

11-30-16 325



# TRAFFIC CRASH REPORT

|                      |   |                                 |
|----------------------|---|---------------------------------|
| LOCAL REPORT NUMBER* | CRASH SEVERITY                          | HIT/SKIP                        |
| 16 MPD 2058          | 3<br>1 - FATAL<br>2 - INJURY<br>3 - PDO | 1<br>1 - SOLVED<br>2 - UNSOLVED |

|  |  |                          |                               |                 |                                  |
|--|--|--------------------------|-------------------------------|-----------------|----------------------------------|
| LOCAL INFORMATION  |  | REPORTING AGENCY NCIC*   | REPORTING AGENCY NAME*        | NUMBER OF UNITS | UNIT IN ERROR                    |
| 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 | 03801                    | Millersburg Police Department | 2               | 1<br>98 - ANIMAL<br>99 - UNKNOWN |
| COUNTY*  | CITY*                                    | CITY, VILLAGE, TOWNSHIP* | CRASH DATE*                   | TIME OF CRASH   | DAY OF WEEK                      |
| Holmes   | Millersburg                              | Millersburg              | 11/29/2016                    | 1827            | Tue                              |

|                         |             |                 |           |
|-------------------------|-------------|-----------------|-----------|
| DEGREES/MINUTES/SECONDS | LONGITUDE   | DECIMAL DEGREES | LONGITUDE |
| LATITUDE                | 81:55:99.65 | OR              | LATITUDE  |
| 40:32:28.80             |             |                 |           |

|   |  |                      |  |
|---|--|----------------------|--|
| ROADWAY DIVISION  | DIVIDED LANE DIRECTION OF TRAVEL   | NUMBER OF THRU LANES | ROAD TYPES OR MILEPOST   |
| <input type="checkbox"/> DIVIDED<br><input checked="" type="checkbox"/> UNDIVIDED | <input type="checkbox"/> N - NORTHBOUND<br><input type="checkbox"/> S - SOUTHBOUND<br><input type="checkbox"/> E - EASTBOUND<br><input type="checkbox"/> W - WESTBOUND | 2                    | 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 NUMBER | LOC PREFIX | LOCATION ROAD NAME | LOCATION ROAD TYPE | ROUTE TYPES  |
|                       | N, S, E, W | PRIVATE PROPERTY   | DR                 | IR - INTERSTATE ROUTE (INC. TURNPIKE)<br>US - US ROUTE CR - NUMBERED COUNTY ROUTE<br>SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE |

|   |                                     |                        |            |  |                     |
|---|-------------------------------------|------------------------|------------|--|---------------------|
| DISTANCE FROM REFERENCE   | DIR FROM REF                        | REFERENCE ROUTE NUMBER | REF PREFIX | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) | REFERENCE ROAD TYPE |
| AT<br><input type="checkbox"/> MILES<br><input type="checkbox"/> FEET<br><input type="checkbox"/> YARDS | <input type="checkbox"/> N, S, E, W |                        | S          | 1640 S. Washington St.                   |                     |

|  |                |                               |                            |                                 |   |   |
|--|----------------|-------------------------------|----------------------------|---------------------------------|---|---|
| REFERENCE POINT USED                                       | CRASH LOCATION | 01 - NOT AN INTERSECTION      | 06 - FIVE-POINT, OR MORE   | 11 - RAILWAY GRADE CROSSING     | <input type="checkbox"/> INTERSECTION RELATED | LOCATION OF FIRST HARMFUL EVENT   |
| 3<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER | 01             | 02 - FOUR-WAY INTERSECTION    | 07 - ON RAMP               | 12 - SHARED-USE PATHS OR TRAILS |   | 6<br>1 - ON ROADWAY 5 - ON GORE<br>2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY<br>3 - IN MEDIAN 9 - UNKNOWN<br>4 - ON ROADSIDE |
|  |                | 03 - T-INTERSECTION           | 08 - OFF RAMP              | 99 - UNKNOWN                    |   |   |
|  |                | 04 - Y-INTERSECTION           | 09 - CROSSOVER             |                                 |   |   |
|  |                | 05 - TRAFFIC CIRCLE/ROUNDBOUT | 10 - DRIVEWAY/ALLEY ACCESS |                                 |   |   |

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

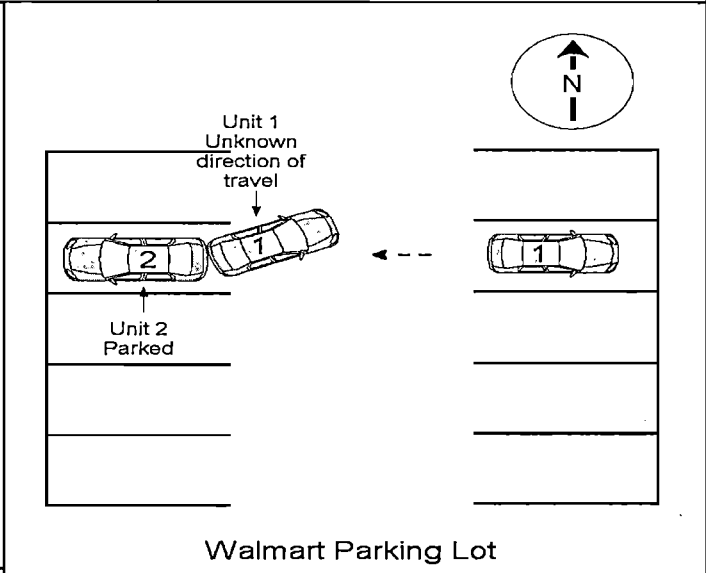
|   |   |
|---|---|
| MANNER OF CRASH COLLISION/IMPACT  | WEATHER   |
| 5<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, -SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - UNKNOWN | 1<br>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  | LIGHT CONDITIONS  | 1 - DAYLIGHT               | 5 - DARK - ROADWAY NOT LIGHTED      | 9 - UNKNOWN | <input type="checkbox"/> SCHOOL BUS RELATED                  |
| 2<br>1 - CONCRETE 4 - SLAG, GRAVEL, STONE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK 5 - DIRT<br>6 - OTHER | 4<br>PRIMARY <input checked="" type="checkbox"/> SECONDARY <input type="checkbox"/> | 2 - DAWN                   | 6 - DARK - UNKNOWN ROADWAY LIGHTING |             | <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED   |
|   |   | 3 - DUSK                   | 7 - GLARE*                          |             | <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
|   |   | 4 - DARK - LIGHTED ROADWAY | 8 - OTHER                           |             |  |

|   |  |  |
|---|--|--|
| WORK ZONE RELATED   | TYPE OF WORK ZONE  | LOCATION OF CRASH IN WORK ZONE   |
| <input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | <input type="checkbox"/> 1 - LANE CLOSURE<br><input type="checkbox"/> 2 - LANE SHIFTY CROSSOVER<br><input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN<br><input type="checkbox"/> 2 - ADVANCE WARNING AREA<br><input type="checkbox"/> 3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |

**NARRATIVE**

Unit 2 was occupied and parked in a parking space at Walmart. Unit 1 then backed out of a parking space in the next row and crashed into Unit 2. Unit 1 then left the area without reporting the crash or speaking with Unit 2. The owner of Unit 2 was able to get the license plate of Unit 1 which was EPY2506. I spoke with Unit 1 who was unaware that she had crashed into Unit 2. Unit 1 stated that she was being cautious of not hitting the vehicle beside her and she didn't think she hit Unit 2.



|   |   |               |              |              |                          |               |
|---|---|---------------|--------------|--------------|--------------------------|---------------|
| REPORT TAKEN BY   | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) |               |              |              |                          |               |
| <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |   |               |              |              |                          |               |
| DATE CRASH REPORTED   | TIME CRASH REPORTED   | DISPATCH TIME | ARRIVAL TIME | TIME CLEARED | OTHER INVESTIGATION TIME | TOTAL MINUTES |
| 11/29/2016  | 1834  | 1837          | 1840         | 1853         | 60                       | 76            |
| OFFICER'S NAME*   | OFFICER'S BADGE NUMBER  | CHECKED BY    |              |              |                          |               |
| Steele, Amanda  | 117   |               |              |              |                          |               |



# UNIT

LOCAL REPORT NUMBER

16 MPD 2058

|  |  |   |   |   |  |   |
|--|--|---|---|---|--|---|
| UNIT NUMBER<br>1   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br>Miller, Erma,   | OWNER PHONE NUMBER<br>330-204-8483  | DAMAGE SCALE<br>2   | DAMAGE AREA<br>FRONT<br><br>REAR  |  |   |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br>8124 Twp. Rd. 574, Holmesville, OH, 44633   |  |   | 1 - NONE  |   |  |   |
| LP STATE<br>OH   | LICENSE PLATE NUMBER<br>EPY2506  | VEHICLE IDENTIFICATION NUMBER<br>1NXBR32E97Z781902  | 2 - MINOR   |   |  |   |
| VEHICLE YEAR<br>2007   | VEHICLE MAKE<br>Toyota   | VEHICLE MODEL<br>Corolla  | 3 - FUNCTIONAL  |   |  |   |
| PROOF OF INSURANCE SHOWN   | INSURANCE COMPANY<br>Motorist Mutual Ins.  | POLICY NUMBER<br>4851-06-933834-01A   | 4 - DISABLING   |   |  |   |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |  |   | 9 - UNKNOWN   |   |  |   |
| CARRIER PHONE  |  |   |   |   |  |   |
| 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 26,000K LBS<br><input type="checkbox"/> 3 - MORE THAN 26,000K LBS.  | CARGO BODY TYPE<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  | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN   | TRAFFICWAY DESCRIPTION<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 4 FT.) MEDIA<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.  | HAZARDOUS MATERIAL RELATED<br><input type="checkbox"/>   | 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 - MIDDLE LOCK - 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 - DRIVE WAY 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>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE  | UNIT TYPE<br>02 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>99 - UNKNOWN OR HIT/SKIP   | 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  | 13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK ; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOSTAL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MEDIUM HEAVY VEHICLE  |  |   |
| SPECIAL FUNCTION<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>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>3 - 1 - NON CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN           |   |
| PRE-CRASH ACTIONS<br>02  | 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   | 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  | 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   |   |
| CONTRIBUTING CIRCUMSTANCE<br>PRIMARY<br>11   | MOTORIST<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 | 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 - SWERING TO AVOID (DUE TO EXTERNAL CONDITIONS)<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"/> 01 - TURN SIGNALS<br><input type="checkbox"/> 02 - HEAD LAMPS<br><input type="checkbox"/> 03 - TAIL LAMPS<br><input type="checkbox"/> 04 - BRAKES<br><input type="checkbox"/> 05 - STEERING<br><input type="checkbox"/> 06 - TIRE BLOWOUT<br><input type="checkbox"/> 07 - WORN OR SLICK TIRES<br><input type="checkbox"/> 08 - TRAILER EQUIPMENT DEFECTIVE<br><input type="checkbox"/> 09 - MOTOR TROUBLE<br><input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT<br><input type="checkbox"/> 11 - OTHER DEFECTS |  |   |
| SEQUENCE OF EVENTS<br>1 21 2 3 4 5 6   | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHFT   | 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<br>12 - OPPOSITE DIRECTION OF TRAVEL<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 BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT  | 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  | 41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX  | 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>3  | POSTED SPEED   | TRAFFIC CONTROL<br>12 01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE   | 07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS  | 13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED   | UNIT DIRECTION<br>FROM 4 TO 3<br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST  | 5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |



# UNIT

LOCAL REPORT NUMBER

16 MPD 2058

|   |   |  |   |  |  |
|---|---|--|---|--|--|
| UNIT NUMBER<br><b>2</b>   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>Cochran, Chad, L</b>  | OWNER PHONE NUMBER<br><b>740-610-8510</b>  | DAMAGE SCALE<br><b>2</b>  | DAMAGE AREA<br>  |  |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>1510 Arthur Ave., Coshocton, OH, 43812</b>  |   |  | 1 - NONE  |  |  |
| LP STATE<br><b>OH</b>   | LICENSE PLATE NUMBER<br><b>FIT3295</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>JH4DC53012C022669</b>  | 2 - MINOR   |  |  |
| VEHICLE YEAR<br><b>2002</b>   | VEHICLE MAKE<br><b>Acura</b>  | VEHICLE MODEL<br><b>RSX</b>  | 3 - FUNCTIONAL  |  |  |
| PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>   | INSURANCE COMPANY<br><b>Esurance</b>  | POLICY NUMBER<br><b>PAOH-006542775</b>   | 4 - DISABLING   |  |  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP   |   |  | 9 - UNKNOWN   |  |  |
|   |   |  | CARRIER PHONE   |  |  |
| 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 26,000K LBS<br><input type="checkbox"/> 3 - MORE THAN 26,000K 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 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS 4FT.) MEDIA<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIUM BARRIER<br>5 - ONE-WAY TRAFFICWAY<br><input type="checkbox"/> HIT / SKIP UNIT   |  |  |
| HM PLACARD ID NO.   | HAZARDOUS MATERIAL RELATED<br><input type="checkbox"/>  | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN  |   |  |  |
| HM CLASS NUMBER   |   | 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   |   |  |  |
| 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>04 - MIDBLOCK - 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 - DRIVE WAY 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>02</b><br>PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<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 |  |  |
| 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 EGP.  | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAWL<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 | 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 ACTIONS<br><b>10</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>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>NON-MOTORIST<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 CIRCUMSTANCE<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<br>SECONDARY<br><input type="checkbox"/><br>99 - UNKNOWN  |   |  | 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>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<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<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO 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 CURB 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>0</b>  | POSTED SPEED<br><input type="checkbox"/>  | 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>4</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  |   |  |   |  |  |



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

16 MPD 2058

|  |  |   |                     |  |                                     |  |   |   |   |  |                       |                     |
|--|--|---|---------------------|--|-------------------------------------|--|---|---|---|--|-----------------------|---------------------|
| UNIT NUMBER<br>1   |  | NAME: LAST, FIRST, MIDDLE<br>Miller, Erma   |                     |  |                                     | DATE OF BIRTH<br>11/05/1975  |   | AGE<br>41   | GENDER<br>F - FEMALE<br>M - MALE                      |  |                       |                     |
| ADDRESS, CITY, STATE, ZIP<br>8124 Twp. Rd. 574, Holmesville, OH, 44633   |  |   |                     |  |                                     |  | CONTACT PHONE - INCLUDE AREA CODE<br>330-204-8483 |   |   |  |                       |                     |
| INJURIES<br>1  | INJURED TAKEN BY<br>1                        | EMS AGENCY  |                     |  | MEDICAL FACILITY INJURED TAKEN TO   |  | SAFETY EQUIPMENT USED<br>04                       | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET  | SEATING POSITION<br>01                                | AIR BAG USAGE<br>1                                     | EJECTION<br>1         | TRAPPED<br>1        |
| OL STATE<br>OH   | OPERATOR LICENSE NUMBER<br>TA792943          |   | OL CLASS<br>4       | No<br><input type="checkbox"/> VALID<br>DL   | <input type="checkbox"/> M/C<br>END | CONDITION<br>1   | ALCOHOL/DRUG SUSPECTED<br>1                       | ALCOHOL TEST STATUS<br>1  | ALCOHOL TEST TYPE<br>1                                | ALCOHOL TEST VALUE                                     | DRUG TEST STATUS<br>1 | DRUG TEST TYPE<br>1 |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)   |  |   | OFFENSE DESCRIPTION |  |                                     |  | CITATION NUMBER                                   |   | HANDS-FREE<br><input type="checkbox"/> DEVICE<br>USED | DRIVER DISTRACTED BY<br>1                              |                       |                     |
| UNIT NUMBER  |  | NAME: LAST, FIRST, MIDDLE   |                     |  |                                     | DATE OF BIRTH  |   | AGE   | GENDER<br>F - FEMALE<br>M - MALE                      |  |                       |                     |
| ADDRESS, CITY, STATE, ZIP  |  |   |                     |  |                                     |  | CONTACT PHONE - INCLUDE AREA CODE                 |   |   |  |                       |                     |
| INJURIES   | INJURED TAKEN BY                             | EMS AGENCY  |                     |  | MEDICAL FACILITY INJURED TAKEN TO   |  | SAFETY EQUIPMENT USED                             | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET  | SEATING POSITION                                      | AIR BAG USAGE  | EJECTION              | TRAPPED             |
| OL STATE   | OPERATOR LICENSE NUMBER                      |   | OL CLASS            | No<br><input type="checkbox"/> VALID<br>DL   | <input type="checkbox"/> M/C<br>END | CONDITION  | ALCOHOL/DRUG SUSPECTED                            | ALCOHOL TEST STATUS   | ALCOHOL TEST TYPE                                     | ALCOHOL TEST VALUE                                     | DRUG TEST STATUS      | DRUG TEST TYPE      |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)   |  |   | OFFENSE DESCRIPTION |  |                                     |  | CITATION NUMBER                                   |   | HANDS-FREE<br><input type="checkbox"/> DEVICE<br>USED | DRIVER DISTRACTED BY                                   |                       |                     |
| 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 /<br>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<br>(ELBOWS, KNEES, ETC)   |   | 12 - REFLECTIVE COATING<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<br>(NON-TRAILING UNIT SUCH AS A BUS, PICKUP 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<br>MECHANICAL MEANS<br>3 - EXTRICATED BY<br>NON-MECHANICAL MEANS |                     | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO 18 "D")<br>5 - MCM/OP ONLY  |                                     | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS                                 |   | 5 - FELL ASLEEP, FAINTED, FATIGUE<br>6 - UNDER THE INFLUENCE OF<br>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/EMAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE<br>(NAVIGATION DEVICE, RADIO, DVD) |   |  |                       |                     |
| UNIT NUMBER<br>2   |  | NAME: LAST, FIRST, MIDDLE<br>Cochran, Chad, L   |                     |  |                                     | DATE OF BIRTH<br>03/05/1987  |   | AGE<br>29   | GENDER<br>M - MALE<br>F - FEMALE                      |  |                       |                     |
| ADDRESS, CITY, STATE, ZIP<br>1510 Arthur Ave, Coshocton, OH, 43812   |  |   |                     |  |                                     |  | CONTACT PHONE - INCLUDE AREA CODE<br>740-610-8510 |   |   |  |                       |                     |
| INJURIES<br>1  | INJURED TAKEN BY<br>1                        | EMS AGENCY  |                     |  | MEDICAL FACILITY INJURED TAKEN TO   |  | SAFETY EQUIPMENT USED<br>01                       | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET  | SEATING POSITION<br>01                                | AIR BAG USAGE<br>1                                     | EJECTION<br>1         | TRAPPED<br>1        |
| UNIT NUMBER<br>1   | NAME: LAST, FIRST, MIDDLE<br>Miller, Mark, A |   |                     |  | DATE OF BIRTH<br>02/02/1992         |  | AGE<br>24   | GENDER<br>M - MALE<br>F - FEMALE  |   |  |                       |                     |
| ADDRESS, CITY, STATE, ZIP<br>7920 Twp. Rd. 574, Holmesville, OH, 44633   |  |   |                     |  |                                     |  | CONTACT PHONE - INCLUDE AREA CODE<br>330-600-9574 |   |   |  |                       |                     |
| INJURIES<br>1  | INJURED TAKEN BY<br>1                        | EMS AGENCY  |                     |  | MEDICAL FACILITY INJURED TAKEN TO   |  | SAFETY EQUIPMENT USED<br>04                       | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE<br>HELMET  | SEATING POSITION<br>03                                | AIR BAG USAGE<br>1                                     | EJECTION<br>1         | TRAPPED<br>1        |