



# TRAFFIC CRASH REPORT

|                       |   |  |
|-----------------------|---|--|
| LOCAL REPORT NUMBER * | CRASH SEVERITY                          | HIT/SKIP   |
| 15MPD0248             | 2<br>1 - FATAL<br>2 - INJURY<br>3 - PDO | <input type="checkbox"/> 1 - SOLVED<br><input type="checkbox"/> 2 - UNSOLVED |

|  |  |  |                  |                                  |  |                      |  |
|--|--|--|------------------|----------------------------------|--|----------------------|--|
| PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER |  | PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | PRIVATE PROPERTY | REPORTING AGENCY NCIC *<br>03801 | REPORTING AGENCY NAME *<br>MILLERSBURG POLICE DEPARTMENT | NUMBER OF UNITS<br>2 | UNIT IN ERROR<br>01<br>98 - ANIMAL<br>99 - UNKNOWN |
|--|--|--|------------------|----------------------------------|--|----------------------|--|

|                |  |                           |                           |                        |                    |
|----------------|--|---------------------------|---------------------------|------------------------|--------------------|
| COUNTY *<br>38 | CITY *<br><input checked="" type="checkbox"/> VILLAGE *<br>MILLERSBURG | CITY, VILLAGE, TOWNSHIP * | CRASH DATE *<br>2/17/2015 | TIME OF CRASH<br>08:30 | DAY OF WEEK<br>TUE |
|----------------|--|---------------------------|---------------------------|------------------------|--------------------|

|                             |           |                 |           |
|-----------------------------|-----------|-----------------|-----------|
| DEGREES / MINUTES / SECONDS | LONGITUDE | DECIMAL DEGREES | LONGITUDE |
| LATITUDE<br>40335702        | -81551605 | LATITUDE        | LONGITUDE |

|   |  |                           |   |
|---|--|---------------------------|---|
| ROADWAY DIVISION<br><input type="checkbox"/> DIVIDED<br><input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL<br>N - NORTHBOUND E - EASTBOUND<br>S - SOUTHBOUND 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>N.S.<br>E.W. | LOCATION ROAD NAME<br>WALNUT STREET | 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 | DIR FROM REF | REFERENCE ROUTE NUMBER | REF PREFIX<br>N.S.<br>E.W. | REFERENCE NAME (ROAD, MILEPOST, HOUSE #)<br>MAD ANTHONY STREET | REFERENCE ROAD TYPE 1<br>ST |
|-------------------------|--------------|------------------------|----------------------------|--|-----------------------------|

|   |   |  |  |  |  |
|---|---|--|--|--|--|
| REFERENCE POINT USED<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER | CRASH LOCATION<br>03<br>01 - NOT AN INTERSECTION<br>02 - FOUR-WAY INTERSECTION<br>03 - T-INTERSECTION<br>04 - Y-INTERSECTION<br>05 - TRAFFIC CIRCLE/ ROUNDABOUT | 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 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFICWAY<br>9 - UNKNOWN |
|---|---|--|--|--|--|

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|---|--|
| ROAD CONTOUR<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - UNKNOWN | ROAD CONDITIONS<br>PRIMARY<br>03<br>SECONDARY<br>01 - DRY<br>02 - WET<br>03 - SNOW<br>04 - ICE<br>05 - SAND, MUD, DIRT, OIL, GRAVEL<br>06 - WATER (STANDING, MOVING)<br>07 - SLUSH<br>08 - DEBRIS *<br>09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*<br>10 - OTHER<br>99 - UNKNOWN<br>*SECONDARY CONDITION ONLY |
|---|--|

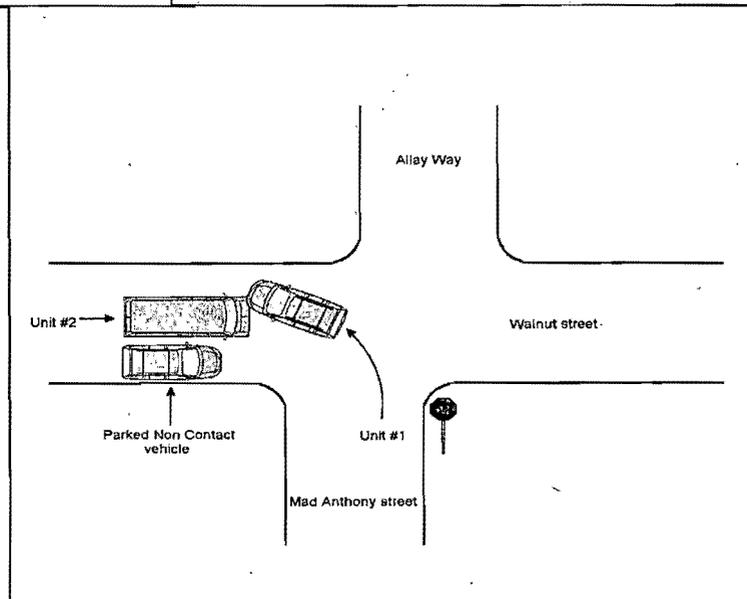
|  |  |
|--|--|
| MANNER OF CRASH COLLISION/IMPACT<br>6<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - UNKNOWN | WEATHER<br>1<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - OTHER/UNKNOWN |
|--|--|

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|---|---|---|
| ROAD SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>6 - OTHER | LIGHT CONDITIONS<br>1<br>PRIMARY<br>SECONDARY<br>1 - DAYLIGHT<br>2 - DAWN<br>3 - DUSK<br>4 - DARK - LIGHTED ROADWAY<br>5 - DARK - ROADWAY NOT LIGHTED<br>6 - DARK - UNKNOWN ROADWAY LIGHTING<br>7 - GLARE*<br>8 - OTHER<br>9 - UNKNOWN<br>*SECONDARY CONDITION ONLY | SCHOOL ZONE RELATED<br><input type="checkbox"/> SCHOOL ZONE RELATED<br><input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED<br><input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
|---|---|---|

|  |  |   |
|--|--|---|
| 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 SHIFT/ CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |
|--|--|---|

NARRATIVE

Unit number one was attempting to turn West from Mad Anthony street onto Walnut street when he was struck by unit number two who was Eastbound on Walnut street. Unit number two then left the area without giving any information to report the crash.



|  |   |                        |                       |                       |                                |                     |
|--|---|------------------------|-----------------------|-----------------------|--------------------------------|---------------------|
| 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>2/17/2015   | TIME CRASH REPORTED<br>08:32  | DISPATCH TIME<br>08:32 | ARRIVAL TIME<br>08:38 | TIME CLEARED<br>08:59 | OTHER INVESTIGATION TIME<br>60 | TOTAL MINUTES<br>87 |
| OFFICER'S NAME *<br>CAPT. KIM HERMAN   | OFFICER'S BADGE NUMBER<br>101   | CHECKED BY<br>100      |                       |                       |                                |                     |



UNIT

LOCAL REPORT NUMBER

15MPD0248

|  |  |   |  |   |   |   |   |  |  |  |  |  |
|--|--|---|--|---|---|---|---|--|--|--|--|--|
| UNIT NUMBER<br><b>01</b>   |  | OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> (SAME AS DRIVER)<br><b>YODER, THOMAS E</b>   |  | OWNER PHONE NUMBER - INC. AREA C <input type="checkbox"/> (SAME AS DRIVER)<br><b>(330)432-4637</b>  |   | DAMAGE SCALE<br><b>4</b>  |   | DAMAGE AREA<br>  |  |  |  |  |
| OWNER ADDRESS: CITY, STATE, ZIP <input type="checkbox"/> (SAME AS DRIVER)<br><b>4960 CR172 SUGARCREEK OH 44681</b>   |  |   |  |   |   |   |   |  |  |  |  |  |
| LP STATE<br><b>OH</b>  |  | LICENSE PLATE NUMBER<br><b>GDH1543</b>  |  | VEHICLE IDENTIFICATION NUMBER<br><b>1B4GP44G7YB719963</b>   |   |   | #OCCUPANTS<br><b>1</b>  |  |  |  |  |  |
| VEHICLE YEAR<br><b>2000</b>  |  | VEHICLE MAKE<br><b>DODGE</b>  |  | VEHICLE MODEL<br><b>CARAVAN</b>   |   | VEHICLE COLOR<br><b>GOLD</b>  |   |  |  |  |  |  |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN  |  | INSURANCE COMPANY<br><b>NONE</b>  |  | POLICY NUMBER   |   | 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><input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK<br><input type="checkbox"/> 03 - INTERSECTION OTHER<br><input type="checkbox"/> 04 - MIDBLOCK - MARKED CROSSWALK<br><input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION<br><input type="checkbox"/> 06 - BICYCLE LANE<br><input type="checkbox"/> 07 - SHOULDER/ROADSIDE<br><input type="checkbox"/> 08 - SIDEWALK<br><input type="checkbox"/> 09 - MEDIAN/CROSSING ISLAND<br><input type="checkbox"/> 10 - DRIVEWAY ACCESS<br><input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL<br><input type="checkbox"/> 12 - NON-TRAFFICWAY AREA<br><input type="checkbox"/> 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>05</b><br>99 - UNKNOWN OR HIT/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                   |  |  |
| 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>09</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 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN   |  |  |
| PRE-CRASH ACTION<br><b>06</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   |  |   |  |   | NON-MOTORIST<br>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<br>13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION<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 |   |   |  |  |  |  |  |
| 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   |  |   |  |   |   |   | NON-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 |  |  | 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 |  |  |
| 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><br>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   |  |  | 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   |  |  |
| 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>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  |  |  | 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   |  |  |
| UNIT SPEED<br><b>5</b>   |  | POSTED SPEED<br><b>25</b>   |  | TRAFFIC CONTROL<br><b>02</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   |   |   | UNIT DIRECTION<br>FROM <b>2</b> TO <b>4</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   |  |  |  |  |  |
| <input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED   |  | 07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS                                |  |   | 5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN   |   |   |  |  |  |  |  |



UNIT

LOCAL REPORT NUMBER

15MPD0248

|  |  |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|---|--|--|--|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| UNIT NUMBER<br><b>02</b>   |  | OWNER NAME: LAST, FIRST, MIDDLE <input type="checkbox"/> (SAME AS DRIVER)<br><b>HUCKLESBY, GARY</b>   |  | OWNER PHONE NUMBER - INC, AREA C <input type="checkbox"/> (SAME AS DRIVER)<br><b>(321)262-6497</b>   |  | DAMAGE SCALE<br><b>4</b>  |   | DAMAGE AREA<br>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| OWNER ADDRESS: CITY, STATE, ZIP <input type="checkbox"/> (SAME AS DRIVER)<br><b>276 WALNUT STREET MILLERSBURG OH 44654</b>   |  |   |  |  |  |   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LP STATE<br><b>OH</b>  |  | LICENSE PLATE NUMBER<br><b>GEL5781</b>  |  | VEHICLE IDENTIFICATION NUMBER<br><b>1FTRE1423HB60002</b>   |  |   | #OCCUPANTS<br><b>2</b>  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| VEHICLE YEAR<br><b>2002</b>  |  | VEHICLE MAKE<br><b>FORD</b>   |  | VEHICLE MODEL<br><b>ECONOLINE E150</b>   |  | VEHICLE COLOR<br><b>WHITE</b>   |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN   |  | INSURANCE COMPANY<br><b>GEICO</b>   |  | POLICY NUMBER<br><b>4292490846-09170</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.  |  | HM CLASS NUMBER  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><input type="checkbox"/><br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION OTHER<br>04 - MIDDLEBLOCK - 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>08</b><br>99 - UNKNOWN OR HIT/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/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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>09</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   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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  |  |   |  |  |  |   |   |  |  | NON-MOTORIST<br>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<br>13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION<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  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 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>10 - IMPROPER LANE CHANGE / PASSING/OFF ROAD  |  |   |  |  |  |   | 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 |  |  |  |  |  |
| 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><br>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>08 - 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<br>OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL 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   |  |   |  |  |  |   |   |  |  | 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 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| UNIT SPEED<br><b>20</b><br><input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED  |  | POSTED SPEED<br><b>25</b>   |  | TRAFFIC CONTROL<br><b>01</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>4</b> TO <b>3</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

15MPD0248

|  |                           |                             |   |                                   |                          |                                   |                             |                                 |                          |                    |                      |                |
|--|---------------------------|-----------------------------|---|-----------------------------------|--------------------------|-----------------------------------|-----------------------------|---------------------------------|--------------------------|--------------------|----------------------|----------------|
| Motorist / Non-Motorist                          | UNIT NUMBER               | NAME: LAST, FIRST, MIDDLE   |   |                                   | DATE OF BIRTH            | AGE                               | GENDER                      |                                 |                          |                    |                      |                |
|  | 01                        | Schrock, David, L           |   |                                   | 02/14/1974               | 41                                | M<br>F - FEMALE<br>M - MALE |                                 |                          |                    |                      |                |
|  | ADDRESS, CITY, STATE, ZIP |                             |   |                                   |                          | CONTACT PHONE - INCLUDE AREA CODE |                             |                                 |                          |                    |                      |                |
| 268 N Mad Anthony street, Millersburg, OH, 44654 |                           |                             |   |                                   | (330)231-8615            |                                   |                             |                                 |                          |                    |                      |                |
| INJURIES   |                           | INJURED TAKEN BY EMS AGENCY |   | MEDICAL FACILITY INJURED TAKEN TO |                          | SAFETY EQUIPMENT USED             |                             | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION         | AIR BAG USAGE      | EJECTION             | TRAPPED        |
| 2  |                           | 1                           |   |                                   |                          | 04                                |                             | <input type="checkbox"/>        | 01                       | 1                  | 1                    | 1              |
| OL STATE   | OPERATOR LICENSE NUMBER   |                             | OL CLASS  | NO VALID OL                       | M/C END                  | CONDITION                         | ALCOHOL/DRUG SUSPECTED      | ALCOHOL TEST STATUS             | ALCOHOL TEST TYPE        | ALCOHOL TEST VALUE | DRUG TEST STATUS     | DRUG TEST TYPE |
| OR   | 2888798                   |                             | 3   | <input type="checkbox"/>          | <input type="checkbox"/> | 1                                 | 1                           | 1                               | 1                        |                    | 1                    | 1              |
| OFFENSE CHARGED (LOCAL CODE)                     |                           |                             | OFFENSE DESCRIPTION   |                                   |                          |                                   | CITATION NUMBER             |                                 | HANDS-FREE DEVICE USED   |                    | DRIVER DISTRACTED BY |                |
| 4549.03  |                           |                             | Failure to stop after accident involving property of others |                                   |                          |                                   | 11920                       |                                 | <input type="checkbox"/> |                    | 1                    |                |

|   |                           |                             |                     |                                   |                          |                                   |                             |                                 |                          |                    |                      |                |
|---|---------------------------|-----------------------------|---------------------|-----------------------------------|--------------------------|-----------------------------------|-----------------------------|---------------------------------|--------------------------|--------------------|----------------------|----------------|
| Motorist / Non-Motorist                   | UNIT NUMBER               | NAME: LAST, FIRST, MIDDLE   |                     |                                   | DATE OF BIRTH            | AGE                               | GENDER                      |                                 |                          |                    |                      |                |
|   | 02                        | Hucklesby, Gary,            |                     |                                   | 04/19/1961               | 53                                | M<br>F - FEMALE<br>M - MALE |                                 |                          |                    |                      |                |
|   | ADDRESS, CITY, STATE, ZIP |                             |                     |                                   |                          | CONTACT PHONE - INCLUDE AREA CODE |                             |                                 |                          |                    |                      |                |
| 276 Walnut street, Millersburg, OH, 44654 |                           |                             |                     |                                   | (321)262-6497            |                                   |                             |                                 |                          |                    |                      |                |
| INJURIES                                  |                           | INJURED TAKEN BY EMS AGENCY |                     | MEDICAL FACILITY INJURED TAKEN TO |                          | SAFETY EQUIPMENT USED             |                             | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION         | AIR BAG USAGE      | EJECTION             | TRAPPED        |
| 3   |                           | 1                           |                     |                                   |                          | 04                                |                             | <input type="checkbox"/>        | 01                       | 2                  | 1                    | 1              |
| OL STATE                                  | OPERATOR LICENSE NUMBER   |                             | OL CLASS            | NO VALID OL                       | M/C END                  | CONDITION                         | ALCOHOL/DRUG SUSPECTED      | ALCOHOL TEST STATUS             | ALCOHOL TEST TYPE        | ALCOHOL TEST VALUE | DRUG TEST STATUS     | DRUG TEST TYPE |
| OH  | RJ043998                  |                             | 4                   | <input type="checkbox"/>          | <input type="checkbox"/> | 1                                 | 1                           | 1                               | 1                        |                    | 1                    | 1              |
| OFFENSE CHARGED (LOCAL CODE)              |                           |                             | OFFENSE DESCRIPTION |                                   |                          |                                   | CITATION NUMBER             |                                 | HANDS-FREE DEVICE USED   |                    | DRIVER DISTRACTED BY |                |
|   |                           |                             |                     |                                   |                          |                                   |                             |                                 | <input type="checkbox"/> |                    | 1                    |                |

|   |  |   |  |  |  |  |  |   |  |   |  |
|---|--|---|--|--|--|--|--|---|--|---|--|
| 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<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     |  | NON-MOTORIST<br>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<br>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)<br>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 |  |   |  |  |  | 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    |  |   |  |   |  |
| 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 TYP  |  | 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 DEVICE<br>5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |  |   |  |

|   |                           |                             |  |                                   |               |                                   |                             |                                 |                  |               |          |         |
|---|---------------------------|-----------------------------|--|-----------------------------------|---------------|-----------------------------------|-----------------------------|---------------------------------|------------------|---------------|----------|---------|
| Occupant                                  | UNIT NUMBER               | NAME: LAST, FIRST, MIDDLE   |  |                                   | DATE OF BIRTH | AGE                               | GENDER                      |                                 |                  |               |          |         |
|   | 2                         | Hucklesby, Deborah, S       |  |                                   | 12/22/1955    | 59                                | F<br>F - FEMALE<br>M - MALE |                                 |                  |               |          |         |
|   | ADDRESS, CITY, STATE, ZIP |                             |  |                                   |               | CONTACT PHONE - INCLUDE AREA CODE |                             |                                 |                  |               |          |         |
| 276 Walnut street, Millersburg, OH, 44654 |                           |                             |  |                                   | (386)479-8196 |                                   |                             |                                 |                  |               |          |         |
| INJURIES                                  |                           | INJURED TAKEN BY EMS AGENCY |  | MEDICAL FACILITY INJURED TAKEN TO |               | SAFETY EQUIPMENT USED             |                             | DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
| 1   |                           |                             |  |                                   |               | 04                                |                             | <input type="checkbox"/>        | 03               | 2             | 1        | 1       |



# MOTORIST / NON-MOTORIST ADDENDUM

LOCAL REPORT NUMBER

|  |  |  |  |   |  |  |  |
|--|--|--|--|---|--|--|--|
| <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<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<br>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)<br>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 - M/MOPED 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 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 TYPE</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 DEVICE<br>5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION   |  |