

LOCAL REPORT # 0 1 1 2 0 0 3 6 1 0

CRASH SEVERITY 2 1 FATAL 3 PDO 2 INJURY 4 UNKNOWN

PRIVATE PROPERTY X IF YES

HIT/SKIP 1 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED

PHOTOS TAKEN X IF YES

OH-2 OH-3 OH-1P OTHER

N.C.I.C. # 0 2 5 0 3

REPORTING AGENCY * DUBLIN DIVISION OF POLICE

UNITS 0 2

UNIT ERROR 0 1

98 = ANIMAL 99 = UNKNOWN

DATE OF CRASH * 1 0 2 4 2 0 1 2

TIME OF CRASH 0 6 5 2

DAY OF WEEK W e d

CITY * VILLAGE * TWP * X

NAME (OF CITY, VILLAGE OR TOWNSHIP) * DUBLIN

COUNTY # * 2 5

LATITUDE LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION N 1270

TYPE LOC 3 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET

LOCAL INFORMATION

D5 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE 07 CORPORATION LIMIT

AT / REFERENCE

DIST REFERENCE 100 F DR N PREFIX US 33 REFERENCE

REF POINT 2

REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2STREETS 03 COUNTY LINE

UNIT # 0 1 # OF OCC 0 1 NAME (LAST, FIRST, MIDDLE) Wilson, Thomas J

Address (STREET, CITY, STATE, ZIP CODE) 2224 1ST AV COLUMBUS, OH 43223

SOCIAL SECURITY NUMBER DATE OF BIRTH 0 7 2 9 1 9 8 5 AGE 2 7 SEX F HOME PHONE # WORK PHONE #

DL STATE DL # OH SP626151 LP STATE LP # OH ESP1686 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") Same Address (STREET, CITY, STATE, ZIP CODE)

YEAR 1 9 9 8 MAKE NISSAN MODEL ALTIMA COLOR GLD/GLD INSURANCE COMPANY None TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION 72.016 TURN & STOP SIGNALS CITATION # 1 5 0 3 9 8 LOCAL CODE? X IF YES

UNIT # 0 2 # OF OCC 0 1 NAME (LAST, FIRST, MIDDLE) Turner, Walter M

Address (STREET, CITY, STATE, ZIP CODE) 409 Main ST West liberty, OH 43357

SOCIAL SECURITY NUMBER DATE OF BIRTH 0 5 1 9 1 9 6 4 AGE 4 8 SEX F HOME PHONE # WORK PHONE #

DL STATE DL # OH RK512170 LP STATE LP # OH FIA2758 INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") Same Address (STREET, CITY, STATE, ZIP CODE)

YEAR 2 0 0 8 MAKE HONDA MODEL ACCORD COLOR GRY/GRY INSURANCE COMPANY Progressive TOWING SERVICE Progressive OWNER PHONE # (937) 935-0629

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? X IF YES

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

Address (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

Address (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

Motorist/Non-Motorist

Occupant

SEATING POSITION 0 1 A 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER/SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILER UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN

SAFETY EQUIPMENT 0 4 A 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN

AIR BAG 1 A 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN

AIR BAG SWITCH 1 A 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN

EJECTED 1 A 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN

TRAPPED 1 A 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN

INJURIES 1 A 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN SUPPLEMENT X IF YES

UNIT NUMBERS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0 1 A</div> <div style="border: 1px solid black; padding: 2px;">0 2 B</div> </div> NON-MOTORIST LOCATION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	DAMAGE AREA <div style="text-align: center;"> Front 09 02 03 08 10 04 07 06 05 Rear </div> <div style="text-align: center;"> Front 09 02 03 08 10 04 07 06 05 Rear </div> MOST DAMAGED AREA <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0 4 A</div> <div style="border: 1px solid black; padding: 2px;">0 9 B</div> </div> 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	PRE-CRASH ACTIONS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0 3 A</div> <div style="border: 1px solid black; padding: 2px;">0 1 B</div> </div> MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	SEQUENCE OF EVENTS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">A</td> <td style="border: 1px solid black; padding: 2px;">B</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">2 0 1</td> <td style="border: 1px solid black; padding: 2px;">2 0 1</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> </table> NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/THEFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNWAY 12 OTHER NON-COLLISION 13 UNKNOWN COLLISION COLLISION W/PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	A	B	2 0 1	2 0 1													POSTED SPEED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">6 5 A</div> <div style="border: 1px solid black; padding: 2px;">6 5 B</div> </div> TRAFFIC CONTROL <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1 2 A</div> <div style="border: 1px solid black; padding: 2px;">1 2 B</div> </div> 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DONT WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 16 OTHER	DRUG TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN DRUG TEST TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1&2 RESULT <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">A</td> <td style="border: 1px solid black; padding: 2px;">B</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">1 2</td> <td style="border: 1px solid black; padding: 2px;">1 2</td> </tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING	A	B	1 2	1 2
A	B																								
2 0 1	2 0 1																								
A	B																								
1 2	1 2																								
TYPE OF UNIT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0 2 A</div> <div style="border: 1px solid black; padding: 2px;">0 3 B</div> </div> MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL/VAN 09 SINGLE UNIT TRUCK, 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK, 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/RIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER NON-MOTORIST 42 UNKNOWN	CONTRIBUTING CIRCUMSTANCES <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0 9 A</div> <div style="border: 1px solid black; padding: 2px;">0 1 B</div> </div> MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	POINT OF IMPACT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0 4 A</div> <div style="border: 1px solid black; padding: 2px;">0 9 B</div> </div> 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	ACTION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">03 A</div> <div style="border: 1px solid black; padding: 2px;">04 B</div> </div> 1 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	FIRST HARMFUL EVENT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01 A</div> <div style="border: 1px solid black; padding: 2px;">01 B</div> </div> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01 A</div> <div style="border: 1px solid black; padding: 2px;">01 B</div> </div> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	CONDITION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1 A</div> <div style="border: 1px solid black; padding: 2px;">1 B</div> </div> 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUED, ETC 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	ALCOHOL/DRUGS SUSPECTED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1 A</div> <div style="border: 1px solid black; padding: 2px;">1 B</div> </div> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HBD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN	TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: center; align-items: center;"> 0 1 </div> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY/ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN	ALCOHOL TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	ROAD CONTOUR <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: center; align-items: center;"> 1 </div> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE	ROAD CONDITIONS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">PRIMARY</td> <td style="border: 1px solid black; padding: 2px;">SECONDARY</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">0 1</td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> </table> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY	PRIMARY	SECONDARY	0 1												
PRIMARY	SECONDARY																								
0 1																									
IN EMERGENCY RESPONSE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> 1 NO 2 YES 3 UNKNOWN	STRIKING VEHICLE: OVERRIDE / UNDERRIDE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1 A</div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> 1 NO UNDERRIDE OR OVERRIDE 2 UNDERRIDE, COMPARTMENT INTRUSION 3 UNDERRIDE, NO COMPARTMENT INTRUSION 4 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE, OTHER VEHICLE 7 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	SPEED DETECTED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1 A</div> <div style="border: 1px solid black; padding: 2px;">1 B</div> </div> 1 STATED 2 ESTIMATED SPEED	ALCOHOL TEST TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;"> </div> </div> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	ALCOHOL TEST RESULT <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> </table>									SPEED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;">5 5 A</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;"> </div> <div style="border: 1px solid black; padding: 2px;">4 5 B</div> </div>	SUPPLEMENT* 'X' IF YES <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: center; align-items: center;"> 0 1 </div>	LOCAL REPORT#* <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">0</div> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">6</div> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">0</div> </div>									

Narrative

UNIT 2 WAS TRAVELING NORTHBOUND ON I270 IN THE FAR RIGHT LANE AFTER HAVING ENTERED FROM US 33. UNIT 1 WAS NORTHBOUND ON I270 PREPARING TO EXIT ONTO US 33 WESTBOUND. THE DRIVER OF UNIT 2 STATES THAT SHE WAS WELL ESTABLISHED IN HER LANE WHEN UNIT 1 STRUCK HER FROM THE LEFT. THE DRIVER OF UNIT 1 STATES THAT SHE WAS IN THE PROCESS OF CHANGING LANES WHEN STRUCK BY UNIT 2. THE DRIVER OF UNIT 1 ADMITS THAT SHE DID NOT SEE UNIT 2 WHO WAS IN HER BLIND SPOT. BASED UPON THE DRIVERS STATEMENTS AND PHYSICAL EVIDENCE THE DRIVER OF UNIT 1 WAS CITED FOR CHANGING LANES WITHOUT SAFETY.

THE DRIVER OF UNIT 1 LEFT THE SCENE BUT PROVIDED THE REQUIRED INFORMATION BEFORE DEPARTING. SHE WAS CONTACTED BY POLICE A SHORT TIME LATER AT HER PLACE OF WORK.

MANNER OF COLLISION OR IMPACT <input type="checkbox"/> 6 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 UNKNOWN		SCHOOL BUS RELATED <input type="checkbox"/> 1 1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN		Diagram 			
WEATHER <input type="checkbox"/> 0 <input type="checkbox"/> 2 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOKE 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN		WORK ZONE RELATED <input type="checkbox"/> 1 1 NO 2 YES 3 UNKNOWN					
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 4 SECONDARY <input type="checkbox"/> 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 GLARE 8 OTHER 9 UNKNOWN		TYPE OF WORK ZONE <input type="checkbox"/> 1 LANE CLOSURE 2 LANE SHIFT/CROSSOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/MOVING WORK 5 OTHER					
		LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA					
		WORKERS PRESENT <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN					

Truck/Bus UNIT # <input type="checkbox"/> <input type="checkbox"/>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARD MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.		THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING: A FATALITY, OR AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.	
	COMPANY (FROM SHIPPING PAPERS) _____		COMPANY PHONE _____	
	ADDRESS (STREET, CITY, ST, ZIP CODE) _____			

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA		
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN/ENCLOSED BOX <input type="checkbox"/> 04 GRAIN/CHIPS/GRAVEL <input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TANK <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN		WEIGHT (GVWR) <input type="checkbox"/> 1 LESS/EQUAL 10,000 <input type="checkbox"/> 2 10,001 - 26,000 <input type="checkbox"/> 3 MORE THAN 26,000		CDL CLASS <input type="checkbox"/> 1 CLASS A <input type="checkbox"/> 2 CLASS B <input type="checkbox"/> 3 CLASS C <input type="checkbox"/> 4 CLASS M <input type="checkbox"/> 5 CLASS D		HAZARDOUS MATERIAL PLACARD <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 UNKNOWN		HAZARDOUS MATERIAL RELEASED <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 YES <input type="checkbox"/> 3 NOT APPLICABLE <input type="checkbox"/> 4 UNKNOWN	

Police Action DATE CRASH REPORTED: 1 0 2 4 2 0 1 2		TIME REC CALL: 0 6 5 2		DISPATCH: 0 7 0 2		ARRIVED: 0 7 1 5		CLEARED: 0 8 1 0		OTHER: 3 5		TOTAL MINUTES: 1 0 3	
OFFICER'S NAME: PO BEAM, DANIEL M				BADGE #:		CHECKED BY: SGT POTTS, GREG A				DATE REPORT FILED: 1 0 2 7 2 0 1 2			
REPORT TAKEN BY: <input type="checkbox"/> 1 1 POLICE AGENCY <input type="checkbox"/> 2 MOTORIST		REPORT TAKEN AT: <input type="checkbox"/> 1 1 SCENE <input type="checkbox"/> 2 STATION <input type="checkbox"/> 3 OTHER		SUPPLEMENT 'X' IF YES: <input type="checkbox"/>		LOCAL REPORT #: 0 1 1 2 0 0 3 6 1 0							

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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

Local report number: 12-3610	Reporting agency: Dublin Division of Police	Date of crash: m 10 d 24 y 12
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For local use only - Do not submit to the state except for fatal crashes

I, (print name) Jacqueline Spillman hereby make the following statement to
(Officer) Beam at (location) I-270 @ US 33

Drivers only: (Fill in passenger information on the back of this form)

What was your approximate speed? 55 mph

Does your vehicle have airbags? Yes / No Did they deploy? Yes / No

Who is your insurance company? None, uninsured

Drivers and passengers providing a statement:

Were you wearing a seatbelt? Yes / No Where were you seated? Driver Seat

Drivers, passengers and witnesses providing a statement:

Home phone number (614) 297-8375 Work phone number (614) 234-1000

What is your date of birth? m 07 d 29 y 1985 What is your current age? 27

In your own words explain what happened (include direction of travel and which lane you were in):

I was trying to get off the 17B exit before missing it. I merged into the right hand lane with a turning signal. I didn't see the car, and was hit on my passenger side. I had to go to work so I left the individual with all my info (except license plate number) and went to work.

(continue on back if necessary)

Were you injured? Yes / No (If yes, describe your injuries:)

Address of witness:

2221 Safford Ave Col, OH. 43223

Signature of witness:

Jacqueline Spillman

Date:

10-24-12

Signature of Officer:

D. Beam #151

Date:

10/24/12

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

Local report number: 12-3610	Reporting agency: Dublin Division of Police	Date of crash: m 10 d 24 y 12
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For local use only - Do not submit to the state except for fatal crashes

I, (print name) Angie Bigler hereby make the following statement to
 (Officer) Beam at (location) 1-270 @ US 33

Drivers only: (Fill in passenger information on the back of this form)

What was your approximate speed? 45-50 mph

Does your vehicle have airbags? Yes / No Did they deploy? Yes / No

Who is your insurance company? Ae Progressiva

Drivers and passengers providing a statement.

Were you wearing a seatbelt? Yes / No Where were you seated? Drivers Seat

Drivers, passengers and witnesses providing a statement.

Home phone number (937) 935-0629 Work phone number (937) 442-5000

What is your date of birth? m May d 19 y 1964 What is your current age? 48

In your own words explain what happened (include direction of travel and which lane you were in):

Driving from West Liberty I had gotten off 33 took
 At 270 Exit was in ^{1st} Right ~~lane~~ lane when car swerved
 over and hit me.

She got out of car and apologized and said she
 could stay and had to leave for work or she would be late.
 I told her I was calling police she needed to stay. She said
 she did not have insurance and she was sure I did and
 I would be taken care of with mine. I encouraged her to stay while
 I was talking to 911. She took off quickly.

(continue on back if necessary)

Were you injured? Yes / No (If yes, describe your injuries:) Neck stiffness

Address of witness: 409 Linden St West Liberty OH 43357

Signature of witness: <u>Angie Bigler</u>	Date: <u>10/24/12</u>	Signature of Officer: <u>D. Beam #151</u>	Date: <u>10/24/12</u>
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