OHIO DEPARTME OF PUBLIC SAFE MARTY - BERVICE - PROTECT	TRAFFIC C		LOCAL REPORT NUMBER *									
PHOTOS TAKEN	OH -2	OH -3 LOCA		190118127								
SECONDARY CF		JOHNEK	RTING AGENCY NAME *  MBUS POLICE DEPARTMENT		ı	NCIC *	HIT/SKIP 1 - SOLVED 2 - UNSOLVED	NUMBER OF UN	итs    -     1	UNIT IN ERROR 98 - ANIMAL -   99 - UNKNOWN		
COUNTY* LOCAL	1 - CITY	ATION: CITY. VILLA	AGE. TOWNSHIP*				CRASH DATE	ASH SEVERITY FATAL				
25 1	2 - VILLAGE 3 - TOWNSHIP	umbus	i	02/12/2019 15:36 4 2 - SERIOUS INJU								
ROUTE TYPE ROU	2	- NORTH - SOUTH - EAST Spr	ROAD TYPE ST	39.967440 SUSPECTED 39.967440 SUSPECTED 30.967440								
		- WEST 3DI	ING RENCE ROAD NAME (ROAD	, MILEPOST, HOU	JSE #)	ROAD TYPE	LONGITUDE DI	INJURY POSSIBLE				
ROUTE TYPE ROL	1 3	- SOUTH - EAST - WEST Cle	veland			AV	-82.990	PROPERTY DAMAGE ONLY				
REFERENCE POIN	T DIRECTION FROM REFERENCE		ROUTE TYPE		ROAD TYPE			INTERSECTION RELATED				
1 - INTERSECT $1$ $1$ $2$ - MILE POST	3 2-SOU	JTH LUC SERVE	SIAIL ROUIL (II)	L - ALLEY V - AVENUE	HW - HIGHWAY LA - LANE	RD - ROAD SQ - SQUARE	WITHIN INTER	RSECTION OR ON	N APPROACH			
3 - HOUSE #	3 - EAS	SR - STATI	В	L - BOULEVARD R - CIRCLE	MP - MILEPOST OV - OVAL	ST - STREET TE - TERRACE	WITHIN INTER	RCHANGE AREA	NUM	BER OF APPROACHES		
DISTANCE FROM REFERENCE	DISTANCE UNIT OF MEASU 1 - MIL	RE CR - NUM	BEKED COUNTY ROUTE		PK - PARKWAY PI - PIKE	TL - TRAIL WA - WAY		ROAD	NAY			
30.00	3 2 - FEE 3 - YAF		BERED TOWNSHIP TE	IE - HEIGHTS	PL - PLACE		ROADWAY DIVIDED					
1 - ON RC 2 - ON SH 3 - IN MEI 4 - ON RC 5 - ON GC	OULDER 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10	ROSSOVER DRIVEWAY/ALLEY RAILWAY GRADE ( SHARED USE PATH TRAILS	ACCESS CROSSING HS OR TR.  2 - RE 3 - HE	WO MOTOR HICLES IN ANSPORT  ARR-END  6 7 8		DIRECTION OF TRAV  1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	1 - C ( 2 - C ( 3 - C 4 - C	MEDIAN TYPE  DIVIDED FLUSH MEDIAN ( < 4 FEET )  DIVIDED FLUSH MEDIAN ( ≥ 4 FEET )  DIVIDED, DEPRESSED MEDIAN DIVIDED, RAISED MEDIAN (ANY TYPE)  OTHER / UNKNOWN				
WORK ZONE RE	LATED	wo	ORK ZONE TYPE	LOCATIO	N OF CRASH IN	WORK ZONE	CONTOUR	CONDITIO	ONS	SURFACE		
WORKERS PRES	ENT		E CLOSURE E SHIFT/ CROSSOVER		BEFORE THE 1ST WARNING SIGN	WORK ZONE	_1_	_2		2		
LAW ENFORCEN	IENT PRESENT	3 - WOR	RK ON SHOULDER		ADVANCE WARN		1 - STRAIGHT LEVEL	1 - DRY 2 - WET		1 - CONCRETE 2 - BLACKTOP,		
ACTIVE SCHOO	_ ZONE		RMITTENT OR MOVING WOR	RK	ACTIVITY AREA TERMINATION A	REA	2 - STRAIGHT GRADE 3 - CURVE LEVEL	3 - SNOW 4 - ICE 5 - SAND, MUD	DIDT	BITUMINOUS, ASPHALT 3 - BRICK/BLOCK		
ш	GHT CONDITION	3-0111		WEATHER			4 - CURVE GRADE	4 - SLAG , GRAVEL, STONE				
4 - DARK - 5 - DARK -			1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMO 4 - RAIN 5 - SLEET, HAIL		Sand, Soil, Dir Rain or Freezii		9 - OTHER /UNKNOWN	6 - WATER (STA MOVING) 7 - SLUSH 9 - OTHER / UN		5 - DIRT 9 - OTHER / UNKNOWN		
NARRATIVE  On February 12, 2019 the driver of Unit 1 was heading westbound on E. Spring St in the most northern lane. Unit 2 the operator of a bicycle was also heading westbound on E. Spring St and riding in the designated bicycle lane on the right hand side of Unit 1. The driver of Unit 1 stated she started to turn north into a Columbus State College parking lot and was struck in the right side by Unit 2. The driver of Unit 1 stated she did not see the bicycle in the bike lane when she turned. Unit 2, the bicycle operator stated while she was in the bike lane, the driver of Unit 1 turned in front of her causing her to hit the right side of Unit 1 and being ejected from her bicycle. The driver of Unit 1 was found at fault and issued a citation. Unit 2, the operator of the bicycle was transported to Grant Hospital in stable condition via Columbus Fire Medic 1.  E. Spring St  Ont To Scale  CRASH REPORTED DATE / TIME  DISPATCH DATE / T												
02/12/2	019 15:36	02/	12/2019 16:48	02/	/12/2019 16:4	.48 02/12/2019 17:20 X POLICE A				POLICE AGENCY		
TOTAL TIME ROADWAY CLOSED	OTHER INVESTIGATION TIME	TOTAL MINUTES	OFFICER'S NAME* ARNOLD, DAVID	•		HECKED BY OFFICEI	-					
0	60	92	OFFICER'S BA	ADGE NUMBER*			CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)  SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)					

1 FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

## LOCAL REPORT NUMBER

## 190118127

UNIT# O	WNER NAME: LAST, FIRST, N	AIDDLE / D. SAME AS DR	(T/ED)	1	OWNER	PHONE INCLU	DE AREA	CODE ( SAME AS DRIVER)	D A M A G E							
	ALENTINE, DEVIN, M		avery.			740-4			DAMAGE SCALE							
	RESS: STREET, CITY, STATE, ZI					,		330.	1 - NONE 3 - FUNCTIONAL DAMAGE							
1632 PARI	K TRAIL DR, WESTER	RVILLE, OH, 43	081						$\lfloor 2 \rfloor$ 2 - MINOR DAMAGE 4 - DISABLING DAMAGE							
COMMERCIA	L CARRIER: NAME. ADDRESS	S. CITY. STATE. ZIP			Con	MERCIAL CARRIER	PHON	NE: INCLUDE AREA CODE	9 - UNKNOWN							
											D AREA(S)					
LP STATE LI	CENSE PLATE #	VE	HICLE ID	ENTIFICATION #		VEHICLE YE	AR	VEHICLE MAKE	INI	DICATE AL	L THAT APPLY					
OH F	RB1434	W۱	/WBA7	1K78W209307		2008		VOLKSWAGEN	12		12					
INSURANC VERIFIED		NΥ	- 1	RANCE POLICY #		COLOR		VEHICLE MODEL	11 12		11 12					
VERIFIED	GEICO		4566	682045	T==	BLK		RABBIT	10 11 1	2	10 11 1 2					
	TYPE OF USE  IAL GOVERNMENT	IN EMERGENCY	1	US DOT #	TOW	D BY: COMPA	NY NAN	1E	10 2		10 2					
COMMERC		RESPONSE	VEHICLE	WEIGHT GVWR/GCWR			ous	MATERIAL	8 4	Ÿ	8 0 4					
DEVICE	HIT/SKIP UNIT	# OCCUPANTS		1 - ≤10K LBS.		ATERIAL <b>C</b> LEASED	CLASS	# PLACARD ID #	8 7 5	/4	8 7 5 4					
EQUIPPED		1		2 - 10.001 - 26K LBS. 3 - > 26K LBS.		ACARD L			7 6 5		12 7 6					
1	1 - PASSENGER CAR 6 - VA	N (9-15 SEATS)	12	- GOLF CART 18 - LI	MO (LIVER	Y VEHICLE)	23 - PE	DESTRIAN/SKATER	6	11	1 6					
1   1		OTORCYCLE 2-WHEELE OTORCYCLE 3-WHEELE		CINICIE LINITE				HEELCHAIR (ANY TYPE)	10	11	1 2					
UNIT TYPE	3 - SPORT UTILITY 9 - AU	TOCYCLE		TRUCK 21 - H	THER VEH EAVY EQU		25 - O1 26 - BIG	HER NON-MOTORIST		10	2					
	10 - M	IOPED OR MOTORIZEI CYCLE	_	- SEMI-TRACTOR			27 - TR		9	9 8	3 3					
	· · · · · · · · · · · · · · · · · · ·	LL TERRAIN VEHICLE		- MOTORHOME AT	NIMAL-DR	AWN VEHICLE	99 - UN	IKNOWN OR HIT/SKIP	8	7	5 74					
	# of TRAILING UNITS	UTV)							12	7	6 5 12					
	VAS VEHICLE OPERATING IN AU	ITONOMOLIS							11 12	(	3 11 12					
	MODE WHEN CRASH OCCURRED						ION 9	- OTHER/UNKNOWN	10	\2	10 1 1 2					
2 1	- YES 2 - NO 9 - OTHER / U	INKNOWN AUTON		- DRIVER ASSISTANCE 4 - - PARTIAL AUTOMATION 5 -		TOMATION			10 2	-	10 2					
	- TES 2-NO 9-OTHER/U	MODE		- PARTIAL AUTOMATION 3 -	FULL AU I	OMATION			9 3	3	9 3 3					
	1 - NONE	6 - BUS - CHARTER	,	11 - FIRE	16 - FA			21 - MAIL CARRIER	8 7 5	7.	$\begin{bmatrix} 8 \\ 7 \end{bmatrix} \begin{bmatrix} 4 \\ 5 \end{bmatrix} \begin{bmatrix} 7 \\ 4 \end{bmatrix}$					
	2 - TAXI 3 - ELECTRONIC RIDE	7 - BUS - INTERCITY 8 - BUS - SHUTTLE	1	12 - MILITARY 13 - POLICE	17 - M	OWING IOW REMOVAL	9	99 - OTHER / UNKNOWN	8 6	-	8 6					
SPECIAL	SHARING	9 - BUS - OTHER		14 - PUBLIC UTILITY	19 - TC				7 6 5		7 6					
	4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE		15 - CONSTRUCTION EQUIP.		FETY SERVICE				12	12 12					
	•					TROL				12	12 12 1					
$_{\parallel}$ 1 $_{\parallel}$	- NO CARGO BODY TYPE / NOT APPLICABLE	4 - LOGGING 5 - INTERMODAL		7 - GRAIN/CHIPS/GRAVEL 8 - POLE	11 - DU	IMP INCRETE MIXER	Ġ	99 - OTHER / UNKNOWN	12 <b>0 0</b>	*						
CARGO	! - BUS	CONTAINER CHA	ASSIS	9 - CARGO TANK		ITO TRANSPORTI	ER		e R A A Re	, ,	3 9 3 3					
BODY 3 TYPE	- VEHICLE TOWING ANOTHER MOTOR VEHICLE	6 - CARGOVAN /ENCLOSED BOX	х	10 - FLAT BED	14 - GA	RBAGE/REFUSE				4						
	1 - TURN SIGNALS	4 - BRAKES		7 - WORN OR SLICK TIRES	9 - MO	TOR TROUBLE		99 - OTHER / UNKNOWN	6							
	2 - HEAD LAMPS	5 - STEERING		8 - TRAILER EQUIPMENT	10 - DI	SABLED FROM PE		on En, on the		6	6 6					
DEFECTS 3	3 - TAIL LAMPS	6 - TIRE BLOWOUT		DEFECTIVE	AC	CIDENT										
	INTERCECTION	4 MEDRICON		7 CHOULDED (DO ADCIDE	10 DE	DUELLIAN ACCECC		O OTHER (HANGINA)	☐- NO DAMA	( <b>GE</b> [0]	L- UNDERCARRIAGE [ 14 ]					
1 1	I - INTERSECTION - MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROS	SWALK	7 - SHOULDER/ROADSIDE 8 - SIDEWALK		IVEWAY ACCESS ARED USE PATHS		99 - OTHER / UNKNOWN	<b>TOP</b> [ 13 ]		- ALL AREAS [ 15 ]					
NON- 2 MOTORIST	2 - INTERSECTION - LINMARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATI	ON	9 - MEDIAN/CROSSING		TRAILS ST RESPONDER			Г	1- UNIT N	OT AT SCENE [ 16 ]					
	3 - INTERSECTION - OTHER	6 - BICYCLE LANE		ISLAND		INCIDENT SCENI					OT AT SCENE (10)					
1	1 - NON-CONTACT	1 - STRAIGHT AHEA 2 - BACKING	AD.	9 - LEAVING TRAFFIC LANE		ALKING, RUNNIN GGING, PLAYING		1 - STANDING OUTSIDE DISABLED VEHICLE	INIT	IAL POIN	T of CONTACT					
3 1.	2 - NON-COLLISION	3 - CHANGING LAN	IES	10 - PARKED		ORKING		9 - OTHER / UNKNOWN	0 - NO D		14 - UNDERCARRIAGE					
	3 - STRIKING			11 - SLOWING OR STOPPED IN TRAFFIC		SHING VEHICLE PROACHING OR			9	FER TO UN AGRAM	NIT 15 - VEHICLE NOT AT SCENE					
ACTION 2	4 - STRUCK ACTIONS	6 - MAKING LEFT TU	JRN	12 - DRIVERLESS		AVING VEHICLE				JOIOAIVI	99 - UNKNOWN					
:	5 - BOTH STRIKING & STRUCK	7 - MAKING U-TURI 8 - ENTERING TRAF		13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING			ORIST		13 - TOP							
	9 - OTHER / UNKNOWN	LANE		SPECIFIED LOCATION	. 20 01		01431			TRA	FFIC					
	1 - NONE 2 - FAILURE TO YIELD	8 - FOLLOWING TO /ACDA	O CLOSE	13 - IMPROPER START FROM A PARKED POSITION		ERATING DEFECT JIPMENT	TIVE 2	23 - OPENING DOOR INTO ROADWAY	TRAFFICWAY FLOW		TRAFFIC CONTROL					
	3 - RAN RED LIGHT	9 - IMPROPER LANE	Ē	14 - STOPPED OR PARKED	19 - LO	AD SHIFTING		99 - OTHER IMPROPER	1 - ONE-WAY 2 - TWO-WAY	l	1 - ROUNDABOUT 4 - STOP SIGN					
2	4 - RAN STOP SIGN 5 - UNSAFE SPEED	CHANGE 10 - IMPROPER PAS	SING	ILLEGALLY  15 - SWERVING TO AVOID		LLING/SPILLING PROPER CROSSIN		ACTION	1 1 1	6	2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL					
CONTRIBUTING	C IMPRODED TURN	11 - DROVE OFF RO	DAD	16 - WRONG WAY	21 - LYI	NG IN ROADWAY										
CIRCOMSTARCE	S 7 - LEFT OF CENTER	12 - IMPROPER BAC	CKING	17 - VISION OBSTRUCTION	22 - NO	T DISCERNIBLE			# OF THROUGH LANES ON ROAD	l	RAIL GRADE CROSSING  1 - NOT INVLOVED					
SEOUENCE C	OF EVENTS									1	2 - INVOLVED-ACTIVE CROSSING					
12	1 OVERTURNI/ROLLOVER	7 - SEPARATION OF	LINITE	EVENTS	10 41	IMAL OTUED	22	CTRLICK BY FALLING	3	1	3 - INVOLVED-PASSIVE CROSSING					
1 13	2 - FIRE/EXPLOSION	8 - RAN OFF ROAD R	RIGHT	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	20 - MC	IMAL -OTHER OTOR VEHICLE IN		- STRUCK BY FALLING, SHIFTING CARGO OR	LIMITE (	NON MO	TODICT DIDECTION					
	3 - IMMERSION 4 - JACKKNIFE	9 - RAN OFF ROAD L 10 - CROSS MEDIAN		14 - PEDESTRIAN 15 - PEDALCYCLE		ANSPORT RKED MOTOR		ANYTHING SET IN MOTION BY A MOTOR	UNII /		TORIST DIRECTION  1 - NORTH 5 - NORTHEAST					
2	5 - CARGO / EQUIPMENT	11 - CROSS CENTERL	INE -	16 - RAILWAY VEHICLE	VE	HICLE	24	VEHICLE - OTHER MOVABLE			2 - SOUTH 6 - NORTHWEST					
	LOSS OR SHIFT  6 - EQUIPMENT FAILURE	OPPOSITE DIRECT	.IION	17 - ANIMAL - FARM 18 - ANIMAL - DEER		ORK ZONE INTENANCE		OBJECT	FROM 3 TO	6 .	3 - EAST 7 - SOUTHEAST					
3	Ç	_	01122-2		EQ	JIPMENT			FROM TO		4 - WEST 8 - SOUTHWEST 9 - OTHER / UNKNOWN					
		31 - GUARDRAIL END	)	N WITH FIXED OBJECT - S 38 - OVERHEAD SIGN POST	45 - EM	BANKMENT		- BUILDING			2, G.M.G.W.N					
4	/ CRASH CUSHION 26 - BRIDGE OVERHEAD	32 - PORTABLE BARR 33 - MEDIAN CABLE		39 - LIGHT / LUMINARIES SUPPORT	46 - FEN 47 - MA			- TUNNEL - OTHER FIXED	UNIT SPEED		DETECTED SPEED					
5	STRUCTURE	34 - MEDIAN GUARD		40 - UTILITY POLE	48 - TRI			OBJECT - OTHER / UNKNOWN	10		1 - STATED / ESTIMATED SPEED					
	27 - BRIDGE PIER OR ABUTMENT	BARRIER 35 - MEDIAN CONCE	RETE	41 - OTHER POST, POLE OR SUPPORT	50 - WC	ORK ZONE	99	OTHER, UNKNOWN	10		T STATED / ESTIMATED SPEED					
6 L	28 - BRIDGE PARAPET 29 - BRIDGE RAIL	BARRIER 36 - MEDIAN OTHER	BARRIFR	42 - CULVERT 43 - CURB		INTENANCE JIPMENT			POSTED SPEED	$\dashv_{l}$	2 - CALCULATED / EDR					
	30 - GUARDRAIL FACE	37 - TRAFFIC SIGN P		44 - DITCH	51 - W						3 - UNDETERMINED					
1	FIRST HARMFUL EVEN	т , 1 ,	мозт н	ARMFUL EVENT					35							

nad							16	OCAL REPORT NUMBER				
OF P	DEPARTMENT UBLIC SAFETY UNIT							190118127				
UNIT#	OWNER NAME: LAST, FIRST, I	MIDDLE ( CANAL AS DOD!	/FR)	OWNER PHONE::NCI	UDE ARFA CODE (F)	SAME AS DRIVER						
2 2	GIRVES, CATHERINE,		(ER)		-371-8232	SPANE PO STATELY	DAMAGE SCALE					
4	DDRESS: STREET, CITY, STATE, Z						1 - NONE	3 - FUNCTIONAL DAM				
	21ST ST, COLUMBUS,	· ·	T		DUONE		2 2 - MINOR E	DAMAGE 4 - DISABLING DAMAG 9 - UNKNOWN	GE			
COMMERC	CIAL CARRIER: NAME. ADDRES	S. CITY. STATE. ZIP		COMMERCIAL CARRI	ER PHONE: INCLUE	DE AREA CODE	DAMAGED AREA(S)					
LP STATE	LICENSE PLATE #	VEH	ICLE IDENTIFICATION #	VEHICLE Y	EAR VEHI	CLE MAKE		DICATE ALL THAT APPLY				
INSURA VERIFIE		NY	INSURANCE POLICY #	COLOR VEHICLE MODEL			11 12 1	11 12 12	1			
	TYPE OF USE	■IN EMERGENCY	US DOT #	TOWED BY: COMP	ANY NAME		10 2	10 2				
INTERL DEVICE EQUIPP	OCK HIT/SKIP UNIT	RESPONSE	TEHICLE WEIGHT GVWR/GCWR  1 - ≤10K LBS. 2 - 10.001 - 26K LBS. 3 - > 26K LBS.	MATERIAL RELEASED PLACARD	RDOUS MATERI CLASS # PLA	AL ACARD ID #	8 7 6	8 4 4 7 U 5 6 6	4			
26 UNIT TYP	2 - PASSENGER VAN 7 - MC (MINIVAN) 8 - MC E 3 - SPORT UTILITY 9 - AL VEHICLE 10 - N 4 - PICK UP	IN (9-15 SEATS) DTORCYCLE 2-WHEELED DTORCYCLE 3-WHEELED ITOCYCLE HOPED OR MOTORIZED ICYCLE LL TERRAIN VEHICLE UTV)	9	11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1							
	WAS VEHICLE OPERATING IN AU MODE WHEN CRASH OCCURRE  1 - YES 2 - NO 9 - OTHER / U	D?  L UNKNOWN AUTONOI	1 - DRIVER ASSISTANCE 4 -	- Conditional Automa - High Automation - Full Automation	ATION 9 - OTHER	/UNKNOWN	10 11 1 1 1 1 1 2 9 9 3	10 11 12 13 14 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	2			
1 SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER	6 - BUS - CHARTER/T 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE		16 - FARM 17 - MOWING 18 - SNOW REMOVAI 19 - TOWING 20 - SAFETY SERVICE PATROL		CARRIER R / UNKNOWN	8 7 6 5	8 7 6 6	5 4			
CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	4 - LOGGING 5 - INTERMODAL CONTAINER CHAS 6 - CARGOVAN /ENCLOSED BOX	10 - FLAT BED	11 - DUMP 12 - CONCRETE MIXE 13 - AUTO TRANSPOI 14 - GARBAGE/REFUS	R RTER E	R / UNKNOWN	9 3	9 3 9 3 9	<b>3</b> ⊕ ⊕			
VEHICLE DEFECTS		4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT	7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE	9 - MOTOR TROUBLE 10 - DISABLED FROM ACCIDENT		R / UNKNOWN	□- NO DAM	6 6	6			
6 NON- MOTORIST LOCATION	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER	4 - MIDBLOCK - MARKED CROSSV 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE	0 - SIDEWALK	10 - DRIVEWAY ACCE 11 - SHARED USE PAT OR TRAILS 12 - FIRST RESPONDE AT INCIDENT SCE	'HS R	R / UNKNOWN	□- <b>TOP</b> [13]	- ALL AREAS [15] - UNIT NOT AT SCENE [16]				
4 ACTION		1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PAS 5 - MAKING RIGHT TU 6 - MAKING U-TURN 8 - ENTERING TRAFFI LANE	LANE  S 10 - PARKED  SING 11 - SLOWING OR STOPPED  URN IN TRAFFIC  RN 12 - DRIVERLESS  13 - NEGOTIATING A CURVE		NG DISABI 99 - OTHER E DR E	DING OUTSIDE LED VEHICLE R / UNKNOWN	0 - NO D. 9 1-12 - RE	DIAGRAM 99 - UNKNOWN				
1 CONTRIBUTE CIRCUMSTAN	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED  NG 6 - IMPROPER TURN NCES 7 - LEFT OF CENTER	8 - FOLLOWING TOO /ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSI 11 - DROVE OFF ROA 12 - IMPROPER BACK	AD 16 - WRONG WAY	18 - OPERATING DEFE EQUIPMENT 19 - LOAD SHIFTING /FALLING/SPILLIN 20 - IMPROPER CROSS 21 - LYING IN ROADW 22 - NOT DISCERNIBLE	ROAD 99 - OTHE G ACTIC SING 'AY	R IMPROPER	TRAFFICWAY FLOW  1 - ONE-WAY 2 - TWO-WAY  # OF THROUGH LANES	TRAFFIC CONTROL  1 - ROUNDABOUT 4 - STOP  2 - SIGNAL 5 - YIELD	D SIGN CONTROL			
		12 - IMILKOLEK BACK	TING TV - ATZION ORZEKOCTION	ZZ - INOT DISCERNIBLE	-		on ROAD	1 - NOT INVLOVED				
PEONENC	E OF EVENTS		EVENTS				3	2 - INVOLVED-ACTIVE CROSSIN 3 - INVOLVED-PASSIVE CROSS				
2 L	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPIDOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE	7 - SEPARATION OF UN 8 - RAN OFF ROAD RIG 9 - RAN OFF ROAD LEF 10 - CROSS MEDIAN 11 - CROSS CENTERLIN OPPOSITE DIRECTI OF TRAVEL	GHT 13 - OTHER NON-COLLISION FT 14 - PEDESTRIAN 15 - PEDALCYCLE NE - 16 - RAILWAY VEHICLE	TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT	ANYTHI	G CARGO OR NG SET IN I BY A MOTOR	UNIT /	NON-MOTORIST DIRECTION  1 - NORTH 5 - NORTHEA: 2 - SOUTH 6 - NORTHWE  3 - EAST 7 - SOUTHEA: 4 - WEST 8 - SOUTHWE 9 - OTHER; U 9 - OTHER; U	AST EST .ST EST			
4	25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END 32 - PORTABLE BARRIE	38 - OVERHEAD SIGN POST	45 - EMBANKMENT 46 - FENCE	52 - BUILDIN 53 - TUNNEL			· ·				
5	26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET	33 - MEDIAN CABLE BA 34 - MEDIAN GUARDR BARRIER 35 - MEDIAN CONCRE BARRIER	ARRIER SUPPORT  tAIL 40 - UTILITY POLE  41 - OTHER POST, POLE  OR SUPPORT  42 - CULVERT	47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE	54 - OTHER I OBJECT		UNIT SPEED 7	1 - STATED / ESTIMATED	D SPEED			
6	29 - BRIDGE RAIL 30 - GUARDRAIL FACE	36 - MEDIAN OTHER B 37 - TRAFFIC SIGN POS		EQUIPMENT 51 - WALL			POSTED SPEED	3 - UNDETERMINED				

 $1 \mid$  most harmful event

FIRST HARMFUL EVENT

3 - UNDETERMINED

35

Ũ	OHIO DEPA	ARTMENT SAFETY	10	TORIST / No	ΩN	ı_ <b>N</b>	Λo	TOR	IST							LOCAL RE						
	UNIT #															190 ATE OF BIRTH	11812	<u>27</u>	AGE	GENDER		
		MAYNARD, ASHLEY, N																				
ï	1 ADDRESS:	ESS: STREET, CITY, STATE, ZIP											CON	JTAC1		8/06/1991	REA CODE	<b>_</b>	27	F		
TORIS	1632 PA	PARK TRAIL DR, WESTERVILLE, OH, 43081											740-412-3964									
OM-	INJURIES	INJURED TAKEN	EMS	S AGENCY (NAME)		IN	NJURED 1	AKEN TO: N	IEDICAL FACI	ILITY (NAME, CI	ITY)	SAFETY EQUIPME		от-с	OMPLIAN'	SEATING T POSITION	AIR BA	AG USAGE	EJECTION	TRAPPED		
NON/	5	BY 1										4		MC HELMET 1				1 1		1		
MOTORIST / NON-MOTO	OL STATE	OPERATOR	LICE	NSE NUMBER		٦	OFFENS	E CHARG	ED		LOCAL	OFFENSE DES	RIPTION			•	CITA	CITATION NUMBER				
1010	ОН					2	2131.0	)8A			X	DRIVING W	ITHIN L	ANE	S OR	CONTINU	178	1788150				
2	OL CLASS	ENDORSEM	IENT	RESTRICTION SELECT UP TO 3		DRIVE				CONDITION		ALCOHOL TEST			CT A TUC	DRUG TEST(S)  STATUS TYPE RESULTS SELECT UP TO 4						
	4					BY 1	ACTED	=	R DRUG	MARIJUA	ANA	1	STATUS		PE 1	VALUE	1	1	RESULIS	SELECT UP TO 4		
Ī	UNIT #	NAME: LA	ST, FII	RST, MIDDLE									1		D/	ATE OF BIRTH			AGE	GENDER		
	2	GIRVES,	CAT	THERINE, A											09	9/16/1964			54	F		
IST	ADDRESS:	STREET, CITY	r, STA	ATE, ZIP									CON	NTACT	PHON	NE - INCLUDE A	REA CODE					
MOTORIST / NON-MOTORIS	258 N. 2	1ST ST, C	OLU	IMBUS, OH, 43203										1-371	L-823					_		
Ň-N	INJURIES	INJURED TAKEN		S AGENCY (NAME) LUMBUS FIRE MEDIC 1		IN	NJURED 1	aken to: <b>N</b>	IEDICAL FACI	ility (name, ci	ITY)	SAFETY EQUIPME USED			OMPLIAN	SEATING T POSITION	AIR BA	AG USAGE	TRAPPED			
NC	4	BY _2_					GRAN	T HOSP	ITAL CC	DLUMBU		8	Шмс неLMET			1			3			
ORIST	OL STATE	OPERATOR	LICE	NSE NUMBER		٩	OFFENS	E CHARG	ED		LOCAL CODE	OFFENSE DES	RIPTION	TION			CITA	CITATION NUMBER				
MOT				•									_	ALCOHOL TEST				DRUG TEST(S)				
	OL CLASS	ENDORSEM	IENT	RESTRICTION SELECT UP TO 3	- I	DRIVE DISTRA	STRACTED ALCOHOL MARILIANA			CONDITION	STATUS							ESULTS SELECT UP TO 4				
	4					BY 1		OTHER	R DRUG			1	1		1		1	1				
	UNIT #	NAME: LA	ST, FII	RST, MIDDLE											D/	ATE OF BIRTH			AGE	GENDER		
RIST		STREET, CITY	Y, STA	ATE, ZIP									CON	CONTACT PHONE - INCLUDE AREA CODE								
MOTC	INJURIES INJURED EMS AGENCY (NAME)					Liv	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMENT					ит	SEATING AIR BAG USAGE EJECTION						TRAPPED			
IST / NON-MOTOR	INJUNIES	TAKEN BY	LIVIS	S AGENCY (NAIVIE)			USED						DOT-COMPLIANT POSITION MC HELMET				ia oskai	Beeno	I III III III III III III III III III			
ST / I	OL STATE	OPERATOR	LICE	NSE NUMBER		٦,	OFFENS	E CHARG	RGED LOCAL OFFENSE DESCRI			RIPTION					CITATION NUMBER					
TORI											CODE											
Σ	OL CLASS	ENDORSEM	IENT	RESTRICTION SELECT UP TO 3					OL / DRUG SUSPECTED		CONDITION		ALCOHOL TEST		L TEST	DRUG TE		TEST(	` ′			
						DISTR <i>i</i> By	ACTED	ALCOH	HOL L	MARIJUA	ANA		STATUS	TY	'PE	VALUE	STATUS	TYPE	RESULTS	SELECT UP TO 4		
H	TNU	JRIES		SEATING POSITION		ATI	R BAG			OL CLAS	·	OL DESTR	CTION	(S)	DBW	/ER DISTRA	CTION	 	 EST STA	THE		
1 -	- FATAL	JKIES		1 - FRONT - LEFT SIDE		OT DEPL	LOYED		1 - CLAS		<u>,                                     </u>	1 - ALCOHOL IN		`	1 - NO	T DISTRACTED			NE GIVEN	1105		
2 -	- SUSPECTED INJURY	SERIOUS		2 - FRONT - MIDDLE	3 - DE	PLOYED			2 - CLAS			DEVICE 2 - CDL INTRAST			ELEC	NUALLY OPERA			T REFUSED T GIVEN,			
	- SUSPECTED INJURY	MINOR		4 - SECOND - LEFT SIDE	FRO	ONT/SIE	D BOTH DE LICABLE		3 - CLAS	SS C JLAR CLAS	c	3 - CORRECTIVE 4 - FARM WAIVE	R		(TE)	MMUNICATION KTING, TYPING,	DEVICE	/ UN	CONTAMINATED SAMPLE / UNUSABLE			
4 -	POSSIBLE IN			5 - SECOND - MIDDLE			IENT UN	KNOWN	(OHI	(O = D)		5 - EXCEPT CLAS 6 - EXCEPT CLAS & CLASS B B	5 A		3 - TAL	I ING) KING ON HAND MMUNICATION		RESI	TEST GIVEN, RESULTS KNOWN			
	NO APPAREI			6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE		EJE	СТІОІ	V	5 - M/C   6 - NO V	MOPED OI /ALID OL	NLY	7 - EXCEPT TRAC 8 - INTERMEDIA	TOR-TRAIL		COI	KING ON HAND MMUNICATION	DEVICE		T GIVEN, JLTS UNKN	OWN		
	INJURIES - NOT TRAN					T EJECT	TED Y EJECTE	D		IDORSE	MENT	RESTRICTION 9 - LEARNER'S P			ELE	HER ACTIVITY W		ALCO 1 - NON		ST TYPE		
	/TREATED /			10 - SLEEPER SECTION	3 - TO	TALLY E	EJECTED LICABLE		H - HAZI			RESTRICTION 10 - LIMITED TO			7 - OTI	SSENGER HER DISTRACTION		2 - BLO 3 - URIN	OD			
	- POLICE			11 - PASSENGER IN OTHER ENCLOSED CARGO		TR	APPE	)		TORCYCLE		ONLY 11 - LIMITED TO 12 - LIMITED - O		ENT	8 - OTI	IDE THE VEHICLE HER DISTRACTIC TSIDE THE VEHIC	N	4 - BRE	ATH			
9	- OTHER / U	NKNOWN		AREA (NON-TRAILING UNIT,		TRAP			P - PASS N - TANI			13 - MECHANICA (SPECIAL BR	L DEVICES			HER / UNKNOW	N		UG TES	Г ТҮРЕ		
K	SAFETY E	QUIPMEN	Т	12 - PASSENGER IN UNENCLOSED CARGO AREA			CAL MEA	ANS	1 -	FOR SCOO	TER	CONTROLS, ADAPTIVE D	OR OTHER		1 - APP	PARENTLY NORM		1 - NON 2 - BLO				
	1 - NONE USED 2 - SHOULDER BELT ONLY			13 - TRAILING UNIT 14 - RIDING ON VEHICLE	NO	N-MEC	CHANICA	L MEANS	МОТ	ORCYCLE		14 - MILITARY VI 15 - MOTOR VEH	HICLES ON		3 - EM0	/SICAL IMPAIRM OTIONAL (E.G.,	ENT	3 - URIN 4 - OTH				
	USED - LAP BELT ON			EXTERIOR (NON-TRAILING UNIT)					S - SCHO	JOL BUS BLE & TRIP	PLE	WITHOUT A	RROR	ROR		DEPRESSED, ANGRY, DISTURBED)		DRUG TEST R				
	USED			15 - NON-MOTORIST 99 - OTHER / UNKNOWN					TRAIL X - TANK	LERS KER / HAZN	MAT	17 - PROSTHETIO 18 - OTHER	. AID			L ASLEEP, FAINTI	ED,	2 - BARI	HETAMINE BITURATES			
	- CHILD RESTI	FACING								CENIDE					6 - UNI	IGUED, ETC. DER THE INFLUE		4 - CAN	ZODIAZEPII NABINOID:			
	- CHILD RESTI - REAR FACII	NG	vi						F - FEMA	GENDER Ale					ALC	DICATIONS / DRI OHOL HER / UNKNOWI			TES / OPIC	IDS		
8	- BOOSTER SE - HELMET USE - PROTECTIVE	D							M - MAL	.E ER / UNKN	IOW/N				3 - OIF	ILIX / UINKINUWI	•	7 - OTH 8 - NEG	ER ATIVE RESL	LTS		
	(ELBOWS, K ) - REFLECTIVE	NEES, ETC)							O - OTHI	LIC / UNKIN	I S VVIIV											
11	- LIGHTING - / BICYCLE C	PEDESTRIAN	1																			
ac	OTHER /III																					

Ū	OHIO DEP OF PUBLI	PARTMENT C SAFETY	CCUPANT /	LOCAL REPORT NUMBER											
_									1901 TE OF BIRTH	.18127					
_	UNIT #	NAME: LA	ST, FIRST, MIDDLE	DA	AGE	GENDER									
OCCUPANT	ADDRESS:	STREET, CIT	Y, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE											
ĕ	INJURIES	INILIPED	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NA	ME CITY)	SAFETY EQUIPMENT		SEATING	AIR BAG USAG	E EJECTION	TRAPPED			
	INJUNIES	TAKEN BY	LIVIS AGENCY (IVAIVIE)		and the mean of the man of the mean of the	me, cerry	J	DOT-COMPLIANT MC HELMET	POSITION	, and one					
	UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA		AGE	GENDER				
Į.	ADDRECC.	STREET, CIT	/ CTATE ZID												
OCCUPANT	ADDRESS:	SIREEI, CII	r, STATE, ZIP					CONTACT PHONE	HONE - INCLUDE AREA CODE						
0	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NA	ME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED			
	UNIT #	NAME: LA	ST, FIRST, MIDDLE					DA	TE OF BIRTH		AGE	GENDER			
OCCUPANT	ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	EA CODE					
Ö	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		NJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)  SAFETY EQUIPMENT  DOT-Compliant MC HELMET  SEATING POSITION						E EJECTION	TRAPPED			
٥	UNIT #		ST, FIRST, MIDDLE						TE OF BIRTH	<u> </u>	AGE	GENDER			
	0141 "	TVAINL: DA	51, TIKS1, WIDDEL						TE OF BARTIN		AGE	GENDER			
ANT	ADDRESS:	STREET, CIT	Y, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE							
OCCUPAN															
U	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NA	ME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPED			
Ī		IN.	URIES	SAFET	Y EQUIPMENT USED		SEATING POS	ITION		AIR BAG U	JSAGE				
	1 - FAT	AL		1 - NONE			IT - LEFT SIDE		1 - NOT I	DEPLOYED					
	2 - SUS	PECTED S	ERIOUS INJURY		E OCCUPANT		FORCYCLE DRIVE IT - MIDDLE	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE							
			MINOR INJURY		DER BELT ONLY USED T ONLY USED	3 - FRON	IT - RIGHT SIDE								
		SIBLE INJ			DER & LAP BELT USED		ND - LEFT SIDE ORCYCLE PASSE	NGER)	Dyed Both T/Side	TH					
	5 - NO .	APPAREN	IT INJURY	5 - CHILD R	RESTRAINT SYSTEM -		- SECOND - MIDDLE			APPLICABLE					
			TAKEN BY		RD FACING		ND - RIGHT SIDI D - LEFT SIDE	E	DYMENT UI	UNKNOWN					
		TTRANSP ATED AT S	•	6 - CHILD R	RESTRAINT SYSTEM - ACING		ORCYCLE SIDE C	AR)	EJECTI	TION					
	2 - EMS		CLINE	7 - BOOSTE			D - MIDDLE D - RIGHT SIDE		1 - NOT I						
	3 - POL	ICE		8 - HELMET	USED		PER SECTION O	F TRUCK CAB	ALLY EJECT						
	9 - OTH	IER / UNK	NOWN		TIVE PADS USED		11 - PASSENGER IN OTHER ENCLOSED 3 - TOTALLY EJECTED								
		GE	NDER	,	/S, KNEES, ETC) CTIVE CLOTHING		GO AREA (NON-T H AS A BUS, PICK-UI		4 - NOT /	APPLICABLE	LICABLE				
	F - FEM	ALE			NG - PEDESTRIAN	12 - PAS	TRAPP	ED							
	M - MA	LE		/ BICYC	CLE ONLY		GO AREA ILING UNIT		TRAPPED						
	U - OTH	HER / UNI	(NOWN	99 - OTHER	t / UNKNOWN	14 - RIDING ON VEHICLE EXTERIOR 2 - EXTRICA					ATED BY ANICAL MEANS				
						(NON 15 - NON	BY								
	99 - OTHER / UNKNOW								NON-MECHANICAL MEA						
Ş	NAME: LAS	ST, FIRST, MI	DDLE					DA	TE OF BIRTH		AGE	GENDER			
WITNESS	ADDRESS:	STREET. CIT	Y, STATE, ZIP					CONTACT PHONE	- INCLUDE ARE	EA CODE					
3		, 021										GENDER			
NESS	NAME: LAST, FIRST, MIDDLE  ADDRESS: STREET, CITY, STATE, ZIP								DATE OF BIRTH AGE						
ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						
ESS	NAME: LAS	ST, FIRST, MI	DDLE					DA	AGE	GENDER					
ADDRESS: STREET, CITY, STATE, ZIP									CONTACT PHONE - INCLUDE AREA CODE						