| OHIO DEPARTMENT TRAFFIC                                 | CRASH                               | REPORT *DENOTE   | S MANDATORY                 | FIELD FOR SUPPLEM                     | MENT PEDART                |                        | LOCAL REPORT NUMBER              | <u></u>   |
|---|-------------------------------------|--|-----------------------------|---------------------------------------|----------------------------|------------------------|----------------------------------|---|
| PHOTOS TAKEN OH-2                                       | <b>⋈</b> 0H-3                       | L P 1 9 1 0 1 6 0 0 5 2 1 2  |                             |                                       |                            |                        |                                  |   |
| OH-1P   | OTHER                               | REPORTING AGENCY NAME  | *                           |                                       |                            |                        | NUMBER OF UNITS                  | UNIT IN ERROR   |
| SECONDARY CRASH PRIVA                                   | TE PROPERTY                         | CLEARCREEK TWE   | PD                          | , 0                                   | 8,3,1,6                    | 1 - SOLVED             | 0 2 0                            | 98 - ANIMAL<br>1 99 - UNKNOWN   |
| COUNTY* LOCALITY* 1 - CITY                              |                                     | Y, VILLAGE, TOWNSHIP*  |                             |                                       |                            | CRASH DATE /           | TIME* CR                         | ASH SEVERITY  |
| 3-10MM3II1F   | CLEARCR                             | EEK  |                             |                                       |                            | 1,0,1,6,2,0,1,9,       | 1006 5                           | - FATAL<br>- SERIOUS INJURY   |
| ROUTE TYPE ROUTE NUMBER PREF                            | 1x 1 - NORTH<br>2 - SOUTH           | LOCATION ROAD NAME   |                             |                                       | ROAD TYPE                  | LATITUDE DE            |                                  | SUSPECTED   |
|   | 3 - EAST<br>J 4 - WEST              |  |                             |                                       |                            | 3,9,4,9,1              | 0 9 8                            | - MINOR INJURY<br>SUSPECTED   |
| ROUTE TYPE ROUTE NUMBER PREF                            | 1X 1 - NORTH<br>2 - SOUTH           | REFERENCE ROAD NAME (RO  | JAD, MILEPOST,              | HOUSE #)                              | ROAD TYPE                  | LONGITUDE DE           | ECIMAL DEGREES 4                 | - INJURY POSSIBLE   |
| S R 1,2,2   | 3 EAST<br>4 WEST                    |  |                             |                                       |                            | -8 4 2 5 1             | 9 6 6                            | - PROPERTY DAMAGE   |
| REFERENCE POINT DIRECTION SAGAR REFERENCE POINT         | NCE                                 | ROUTE TYPE   |                             | ROAD TYPE                             |                            |                        | INTERSECTION RELATE              | <br>D   |
| 1 2-MILE POST 2-  | SOUTH IIS.                          | INTERSTATE ROUTE(TP) FEDERAL US ROUTE  | AL - ALLEY<br>AV - AVENUE   |                                       | RD - ROAD<br>SQ - SQUARE   | WITHIN INTE            | RSECTION OR ON APPROA            |   |
|   | EAST                                | STATE ROUTE  | BL - BOULEVAR               |                                       | ST - STREET                | WITHIN INTE            | RCHANGE AREA NUN                 | 7 IBER OF APPROACHES  |
| DISTANCE DISTAN FROM REFERENCE UNIT OF ME.              |                                     | NUMBERED COUNTY ROUTE  | CR - CIRCLE<br>CT - COURT   |                                       | TE - TERRACE<br>TL - TRAIL | E. S. G. D. S. V.      | ROADWAY                          | P) 6 # 6 4 4 5 1  |
|   | MILES TR -                          | NUMBERED TOWNSHIP<br>ROUTE   | DR - DRIVE                  |                                       | WA - WAY                   | ROADWAY DIV            | IDED                             |   |
|   | YARDS                               |  | HE - HEIGHTS                | PL - PLACE                            |                            | KOADWAT DIV            | 1020                             |   |
| LOCATION OF FIRST H                                     | <b>ARMFUL EVEN</b><br>9 - CROSSOVER |  |                             | SH COLLISION/IMPA<br>4 - REAR-TO-REAR | СТ                         | DIRECTION OF TRAVEL    | 1                                |   |
| , O, 1, 2-ON SHOULDER                                   | 10-DRIVEWAY                         | ALLEY ACCESS 5   | BETWEEN<br>TWO MOTOR        | 5 - BACKING                           |                            | 1 - NORTH<br>2 - SOUTH | 1 - DIVIDED F<br>( < 4 FEET      | LUSH MEDIAN   |
| 3- (IV WIEDIAN  | 11-RAILWAY G<br>12-SHARED US        | RADE CROSSING  | VEHICLES IN<br>TRANSPORT    | 6 - ANGLE<br>7 - SIDESWIPE, SAM       | E DISECTION                | 3 - EAST               | 2 - D[VIDED F<br>(≥4 FEET        | LUSH MEDIAN   |
| 5 - ON GORE<br>6 - OUTSIDE TRAFFIC WAY                  | TRAILS<br>13-BIKE LANE              | 2 - F  | REAR-END                    | 8 - SIDESWIPE, OPPO                   | SITE DIRECTION             | 4 - WEST               | 3 - DIVIDED, I                   | DEPRESSED MEDIAN  |
| 7 ON RAMP   | 14- <b>T</b> 0LL B00TI              | 1  | HEAD-ON                     | 9 - OTHER / UNKNO                     | ΝN                         | 547                    | 4 - DIVIDED, I<br>(ANY TYP       | RAISED MEDIAN<br>E)   |
| 8-OFF RAMP  | 99-OTHER/UN                         | KNOWN  |                             |                                       |                            |                        | 9 - OTHER/UN                     | KNOWN   |
| WORK ZONE RELATED                                       |                                     | WORK ZONE TYPE   | 1900                        | ON OF CRASH IN WO                     |                            | CONTOUR                | CONDITIONS                       | SURFACE   |
| WORKERS PRESENT   |                                     | _ANE CLOSURE<br>_ANE SHIFT/CROSSOVER   | 1                           | - BEFORE THE 1ST I<br>WARNING SIGN    | WORK ZONE                  | _1                     | 1                                | _ 2   |
| LAW ENFORCEMENT PRESENT                                 |                                     | VORK ON SHOULDER<br>OR MEDIAN  | 1.5                         | - ADVANCE WARNIN                      |                            |                        | I - DRY                          | 1 - CONCRETE  |
| ACTIVE SCHOOL ZONE                                      | 4-1                                 | NTERMITTENT OR MOVING WO   |                             | - ACTIVITY AREA                       | `                          |                        | 2 - WET<br>3 - SNOW              | 2 - BLACKTOP,<br>BITUMINOUS,  |
| MOTIVE SCHOOL ZOINE                                     | 5 - (                               | )THER  | 5                           | - TERMINATION ARI                     | EA                         |                        | 4 - ICE                          | ASPHALT  3 - BRICK/BLOCK  |
| LIGHT CONDITION  1 - DAYLIGHT                           |                                     |  | THER                        |                                       |                            | 9 - OTHER/UNKNOWN      | 5 - SAND, MUD, DIRT,             | 4 - SLAG, GRAVEL,   |
| 1 2 - DAWN/DUSK   |                                     | 1-CLEAR<br>, 0, 2, 2-CLOUDY  | 6 - SNOW<br>7 - SEVERE      | CROSSWINDS                            |                            |                        | OIL, GRAVEL 6 - WATER (STANDING, | STONE   |
| 3 - DARK – LIGHTED ROADWA<br>4 - DARK – ROADWAY NOT LIG |                                     | 3 - FOG, SMOG, SMO<br>4 - RAIN   |                             | IG SAND, SOIL, DIRT,                  |                            |                        | MOVING)                          | 5 - DIRT<br>9 - OTHER/UNKNOWN   |
| 5 - DARK – UNKNOWN ROADW                                |                                     | 5 - SLEET, HAIL  |                             | NG RAIN OR FREEZI<br>/ UNKNOWN        | NG DRIZZLE                 | 1                      | 7 - SLUSH<br>9 - OTHER/UNKNOWN   | ,   |
| 9 - OTHER / UNKNOWN                                     |                                     |  |                             | -                                     |                            | ,                      | 7 - 0111210101111100011          |   |
| NARRATIVE   |                                     |  |                             |                                       | 1                          | 5R1231                 | NA                               | Indicate the north  |
| UNIT 1 WAS TRAY   | VELINO                              | SOUTH ON   | SR 123                      |                                       |                            |                        | A.                               | an "N" on the compass diagram.  |
| AND STOPPED F   |                                     |  | Control of the second state |                                       |                            | 4                      |                                  | January and State of the State |
| BAR AT THE TRA  |                                     |  |                             |                                       |                            | <b>~</b>               |                                  |   |
|   |                                     |  |                             |                                       |                            |                        |                                  |   |
| UNIT 2 STOPPED  |                                     | The state of the s | VIT 1                       |                                       | - E                        | = -  -                 |                                  |   |
| THEN BACKED IN  | TO UN                               | IT 2.  |                             | i 1                                   |                            | \                      |                                  |   |
|   |                                     |  |                             |                                       |                            | X                      | Y                                |   |
|   |                                     |  | -                           |                                       |                            | 00                     |                                  | 3   |
|   |                                     |  |                             |                                       |                            |                        |                                  |   |
|   |                                     |  |                             |                                       |                            |                        |                                  | b   |
|   |                                     |  |                             |                                       |                            |                        |                                  |   |
|   |                                     |  |                             | Drive to U                            | DF                         |                        |                                  |   |
|   |                                     |  |                             | -                                     |                            |                        | Net to                           | JC416   |
| CRASH REPORTED DATE / TIME                              | DI                                  | SPATCH DATE / TIME   | AR                          | IRIVAL DATE / TIME                    |                            | SCENE CLEARED DA       | ATE / TIME                       | PORT TAKEN BY   |
| 1,0,1,6,2,0,1,9,,1,0,0,6                                |                                     | 5 2 0 1 9 1 0 0 7  |                             |                                       | 0, 1, 5, 1,                | 0, 1, 6, 2, 0, 1, 9,   |                                  | POLICE AGENCY   |
| TOTAL TIME OTHER  | ΤΟΤΔΙ                               | OFFICER'S NAME*  | 11.101.101                  |                                       | CKED BY OFFICE             |                        | 1042                             | MOTORIST  |
| CADWAY CLOSED INVESTIGATION TIN                         | E MINUTES                           |  | RTER                        |                                       | ERIC                       | 1) NEY                 |                                  | SUPPLEMENT  |
| 0 1 5   |                                     |  | ADGE NUMBER                 | *                                     | CHECKED BY                 | OFFICER'S BADGE NU     | MBER*                            | CORRECTION ON ADOLTION TO AN EXISTING REPORT SENT TO DOPS)  |
| 0 1 5   | 0,5                                 | 0 1 L 3  | 1 2 1                       |                                       | 1 1                        | 12 15                  |                                  |   |

| UNIT # OWNER NAME: LAST, FIRST, MIDDLE (  same as DRIVER) |   |   |   | OWN  | ER PHONE: IN                    | ICLUDE AREA CODE ( SAME AS DRIVER)              |  | DAMAGE  |  |  |
|---|---|---|---|--|---------------------------------|---|--|---|--|--|
| _ 0 _ 1 _   |   |   |   |  | -1-1-1                          |   | DAMAGE SCALE   |   |  |  |
| OWNER   | ADDRESS: STREET, CITY, STAT   | E, ZIP ( SAME AS DRIVER)                                    |   | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1      | 1 - NONE                        | 3 - FUNCTIONAL DAMAGE                           |  |   |  |  |
|   |   |   |   | 2 - MINOR DAMAGE 4 - DISABLING DAMAGE      |                                 |   |  |   |  |  |
| COMMER  | RCIAL CARRIER: NAME, ADD  | RESS, CITY, STATE, ZIP                                      |   | Co   | MMERCIAL CARRIE                 | R PHONE: INCLUDE AREA CODE                      | 9 - UNKNOWN  |   |  |  |
|   | ·   | -   |   |  |                                 |   |  | AMAGED AREA(S)  |  |  |
| LP STATE  | PKG9012   |   | LE IDENTIFICATION #<br>, 5, U, 0, 3, 1, 1, 7, 2,      | 2 1 1                                      | VEHICLE Y                       |   | INDI   | CATE ALL THAT APPLY                                     |  |  |
|   | 1   |   | INSURANCE POLICY #                                    | 3 1 4                                      | 2 <sub>1</sub> 0 <sub>1</sub> 0 |   | 12   | 11 - 12 1   |  |  |
| INSUR<br>VERIF  | TED STATE NATIO   |   | NXTA82MDJJ-00-  | CA   | WHITE                           | EXPRESS   |  |   |  |  |
|   | TYPE OF USE   | STUTE T   | US DOT #  |  | ED BY: COMPA                    |   |  |   |  |  |
| COMM  | ERCIAL GOVERNMENT   | IN EMERGENCY<br>RESPONSE                                    | 7 7 7 7 7 7 7   | 9  | LB B (. COMPA                   | V F IVAIVE                                      | 9 3  | g 9   |  |  |
| 0.700   |   |   | VEHICLE WEIGHT GVWR/GCWR                              |  |                                 | OUS MATERIAL                                    |  | - 1·O· -  |  |  |
| DEVI  | RLOCK HIT/SKIP UNI  |   | 1 - ≤10K LBS<br>2 - 10,001 - 26K LBS                  |  | MATERIAL<br>RELEASED            | CLASS # PLACARD ID #                            |  | N 1 7 3 V   |  |  |
| EQUI  | PPED —  | 0,1,  | 3 - >26K LBS  | ·  | PLACARD                         |   | 7  | 12 7 5  |  |  |
|   | 1 - PASSENGER CAR   | 7 - MOTORCYCLE 2-WHEELED                                    | 12 - GOLF CART  | 18 - LIMO (L                               | IVERY VEHICLE)                  | 23 - PEDESTRIAN / SKATER                        | 6  | 12 6  |  |  |
| 0,5   | 2 - PASSENGER VAN (MINIVAN)   |   |   |  | + PASSENGERS)                   | 24 - WHEELCHAIR (ANY TYPE)                      | 10 /   | 10月17~2   |  |  |
| UNIT TYP  | 3 - SPORT UTILITY VEHICLE   | 9 - AUTOCYCLE<br>10 - MOPED OR MOTORIZED                    | 14 - SINGLE UNIT TRUCK                                | 20 - OTHER V                               |                                 | 25 - OTHER NON-MOTORIST                         | <u> </u>   | 10 2  |  |  |
|   | 5 - CARGO VAN   | BICYCLE BICYCLE   | 15 - SEMI-TRACTOR<br>16 - FARM EQUIPMENT              | 21 - REAVY E                               | WITH RIDER OR                   | 26 - BICYCLE<br>27 - TRAIN                      | , °L   | 9 1 3 3   |  |  |
|   | 6 - VAN (9-15 SEATS)  | 11 - ALL TERRAIN VEHICLE                                    | 17 - MOTORHOME  |  | -DRAWN VEHICLE                  | 99 - UNKNOWN OR HIT/SKIP                        |  | /EII E1. 74   |  |  |
| 1 1   | # OF TRAILING UNITS   | (ATV / UTV)   |   |  |                                 |   |  | 6   |  |  |
|   |   |   |   |  |                                 |   | 11 12 1  | 6 11 12   |  |  |
|   | WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRED  |   |   | 3 - CONDITION 4 - HIGH AU                  | INAL AUTOMATION                 | 9 - UNKNOWN                                     | 10   | 10  |  |  |
| _ 2   | 1-YES 2-NO 9-OTHER/UNK  | NOWN AUTONOMOU  | O DADTIAL AUTOMATION                                  | 5 - FULL AU                                |                                 |   |  | 10 2  |  |  |
|   |   | MODE LEVE   |   |  |                                 |   | 9 9 9  | 3 9 9   |  |  |
| 0.4   | 1 - NONE  | 6 - BUS - CHARTER/TOUR                                      |   | 16-FARM                                    |                                 | 21 - MAIL CARRIER                               |  | 7 10 10 7   |  |  |
| 0_1   | 2 - TAXI  | 7 - BUS - INTERCITY   |   | 17 - MOWING                                |                                 | 99 - OTHER / UNKNOWN                            | * X , 📥 , X .  | 8   |  |  |
| SPECIAL   | 3 - ELECTRONIC RIDE SHARING<br>4 - SCHOOL TRANSPORT   | 9 - BUS - OTHER   |   | 18 - SNOW RE                               | MUVAL                           |   | 7 5  | 1 6   |  |  |
| UNCITO  | 5 - BUS - TRANSIT/COM/MUTER   |   | 15 - CONSTRUCTION EQUIPMENT                           |  | SERVICE PATROL                  |   | , and the second | · ·   |  |  |
|   | 1 - NO CARGO BODY TYPE  | 3 - VEHICLE TOWING ANOTHE                                   | R 5=INTERMODAL CONTAINER                              | B - POLE                                   |                                 | 12-CONCRETE MIXER                               |  | 12 12 12  |  |  |
| 0 6   | / NOT APPLICABLE  | MOTOR VEHICLE   | 01140010  | 9 - CARGOTA                                | INK                             | 13 - AUTO TRANSPORTER                           | 12   | 1 1 =   |  |  |
| CARGO   | 2 - BUS   | 4 - LOGGING   | 6 - CARGO VAN/ENCLOSED BOX                            | 10 - FLAT BEI                              |                                 | 14-GARBAGE/REFUSE                               | A MAR  |   |  |  |
| TYPE  |   |   | 7 - GRAIN/CHIPS/GRAVEL                                | 11 - DUMP                                  |                                 | 99 - OTHER / UNKNOWN                            | ,679, ,  | 3 9 7 3 9 8 3   |  |  |
|   | 1 - TURN SIGNALS  | 4 - BRAKES  | 7 - WORN OR SLICK TIRES                               | 9 - MOTORTI                                | ROUBLE                          | 99 - OTHER / UNKNOWN                            | Ç  | 7   |  |  |
| VEHICLE   | Z - HEAD LAMPS  | 5 - STEERING  | 8 - TRAILER EQUIPMENT                                 |  | D FROM PRIOR                    |   | ь  |   |  |  |
| DEFECTS   | 3 - TAIL LAMPS  | 6 - TIRE BLOWOUT  | DEFECTIVE   | ACCIDEN                                    | T                               |   | ler)   |   |  |  |
|   | 1 - INTERSECTION - MARKED   | 3 - INTERSECTION - OTHER                                    | 6 - BICYCLE LANE                                      | 9 - MEDIAN/O                               | ROSSING ISLAND                  | 12 - FIRST RESPONDER                            | 🔼 - NO DAMAGE  | 0 UNDERCARRIAGE [14]                                    |  |  |
| LLL HOTODICT  | CROSSWALK   | 4 - MIDBLOCK - MARKED                                       |   | 10 - DRIVEWA                               |                                 | AT INCIDENT SCENE                               | ☐ - TOP [ 13 ]   | - ALL AREAS ( 15 J                                      |  |  |
| LUCATION  | 2 - INTERSECTION – UNMARKED<br>CROSSWALK  | CROSSWALK  5 - TRAVEL LANE - OTHER LOCATO                   |   |  | USE PATHS OR                    | 99 - OTHER / UNKNOWN                            |  |   |  |  |
| AT IMPACT   |   |   |   | TRAILS                                     |                                 |   | ∐ - UNI  | T NOT AT SCENE L 16 J                                   |  |  |
|   |   | 1 - STRAIGHT AHEAD  |   |  | TING A CURVE                    | 18 - APPROACHING<br>OR LEAVING VEHICLE          | INITIA   | L POINT OF CONTACT                                      |  |  |
| _ 3 _   | 2-NON-COLLISION 0 2   | 2 - BACKING<br>3 - CHANGING LANES<br>4 - OVERTAKING/PASSING | 8 - ENTERING TRAFFIC LANE<br>9 - LEAVING TRAFFIC LANE |  | G OR CROSSING<br>D LOCATION     | 19-STANDING                                     | 0 - NO DAMA  |   |  |  |
| ACTION  |   |   |   | 15 - WALKING, RUNNING,<br>JOGGING, PLAYING |                                 | 20 - OTHER NON-MOTORIST                         |  | TO UNIT 15 - VEHICLE NOT AT SCENE                       |  |  |
|   | 5 - BOTH STRIKING ACTIONS   | 5 - MAKING RIGHT TURN                                       | 11 - SLOWING OR STOPPED                               |  |                                 | 21 - STANDING DUTSIDE                           | DIAGR<br>13 - TOP  | 99 - UNKNOWN  |  |  |
|   | & STRUCK<br>9 - OTHER / UNKNOWN   | 6 - MAKING LEFT TURN  | 114   1104   110                                      | 16 - WORKING<br>17 - PUSHING               | - WORKING<br>'- PUSHING VEHICLE | DISABLED VEHICLE<br>99 - OTHER / UNKNOWN        | 13-106   |   |  |  |
|   |   |   | 12 - DITTEREESS                                       |  |                                 |   |  | TRAFFIC   |  |  |
|   |   | 7 - LEFT OF CENTER<br>8 - FOLLOWING TOD CLOSE / ACI         | DARKED DOCUTION                                       | 17 - VISION OF                             |                                 | 21 - LYING IN ROADWAY                           | TRAFFICWAY FLOW  | TRAFFIC CONTROL   |  |  |
| 1.2.  |   | 9 - FOLLOWING TOU CLOSE / ACT<br>9 - IMPROPER LANE CHANGE   | 14 - STOPPED OR PARKED                                | EQUIPME                                    | (G DEFECTIVE<br>NT              | 22 - NOT DISCERNIBLE<br>23 - OPENING DOOR INTO  | 1 - ONE-WAY  | 1 - ROUNDABOUT 4 - STOP SIGN                            |  |  |
|   | 4 - RAN STOP SIGN   | 10 - (MPROPER PASSING                                       | ILLEGALLY<br>15 - SWERVING TO AVOID                   |  | FTING/FALLING/                  | ROADWAY   | 2 2 - TWO-WAY  | 2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |  |  |
| ONTRIBUTING<br>IRCUMSTANCES                               | 5 - UNSAFE SPEED  | 11-DROVE OFF ROAD   | N. HOMER WAY  | SPILLING<br>20 - IMPROPE                   |                                 | 99 - OTHER IMPROPER ACTION                      |  | 3 - FLASHER 6 - NO COM ROL                              |  |  |
|   | 6 - IMPROPERTURN  | 12 - IMPROPER BACKING                                       |   | ZU-IMPRUPE                                 | u cuasine                       |   | # OF THROUGH LANES   | RAIL GRADE CROSSING                                     |  |  |
| EQUENCE   | OF EVENTS   |   |   |  |                                 |   |  | 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING           |  |  |
| 2,0   | 1 - OVERTURN/ROLLOVER   | - EQUIPMENT FAILURE   | NON-COLLISION 11-CROSS CENTERLINE — 1                 | l6 - RAILWAY                               | VEHICLE                         | 22 - WORK ZONE MAINTENANCE                      | 2  | 3 - INVOLVED-PASSIVE CROSSING                           |  |  |
|   |   | - SEPARATION OF UNITS                                       | OPPOSITE DIRECTION OF                                 | 17 - ANIMAL -                              |                                 | EQUIPMENT                                       |  |   |  |  |
|   | 3 - IMMERSION B - RAN OFF ROAD RIGHT  |   | TRAVEL  | 18 - ANIMAL -                              | - DEER                          | 23 - STRUCK BY FALLING,                         | UNIT / NO  | N-MOTORIST DIRECTION                                    |  |  |
|   | with the second | - RAN OFF ROAD LEFT   | 13 - OTHER MON-COLLISION                              | 19-ANIMAL -                                |                                 | SHIFTING CARGO OR<br>ANYTHING SET IN MOTION     |  | 1 - NORTH 5 - NORTHEAST<br>2 - SOUTH 6 - NORTHWEST      |  |  |
|   | 5 - CARGO / EQUIPMENT 1 LOSS OR SHIFT   | .0 - CROSS MEDIAN   | 14 - PEDESTRIAN                                       | 20 - MOTOR VE<br>TRANSPO                   |                                 | BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT | FROM2 TO _   |   |  |  |
|   |   |   |   |  | IOTOR VEHICLE                   | LI VIIILN MUYADLE UBJEGI                        |  | 4 - WEST 8 - SOUTHWEST                                  |  |  |
|   | 25 - IMPACT ATTENUATOR  | COLLISIO<br>11-GUARDRAIL END                                | N WITH FIXED OBJECT<br>37-TRAFFIC SIGN POST 4         | - STRUC<br>13-CURB                         | : K                             | 50 - WORK ZONE MAINTENANCE                      |  | 9 - OTHER / UNKNOWN                                     |  |  |
|   | / CRASH CUSHION   | 2 - PORTABLE BARRIER  |   | 14 - DITCH                                 |                                 | EQUIPMENT                                       | UNIT SPEED   | DETECTED SPEED  |  |  |
|   | CTRUCTURE   | 3 - MEDIAN CABLE BARRIER                                    | 39 - LIGHT / LUMINARIES 4                             | I5-EMBANKN                                 | IENT                            | 51 - WALL                                       | 5 JI LLD   | 1 - STATED / ESTIMATED SPEED                            |  |  |
|   | 27 - BRIDGE PIER OR ABUTMENT  | 4 - MEDIAN GUARDRAIL<br>BARRIER                             | 40 LITTLE PTM MALE                                    | 16-FENCE                                   |                                 | 52 - BUTLDING<br>53 - TUNNEL                    | 0 1 0  | 1 2 - CALCULATED / EOR                                  |  |  |
|   |   | 5 - MEDIAN CONCRETE   | 41 - OTHER POST, POLE                                 | 7 - MAILBÓX<br>18 - TREE                   |                                 | 54 - OTHER FIXED OBJECT                         |  |   |  |  |
|   | 29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE 3   | BARRIER<br>6-MEDIAN OTHER BARRIER                           | AB CIIDBUBT   | 9 - FIRE HYD                               | RANT                            | 99 - OTHER / UNKNOWN                            | POSTED SPEED   | 3 - UNDETERMINED  |  |  |
| 1   |   | 1   |   |  |                                 |   | 5 5  |   |  |  |
|   | FIRST HARMFUL EVENT   | L MOST H  | ARMFUL EVENT  |  |                                 |   | 0 0  |   |  |  |



LOCAL REPORT NUMBER
L P 1 9 1 0 1 6 0 0 5 2 1 2

| UNIT#                         | OWNER NAME: LAST, FIR                              | EST, MIDDLE ( SAME AS DRIVE                               | ĒR)  | OWNER PHONE   | E: INCLUDE AREA CODE ( SAME AS DRIVER)      | DAMAGE                        |   |  |
|-------------------------------|--|---|--|---|---|-------------------------------|---|--|
| 0 2 OWNER A                   | ADDRESS: STREET, CITY, STATE                       | C 210 (Fed cause as DRIVER)                               |  |   |   | 1 - NONE                      | DAMAGE SCALE  3 - FUNCTIONAL DAMAGE                     |  |
|                               | WURE 33: 31 NECT, 500 Y                            | 2, ZIP ( SAME AS UNIVERS                                  |  |   |   | 3 2 - MINOR DA                |   |  |
| COMMER                        | RCIAL CARRIER: NAME, ADDI                          | RESS, CITY, STATE, ZIP                                    |  | COMMERCIAL CA   | RRIER PHONE: INCLUDE AREA CODE              |                               | 9 - UNKNOWN   |  |
|                               |  |   |  |   | 1 1 1 1 1                                   |                               | DAMAGED AREA(S)   |  |
| LP STATE                      | LICENSE PLATE #<br>HOX8611                         |   | LE IDENTIFICATION #<br>  H, E, 1, H, C, 9, 0, 5, 8                                 | VEHICLE<br>3, 1, 8, , 2 , 0 ;                         |   |                               | CATE ALL THAT APPLY                                     |  |
|                               | I  |   | INSURANCE POLICY #   | S <sub>1</sub> 1 <sub>1</sub> 8 <sub>1</sub> (2   0 ) |   | 0                             | 11 12   |  |
| X VERIF                       | FIED ALL STATE                                     |   | 992707999  | WHIT  |   | 10.                           | 2 10 11 1 1   |  |
|                               | TYPE OF USE  |   | US DOT #   | TOWED BY: COM   |   | 1 / 10 / 2 /                  |   |  |
| COMM                          | ERCIAL GOVERNMENT                                  | IN EMERGENCY<br>RESPONSE                                  |  | HAZ/  | ARDOUS MATERIAL                             | 9                             | 3 9 N   |  |
| INTER DEVICE EQUIP            | RLOCK<br>CE HIT/SKIP UNI<br>PPED                   | #ULLUPANIS  | VEHICLE WEIGHT GVWR/GCWR<br>1 - ≤10K LBS,<br>2 - 10,001 - 26K LBS,<br>3 - >26K LBS | MATERIAL RELEASED                                     | L CLASS # PLACARD ID #                      | 8                             | 7   |  |
|                               | 1 - PASSE VGER CAR                                 | 7 - MOTORCYCLE 2-WHEELED                                  |  | 18 - LIMO (LIVERY VEHICLE                             |   | 5                             | 11 6  |  |
| ,0,1,                         | 2 - PASSENGER VAN (MINIVAN)                        | B - MOTORCYCLE 3-WHEELED                                  | D 13-SNOWMOBILE 19   | 19 - BUS (16+ PASSENGERS                              | S) 24-WHEELCHAIR (ANY TYPE)                 | 10                            | 1 2   |  |
| UNIT TYPE                     | 3 - SPORT UTILITY VEHICLE<br>E 4 - PICK UP         | 9 - AUTOCYCLE<br>10 - NOPED OR MOTORIZED                  |  | O-OTHER VEHICLE                                       | 25 - OTHER NON-MOTORIST<br>26 - BICYCLE     |                               | 12 M  |  |
|                               | 5 - CARGO VAN                                      | BICYCLE   |  | :1 - HEAVY EQUIPMENT<br>:2 - ANIMAL WITH RIDER OF     |   | \                             | .   |  |
| 1                             | 6 - VAN (9-15 SEATS)                               | 11 - ALL TERRAIN VEHICLE<br>(ATV / UTV)                   | 17 - MOTORHOME   | ANIMAL-DRAWN VEHIC                                    |   | 8                             |   |  |
|                               | # OF TRAILING UNITS                                |   |  | =   |   | 11 12                         | 5 12  |  |
|                               | WAS VEHICLE OPERATING IN AU                        |   |  | - CONDITIONAL AUTOMAT                                 | TION 9 - UNKNOWN                            | 100                           |   |  |
| 2                             | MODE WHEN CRASH OCCURRED<br>1-YES 2-NO 9-OTHER/UNK |   | DADTIAL AUTOMATION   | - HIGH AUTOMATION<br>- FULL AUTOMATION                |   | 4 5                           |   |  |
|                               | 1-763 2-80 7-01HER/ORG                             | MODE LEVEL  |  | - FUEL AUTOMATION                                     |   | 9 2 2 3                       | 3 9 3   |  |
| 2 1                           |  | 6 - BUS - CHARTER/TOUR                                    |  | 6-FARM  | 21 - MAIL CARRIER                           |                               | T 13 14 7.  |  |
| 0_1                           | 3 ELECTRONIC DIDE CHARING                          | 7 - BUS – INTERCITY<br>B - BUS – SHUTTLE                  |  | 7 - MOWING<br>8 - SNOW REMOVAL                        | 99 - OTHER / UNKNOWN                        | I X                           | , X   |  |
| SPECIAL FUNCTION              |  | 9 - BUS - OTHER   |  | 9-TOWING  |   | , , ,                         | 7 6   |  |
|                               | 5 - BUS - TRANSIT/COMMUTER                         | 10 - AMBULANCE  | 15 - CONSTRUCTION EQUIPMENT 20   |   | OL  | ***                           | 12 12 12  |  |
| ,0,1,                         |  |   | 21224110   | - POLE  | 12-CONCRETE MIXER                           | 12                            |   |  |
| CARGO                         | / NOT APPLICABLE<br>2 - BUS                        | MOTOR VEHICLE 4 - LOGGING                                 | / 5456610140ENGLEGES 560   | - CARGOTANK   | 13 - AUTO TRANSPORTER                       | R.A.                          |   |  |
| BODY<br>Type                  | L - 000  | 4 - 2000140   | 7 CDAINGUIDEGCDANG   | O-FLAT BED<br>1-DUMP                                  | 14 - GARBAGE/REFUSE<br>99 - OTHER / UNKNOWN | , (N) ,                       | 3 9 1 3 9 3   |  |
|                               | 1 - TURN SIGNALS                                   | 4 - BRAKES  |  | - MOTOR TROUBLE                                       |   |                               | 1 00  |  |
| VEHICLE                       |  | 5 - STEERING  |  | - MOTOR TROUBLE<br>D-Disabled from Prior              | 99 - OTHER / UNKNOWN                        | 6                             |   |  |
|                               |  | 6 - TIRE BLOWOUT  | DEFECTIVE  | ACCIDENT  |   |                               | 6 6 b   |  |
|                               | ADADOMINI II                                       | 3 - INTERSECTION - OTHER                                  | 6 - BICYCLE LANE 9 -   | - MEDIAN/CROSSING ISLA                                |   | ☐ - NO DAMAGE I               | [0] -UNDERCARRIAGE [14]                                 |  |
| NON-MOTORIST                  | CROSSWALK  2 - INTERSECTION - UNMARKED             | 4 - MIDBLOCK - MARKED<br>CROSSWALK                        | 7 - SHOULDER / ROADSIDE 10   | O - DRIVEWAY ACCESS                                   | AT INCIDENT SCENE                           | -TOP ( 13 )                   | - ALL AREAS [ 15 ]                                      |  |
| LOCATION<br>AT IMPACT         | ADDCCIUAL IX                                       | 5 - TRAVEL LANE - OTHER LOCATION                          |  | I - SHARED USE PATHS OR<br>TRAILS                     | 99-UTHEK/UNKNOWN                            | □-UN!                         | IT NOT AT SCENE [ 16 ]                                  |  |
| Allimens.                     |  | 1 - STRAIGHT AHEAD  |  | 3 - NEGOTIATING A CURVE                               | 18 - APPROACHING                            |                               |   |  |
| 4                             | Z-NON-COLLISION 1 1                                | 2 - BACKING   |  | - ENTERING OR CROSSING                                | G OR LEAVING VEHICLE                        | INITIA<br>0 - NO DAMA(        | AL POINT OF CONTACT AGE 14 - UNDERCARRIAGE              |  |
|                               |  | 3 - CHANGING LANES  | 9 - LEAVING TRAFFIC LANE   | SPECIFIED LOCATION<br>5-WALKING, RUNNING,             | 19 - STANDING<br>20 - OTHER NON-MOTORIST    | l                             | R TO UNIT 15 - VEHICLE NOT AT SCENE                     |  |
|                               | 5 - BOTH STRIKING ACTIONS                          | 4 - OVERTAKING/PASSING<br>5 - MAKING RIGHT TURN           | 10 - PARKED 13:<br>11 - SLOWING OR STOPPED   | JOGGING, PLAYING                                      | 21 - STANDING OUTSIDE                       | DIAGRA                        |   |  |
|                               | & STRUCK   | 6 - MAKING LEFT TURN                                      | INTRAFFIC 16   | - WORKING   | DISABLED VEHICLE                            | 13 - TOP                      |   |  |
|                               | 9 - OTHER / UNKNOWN                                |   | 15 - DILLA FILCEON   | 7 - PUSHING VEHICLE                                   | 99 - OTHER / UNKNOWN                        | THE RESERVE                   | TRAFFIC   |  |
|                               |  | 7 - LEFT OF CENTER  | DARKED DOCUTION  | - VISION OBSTRUCTION                                  | 21 - LYING IN ROADWAY                       | TRAFFICWAY FLOW               | TRAFFIC CONTROL   |  |
|                               |  | 8 - FOLLOWING TOO CLOSE / ACC<br>9 - IMPROPER LANE CHANGE | 14 - STOPPED OR PARKED   | 3-OPERATING DEFECTIVE<br>EQUIPMENT                    | 22-NOT DISCERNIBLE<br>23-OPENING DOOR INTO  | 1 - ONE-WAY                   | 1 - ROUNDABOUT 4 - STOP SIGN                            |  |
| 012,200                       | 4 - RAN STOP SIGN                                  | 10-IMPROPER PASSING                                       | ILLEGALLY 19-  | - LOAD SHIFTING/FALLING                               | G/ ROADWAY                                  | 2 2 - TW0-WAY                 | 2 - SIGNAL 5 - YIELD SIGN<br>3 - FLASHER 6 - NO CONTROL |  |
| CONTRIBUTING<br>CIRCUMSTANCES | 5 - UNSAFE SPEED                                   | 11 - DROVE OFF ROAD                                       | 37 4/2010 1447   | SPILLING<br>-IMPROPER CROSSING                        | 99 - OTHER IMPROPER ACTION                  | # -TURNICH LANGS              |   |  |
| SEQUENCE                      | 6-IMPROPERTURN                                     | 12 - IMPROPER BACKING                                     |  | The true  |   | # OF THROUGH LANES<br>ON ROAD | RAIL GRADE CROSSING  1 - NOT INVOLVED                   |  |
|                               |  |   | NON-COLLISION  |   |   | 2                             | 2 - INVOLVED-ACTIVE CROSSING                            |  |
| 11 - 1 - 1                    |  | 6 - EQUIPMENT FAILURE                                     | 11 - CROSS CENTERLINE — 16 -   | - RAILWAY VEHICLE                                     | 22 - WORK ZONE MAINTENANCE                  |                               | 3 - INVOLVED-PASSIVE CROSSING                           |  |
|                               |  | 7 - SEPARATION OF UNITS<br>8 - RAN OFF ROAD RIGHT         | TRAVEL 18-   | - ANIMAL FARM<br>- ANIMAL DEER                        | EQUIPMENT<br>23 - STRUCK BY FALLING,        | UNIT / NO                     | ON-MOTORIST DIRECTION                                   |  |
|                               |  | 9 - RAN OFF ROAD LEFT                                     | 12 - DOWNHILL RUNAWAY  | - ANIMAL - OTHER                                      | SHIFTING CARGO OR<br>ANYTHING SET IN MOTION | l                             | 1 - NORTH 5 - NORTHEAST                                 |  |
|                               | 5 - CARGO / EQUIPMENT 1                            | 10 - CROSS MEDIAN   |  | - MOTOR VEHICLE IN<br>TRANSPORT                       | BY A MOTOR VEHICLE                          | FROM L 1 TO L                 | 2 - SOUTH 6 - NORTHWEST  2 - 3 - FAST 7 - SOUTHFAST     |  |
| 3                             | LOSS OR SHIFT                                      |   | 15-PEDALCYCLE 21-  | - PARKED MOTOR VEHICLE                                | 24 - OTHER MOVABLE OBJECT<br>E              | FROM L TO L                   |   |  |
|                               | 25 - IMPACT ATTENUATOR 3                           | COLLISIO<br>31-GUARDRAIL END                              | ON WITH FIXED OBJECT -<br>37 - TRAFFIC SIGN POST 43-                               | - STRUCK<br>-CURB                                     | CO HINDLY TONE MAINTENANCE                  |                               | 9 - OTHER / UNKNOWN                                     |  |
| 4                             | / CRASH CUSHION 3                                  | 32 - PORTABLE BARRIER                                     | 38 - OVERHEAD SIGN POST 44 -   | - DITCH   | 50 - WORK ZONE MAINTENANCE<br>EQUIPMENT     | UNIT SPEED                    | DETECTED SPEED  |  |
|                               | STRUCTURE  | 33 - MEDIAN CABLE BARRIER                                 | CUBBERT  | - EMBANKMENT  | 51 - WALL<br>52 - BUTLDING                  |                               | 1 - STATED / ESTIMATED SPEED                            |  |
|                               | 27 - BRIDGE PIER OR ABUTMENT                       | 34 - MEDIAN GUARDRAIL<br>BARRIER                          | 40 UTH ITH DOLE  | - FENCE<br>- MAILBOX                                  | 53 - TUNNEL                                 | [0,0,0]                       | 2 - CALCULATED/EOR                                      |  |
|                               | 28-BRIDGE PARAPET 3<br>29-BRIDGE RAIL              | 35 - MEDIAN CONCRETE<br>BARRIER                           | 41 - OTHER POST, POLE 48 -   | -TREE   | 54 - OTHER FIXED OBJECT                     | POSTED SPEED                  | 3 - UNDETERMINED  |  |
|                               |  | 36 - MEDIAN OTHER BARRIER                                 |  | -FIRE HYDRANT   | 99 - OTHER / UNKNOWN                        | 1                             |   |  |
| 1 1 ,                         | FIRST HARMFUL EVENT                                | 1   MOST  | HARMFUL EVENT  |   |   | 5 5                           |   |  |

|  | OHIO DE<br>OF PUBI  | OF PUBLIC SAFETY MOTORIST / NON-MOTORIST              |  |                             |                            |   |                                       |                                  |   | LOCAL REPORT NUMBER                              |  |  |  |                |  |
|--|---|---|--|-----------------------------|----------------------------|---|---------------------------------------|----------------------------------|---|--|--|--|--|----------------|--|
| <u>٧</u> ٠٠  |   |   |  | 014-14                      | /1010                      | <br>) K T O                                       | <i>,</i>                              |                                  |   | LP   | 1,9,1,0,1  | 6 0 0  | ) 5 2  | 1 2            |  |
|  | UNIT#   |   | NAME: LAST, F(RST, MIDDLE  |                             |                            |   |                                       |                                  |   |  | DATE OF BIRTH AGE GENDER   |  |  |                |  |
|  | 0 1   |   | QUIROS, LISA, LUCRETIA   |                             |                            |   |                                       |                                  |   |  | / 1,5,/,1,9  |  | 5 0  | F              |  |
| Ē  |   | . ,   | STREET, CITY, STATE, ZIP  /AYLAND AVE. DAYTON, OH. 45420                   |                             |                            |   |                                       |                                  |   |  | PHONE - INCLUDE AREA CO  |  | •  | 2 0            |  |
| Ξ.   |   | INJURED   | EMS AGENCY (NAME)  | 45420                       | INJURED                    | TAKENT  | TO: MEDICAL FACILITY                  | MAME CITY                        | SAFETY FOUIPMEN.  |  | 3 7 6 1 SEATING POSITION   | 0 6  | 4  | 2 6            |  |
| NON  | 5   | TAKEN<br>BY   | Ellio rideli e i i i i i i i i i i i i i i i i i                           |                             | INOUNCE                    | IMALITY   | J. MEDIGAC PROJECT                    | NAME, CITT                       | USED 0 4  | DOT-CO   | OMPLIANT   | AIR BAG USAGE  | E EJECTION   | TRAPPED 1      |  |
| SIL  | OL STATE  | OPERATOR  | LICENSE NUMBER   |                             | OFFEN                      | ISE CHA   | 4RGED                                 | LOCAL                            | OFFENSE DESC  | 1  |  | CITATION N   | NUMBER   | <u> </u>       |  |
| TOR  | O H   | RK48014   | 40   |                             | 4511.                      | .38   |                                       | CODE                             | IMPROPER  |  | NG   | 017670   |  |                |  |
| ω  | OL CLASS  | ENDORSEMENT<br>SELECT UP TO 2                         |  |                             | RIVER<br>ISTRACTED         | ALC   | COHOL / DRUG SUSPE                    | ECTED                            | CONDITION   | STATUS T   | COHOL TEST   | DRU  | E RESULT   | )              |  |
|  | 4   |   |  | BY                          |                            |   | _                                     | RIJUANA                          | 1   |  | A VALUE IN   |  |  | HELECT UP 10-  |  |
| ÷  | UNIT#   | NAME: LAST.   | FIRST MIDDLE   |                             |                            | °   | OTHER DRUG                            |                                  | 1   | 1  | DATE OF DIDTH  |  |  | Tacabaca       |  |
|  | 0 2   | NAME: LAST, FIRST, MIDDLE KOELKER, JESSICA, CATHERINE |  |                             |                            |   |                                       |                                  |   | 0.8  | / 0 8 / 1 9  | 0 6  | <b>AGE</b> 2 3 .                                     | GENDER         |  |
| 7  |   | STREET, CITY, ST                                      |  | -11111                      |                            |   |                                       |                                  |   | 1  | PHONE - INCLUDE AREA CO  |  | Z J  |                |  |
| 2  |   |   | RANKLIN, OH, 45005   | 5                           |                            |   |                                       |                                  |   | l  | 1 3 3 1  | 9 1  | . 5 . 4  | 4 6            |  |
| 3_   |   | INJURED   | EMS AGENCY (NAME)  |                             | INJURED                    | TAKENT  | 0: MEDICAL FACILITY                   | (NAME, CITY)                     | SAFETY EQUIPMENT  |  | SEATING POSITION   |  |  |                |  |
| MON  | 5   | TAKEN<br>BY   |  |                             |                            |   |                                       | 1                                | USED 0 4  | DOT-Co   | IMPLIANT   | 1 1 1 1  |  |                |  |
| 4  | OL STATE  | OPERATOR I  | LICENSE NUMBER   |                             | OFFEN!                     | ISE CHAI  | RGED                                  | LOCAL                            | OFFENSE DESC  | RIPTION  |  | CITATION N   | NUMBER   | <u> </u>       |  |
| 3_   | ОН  | UC43088   | 36   |                             |                            |   |                                       | CODE                             |   |  |  |  |  |                |  |
| 0  | OL CLASS  | ENDORSEMENT<br>SELECT UP TO 2                         | T RESTRICTION SELECT   | DIS                         | RIVER<br>STRACTED          |   | OHOL / DRUG SUSPE                     | - 1                              | CONDITION   | STATUS TY  | YPE VALUE S  | DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4           |  |                |  |
|  | 4   |   | 1  | BY                          |                            |   | ALCOHOL MAR<br>OTHER DRUG             | IJUANA J                         | 1   | 1.1.   | 1  | 1 1  |  | dian           |  |
| 1  | UNIT#   | NAME: LAST,   | FIRST, MIDDLE  |                             |                            | <u> </u>  | THER DRUG                             |                                  |   | حالضا  | DATE OF BIRTH  |  | AGE  | GENDER         |  |
|  |   |   |  |                             |                            |   |                                       |                                  |   |  | C 0 0 0 0 1  | · · · · · ·  | Mul  | ULNU           |  |
| 4  | ADDRESS:  | STREET, CITY, ST                                      | TATE, Z[P  |                             |                            |   |                                       |                                  |   | CONTACT  | CONTACT PHONE - INCLUDE AREA CODE  |  |  |                |  |
| X  |   |   |  |                             |                            |   |                                       |                                  |   |  |  |  |  |                |  |
| II   | NJURIES   | INJURED<br>TAKEN                                      | EMS AGENCY (NAME)  |                             | INJUREDT                   | FAKEN TO  | o: MEDICAL FACILITY                   |                                  |   | C DOT-Co   | SEATING POSITION   | AIR BAG USAGE  | EJECTION   | TRAPPED        |  |
| 2  |   | BA  |  |                             |                            | 35  |                                       |                                  | USED  | MC HEI   |  |  |  |                |  |
| 0  | L STATE   | OPERATOR L  | LICENSE NUMBER   |                             | OFFENSE CHARGED LOCAL CODE |   |                                       | OFFENSE DESC                     | RIPTION   |  | CITATION N   | UMBER  |  |                |  |
|  |   | TUROSCRIENT   | T acceptance   | las                         |                            |   |                                       |                                  |   |  |  |  |  |                |  |
| U  | L CLASS   | SELECT UP TO 2  | RESTRICTION SELECT   |                             | IVER<br>STRACTED           |   | OHOL / DRUG SUSPE                     | ECTED<br>RIJUANA                 | CONDITION   | STATUS TY  | YPE VALUE S  | TATUS TYPE   | G TEST(S)<br>RESULT                                  | SELECT UP TO 4 |  |
|  |   | U   |  |                             |                            | =   | THER DRUG                             |                                  | , ,   |  | 101 1 1 11   | di/  | i i  | g _ g _ j      |  |
|  | INJUE   | RIES  | SEATING POSITION   |                             | AIR BAG                    | F-10-   | OL CLASS                              |                                  | OL RESTRIC  |  | DRIVER DISTRACTI   | ON.  | TEST STAT  | rus            |  |
|  | FATAL<br>SUSPECTED SI   | ERIOUS INJURY   | 1 - FRONT – LEFT SIDE<br>(MOTORCYCLE DRIVER)                               | 1 - NOT DEP                 |                            |   | 1 - CLASS A<br>2 - CLASS B            |                                  | 1 - ALCOHOL INTERL<br>2 - CDL INTRASTATE                    |  | 1 - NOT DISTRACTED  2 - MANUALLY OPERATING A   |  | NE GIVEN<br>It refused                               |                |  |
| 3-9  | SUSPECTED M   | INOR INJURY   | 2 - FRONT - MIDDLE<br>3 - Front - Right Side                               | 3-DEPLOYE                   |                            |   | 3 - CLASS C                           |                                  | 3 - CORRECTIVE LEN  |  | ELECTRONIC COMMUNIC. DEVICE (TEXTING, TYPIN  | CATION 3-TEST  | T GIVEN, CONT  |                |  |
|  | POSSIBLE (NJI<br>NO APPARENT  |   | 4 - SECOND - LEFT SIDE   | 4 - DEPLOYE<br>5 - NOT APP  |                            | BOTH FRONT / SIDE 4 - REGULAR CLASS<br>(OHIO = D) |                                       |                                  | 4 - FARM WAIVER<br>5 - EXCEPT CLASS A BUS                   |  | DIALING)   | 4.TES  | APLE / UNUSAE<br>T GIVEN, RESU                       |                |  |
|  |   |   | (MOTORCYCLE PASSENGER)  5 - SECOND – MIDDLE                                |                             | PLICABLE<br>(MENT UNKNO)   | IT UNKNOWN 5 - M/C MOPED ONLY 6 - EXCEPT CL       |                                       |                                  | 6 - EXCEPT CLASS A  |  | 3 - TALKING ON HANDS-FREI<br>COMMUNICATION DEVICE  | E 5-TEST   | T GIVEN, RESU  |                |  |
|  | NJURED T<br>NOTTRANSPOR   |   | 6 - SECOND - RIGHT SIDE  |                             |                            |   |                                       | & CLASS B BUS 7 - EXCEPT TRACTOR | IR-TRAILER  | 4 - TALKING ON HAND-HELD<br>COMMUNICATION DEVICE | F -  | (NOWN  |  |                |  |
| - [  | /TREATED AT S<br>EMS  |   | 7 - THIRD – LEFT SIDE<br>(MOTORCYCLE SIDE CAR)                             |                             | JECTION                    |   | OL ENDORSEM                           | ENT                              | 8 - INTERMEDIATE L  |  | 5 - OTHER ACTIVITY WITH A  | ALC  | OHOL TES   | TTYPE          |  |
|  | POLICE  |   | 8-THIRD-MIDDLE   | 1 - NOT EJEC<br>2 - PARTIAL | LLY EJECTED                |   |                                       |                                  | RESTRICTIONS 9 - LEARNER'S PERM                             | MIT  | 6 - PASSENGER  | 2 - BL00   | 0D   |                |  |
| 9-0  | OTHER / UNKNO   | OWN   | 9-THIRD - RIGHT SIDE<br>10-SLEEPER SECTION                                 | 3-TOTALLY                   |                            |   | P - PASSENGER                         |                                  | RESTRICTIONS  | LICHT UNIA                                       | 7 - OTHER DISTRACTION INSIDE THE VEHICLE   | 3 - URIN<br>4 - BRE                                      |  |                |  |
|  |   | UIPMENT   | OF TRUCK CAB   | 4 - NOT APPI                |                            | LICABLE N - TANKER  Q - MOTOR SCOOTER             |                                       |                                  | 10 - LIMITED TO DAYLIGHT ONLY<br>11 - LIMITED TO EMPLOYMENT |  | B - OTHER DISTRACTION OUT  |  |  |                |  |
|  | NONE USED<br>Shoulder bei   | IT ONLY USED  | 11 - PASSENGER IN OTHER<br>ENCLOSED CARGO AREA<br>(NON-TRAILING UNIT, BUS, | 1-NOTTRAF                   | RAPPED<br>APPED            | RAPPED R-THREE-WHEEL MOTORCYCL                    |                                       | ONGIGEL                          | 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES                |  | THE VEHICLE 9 - OTHER / UNKNOWN  | DR   | DRUG TEST TYPE                                       |                |  |
|  | AP BELT ONLY  |   | PICK-UP WITH CAP)  | 2 - EXTRICA                 | ATED BY                    |   | S - SCHOOL BUS T - DOUBLE & TRIPLE TI |                                  | (SPECIAL BRAKE  | ES, HAND   | HAND   |  | 1- NONE<br>2- BLOOD                                  |                |  |
|  |   | AP BELT USED  | 12 - PASSENGER IN UNENCLOSED<br>CARGO AREA                                 | MECHANI<br>3 - FREED BY     | NICAL MEANS<br>BY          | MEANS X-TANKER/HAZMAT                             |                                       |                                  | CONTROLS, DR OTHER<br>ADAPTIVE DEVICES)                     |  | 1 - APPARENTLY NORMAL  |  | NE<br>NE   |                |  |
|  | ORWARD FACI   | ING   | 13 - TRAILING UNIT   |                             | CHANICAL ME                | .ANS  |                                       |                                  | 14 - MILITARY VEHICU 15 - MOTOR VEHICLES                    |  | 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESS   | 4 - OTHE   | ER   |                |  |
|  | - CHILD RESTRAINT SYSTEM -<br>REAR FACING                                   |   | 14 - RIDING ON VEHICLE EXTERIOR  |                             |                            |   |                                       | AIR BRAKES                       |   | ,  | ANGRY, DISTURBED)  |  |  | SULT(S)        |  |
| 6 - C  | CHILD RESTRAI<br>REAR FACING  | INT SYSTEM -  | (NON-TRAILING UNIT)  |                             |                            |   |                                       |                                  |   |  |  | 100  |  |                |  |
| 6 - C<br>R<br>7 - B                                    | REAR FACING<br>BOOSTER SEAT   |   | (NON-TRAILING UNIT)<br>15 - NON-MOTORIST                                   |                             |                            |   |                                       |                                  | 16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID                  |  | 4-ILLNESS  | 1-AMP  | PHETAMINES   |                |  |
| 6 - C<br>R<br>7 - B<br>8 - H<br>9 - P                  | REAR FACING<br>BOOSTER SEAT<br>HELMET USED<br>PROTECTIVE PA                 | ADS USED  | (NON-TRAILING UNIT)  |                             |                            |   |                                       |                                  | 16 - OUTSIDE MIRROR   |  | 4- ILLNESS 5- FELL ASLEEP, FAINTED, FATIGUED, ETC.   | 1 - AMP<br>2 - BARE                                      |  |                |  |
| 6 - C<br>R<br>7 - B<br>8 - H<br>9 - PI                 | REAR FACING<br>BOOSTER SEAT<br>HELMET USED<br>PROTECTIVE PA<br>ELBOW, KNEES | T<br>ADS USED<br>S, etc.)                             | (NON-TRAILING UNIT)<br>15 - NON-MOTORIST                                   |                             |                            |   |                                       |                                  | 16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID                  |  | 4- ILLNESS 5- FELL ASLEEP, FAINTED, FATIGUED, ETG, 6- UNDER THE INFLUENCE OF MEDICATIONS / DRUGS | 1 - AMPI<br>2 - BARE<br>3 - BENI<br>4 - CANF             | PHETAMINES<br>BITURATES<br>ZODIAZEPINES<br>NABINOIDS |                |  |
| 6 - C<br>R<br>7 - B<br>8 - H<br>9 - P!<br>(E<br>0 - R! | REAR FACING<br>BOOSTER SEAT<br>HELMET USED<br>PROTECTIVE PA                 | T<br>ADS USED<br>S, ETC.)<br>LOTHING<br>DESTRIAN      | (NON-TRAILING UNIT)<br>15 - NON-MOTORIST                                   |                             |                            |   |                                       |                                  | 16 - OUTSIDE MIRROR<br>17 - PROSTHETIC AID                  |  | 4-ILLNESS 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. 6-UNDERTHE INFLUENCE                            | 1 - AMPI<br>2 - BARE<br>3 - BENZ<br>4 - CANN<br>5 - COCA | PHETAMINES<br>BITURATES<br>ZODIAZEPINES<br>NABINOIDS | s              |  |



## OHIO TRAFFIC CRASH REPORT DIAGRAM / NARRATIVE CONTINUATION

| LOCAL REPORT NUMBER          | REPORTING AGENCY                  |                     |   | ATE OF CRASH       |      |
|------------------------------|-----------------------------------|---------------------|---|--------------------|------|
| LP191016005212               | CLEARCREEK TWP                    | PD                  | М | 10 p 16 y          | 2019 |
| IN COUNTY OF WARREN          | CRASH LOCATION<br>SR 123 & SR 122 |                     |   |                    |      |
| UNIT 1 WAS PULLING A TRAILER | OH REGISTRATION T                 | RG1691.             |   |                    |      |
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|                              |                                   | OFFICER'S SIGNATURE | / | <b>BADGE NUMBE</b> | -R   |