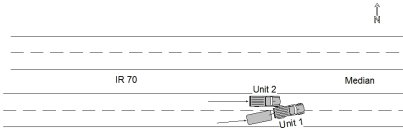


TRAFFIC CRASH REPORT

Document #: 20186079827

<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> SECONDARY CRASH			<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/> PRIVATE PROPERTY			LOCAL INFORMATION P18051800003335 REPORTING AGENCY NAME* GRANVILLE OSHP			LOCAL Report #: 45-0431-45		
COUNTY* 45			LOCALITY* 1 - CITY 2 - VILLAGE 3 - TOWNSHIP 3			LOCATION: CITY, VILLAGE, TOWNSHIP* ETNA (TOWNSHIP OF)			NCIC* OHP45		
ROUTE TYPE IR			ROUTE NUMBER 70			PREFIX N - NORTH S - SOUTH E - EAST W - WEST			LOCATION ROAD NAME 25690		
ROUTE TYPE IR			ROUTE NUMBER 70			PREFIX N - NORTH S - SOUTH E - EAST W - WEST			REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE#) 118		
ROUTE TYPE IR			ROUTE NUMBER 70			PREFIX N - NORTH S - SOUTH E - EAST W - WEST			ROAD TYPE MP		
REFERENCE POINT 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER 2			DIRECTION FROM REFERENCE W N - NORTH S - SOUTH E - EAST W - WEST			ROUTE TYPE IR - INTERSTATE ROUTE (TP) US - FEDERAL US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE			ROAD TYPE AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE LP - MILEPOST OV - OVAL PI - PIKE PK - PARKWAY PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL WA - WAY		
DISTANCE FROM REFERENCE 0.500			DISTANCE UNIT OF MEASURE 1 1 - MILES 2 - FEET 3 - YARDS						ODOT GOOGLE MAP LINK https://www.google.com/maps?q=39.948761,-82.686776		
LOCATION OF FIRST HARMFUL EVENT 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFIC WAY 7 - ON RAMP 8 - OFF RAMP 9 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED USE PATHS OR TRAILS 13 - BIKE LANE 14 - TOOL BOOTH 99 - OTHER / UNKNOWN			MANNER OF CRASH COLLISION/IMPACT 7 1 - NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - OTHER/UNKNOWN			DIRECTION OF TRAVEL E N - NORTH S - SOUTH E - EAST W - WEST			MEDIAN TYPE 3 1 - DIVIDED FLUSH MEDIAN (LESS THAN 4 FEET) 2 - DIVIDED FLUSH MEDIAN (4 FEET AND GREATER) 3 - DIVIDED, DEPRESSED MEDIAN 4 - DIVIDED, RAISED MEDIAN (ANY TYPE) 9 - OTHER/UNKNOWN		
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT <input type="checkbox"/> ACTIVE SCHOOL ZONE			WORK ZONE TYPE 0 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER			LOCATION OF CRASH IN WORK ZONE 0 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA			CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - OTHER/UNKNOWN		
LIGHT CONDITION 1 1 - DAYLIGHT 2 - DAWN/DUSK 3 - DARK - LIGHTED ROADWAY 4 - DARK - ROADWAY NOT LIGHTED 5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER/UNKNOWN			WEATHER 2 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - FREEZING RAIN OR FREEZING DRIZZLE 99 - OTHER/UNKNOWN			CONDITIONS 1 1 - DRY 2 - WET 3 - SNOW 4 - ICE 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - SLUSH 9 - OTHER/UNKNOWN			SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 9 - OTHER/ UNKNOWN		
NARRATIVE UNIT #1 AND #2 WERE BOTH EAST BOUND ON IR 70 , UNIT #1 CHANGED LANES STRIKING UNIT #2 IN THE SIDE.											
CRASH REPORTED DATE / TIME 5/22/2018 12:00:00 AM			DISPATCH DATE / TIME 5/22/2018 5:13:00 PM			ARRIVAL DATE / TIME 5/22/2018 5:37:00 PM			SCENE CLEARED DATE / TIME 5/22/2018 6:38:00 PM		
TOTAL TIME ROADWAY CLOSED 45			OTHER INVESTIGATION TIME 130			OFFICER'S NAME* 130			CHECKED BY OFFICER'S NAME*		
TOTAL MINUTES 45			OFFICER'S BADGE NUMBER*			CHECKED BY OFFICER'S BADGE NUMBER*			REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST <input type="checkbox"/> SUPPLEMENT CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS		

CONFIDENTIALITY NOTICE: This report is intended for authorized users only and may contain confidential and/or privileged material. Any unauthorized review, use, disclosure or distribution is prohibited.
If you are not an authorized user, please contact the ODOT Help Desk immediately.

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (I) SAME AS DRIVER 1		OWNER PHONE: INCLUDE AREACODE (I) SAME AS DRIVER																															
OWNER ADDRESS:	STREET, CITY, STATE, ZIP (I) SAME AS DRIVER																																	
COMMERCIAL CARRIER:	STREET, CITY, STATE, ZIP (I) SAME AS DRIVER		COMMERCIAL CARRIER PHONE: INCLUDE AREACODE																															
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION # □	VEHICLE YEAR 2015	VEHICLE MAKE DODG																														
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR BLU	VEHICLE MODEL 350																														
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME																															
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 1	VEHICLE WEIGHT GVWR/GCWR □ 1 - ≤10k LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.																															
HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		CLASS # PLACARD ID #																																
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UNIT / NON-MOTORIST DIRECTION	
FROM 4	TO 3
1 - NORTH 5 - NORTHEAST 2 - SOUTH 6 - NORTHWEST 3 - EAST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST 9 - OTHER/UNKNOWN	
UNIT SPEED 45	DETECTED SPEED 1 1 - STATED/ESTIMATED SPEED 2 - CALCULATED/EDR 3 - UNDETERMINED
POSTED SPEED 70	

UNIT #	OWNER NAME: LAST, FIRST, MIDDLE (I) SAME AS DRIVER 2		OWNER PHONE: INCLUDE AREACODE (I) SAME AS DRIVER	
OWNER ADDRESS:	STREET, CITY, STATE, ZIP (I) SAME AS DRIVER			
COMMERCIAL CARRIER:	STREET, CITY, STATE, ZIP (I) SAME AS DRIVER		COMMERCIAL CARRIER PHONE: INCLUDE AREACODE	
LP STATE	LICENSE PLATE #	VEHICLE IDENTIFICATION # □	VEHICLE YEAR 2003	VEHICLE MAKE CHEV
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY	INSURANCE POLICY #	COLOR WHI	VEHICLE MODEL LLV
TYPE OF USE <input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	#OCCUPANTS 1	VEHICLE WEIGHT GVWR/GCWR □ 1 - ≤10k LBS. 2 - 10,001 - 26K LBS. 3 - > 26K LBS.	
HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL RELEASED <input type="checkbox"/> PLACARD		CLASS # PLACARD ID #		
4 UNIT TYPE	1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2 WHEELED 8 - MOTORCYCLE 3 WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE(ATV/UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL DRAWN VEHICLE 23 - PEDESTRIAN/SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP			
0 # OF TRAILING UNITS	WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 1 - YES 2 - NO 9 - OTHER/UNKNOWN AUTONOMOUS MODE LEVEL □ 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - OTHER/UNKNOWN			
1 SPECIAL FUNCTION	1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER/UNKNOWN			
1 CARGO BODY TYPE	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN			
VEHICLE DEFECTS	1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER/UNKNOWN			
NON-MOTORIST LOCATION AT IMPACT	1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER/ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER/UNKNOWN			
4 ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING AND STRUCK 9 - OTHER/UNKNOWN 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER/UNKNOWN			
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POSTED SPEED 70	

Document #: 20186079827

Local Report #: 45-0431-45

Motorist/Non-Motorist	UNIT # 1	PERSON TYPE D	NAME: LAST, FIRST, MIDDLE ,		DATE OF BIRTH		AGE 58	GENDER M																																								
	ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE																																										
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME) <input type="checkbox"/>	INJURED TAKEN TO: MEDICAL FACILITY (NAME,CITY) <input type="checkbox"/>	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSTION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1																																						
	OL STATE IN	OPERATOR LICENSE NUMBER		OFFENSE CHARGED 4511.27	LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION RULES GOVERNING OVER		CITATION NUMBER OHP45179105																																								
Motorist/Non-Motorist	OL CLASS 4	ENDORSEMENTS SELECT UP TO 2 <input type="checkbox"/> <input type="checkbox"/>	RESTRICTION: SELECT UP TO 3 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE 1 1		DRUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4 1 1																																						
	UNIT # 2	PERSON TYPE D	NAME: LAST, FIRST, MIDDLE ,		DATE OF BIRTH		AGE 29	GENDER M																																								
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