Unknown

Trafficway Description: 1
- 1 - Two-Way, Not Divided
- 2 - Two-Way, Not Divided, Continuous Left Turn Lane
- 3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median
- 4 - Two-Way, Divided, Positive Median Barrier
- 5 - One-Way Trafficway

☐ Hit / Skip Unit

Non-Motorist Location Prior to Impact
- 01 - Intersection - Marked Crosswalk
- 02 - Intersection - No Crosswalk
- 03 - Intersection - Other
- 04 - Midblock - Marked Crosswalk
- 05 - Travel Lane - Other Location
- 06 - Bicycle Lane
- 07 - Shoulder/Roadside
- 08 - Sidewalk
- 09 - Median/Crossing Island
- 10 - Driveway Access
- 11 - Shared-Use Path or Trail
- 12 - Non-Trafficway Area
- 99 - Other/Unknown

Type of Use: 1
- 1 - Personal
- 2 - Commercial
- 3 - Government

☐ In Emergency Response

Unit Type: 04
- 99 - Unknown or Hit / Skip

Passenger Vehicles (Less than 9 passengers)
- 01 - Sub-Compact
- 02 - Compact
- 03 - Mid Size
- 04 - Full Size
- 05 - Minivan
- 06 - Sport Utility Vehicle
- 07 - Pickup
- 08 - Van
- 09 - Motorcycle
- 10 - Motorized Bicycle
- 11 - Snowmobile/ATV
- 12 - Other Passenger Vehicle

Med/Heavy Trucks or Combo Units > 10K lbs
- 13 - Single Unit Truck or Van 2axle, 6 tires
- 14 - Single Unit Truck; 3+ axles
- 15 - Single Unit Truck / Trailer
- 16 - Truck/Tractor (Bobtail)
- 17 - Tractor/Semi-Trailer
- 18 - Tractor/Double
- 19 - Tractor/Triples
- 20 - Other Med/Heavy Vehicle

Bus/Van/Limo (9 or More Including Driver)
- 21 - Bus/Van (9-15 Seats, Inc Driver)
- 22 - Bus (16+ Seats, Inc Driver)

Non-Motorist
- 23 - Animal with Rider
- 24 - Animal with Buggy, Wagon, Surrey
- 25 - Bicycle/Pedacyclist
- 26 - Pedestrian/Skater
- 27 - Other Non-Motorist

☐ Has HM Placard

Special Function: 01
- 01 - None
- 02 - Taxi
- 03 - Rental Truck (Over 10K Lbs)
- 04 - Bus - School (Public or Private)
- 05 - Bus - Transit
- 06 - Bus - Charter
- 07 - Bus - Shuttle
- 08 - Bus - Other
- 09 - Ambulance
- 10 - Fire
- 11 - Highway/Maintenance
- 12 - Military
- 13 - Police
- 14 - Public Utility
- 15 - Other Government
- 16 - Construction Equip.
- 17 - Farm Vehicle
- 18 - Farm Equipment
- 19 - Motorhome
- 20 - Golf Cart
- 21 - Train
- 22 - Other (Explain in Narrative)

Most Damaged Area: 02
- 01 - None
- 02 - Center Front
- 03 - Right Front
- 04 - Right Side
- 05 - Right Rear
- 06 - Rear Center
- 07 - Left Rear
- 08 - Left Side
- 09 - Left Front
- 10 - Top and Windows
- 11 - Undercarriage
- 12 - Load/Trailer
- 13 - Total (All Areas)
- 14 - Other
- 99 - Unknown

Impact Area: 02

Action: 3
- 1 - Non-Contact
- 2 - Non-Collision
- 3 - Striking
- 4 - Struck
- 5 - Striking/Struck
- 9 - Unknown

Pre-Crash Actions: 08
- 99 - Unknown

Motorist
- 01 - Straight Ahead
- 02 - Backing
- 03 - Changing Lanes
- 04 - Overtaking/Passing
- 05 - Making Right Turn
- 06 - Making Left Turn
- 07 - Making U-Turn
- 08 - Entering Traffic Lane
- 09 - Leaving Traffic Lane
- 10 - Parked
- 11 - Slowing or Stopped in Traffic
- 12 - Driverless
- 13 - Negotiating a Curve
- 14 - Other Motorist Action

Non-Motorist
- 15 - Entering or Crossing Specified Location
- 16 - Walking, Running, Jogging, Playing, Cycling
- 17 - Working
- 18 - Pushing Vehicle
- 19 - Approaching or Leaving Vehicle
- 20 - Standing
- 21 - Other Non-Motorist Action

Contributing Circumstances

Primary: 02

Secondary:

99 - Unknown

Motorist
- 01 - None
- 02 - Failure to Yield
- 03 - Ran Red Light
- 04 - Ran Stop Sign
- 05 - Exceeded Speed Limit
- 06 - Unsafe Speed
- 07 - Improper Turn
- 08 - Left of Center
- 09 - Followed Too Closely/ACDA
- 10 - Improper Lane Change /Passing/Off Road
- 11 - Improper Backing
- 12 - Improper Start From Parked Position
- 13 - Stopped or Parked Illegally
- 14 - Operating Vehicle in Negligent Manner
- 15 - Swerving to Avoid (Due to External Conditions)
- 16 - Wrong Side/Wrong Way
- 17 - Failure to Control
- 18 - Vision Obstruction
- 19 - Operating Defective Equipment
- 20 - Load Shifting/Falling/Spilling
- 21 - Other Improper Action

Non-Motorist
- 22 - None
- 23 - Improper Crossing
- 24 - Darting
- 25 - Lying and/or Illegally in Roadway
- 26 - Failure to Yield Right of Way
- 27 - Not Visible (Dark Clothing)
- 28 - Inattentive
- 29 - Failure to Obey Traffic Signs /Signals/Officer
- 30 - Wrong Side of the Road
- 31 - Other Non-Motorist Action

Vehicle Defects
- 01 - Turn Signals
- 02 - Head Lamps
- 03 - Tail Lamps
- 04 - Brakes
- 05 - Steering
- 06 - Tire Blowout
- 07 - Worn or Slick tires
- 08 - Trailer Equipment Defective
- 09 - Motor Trouble
- 10 - Disabled From Prior Accident
- 11 - Other Defects

Sequence of Events: 1 20, 2, 3, 4, 5, 6

First Harmful Event: 1

Most Harmful Event: 1

99 - Unknown

Non-Collision Events
- 01 - Overturn/Rollover
- 02 - Fire/Explosion
- 03 - Immersion
- 04 - Jackknife
- 05 - Cargo/Equipment Loss or Shift
- 06 - Equipment Failure (Blown Tire, Brake Failure, etc)
- 07 - Separation of Units
- 08 - Ran Off Road Right
- 09 - Ran Off Road Left
- 10 - Cross Median
- 11 - Cross Center Line Opposite Direction of Travel
- 12 - Downhill Runaway
- 13 - Other Non-Collision

Collision with Person, Vehicle or Object Not Fixed
- 14 - Pedestrian
- 15 - Pedalcycle
- 16 - Railway Vehicle (Train, Engine)
- 17 - Animal - Farm
- 18 - Animal - Deer
- 19 - Animal - Other
- 20 - Motor Vehicle in Transport
- 21 - Parked Motor Vehicle
- 22 - Work Zone Maintenance Equipment
- 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle
- 24 - Other Movable Object

Collision With Fixed Object
- 25 - Impact Attenuator/Crash Cushion
- 26 - Bridge Overhead Structure
- 27 - Bridge Pier or Abutment
- 28 - Bridge Parapet
- 29 - Bridge Rail
- 30 - Guardrail Face
- 31 - Guardrail End
- 32 - Portable Barrier
- 33 - Median Cable Barrier
- 34 - Median Guardrail Barrier
- 35 - Median Concrete Barrier
- 36 - Median Other Barrier
- 37 - Traffic Sign Post
- 38 - Overhead Sign Post
- 39 - Light/Luminaries Support
- 40 - Utility Pole
- 41 - Other Post, Pole or Support
- 42 - Culvert
- 43 - Curb
- 44 - Ditch
- 45 - Embankment
- 46 - Fence
- 47 - Mailbox
- 48 - Tree
- 49 - Fire Hydrant
- 50 - Work Zone Maintenance Equipment
- 51 - Wall, Building, Tunnel
- 52 - Other Fixed Object

Unit Speed: 000
- ☐ Stated
- ☐ Estimated

Posted Speed: 00

Traffic Control: 12
- 01 - No Controls
- 02 - Stop Sign
- 03 - Yield Sign
- 04 - Traffic Signal
- 05 - Traffic Flashers
- 06 - School Zone
- 07 - Railroad Crossbucks
- 08 - Railroad Flashers
- 09 - Railroad Gates
- 10 - Construction Barricade
- 11 - Person (Flagger, Officer)
- 12 - Pavement Markings
- 13 - Crosswalk Lines
- 14 - Walk/Don't Walk
- 15 - Other
- 16 - Not Reported

Unit Direction: From 3 To 2
- 1 - North
- 2 - South
- 3 - East
- 4 - West
- 5 - Northeast
- 6 - Northwest
- 7 - Southeast
- 8 - Southwest
- 9 - Unknown

HSY8304 OH1U (Rev 01/12)

UNIT

Local Report Number: 1-16-3825

Unit Number	Owner Name: Last, First, Middle (☐ Same As Driver)	Owner Phone Number - Inc. Area Code (☒ Same As Driver)	Damage Scale
02	ABELS, MAURICE L		2

Owner Address: City, State, Zip (☐ Same As Driver)
59061 CHERRY HILL RD BYESVILLE OH 43723

1 - None
2 - Minor
3 - Functional
4 - Disabling
9 - Unknown

Damaged Area: Front 02, 03, 04, 05, 06, 07, 08, 09, 10; Rear

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	EWQ8266	1G1ZG57B58F151523	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2008	CHEV	MAL	BLU

☒ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	NATIONWIDE		

Carrier Name, Address, City, State, Zip

Carrier Phone - Include Area Code

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☐ Has HM Placard

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Impact Area: 04

Action: 4
1 - Non-Contact
2 - Non-Collision
3 - Striking
4 - Struck
5 - Striking/Struck
9 - Unknown

Pre-Crash Actions: 01
99 - Unknown

Motorist
01 - Straight Ahead
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Contributing Circumstances

Primary: 01
Secondary:
99 - Unknown

Motorist
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Vehicle Defects
01 - Turn Signals
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07 - Worn or Slick tires
08 - Trailer Equipment Defective
09 - Motor Trouble
10 - Disabled From Prior Accident
11 - Other Defects

Sequence of Events: 1 20 2 3 4 5 6
99 - Unknown

First Harmful Event: 1
Most Harmful Event: 1

Non-Collision Events
01 - Overturn/Rollover
02 - Fire/Explosion
03 - Immersion
04 - Jackknife
05 - Cargo/Equipment Loss or Shift
06 - Equipment Failure (Blown Tire, Brake Failure, etc)
07 - Separation of Units
08 - Ran Off Road Right
09 - Ran Off Road Left
10 - Cross Median
11 - Cross Center Line Opposite Direction of Travel
12 - Downhill Runaway
13 - Other Non-Collision

Collision with Person, Vehicle or Object Not Fixed
14 - Pedestrian
15 - Pedalcycle
16 - Railway Vehicle (Train, Engine)
17 - Animal - Farm
18 - Animal - Deer
19 - Animal - Other
20 - Motor Vehicle in Transport
21 - Parked Motor Vehicle
22 - Work Zone Maintenance Equipment
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Collision With Fixed Object
25 - Impact Attenuator/Crash Cushion
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Unit Speed: 000
☐ Stated
☐ Estimated

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Unit Direction
From 2 To 1
1 - North
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4 - West
5 - Northeast
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8 - Southwest
9 - Unknown

HSY8304 OH1U (Rev 01/12)

MOTORIST / NON-MOTORIST / OCCUPANT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL REPORT NUMBER: 1-16-3825

MOTORIST/NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
01	STUMP, MEGAN LEANNE	07211988	27	F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 2653 CALEDONIA NORTHERN RD CALEDONIA OH 43314

CONTACT PHONE - INCLUDE AREA CODE: (419) 680-0339

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
1	1			04	☐	01	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	SV069686	4	☐	☐	3	1	1	1	.000	1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
			☐	1

MOTORIST/NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
02	Abels, Charlotte W	12091933	82	F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 59061 Cherry Hill Rd Byesville Oh 43723

CONTACT PHONE - INCLUDE AREA CODE: (740) 685-2660

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
1	1			04	☐	01	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
Oh	RI484474	4	☐	☐	1	1	1	1	.000	1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
			☐	1

INJURIES
1 - No Injury / None Reported
2 - Possible
3 - Non-Incapacitating
4 - Incapacitating
5 - Fatal

INJURED TAKEN BY
1 - Not Transported / Treated at Scene
2 - EMS
3 - Police
4 - Other
9 - Unknown

SAFETY EQUIPMENT USED

Motorist
01 - None Used - Vehicle Occupant
02 - Shoulder Belt Only Used
03 - Lap Belt Only Used
04 - Shoulder and Lap Belt Used
05 - Child Restraint System-Forward Facing
06 - Child Restraint System- Rear Facing
07 - Booster Seat
08 - Helmet Used
99 - Unknown Safety Equipment

Non-Motorist
09 - None Used
10 - Helmet Used
11 - Protective Pads Used (Elbows, Knees, Etc)
12 - Reflective Clothing
13 - Lighting
14 - Other

SEATING POSITION
01 - Front - Left Side (Motorcycle Driver)
02 - Front - Middle
03 - Front - Right Side
04 - Second - Left Side (Motorcycle Passenger)
05 - Second - Middle
06 - Second - Right Side
07 - Third - Left Side (Motorcycle Side Car)
08 - Third - Middle
09 - Third - Right Side
10 - Sleeper Section of Cab (Truck)
11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a 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
16 - Other
99 - Unknown

AIR BAG USAGE
1 - Not Deployed
2 - Deployed Front
3 - Deployed Side
4 - Deployed Both Front/Side
5 - Not Applicable
9 - Deployment Unknown

EJECTION
1 - Not Ejected
2 - Totally Ejected
3 - Partially Ejected
4 - Not Applicable

TRAPPED
1 - Not Trapped
2 - Extricated by Mechanical Means
3 - Extricated by Non-Mechanical Means

OPERATOR LICENSE CLASS
1 - Class A
2 - Class B
3 - Class C
4 - Regular Class (Ohio is D)
5 - MC/Moped Only

CONDITION
1 - Apparently Normal
2 - Physical Impairment
3 - Emotional (Depressed, Angry, Disturbed)
4 - Illness
5 - Fell Asleep, Fainted, Fatigued
6 - Under The Influence of Medications, Drugs, Alcohol
7 - Other

ALCOHOL/DRUG SUSPECTED
1 - None
2 - Yes - Alcohol Suspected
3 - Yes - HBD Not Impaired
4 - Yes - Drugs Suspected
5 - Yes - Alcohol and Drugs Suspected

ALCOHOL TEST STATUS
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Known
5 - Test Given, Results Unknown

ALCOHOL TEST TYPE
1 - None
2 - Blood
3 - Urine
4 - Breath
5 - Other

DRUG TEST STATUS
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Known
5 - Test Given, Results Unknown

DRUG TEST TYPE
1 - None
2 - Blood
3 - Urine
4 - Other

DRIVER DISTRACTED BY
1 - No Distraction Reported
2 - Phone
3 - Texting/E-mailing
4 - Electronic Communication Device
5 - Other Electronic Device (Navigation Device, Radio, DVD)
6 - Other Inside the Vehicle
7 - External Distraction

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				☐ F - FEMALE, M - MALE

ADDRESS, CITY, STATE, ZIP:

CONTACT PHONE - INCLUDE AREA CODE:

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
☐	☐			☐☐	☐	☐☐	☐	☐	☐

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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ADDRESS, CITY, STATE, ZIP:

CONTACT PHONE - INCLUDE AREA CODE:

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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HSY8306 OH1M (REV 01/12)