



# TRAFFIC CRASH REPORT

5/16/13 IRA

|   |  |  |   |  |  |   |
|---|--|--|---|--|--|---|
| LOCAL INFORMATION   |  |  |   | LOCAL REPORT NUMBER *<br>13MPD0781   | CRASH SEVERITY<br>3 1 - FATAL<br>2 - INJURY<br>3 - PDO   | HIT/SKIP<br>1 - SOLVED<br>2 - UNSOLVED          |
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER  | <input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT  | <input type="checkbox"/> PRIVATE PROPERTY  | REPORTING AGENCY NCIC *<br>03801  | REPORTING AGENCY NAME *<br>MILLERSBURG POLICE DEPARTMENT   | NUMBER OF UNITS<br>2   | UNIT IN ERROR<br>01 98 - ANIMAL<br>99 - UNKNOWN |
| COUNTY *<br>38  | <input type="checkbox"/> CITY *<br><input checked="" type="checkbox"/> VILLAGE *<br><input type="checkbox"/> TOWNSHIP *  | CITY, VILLAGE, TOWNSHIP *<br>MILLERSBURG   | CRASH DATE *<br>5/14/2013   | TIME OF CRASH<br>15:00   | DAY OF WEEK<br>TUE   |   |
| DEGREES / MINUTES / SECONDS<br>LATITUDE<br>40324108   |  | LONGITUDE<br>-81550105   | DECIMAL DEGREES<br>LATITUDE<br>-<br>LONGITUDE   |  |  |   |
| ROADWAY DIVISION<br><input type="checkbox"/> DIVIDED<br><input type="checkbox"/> UNDIVIDED  | DIVIDED LANE DIRECTION OF TRAVEL<br><input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> E - EASTBOUND<br><input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> W - WESTBOUND | NUMBER OF THRU LANES<br>2  | ROAD TYPES OR MILEPOST <sup>2</sup><br>AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY<br>AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE<br>BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL |  |  |   |
| LOCATION ROUTE TYPE 1   | LOCATION ROUTE NUMBER  | LOC PREFIX<br>S N.S.<br>E.W.   | LOCATION ROAD NAME<br>WASHINGTON ST.  | LOCATION ROAD TYPE 2<br>ST   | ROUTE TYPES <sup>1</sup><br>IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE<br>US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE<br>SR - STATE ROUTE |   |
| DISTANCE FROM REFERENCE<br>MILES<br>FEET<br>YARDS   | DIR FROM REF<br>N.S.<br>E.W.   | REFERENCE ROUTE TYPE   | REFERENCE ROUTE NUMBER  | REF PREFIX<br>S N.S.<br>E.W.   | REFERENCE NAME (ROAD, MILEPOST, HOUSE #)<br>815 WASHINGTON ST.   | REFERENCE ROAD TYPE 1                           |
| REFERENCE POINT USED<br>3 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER   | CRASH LOCATION<br>10 01 - NOT AN INTERSECTION<br>02 - FOUR-WAY INTERSECTION<br>03 - T-INTERSECTION<br>04 - Y-INTERSECTION<br>05 - TRAFFIC CIRCLE/ROUNDBOUT   | 06 - FIVE-POINT, OR MORE<br>07 - ON RAMP<br>08 - OFF RAMP<br>09 - CROSSOVER<br>10 - DRIVEWAY/ ALLEY ACCESS                             | 11 - RAILWAY GRADE CROSSING<br>12 - SHARED-USE PATHS OR TRAILS<br>99 - UNKNOWN  | <input checked="" type="checkbox"/> INTERSECTION RELATED   | LOCATION OF FIRST HARMFUL EVENT<br>1 1 - ON ROADWAY 5 - ON GORE<br>2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY<br>3 - IN MEDIAN 9 - UNKNOWN<br>4 - ON ROADSIDE      |   |
| ROAD CONTOUR<br>1 1 - STRAIGHT LEVEL 4 - CURVE GRADE<br>2 - STRAIGHT GRADE 9 - UNKNOWN<br>3 - CURVE LEVEL   | ROAD CONDITIONS<br>PRIMARY 01<br>SECONDARY   | 01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL<br>02 - WET 06 - WATER (STANDING, MOVING)<br>03 - SNOW 07 - SLUSH<br>04 - ICE 08 - DEBRIS * | 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*<br>10 - OTHER<br>99 - UNKNOWN<br>*SECONDARY CONDITION ONLY   |  |  |   |
| MANNER OF CRASH COLLISION/IMPACT<br>6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END 5 - BACKING<br>3 - HEAD-ON 6 - ANGLE<br>4 - REAR-TO-REAR 7 - SIDESWIPE, SAME DIRECTION 9 - UNKNOWN<br>8 - SIDESWIPE, OPPOSITE DIRECTION |  |  | WEATHER<br>2 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS<br>2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW<br>3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN   |  |  |   |
| ROAD SURFACE<br>2 1 - CONCRETE 4 - SLAG, GRAVEL, STONE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT<br>3 - BRICK/BLOCK 6 - OTHER   | LIGHT CONDITIONS<br>1 PRIMARY 1 DAYLIGHT<br>2 DAWN<br>3 DUSK<br>4 DARK - LIGHTED ROADWAY 8 - OTHER   | 5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN<br>6 - DARK - UNKNOWN ROADWAY LIGHTING<br>7 - GLARE*<br>*SECONDARY CONDITION ONLY           |   | <input type="checkbox"/> SCHOOL ZONE RELATED<br>SCHOOL BUS RELATED<br><input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED<br><input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |  |   |
| <input type="checkbox"/> WORK ZONE RELATED<br><input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)                         | TYPE OF WORK ZONE<br>1 - LANE CLOSURE<br>2 - LANE SHIF/T/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN  | 4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER   |   | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA                    |  |   |
| NARRATIVE<br>Unit 01 was attempting to make a right turn out of Tobacco Hut, 815 S. Washington St., and failed to yield to Unit 02, who was traveling northbound on S. Washington St. As a result Unit 01 struck Unit 02 in the right rear corner.      |  |  |   |  |  |   |
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| REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST  | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)  |  |   |  |  |   |
| DATE CRASH REPORTED<br>5/14/2013  | TIME CRASH REPORTED<br>15:03   | DISPATCH TIME<br>15:05   | ARRIVAL TIME<br>15:05   | TIME CLEARED<br>15:54  | OTHER INVESTIGATION TIME<br>0  | TOTAL MINUTES<br>49                             |
| OFFICER'S NAME*<br>PTL. KEVIN BROWN   | OFFICER'S BADGE NUMBER<br>108  | CHECKED BY   |   |  |  |   |



UNIT

LOCAL REPORT NUMBER

13MPD0781

|  |   |   |   |  |
|--|---|---|---|--|
| UNIT NUMBER<br><b>01</b>   | OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> (SAME AS DRIVER)<br>OPLIGER, ARTHUR L. | OWNER PHONE NUMBER - INC, AREA C <input type="checkbox"/> (SAME AS DRIVER)<br>(330)695-3261 | DAMAGE SCALE<br><b>2</b>  | DAMAGE AREA<br>FRONT<br>09 X 02 X 03<br>08 10 04<br>07 06 05<br>REAR |
| OWNER ADDRESS: CITY, STATE, ZIP <input type="checkbox"/> (SAME AS DRIVER)<br>3344 HARRISON RD. FREDERICKSBURG OH 44627 |   |   | 1 - NONE<br>2 - MINOR<br>3 - FUNCTIONAL<br>4 - DISABLING<br>9 - UNKNOWN |  |
| LP STATE<br>OH   | LICENSE PLATE NUMBER<br>EGM3295   | VEHICLE IDENTIFICATION NUMBER<br>2A4GP54L87R206141  | #OCCUPANTS<br><b>1</b>  |  |
| VEHICLE YEAR<br><b>2007</b>  | VEHICLE MAKE<br>CHRYSLER  | VEHICLE MODEL<br>TOWN & COUNTRY   | VEHICLE COLOR<br>RED  |  |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN   | INSURANCE COMPANY<br>PROGRESSIVE  | POLICY NUMBER<br>40893114-0   | TOWED BY  |  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |   |   | CARRIER PHONE - INCLUDE AREA CODE                                       |  |

|                   |   |   |  |
|-------------------|---|---|--|
| US DOT            | VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS.<br><input type="checkbox"/> 2 - 10,001 TO 26,000 LBS.<br><input type="checkbox"/> 3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<br><b>01</b><br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - T WO-WAY, NOT DIVIDED<br>2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT) MEDIAN<br>4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY<br><input type="checkbox"/> HIT / SKIP UNIT |
| HM PLACARD ID NO. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED  |   |  |

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|---|---|---|---|---|--|
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><input type="checkbox"/> | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>05</b><br>99 - UNKNOWN OR HITS/SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK, 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
| <input type="checkbox"/> HAS HM PLACARD                           |   |   |   |   |  |

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| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br><b>02</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL (ALL AREAS)<br>14 - OTHER | ACTION<br><b>3</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
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| PRE-CRASH ACTION<br><b>05</b> | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>99 - UNKNOWN | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING<br>21 - OTHER NON-MOTORIST ACTION |
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| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>02</b><br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>SECONDARY<br><input type="checkbox"/><br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>99 - UNKNOWN<br>10 - IMPROPER LANE CHANGE / PASSING/OFF ROAD | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITION)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS/SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><input type="checkbox"/><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
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| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 99 - UNKNOWN | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION |
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| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION B OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |
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| UNIT SPEED<br><b>5</b>   | POSTED SPEED<br><b>35</b> | TRAFFIC CONTROL<br><b>12</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>3</b> TO <b>1</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
| <input checked="" type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED |                           |  |  |



UNIT

LOCAL REPORT NUMBER

13MPD0781

|  |   |  |   |                 |
|--|---|--|---|-----------------|
| UNIT NUMBER<br><b>02</b>   | OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> (SAME AS DRIVER)<br><b>BAKER, RAYMOND E.</b> | OWNER PHONE NUMBER - INC. AREA C <input type="checkbox"/> (SAME AS DRIVER)<br><b>(330)567-2700</b> | DAMAGE SCALE<br><b>2</b>  | DAMAGE AREA<br> |
| OWNER ADDRESS: CITY, STATE, ZIP <input type="checkbox"/> (SAME AS DRIVER)<br><b>10601 S. JEFFERSON RD. SHREVE OH 44676</b> |   |  | 1 - NONE<br>2 - MINOR<br>3 - FUNCTIONAL<br>4 - DISABLING<br>9 - UNKNOWN |                 |
| LP STATE<br><b>OH</b>  | LICENSE PLATE NUMBER<br><b>ETQ2557</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>1D7HG48K94S597757</b>  | #OCCUPANTS<br><b>2</b>  |                 |
| VEHICLE YEAR<br><b>2004</b>  | VEHICLE MAKE<br><b>DODGE</b>  | VEHICLE MODEL<br><b>DAKOTA</b>   | VEHICLE COLOR<br><b>TAN</b>   |                 |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN   | INSURANCE COMPANY<br><b>NATIONWIDE MUTUAL</b>   | POLICY NUMBER<br><b>9234B362722</b>  | TOWED BY  |                 |

CARRIER NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ CARRIER PHONE - INCLUDE AREA CODE \_\_\_\_\_

|                         |  |   |  |
|-------------------------|--|---|--|
| US DOT _____            | VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS<br><input type="checkbox"/> 2 - 10,001 TO 26,000 LBS<br><input type="checkbox"/> 3 - MORE THAN 26,000 LBS | CARGO BODY TYPE<br><b>01</b><br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - T WO-WAY, NOT DIVIDED<br>2 - T WO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - T WO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT) MEDIAN<br>4 - T WO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY<br><input type="checkbox"/> HIT / SKIP UNIT |
| HM PLACARD ID NO. _____ | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED   |   |  |
| HM CLASS NUMBER _____   |  |   |  |

|   |   |   |   |  |
|---|---|---|---|--|
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION OTHER<br>04 - MIDLANE - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>07</b><br>PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK, 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
| <input type="checkbox"/> HAS HM PLACARD   |   |   |   |  |

|  |   |   |  |  |  |
|--|---|---|--|--|--|
| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br><b>05</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL (ALL AREAS)<br>14 - OTHER | ACTION<br><b>4</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRUCK<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
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| PRE-CRASH ACTION<br><b>01</b><br>MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>99 - UNKNOWN | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
|---|---|--|--|--------------------------------|

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| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>01</b><br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>99 - UNKNOWN | MOTORIST<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITION<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS / SIGNALS / OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><input type="checkbox"/><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
|---|--|--|--|

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| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 _____ 3 _____ 4 _____ 5 _____ 6 _____<br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN  | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLL OVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT | 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT  | 10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWN-HILL RUNAWAY<br>13 - OTHER NON-COLLISION |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT |  | COLLISION WITH FIXED OBJECT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION B OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |  |

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| UNIT SPEED<br><b>35</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED | POSTED SPEED<br><b>35</b> | TRAFFIC CONTROL<br><b>12</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>2</b> TO <b>1</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
|---|---------------------------|--|--|



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**13MPD0781**

|  |  |   |   |   |   |   |  |                               |                                  |                              |                            |
|--|--|---|---|---|---|---|--|-------------------------------|----------------------------------|------------------------------|----------------------------|
| Motorist / Non-Motorist  | UNIT NUMBER<br><b>01</b>   | NAME: LAST, FIRST, MIDDLE<br><b>Opliger, Mary, L.</b>         | DATE OF BIRTH<br><b>01/06/1945</b>      | AGE<br><b>68</b>  | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |   |  |                               |                                  |                              |                            |
|  | ADDRESS, CITY, STATE, ZIP<br><b>3344 Harrison Rd., , Fredericksburg, OH, 44627</b> |   |   | CONTACT PHONE - INCLUDE AREA CODE<br><b>(330)695-3261</b> |   |   |  |                               |                                  |                              |                            |
|  | INJURIES<br><b>1</b>   | INJURED TAKEN BY<br><b>1</b>                                  | EMS AGENCY                              | MEDICAL FACILITY INJURED TAKEN TO                         | SAFETY EQUIPMENT USED<br><b>04</b>        | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><b>01</b>                      | AIR BAG USAGE<br><b>1</b>     | EJECTION<br><b>1</b>             | TRAPPED<br><b>1</b>          |                            |
| OL STATE<br><b>OH</b>  | OPERATOR LICENSE NUMBER<br><b>RF380765</b>   | OL CLASS<br><b>4</b>  | NO VALID OL<br><input type="checkbox"/> | M/C END<br><input type="checkbox"/>                       | CONDITION<br><b>1</b>                     | ALCOHOL/DRUG SUSPECTED<br><b>1</b>                          | ALCOHOL TEST STATUS<br><b>1</b>                    | ALCOHOL TEST TYPE<br><b>1</b> | ALCOHOL TEST VALUE               | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
| OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE)<br><b>331.22</b> |  | OFFENSE DESCRIPTION<br><b>Right of way on Public Highways</b> |   |   | CITATION NUMBER<br><b>11387</b>           |   | HANDS-FREE DEVICE USED<br><input type="checkbox"/> |                               | DRIVER DISTRACTED BY<br><b>1</b> |                              |                            |

|  |   |  |   |   |   |   |  |                               |                                  |                              |                            |
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| Motorist / Non-Motorist                                | UNIT NUMBER<br><b>02</b>  | NAME: LAST, FIRST, MIDDLE<br><b>Baker, Raymond, E.</b> | DATE OF BIRTH<br><b>06/02/1933</b>      | AGE<br><b>79</b>  | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |   |  |                               |                                  |                              |                            |
|  | ADDRESS, CITY, STATE, ZIP<br><b>10601 S. Jefferson Rd., , Shreve, OH, 44676</b> |  |   | CONTACT PHONE - INCLUDE AREA CODE<br><b>(330)567-2700</b> |   |   |  |                               |                                  |                              |                            |
|  | INJURIES<br><b>1</b>  | INJURED TAKEN BY<br><b>1</b>                           | EMS AGENCY                              | MEDICAL FACILITY INJURED TAKEN TO                         | SAFETY EQUIPMENT USED<br><b>04</b>        | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><b>01</b>                      | AIR BAG USAGE<br><b>1</b>     | EJECTION<br><b>1</b>             | TRAPPED<br><b>1</b>          |                            |
| OL STATE<br><b>OH</b>                                  | OPERATOR LICENSE NUMBER<br><b>RS956430</b>                                      | OL CLASS<br><b>4</b>                                   | NO VALID OL<br><input type="checkbox"/> | M/C END<br><input type="checkbox"/>                       | CONDITION<br><b>1</b>                     | ALCOHOL/DRUG SUSPECTED<br><b>1</b>                          | ALCOHOL TEST STATUS<br><b>1</b>                    | ALCOHOL TEST TYPE<br><b>1</b> | ALCOHOL TEST VALUE               | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) |   | OFFENSE DESCRIPTION                                    |   |   | CITATION NUMBER                           |   | HANDS-FREE DEVICE USED<br><input type="checkbox"/> |                               | DRIVER DISTRACTED BY<br><b>1</b> |                              |                            |

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|--|---|--|--|---|---|
| INJURIES   | INJURED TAKEN BY  | SAFETY EQUIPMENT USED  |  | 99 - UNKNOWN SAFETY EQUIPMENT   |   |
| 1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL   | 1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN     | MOTORIST   | NON-MOTORIST   |   |   |
|  |   | 01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT ONLY USED   | 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM-REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED                         | 09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)  | 12 - REFLECTIVE Clothing<br>13 - LIGHTING<br>14 - OTHER   |
| SEATING POSITION   |   |  | AIR BAG USAGE  |   |   |
| 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE |   | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) |  | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN |   |
| EJECTION   | TRAPPED   | OPERATOR LICENSE CLASS   | CONDITION  | ALCOHOL/DRUG SUSPECTED  |   |
| 1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE  | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS "D")<br>5 - MCMOPED ONLY   | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS   | 5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER   |   |
| ALCOHOL TEST STATUS  |   | ALCOHOL TEST TYPE  | DRUG TEST STATUS   | DRUG TEST TYPE  | DRIVER DISTRACTED BY  |
| 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN   |   | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER  | 1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | 1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER   | 1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING /E-MAILING<br>4 - ELECTRONIC COMMUNICATION DEVIC<br>5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |

|          |   |   |                                    |   |   |   |                               |                           |                      |
|----------|---|---|------------------------------------|---|---|---|-------------------------------|---------------------------|----------------------|
| Occupant | UNIT NUMBER<br><b>2</b>   | NAME: LAST, FIRST, MIDDLE<br><b>Baker, Margaret, L.</b> | DATE OF BIRTH<br><b>09/23/1929</b> | AGE<br><b>83</b>  | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |   |                               |                           |                      |
|          | ADDRESS, CITY, STATE, ZIP<br><b>10601 S. Jefferson Rd., , Shreve, OH, 44676</b> |   |                                    | CONTACT PHONE - INCLUDE AREA CODE<br><b>(330)567-2700</b> |   |   |                               |                           |                      |
|          | INJURIES<br><b>1</b>  | INJURED TAKEN BY<br><b>1</b>                            | EMS AGENCY                         | MEDICAL FACILITY INJURED TAKEN TO                         | SAFETY EQUIPMENT USED<br><b>04</b>        | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><b>03</b> | AIR BAG USAGE<br><b>1</b> | EJECTION<br><b>1</b> |



# MOTORIST / NON-MOTORIST ADDENDUM

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|---------------------|
| LOCAL REPORT NUMBER |
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|---|--|--|--|---|--|---|--|---|--|---|--|
| <b>INJURIES</b><br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL   |  | <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN |  | <b>SAFETY EQUIPMENT USED</b><br><b>MOTORIST</b><br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT ONLY USED |  | <b>99 - UNKNOWN SAFETY EQUIPMENT</b><br><b>NON-MOTORIST</b><br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM-REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED   |  | <b>NON-MOTORIST</b><br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)<br>12 - REFLECTIVE Clothing<br>13 - LIGHTING<br>14 - OTHER  |  |   |  |
| <b>SEATING POSITION</b><br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE |  |  |  |   |  | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)        |  | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN   |  | <b>AIR BAG USAGE</b><br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |  |
| <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE  |  | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS      |  | <b>OPERATOR LICENSE CLASS</b><br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS 'D')<br>5 - MCMOPED ONLY   |  | <b>CONDITION</b><br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER |  | <b>ALCOHOL/DRUG SUSPECTED</b><br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES -HBD NOT IMPAIRED<br>4 - YES-DRUGS SUSPECTED<br>5 - YES -ALCOHOL AND DRUGS SUSPECTED  |  |   |  |
| <b>ALCOHOL TEST STATUS</b><br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN  |  | <b>ALCOHOL TEST TYP</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER                               |  | <b>DRUG TEST STATUS</b><br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN       |  | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER  |  | <b>DRIVER DISTRACTED BY</b><br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING E-MAILING<br>4 - ELECTRONIC COMMUNICATION DEVIC<br>5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |  |   |  |