



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

23-0909-23

CRASH SEVERITY

1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

P18102000002188

 PHOTOS TAKEN
 OH-2 OH-1P
 OH-3 OTHER

 PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

 PRIVATE PROPERTY

REPORTING AGENCY NCIC *

OHP23

REPORTING AGENCY NAME *

Ohio State Highway Patrol

NUMBER OF UNITS

2

UNIT IN ERROR

1

98 - ANIMAL
99 - UNKNOWN

COUNTY *

Fairfield

 CITY *
 VILLAGE *
 TOWNSHIP *

CITY, VILLAGE, TOWNSHIP *

Clearcreek

CRASH DATE *

10/20/2018

TIME OF CRASH

1400

DAY OF WEEK

Sat

DEGREES/MINUTES/SECONDS

LATITUDE

39:37:30.10

LONGITUDE

82:44:26.48

DECIMAL DEGREES

LATITUDE

OR

LONGITUDE

ROADWAY DIVISION

 DIVIDED
 UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

 N - NORTHBOUND
 S - SOUTHBOUND
 E - EASTBOUND
 W - WESTBOUND

NUMBER OF THRU LANES

2

ROAD TYPES OR MILEPOST

 AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY
 AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE
 BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE NUMBER

SR

159

LOC PREFIX

N,S,E,W

LOCATION ROAD NAME

LOCATION ROAD TYPE

TYPE

ROUTE TYPES

 IR - INTERSTATE ROUTE (INC. TURNPIKE)
 US - US ROUTE CR - NUMBERED COUNTY ROUTE
 SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE

.2
 MILES
 FEET
 YARDS

DIR FROM REF

S N,S,E,W

REF PREFIX

N,S,E,W

REFERENCE ROUTE NUMBER

6

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

MP

REFERENCE ROAD TYPE

TYPE

REFERENCE POINT USED

 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE NUMBER

CRASH LOCATION

 01 - NOT AN INTERSECTION
 02 - FOUR-WAY INTERSECTION
 03 - T-INTERSECTION
 04 - Y-INTERSECTION
 05 - TRAFFIC CIRCLE/ROUNDBOUNT

06 - FIVE-POINT, OR MORE

 07 - ON RAMP
 08 - OFF RAMP
 09 - CROSSOVER
 10 - DRIVEWAY/ALLEY ACCESS

11 - RAILWAY GRADE CROSSING

 12 - SHARED-USE PATHS OR TRAILS
 99 - UNKNOWN

INTERSECTION RELATED

 INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT

 1 - ON ROADWAY
 2 - ON SHOULDER
 3 - IN MEDIAN
 4 - ON ROADSIDE

5 - ON GORE

 6 - OUTSIDE TRAFFICWAY
 9 - UNKNOWN

6 - OUTSIDE TRAFFICWAY

 9 - UNKNOWN

ROAD CONTOUR

 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL

 4 - CURVE GRADE
 9 - UNKNOWN

ROAD CONDITIONS

 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
 99 - UNKNOWN

 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*
 10 - OTHER
 99 - UNKNOWN

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 10 - OTHER
 99 - UNKNOWN

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*SECONDARY CATEGORIES ONLY

MANNER OF CRASH COLLISION/IMPACT

 1 - NOT COLLISION BETWEEN TWO MOTOR 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

 8 - SIDESWIPE, OPPOSITE DIRECTION
 9 - UNKNOWN

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 9 - UNKNOWN

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 9 - UNKNOWN

ROAD SURFACE

 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK

 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 6 - OTHER

 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 6 - OTHER

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*SECONDARY CATEGORIES ONLY

WORK ZONE RELATED

 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
 LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

TYPE OF WORK ZONE

 1 - LANE CLOSURE
 2 - LANE SHIFT/CROSSOVER
 3 - WORK ON SHOULDER OR MEDIAN

4 - INTERMITTENT OR MOVING WORK

 4 - INTERMITTENT OR MOVING WORK
 5 - OTHER

LOCATION OF CRASH IN WORK ZONE

 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN
 2 - ADVANCE WARNING AREA
 3 - TRANSITION AREA

4 - ACTIVITY AREA

 4 - ACTIVITY AREA
 5 - TERMINATION AREA

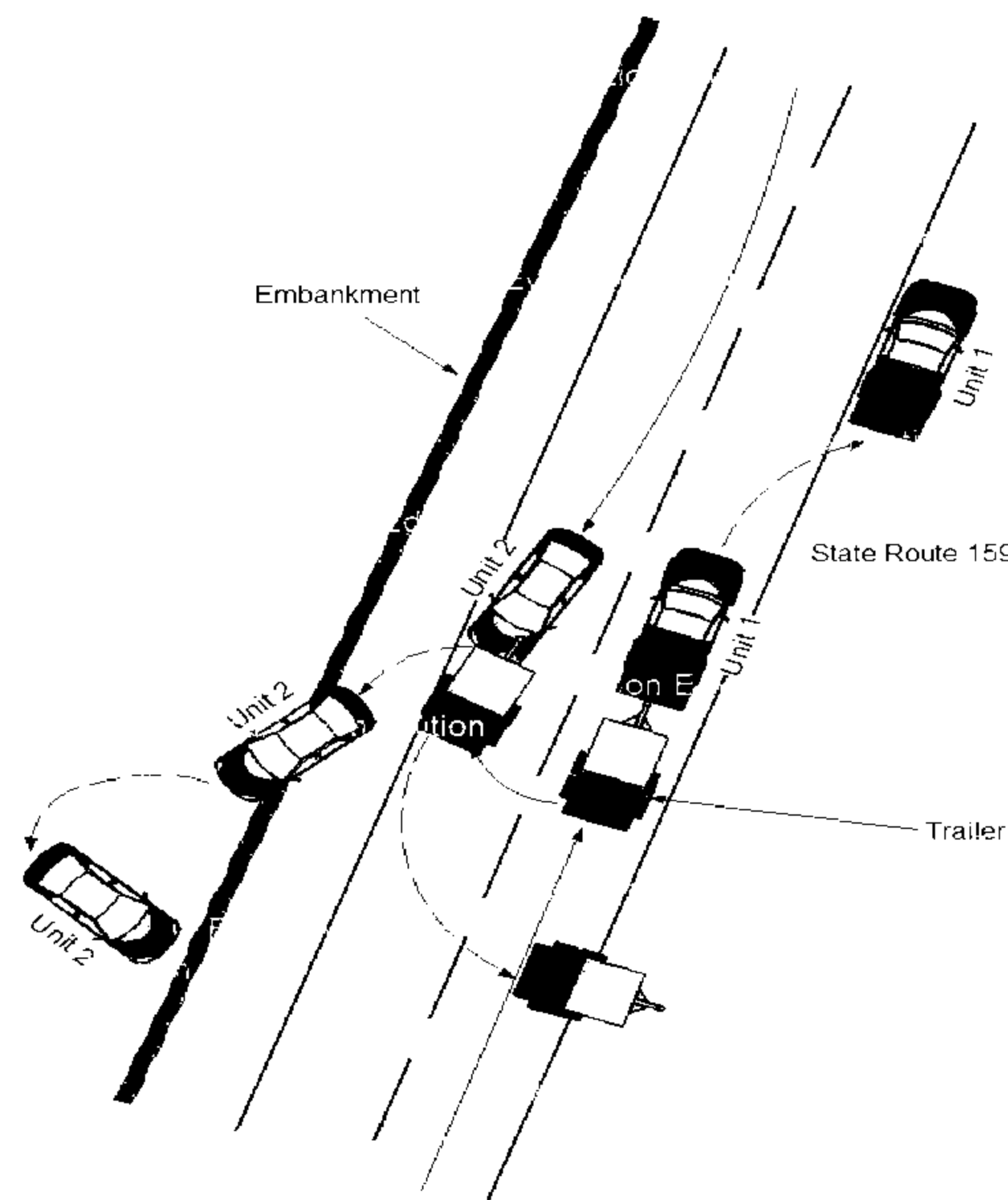
5 - TERMINATION AREA

 5 - TERMINATION AREA

NARRATIVE

Unit 1 was traveling northeast on State Route 159. Unit 2 was traveling southwest on State Route 159. The trailer from Unit 1 unhitched, crossed the center line, and struck Unit 2. Unit 2 drove off the right side of the roadway and struck an embankment.

Easy Street Draw™ - Evaluation Edition



REPORT TAKEN BY

 POLICE AGENCY MOTORIST

 SUPPLEMENT (CORRECTIVE OR ADDITIVE TO AN EXISTING REPORT SENT TO ODPS)

PAE (877) 908-4777

DATE CRASH REPORTED

10/20/2018

TIME CRASH REPORTED

1400

DISPATCH TIME

1400

ARRIVAL TIME

1410

TIME CLEARED

1638

OTHER INVESTIGATION TIME

10

TOTAL MINUTES

168

OFFICER'S NAME*

Holcomb, Tyler

OFFICER'S BADGE NUMBER

1945

CHECKED BY

1836



UNIT

LOCAL REPORT NUMBER

23-0909-23

UNIT NUMBER 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Carver, Keith, W	OWNER PHONE NUMBER 740-497-0234	DAMAGE SCALE 1	DAMAGE AREA FRONT REAR	
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 11317 Dozer Road S.W., Stoutsville, OH, 43154			1 - NONE		
LP STATE OH	LICENSE PLATE NUMBER HNC7425	VEHICLE IDENTIFICATION NUMBER 1FTRX14WX8KE33252	2 - MINOR		
VEHICLE YEAR 2008	VEHICLE MAKE Ford	VEHICLE MODEL F150 Series	3 - FUNCTIONAL		
VEHICLE COLOR GRY	VEHICLE MAKE Ford	VEHICLE MODEL F150 Series	4 - DISABLING		
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Pekin	POLICY NUMBER 00P722451	9 - UNKNOWN		
TOWED BY N/a					
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE	
US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS. <input type="checkbox"/> 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY		
HM PLACARD ID NO.	HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT		
HM CLASS NUMBER					
NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 07 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK/TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS INC DRIVER) 22 - BUS (16+ SEATS INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	
SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 12 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	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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CONTRIBUTING CIRCUMSTANCES PRIMARY 19 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS 08 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 ACCIDENT 11 - OTHER DEFECTS		
SEQUENCE OF EVENTS 1 05 2 11 3 20 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 3 MOST HARMFUL EVENT 3 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	06 - EQUIPMENT FAILURE (BLEW TYRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION		
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT		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 - PORTABLE BARRIER			
UNIT SPEED 45	POSTED SPEED 55	TRAFFIC CONTROL 12 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 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS		
UNIT DIRECTION FROM 8 TO 5		13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED			
<input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST			
		5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN			



UNIT

LOCAL REPORT NUMBER

23-0909-23

UNIT NUMBER 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Bynum, Robert, T	OWNER PHONE NUMBER 740-654-1042	DAMAGE SCALE 4	DAMAGE AREA FRONT REAR
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 2946 Mountview Driver, Lancaster, OH, 43130			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE OH	LICENSE PLATE NUMBER GPZ2094	VEHICLE IDENTIFICATION NUMBER KMHDN46DX4U846067	# OCCUPANTS 2	
VEHICLE YEAR 2004	VEHICLE MAKE Hyundai	VEHICLE MODEL Elantra	VEHICLE COLOR SIL	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY FRA Not Shown	POLICY NUMBER	TOWED BY A & L Towing	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE
US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS. <input type="checkbox"/> 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT	
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CONTRIBUTING CIRCUMSTANCES PRIMARY 01 MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD NON-MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION		VEHICLE DEFECTS <input type="checkbox"/> 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 ACCIDENT 11 - OTHER DEFECTS		
SEQUENCE OF EVENTS 1 23 2 08 3 45 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLEW TYRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE 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 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT		
UNIT SPEED <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED 55	TRAFFIC CONTROL 12 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 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 5 TO 8 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

23-0909-23

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Carver, Keith, W	DATE OF BIRTH 08/05/1962	AGE 56	GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 11317 Dozer Road S.W., Stoutsville, OH, 43154	CONTACT PHONE - INCLUDE AREA CODE 740-497-0234
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INJURIES <input checked="" type="checkbox"/> 1	INJURED TAKEN BY <input checked="" type="checkbox"/> 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input checked="" type="checkbox"/> 01	AIR BAG USAGE <input checked="" type="checkbox"/> 1	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 1
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OL STATE OH	OPERATOR LICENSE NUMBER	OL CLASS <input checked="" type="checkbox"/> 4	No <input type="checkbox"/> VALID DL	M/C <input type="checkbox"/> END	CONDITION <input checked="" type="checkbox"/> 1	ALCOHOL/DRUG SUSPECTED <input checked="" type="checkbox"/> 1	ALCOHOL TEST STATUS <input checked="" type="checkbox"/> 5	ALCOHOL TEST TYPE <input checked="" type="checkbox"/> 3	ALCOHOL TEST VALUE	DRUG TEST STATUS 5	DRUG TEST TYPE 3
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input checked="" type="checkbox"/> 1 <input type="checkbox"/>
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UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Bynum, Judy, A	DATE OF BIRTH 10/16/1954	AGE 64	GENDER <input checked="" type="checkbox"/> F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2946 Mountainview Drive, Lancaster, OH, 43130	CONTACT PHONE - INCLUDE AREA CODE 740-654-1042
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INJURIES <input checked="" type="checkbox"/> 5	INJURED TAKEN BY <input checked="" type="checkbox"/> 4	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input checked="" type="checkbox"/> 01	AIR BAG USAGE <input checked="" type="checkbox"/> 2	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 2
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OL STATE OH	OPERATOR LICENSE NUMBER	OL CLASS <input checked="" type="checkbox"/> 4	No <input type="checkbox"/> VALID DL	M/C <input type="checkbox"/> END	CONDITION <input checked="" type="checkbox"/> 1	ALCOHOL/DRUG SUSPECTED <input checked="" type="checkbox"/> 1	ALCOHOL TEST STATUS <input checked="" type="checkbox"/> 1	ALCOHOL TEST TYPE <input checked="" type="checkbox"/> 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input checked="" type="checkbox"/> 1 <input type="checkbox"/>
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	ALCOHOL/DRUG SUSPECTED 5 - FELL ASLEEP, FAINTED, FATIGUE 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING / EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Jago, Cathi, J	DATE OF BIRTH 05/11/1961	AGE 57	GENDER <input checked="" type="checkbox"/> F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 11317 Dozer Road S.W., Stoutsville, OH, 43154	CONTACT PHONE - INCLUDE AREA CODE 614-205-2379
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INJURIES <input checked="" type="checkbox"/> 1	INJURED TAKEN BY <input checked="" type="checkbox"/> 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input checked="" type="checkbox"/> 03	AIR BAG USAGE <input checked="" type="checkbox"/> 1	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 1
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UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Bynum, Robert, T	DATE OF BIRTH 01/15/1953	AGE 65	GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2946 Mountview Drive, Lancaster, OH, 43130	CONTACT PHONE - INCLUDE AREA CODE 740-654-1042
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INJURIES <input checked="" type="checkbox"/> 4	INJURED TAKEN BY <input checked="" type="checkbox"/> 2	EMS AGENCY Air Evac	MEDICAL FACILITY INJURED TAKEN TO Mount Carmel East	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input checked="" type="checkbox"/> 03	AIR BAG USAGE <input checked="" type="checkbox"/> 2	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 1
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
23-0909-23

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE Stapleton, Mark,	DATE OF BIRTH 11/08/1982	AGE 36	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP 1000 West Market Street, Baltimore, OH, 43105	CONTACT PHONE - INCLUDE AREA CODE 614-598-4241
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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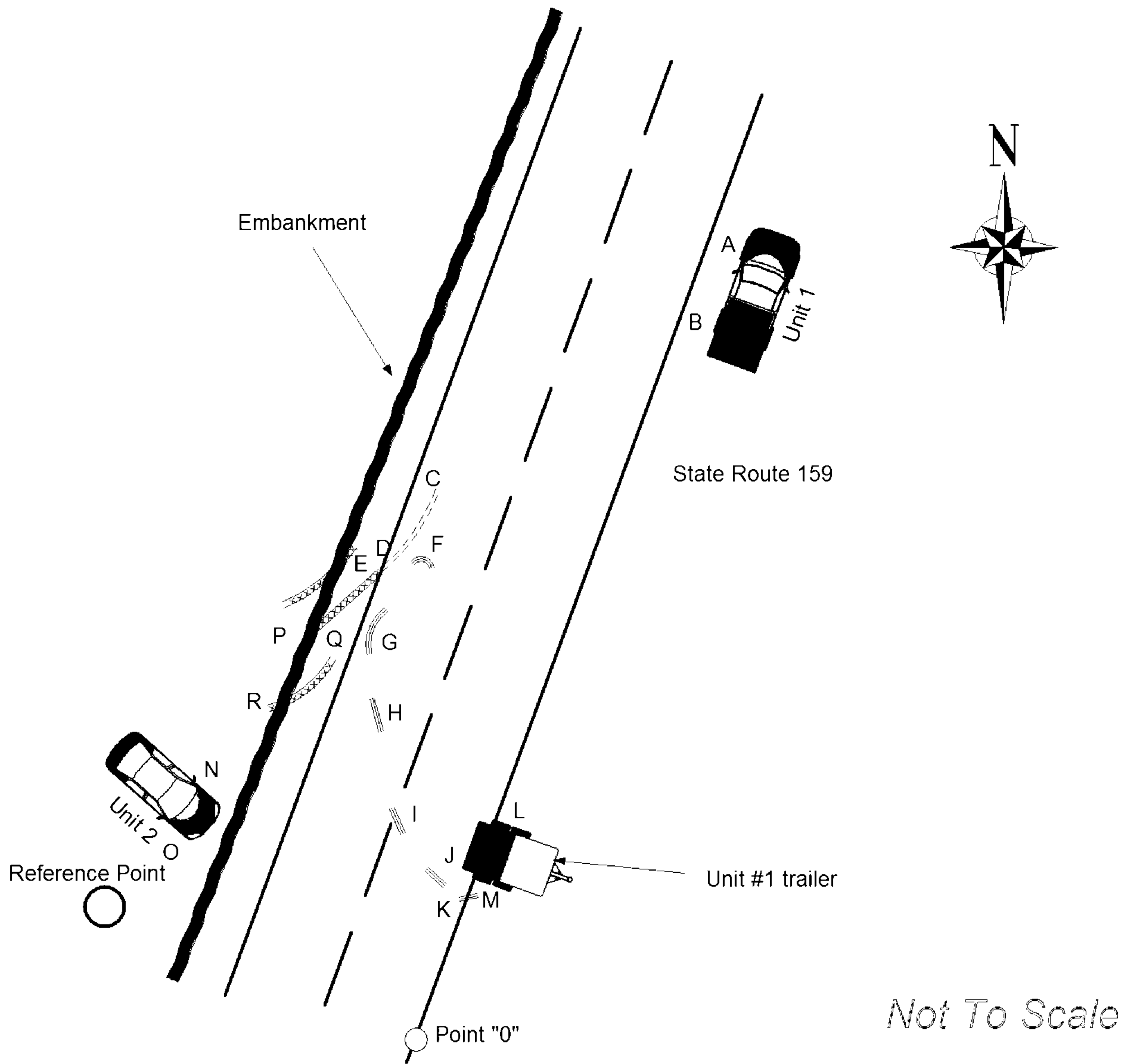
ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USE 99 - UNKNOWN SAFETY EQUIPMENT <table style="width:100%; border:none;"> <tr> <td style="width:33%; border:none;"> MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED </td> <td style="width:33%; border:none;"> NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED </td> <td style="width:33%; border:none;"> 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER </td> </tr> </table>	MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED	NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER
MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED	NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER			

SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK)	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
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LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	REPORTING AGENCY 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	



OFFICERS SIGNATURE	BADGE NO. 1945
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LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	

Vehicle Damage Analysis: Submitted by Trooper R. J. Wilson, U-1629

Unit 1: No damage.

Unit 1 Trailer:

The trailer has a significant amount of paint transfer to the left front corner and tongue. The trailer is equipped with a two inch ball type hitch with a flip cam that secures to the ball. The safety lock had been removed and the threads where it was located was rusted and decayed. The safety chains did not have hooks and appear not to have been used. The driver stated he used a removable threaded link to secure a safety chain. I located a grossly deformed threaded link approximately 100 feet south of the crash scene on the west berm. The hitch was deformed as a result of the crash. The hook still had the warning tag on it stating; "DO NOT USE FOR OVERHEAD LIFTING OR WHERE SAFETY IS A PROTOCOL. DO NOT USE TO SUPPORT THE WEIGHT OF A HUMAN." Size 0508-1/4"

The trailer weighs 1500 pounds and is not required to have a braking system until it exceeds 2000 pounds loaded.

This trailer was clearly in NO condition to be operated without the necessary locking system and safety chains.

Unit 2:

Contact damage to the left front bumper, hood, fender and entire left side from impact with the trailer. The left front wheel was displaced as a result of the crash. There is a distinct pattern impression from the left upright support from the guard rail of the trailer. There is also an impression from the left front tie down hook of the trailer. The tongue and hitch portion of the trailer pierced the lower left bottom rail of the vehicle.

Scaled photos were taken of the contact areas of both vehicles.

Unit 1 trailer information

License - SUJ7739, black 1983 Homemade trailer

No VIN

Owner - Amy L. Cooper

712 Maplewood Avenue Circleville, Ohio 43113

740-571-2409

Officer Narrative:

On October 20th, 2018 at approximately 1400 hours, Sergeant T. K. Bullock and I were dispatched to a two vehicle injury crash with entrapment on State Route 159 near milepost 6. Trooper N. D. Mathias was later dispatched to assist with the crash investigation.

Upon arrival I observed a silver Hyundai Elantra with heavy front end and left side damage off the west side of the roadway on an embankment. I also observed an older trailer that was heavily damaged on the east side of the roadway. Emergency personnel were in the process of mechanically extricating the driver of Unit 2, Judy Bynum, who was later pronounced deceased on scene.

A statement was obtained by a witness, Mark Stapleton, that was following Unit 1 prior to the crash. He stated that Unit 1's trailer became loose from the ball hitch and went left of center and struck Unit 2. He was asked how long he was following the vehicle and he stated approximately one mile. While following Unit 1 he noticed the trailer was wobbling and got progressively worse as the vehicle continued northbound. When the witness initially got behind the vehicle he immediately noticed it was wobbling slightly. He further stated that the trailer went from wobbling to weaving side to side. The witness then stated he thought the pickup truck was avoiding something in the roadway because of the weaving. The witness decreased his speed to put distance between them and that's when the trailer separated from the ball hitch. The witness was asked if he noticed any safety chains connected to the trailer. He said no he didn't believe there was. He stated he had been behind pickup trucks pulling trailers before and he would notice the chains dangling in between the rear bumper and trailer. In this case he did not see them. The trailer swayed back and forth heavily and "popped" off the ball hitch. The witness stated he could hear the separation of the ball hitch from the tongue of the trailer with a distinct "popping" noise. The swaying and wobbling occurred while the trailer was still attached to the vehicle. The trailer never swayed left of center while still attached. The witness was then asked if he noticed any brake lights being applied from the pickup

OFFICERS SIGNATURE	BADGE NO. 1945
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LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	
<p>truck while this swaying occurred. He stated he did not see the truck show any signs of slowing down or the driver reacting to the swaying or wobbling. The witness advised he was traveling around 55 mph and he came up on the pickup truck and trailer quickly and his speed decreased below the speed limit while behind them. After impact the pickup truck pulled over and the driver exited the vehicle. The witness recalled the driver of the pickup truck saying, "that damn piece of shit trailer" while shaking his head back and forth. He then walked over to the passenger and told her what happened. The passenger began to scream and cry after realizing what occurred.</p> <p>There was a distinct amount of damage on the roadway. Deep gouge marks could be seen on the southbound lane going into the northbound lane. There was one deep gouge impact mark and several gouges from the tongue of the trailer as it rotated counter clockwise to final rest. A skidmark can be seen starting on the southbound lane from Unit 2 and going off of the right side of the roadway. Unit 2 struck an embankment before coming to final rest. Roadway evidence suggested Unit 2 attempted to swerve to the right and brake to avoid the trailer but was unsuccessful. Air Evac responded to the scene and transported the passenger of Unit 2, Robert Bynum, to Mount Carmel Hospital in Columbus. Unit 1 driver, Keith Carver, provided a voluntary statement and stated as he and his passenger were traveling northbound on State Route 159 he heard a loud "bang" and observed the trailer come loose off the pickup truck. He applied his brakes and heard another loud "bang" before pulling over and stopping. The driver answered a series of questions and stated he drives a truck and trailer frequently and is familiar with the operation and setup. The trailer he used was a friends he was borrowing and it was his first time using it. I asked him how he connected the trailer. He stated he backed up to the trailer, attached the tongue to the ball and put on the safety chains. He did not connect the wiring because there was no wiring to the trailer. The chain he used had a clasp on one end that connected to the trailer chain. The left side he connected another clasp from the chain on the pickup to the trailer. He was then asked how he connected the tongue to the ball and how it fit. He stated it was snug, he pulled up and down and it didn't budge. He stated he checked the mirrors every couple of minutes while driving.</p> <p>On October 22nd, 2018 I spoke with the passenger of Unit 2, Robert Bynum. He provided a voluntary statement. He stated as him and his wife were traveling southbound on State Route 159 they observed a pickup truck pulling a trailer traveling northbound. They then saw the trailer come loose and travel into their lane. He stated his wife had no time to react and they were struck by the trailer. He stated the driver attempted to brake and swerve to the right but did not have enough time to successfully do so. Contact was also made with the registered owner of the trailer and license plate. The owner of the trailer stated he was given the license plate from his son-in-law to use on his trailer. The son-in law left the trailer at Cathi Jago's house (Passenger in Unit 1). The trailer contained fencing and was left there for them to unload. Once they were finished unloading the trailer they were to call and have the owner pick up the trailer. Neither the driver or passenger of Unit 1 had permission or were told whether they could or couldn't use the trailer. The trailer was left there one month prior to the crash. The owner of the trailer stated that the electrical connection did not work and there was only one safety chain hanging down with one S hook. I asked him what size ball hitch it accepted and he told me a 2 inch ball hitch and the tires were in average condition with weather cracking. He said no cord was exposed on any of the tires when he last used the trailer.</p> <p>It is worth noting the tires on the trailer had low tread and the left rear tire had cord exposed. The ball hitch used to hall the trailer was 1 7/8". A & L Towing recovered the Hyundai Elantra and Homemade Trailer from the scene. The driver of Unit 1 provided a voluntary urine sample at the Lancaster Highway Patrol Post and toxicology results will be supplemented. The Fairfield County Coroner will conduct an autopsy report and provide.</p> <p>Weather:</p> <p>The weather report was received from the National Weather Service.</p> <p>Temperature: 58 Degrees F</p> <p>Dew Point: 46</p> <p>Pressure: 29.82</p> <p>Wind: 16 MPH W to SW</p> <p>Humidity: 63%</p> <p>UV Index: 1</p> <p>Cloud Cover: 79%</p> <p>Ceiling: 4345 Ft.</p>		
OFFICERS SIGNATURE		BADGE NO. 1945

LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	
<p>Visibility: 8 MI.</p> <p>Personnel On Scene:</p> <p>Ohio State Highway Patrol:</p> <p>Sergeant T. K. Bullock, U-1021 - On scene supervisor. Assisted with photos and administrative inventories.</p> <p>Trooper N. D. Mathias, U-1996 - Assisted with photos, field sketch and administrative inventories.</p> <p>Clearcreek Township Fire:</p> <p>Rescue 513</p> <p>Medic 512</p> <p>Medic 511</p> <p>Hocking Township Fire:</p> <p>Medic 652</p> <p>Chief 651</p> <p>Medic 651</p> <p>Chief 650</p> <p>Amanda Fire Department:</p> <p>Rescue 521</p> <p>Medic 521</p> <p>G522</p> <p>AirEvac Lifeteam W327AE</p> <p>Transported the passenger of Unit 2, Robert Bynum, to Mount Carmel East.</p> <p>A & L Towing:</p> <p>Recovered the Hyundai Elantra and 1983 Homemade Trailer from the scene. Both vehicles are being temporarily held for further investigation.</p> <p>Fairfield County Coroner Investigator Mark Remington.</p> <p>Timeline Of Events:</p> <p>Reports are compiled from the Fairfield County Sheriff's Office and the State Highway Patrol.</p> <p>1358 - The Fairfield County Sheriff's Office receives a call of a two vehicle head on injury crash with entrapment on State Route 159.</p> <p>1359 - Clearcreek Township Medic 511, Medic 512 and Rescue 513 are dispatched to the scene.</p> <p>1400 - The Fairfield County Sheriff's Office contacts the State Highway Patrol Lancaster Post and requests assistance.</p> <p>1401 - Trooper T. M. Holcomb, U-1945, dispatched to the scene.</p> <p>1404 - Sergeant T. K. Bullock, U-1021, dispatched to the scene.</p>		
OFFICERS SIGNATURE		BADGE NO. 1945

LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	
<p>1404 - Hocking Township Medic 652 enroute to the scene.</p> <p>1404 - Amanda Fire Department Medic 521 enroute to the scene.</p> <p>1404 - Amanda Fire Department Rescue 521 enroute to the scene.</p> <p>1405 - Hocking Township Fire Chief 651 dispatched to the scene.</p> <p>1405 - Hocking Township Fire Chief 651 enroute to the scene.</p> <p>1407 - Clearcreek Township Fire Medic 511 enroute.</p> <p>1408 - Clearcreek Township Fire Rescue 513 enroute.</p> <p>1408 - Hocking Township Fire Medic 652 arrived on scene.</p> <p>1408 - Amanda Fire Department Medic 521 on scene.</p> <p>1409 - Hocking Township Fire Chief 651 arrives on scene.</p> <p>1410 - Trooper T. M. Holcomb, U-1945, arrives on scene.</p> <p>1410 - Hocking Township Fire Chief 650 dispatched to the scene.</p> <p>1410 - Hocking Township Fire Chief 650 enroute to the scene.</p> <p>1414 - Clearcreek Township Fire Medic 511 on scene.</p> <p>1414 - Clearcreek Township Fire Rescue 513 on scene.</p> <p>1415 - Sergeant T. K. Bullock, U-1021, arrives on scene.</p> <p>1415 - Air Evac enroute to the scene.</p> <p>1416 - Hocking Township Fire Chief 650 arrives on scene.</p> <p>1421 - Fairfield County Sheriffs Office was advised by EMS personnel over the radio of confirmed fatality.</p> <p>1422 - State Highway Patrol was advised by EMS personnel on scene of confirmed fatality.</p> <p>1428 - Trooper N. D. Mathias, U-1996, dispatched to the scene.</p> <p>1430 - Air Evac arrived on scene.</p> <p>1437 - Trooper N. D. Mathias, U-1996, arrives on scene.</p> <p>1437 - Coroner contacted to respond to the scene.</p> <p>1438 - Coroner Mark Remington enroute to the scene.</p> <p>1443 - Next of kin, Robert Bynum, notified by EMS personnel on scene.</p> <p>1451 - AirEvac enroute to Mount Carmel East Hospital.</p> <p>1452 - Columbus District Duty Officer notified by Sergeant T. K. Bullock U-1021.</p> <p>1459 - Hocking Township Chief 651 cleared the scene</p> <p>1500 - Clearcreek Township Fire Medic 512 cleared the scene.</p> <p>1502 - Clearcreek Township Fire Medic 511 cleared the scene.</p>		
OFFICERS SIGNATURE	BADGE NO. 1945	

LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	
<p>1502 - Amanda Fire Department Medic 521 cleared the scene.</p> <p>1502 - Amanda Fire Department Rescue 521 cleared the scene.</p> <p>1502 - Hocking Township Fire Chief 650 cleared the scene.</p> <p>1505 - Amanda Fire Department G522 dispatched to the scene.</p> <p>1505 - Amanda Fire Department G522 enroute to the scene.</p> <p>1506 - A & L Towing and Recovery enroute for the Hyundai and trailer.</p> <p>1510 - Amanda Fire Department G522 on scene.</p> <p>1523 - Hocking Township Fire Medic 652 cleared the scene.</p> <p>1523 - Hocking Township Fire Medic 651 cleared the scene.</p> <p>1533 - A & L Towing and Recovery arrived on scene.</p> <p>1601 - Trooper T. M. Holcomb, U-1945, enroute with the driver of Unit 1 to the Lancaster Highway Patrol Post for a voluntary urine sample.</p> <p>1603 - AirEvac arrived at Mount Carmel.</p> <p>1611 - Clearcreek Township Fire Rescue 513 cleared the scene.</p> <p>1613 - Trooper T. M. Holcomb, U-1945, arrives at the Lancaster Highway Patrol Post for a voluntary urine sample.</p> <p>1616 - Amanda Fire Department G522 cleared the scene.</p> <p>1623 - Trooper T. M. Holcomb, U-1945, obtains a voluntary urine sample from Unit 1 driver.</p> <p>1626 - Sergeant T. K. Bullock, U-1021, cleared the scene.</p> <p>1634 - A & L Towing and Recovery cleared the scene.</p> <p>1638 - Trooper N. D. Mathias, U-1996, cleared the scene.</p> <p>1904 - Trooper T. M. Holcomb, U-1945, cleared the incident.</p> <p>Vehicle Tire Analysis:</p> <p>Unit 1 - Front tires were make and model, 2357517 Hankook Dynapro A/T. The rear tires were make and model, LT2457517 BF Goodrich Rugged Trail T/A. The front tires showed good tread depth and were in good condition. The rear tires did not have sufficient tread depth and were not in good condition. The following measurements were taken by Trooper N. D. Mathias. The measurements expressed were taken of tread depth from the inside of the tire, center and outside of the tire.</p> <p>Tread Depth</p> <p>Right front - 12/32, 12/32, and 12/32.</p> <p>Left front - 12/32, 12/32, and 12/32.</p> <p>Right rear - 3/32, 3/32, and 3/32.</p> <p>Left rear - 3/32, 3/32, and 3/32.</p> <p>Unit 2 - All tires were make and model, Goodyear Viva 3AS. All four tires were in fair condition. The following measurements were taken by Trooper N. D. Mathias in the same manner as Unit 1.</p> <p>Tread Depth</p>		
OFFICERS SIGNATURE	BADGE NO. 1945	

LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	
<p>Right front - 7/32, 7/32, and 7/32.</p> <p>Right rear - 7/32, 7/32, and 7/32.</p> <p>Left front - 7/32, 7/32, and 7/32.</p> <p>Left rear - 7/32, 7/32, and 7/32.</p> <p>Unit 1 trailer - All tires were make and model, Goodyear Highlander, 8x14 1/2. The following measurements were taken by Trooper N. D. Mathias. The right rear tire had severe weather cracking and low tread. The left rear tire had the cord exposed and had no tire tread.</p> <p>Left front 4/32</p> <p>Left rear 0/32</p> <p>Right rear 11/32</p> <p>Right front 1/32</p> <p>Additional Reports:</p> <p>An autopsy and toxicology report will be completed by the Licking County Coroner's Office. A crash reconstruction report will be completed by the Ohio State Highway Patrol and will be available.</p> <p>*The speed of Unit 2 was left blank at the time of reporting. It will be supplemented upon completion of the crash reconstruction report.</p> <p>*Injured transported by "other" for the driver of Unit 1. The driver was transported by funeral home services contacted by the on scene Coroner Investigator.</p> <p>Reports To Be Supplemented:</p> <p>A voluntary urine sample was provided by the driver of Unit 1 and submitted to the Ohio State Highway Patrol Crime Lab for analysis. Results will be supplemented to this report when available.</p> <p>Upon the collection of all available evidence potential charges will be presented to the Fairfield County Common Pleas prosecutor for review.</p> <p>Field Diagram:</p> <p>Reference Point: Utility Pole #: 140323</p> <p>Reference Point - Point "0": 42.6</p> <p>Width of State Route 159: 24.2</p> <p>Units are expressed in feet-inches.</p> <p>Measurements were obtained using a wheel tape.</p> <p>The road composition was clear dry asphalt.</p> <p>Unit #1 is depicted at controlled final rest.</p>		
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TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

23-0909-23

CRASH SEVERITY

1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

P18102000002188

 PHOTOS TAKEN
 OH -2 OH -1P
 OH -3 OTHER

 PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

 PRIVATE PROPERTY

REPORTING AGENCY NCIC *

OHP23

REPORTING AGENCY NAME *

Ohio State Highway Patrol

NUMBER OF UNITS

2

UNIT IN ERROR

1

98 - ANIMAL
99 - UNKNOWN

COUNTY *

Fairfield

 CITY *
 VILLAGE*
 TOWNSHIP *

CITY, VILLAGE, TOWNSHIP *

Clearcreek

CRASH DATE *

10/20/2018

TIME OF CRASH

1400

DAY OF WEEK

SAT

DEGREES/MINUTES/SECONDS

LATITUDE

39:37:30.10

LONGITUDE

82:44:26.48

DECIMAL DEGREES

O

R

LATITUDE

LONGITUDE

ROADWAY DIVISION

 DIVIDED
 UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

 N - NORTHBOUND
 S - SOUTHBOUND
 E - EASTBOUND
 W - WESTBOUND

NUMBER OF THRU LANES

2

ROAD TYPES OR MILEPOST

 AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY
 AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE
 BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE NUMBER

SR

159

LOC PREFIX

 N,S,
 E,W

LOCATION ROAD NAME

LOCATION ROAD TYPE

 ROAD TYPE

ROUTE TYPES

 IR - INTERSTATE ROUTE (INC. TURNPIKE)
 US - US ROUTE CR - NUMBERED COUNTY ROUTE
 SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE

0.20

DIR FROM REF

 N,S,
 E,W

REF PREFIX

 N,S,
 E,W

REFERENCE ROUTE NUMBER

6

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

6

REFERENCE ROAD TYPE

MP

REFERENCE POINT USED

 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE NUMBER

CRASH LOCATION

 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/ ALLEY ACCESS

11 - RAILWAY GRADE CROSSING

 12 - SHARED-USE PATHS OR TRAILS
 99 - UNKNOWN

 INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT

 1 - ON ROADWAY
 2 - ON SHOULDER
 3 - IN MEDIAN
 4 - ON ROADSIDE

5 - ON GORE

 6 - OUTSIDE TRAFFICWAY
 9 - UNKNOWN

ROAD CONTOUR

 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL

 4 - CURVE GRADE
 9 - UNKNOWN

ROAD CONDITIONS

 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
 99 - UNKNOWN

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 10 - OTHER
 99 - UNKNOWN

*SECONDARY CATEGORIES ONLY

MANNER OF CRASH COLLISION/IMPACT

 1 - NOT COLLISION BETWEEN TWO MOTOR 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

 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 - OTHER/UNKNOWN

ROAD SURFACE

 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK

 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 6 - OTHER

LIGHT CONDITIONS

 1 - DAYLIGHT
 2 - DAWN
 3 - DUSK
 4 - DARK - LIGHTED ROADWAY

 5 - DARK - ROADWAY NOT LIGHTED
 6 - DARK - UNKNOWN ROADWAY LIGHTING
 7 - GLARE*
 8 - OTHER

 9 - UNKNOWN

 SCHOOL ZONE RELATED

SCHOOL BUS RELATED

 YES, SCHOOL BUS DIRECTLY INVOLVED
 YES, SCHOOL BUS INDIRECTLY INVOLVED

 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN
 2 - ADVANCE WARNING AREA
 3 - TRANSITION AREA

 4 - ACTIVITY AREA
 5 - TERMINATION AREA

 1 - LANE CLOSURE
 2 - LANE SHIFT/ CROSSOVER
 3 - WORK ON SHOULDER OR MEDIAN

 4 - INTERMITTENT OR MOVING WORK
 5 - OTHER

WORK ZONE RELATED

 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
 LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

TYPE OF WORK ZONE

 1 - LANE CLOSURE
 2 - LANE SHIFT/ CROSSOVER
 3 - WORK ON SHOULDER OR MEDIAN

LOCATION OF CRASH IN WORK ZONE

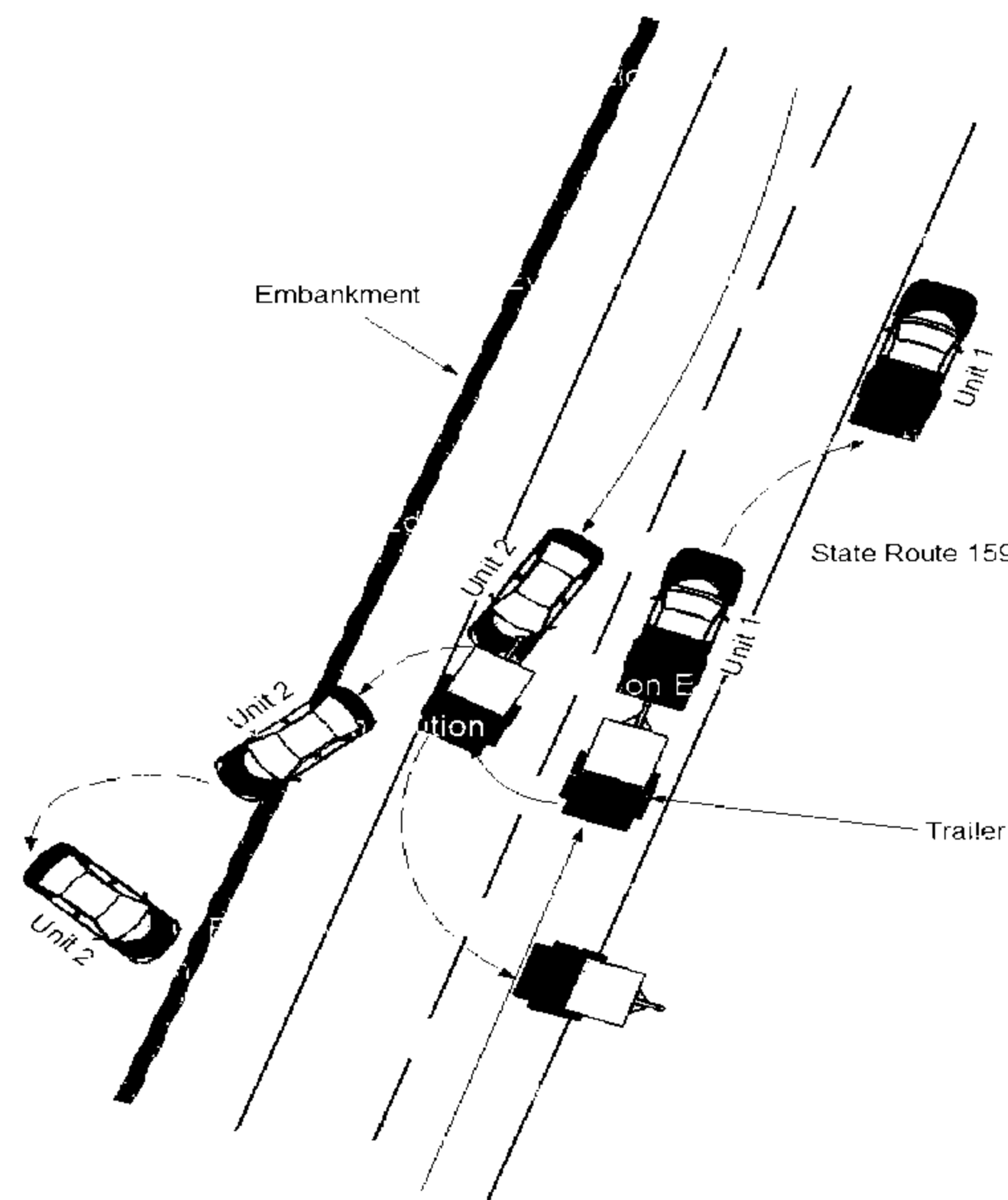
 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN
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NARRATIVE

Unit 1 was traveling northeast on State Route 159. Unit 2 was traveling southwest on State Route 159. The trailer from Unit 1 unhitched, crossed the center line, and struck Unit 2. Unit 2 drove off the right side of the roadway and struck an embankment.

Easy Street Draw™ - Evaluation Edition



REPORT TAKEN BY

 POLICE AGENCY MOTORIST

SUPPLEMENT (CORRECTIVE OR ADDITIVE TO AN EXISTING REPORT SENT TO ODPS)

 SUPPLEMENT (CORRECTIVE OR ADDITIVE TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED

10/20/2018

TIME CRASH REPORTED

1400

DISPATCH TIME

1400

ARRIVAL TIME

1410

TIME CLEARED

1638

OTHER INVESTIGATION TIME

10

TOTAL MINUTES

168

OFFICER'S NAME*

Holcomb, Tyler

OFFICER'S BADGE NUMBER

1945

CHECKED BY

1836

PAE (877) 908-4777



UNIT

LOCAL REPORT NUMBER

23-0909-23

UNIT NUMBER 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Carver, Keith, W	OWNER PHONE NUMBER 740-497-0234	DAMAGE SCALE 1	DAMAGE AREA FRONT REAR	
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 11317 Dozer Road S.W., Stoutsville, OH, 43154			1 - NONE		
LP STATE OH	LICENSE PLATE NUMBER HNC7425	VEHICLE IDENTIFICATION NUMBER 1FTRX14WX8KE33252	2 - MINOR		
VEHICLE YEAR 2008	VEHICLE MAKE Ford	VEHICLE MODEL F150 Series	3 - FUNCTIONAL		
VEHICLE COLOR GRY	VEHICLE MAKE Ford	VEHICLE MODEL F150 Series	4 - DISABLING		
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Pekin	POLICY NUMBER 00P722451	9 - UNKNOWN		
TOWED BY N/a					
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE	
US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS. <input type="checkbox"/> 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY		
HM PLACARD ID NO.	HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT		
HM CLASS NUMBER					
NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 07 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK/TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS INC DRIVER) 22 - BUS (16+ SEATS INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	
SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 12 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	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
PRE-CRASH ACTIONS 01 MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER NON-MOTORIST ACTION	
CONTRIBUTING CIRCUMSTANCES PRIMARY 19 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS 08 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 ACCIDENT 11 - OTHER DEFECTS		
SEQUENCE OF EVENTS 1 05 2 11 3 20 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 3 MOST HARMFUL EVENT 3 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	06 - EQUIPMENT FAILURE (BLEW TYRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION		
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT		COLLISION WITH FIXED, OBJECT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE 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 - PORTABLE BARRIER		33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT	
UNIT SPEED 45	POSTED SPEED 55	TRAFFIC CONTROL 12 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 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 8 TO 5 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	



UNIT

LOCAL REPORT NUMBER

23-0909-23

UNIT NUMBER 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Bynum, Robert, T	OWNER PHONE NUMBER 740-654-1042	DAMAGE SCALE 4	DAMAGE AREA FRONT REAR	
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 2946 Mountview Driver, Lancaster, OH, 43130			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN		
LP STATE OH	LICENSE PLATE NUMBER GPZ2094	VEHICLE IDENTIFICATION NUMBER KMHDN46DX4U846067	# OCCUPANTS 2		
VEHICLE YEAR 2004	VEHICLE MAKE Hyundai	VEHICLE MODEL Elantra	VEHICLE COLOR SIL		
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY FRA Not Shown	POLICY NUMBER	TOWED BY A & L Towing		
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE	
US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS. <input type="checkbox"/> 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT		
HM PLACARD ID NO.	HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED				
HM CLASS NUMBER					
NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 02 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK/TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS INC DRIVER) 22 - BUS (16+ SEATS INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	<input type="checkbox"/> HAS HM PLACARD		
SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 02 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	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
PRE-CRASH ACTIONS 01 99 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER NON-MOTORIST ACTION	
CONTRIBUTING CIRCUMSTANCES PRIMARY 01 SECONDARY <input type="checkbox"/> 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/> 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 ACCIDENT 11 - OTHER DEFECTS		
SEQUENCE OF EVENTS 1 23 2 08 3 45 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLEW TYRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE 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 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT			
UNIT SPEED <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED 55	TRAFFIC CONTROL 12 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 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 5 TO 8 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN		



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

23-0909-23

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Carver, Keith, W	DATE OF BIRTH 08/05/1962	AGE 56	GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 11317 Dozer Road S.W., Stoutsville, OH, 43154	CONTACT PHONE - INCLUDE AREA CODE 740-497-0234
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INJURIES <input checked="" type="checkbox"/> 1	INJURED TAKEN BY <input checked="" type="checkbox"/> 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input checked="" type="checkbox"/> 01	AIR BAG USAGE <input checked="" type="checkbox"/> 1	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 1
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OL STATE OH	OPERATOR LICENSE NUMBER	OL CLASS <input checked="" type="checkbox"/> 4	No <input type="checkbox"/> VALID DL	M/C <input type="checkbox"/> END	CONDITION <input checked="" type="checkbox"/> 1	ALCOHOL/DRUG SUSPECTED <input checked="" type="checkbox"/> 1	ALCOHOL TEST STATUS <input checked="" type="checkbox"/> 5	ALCOHOL TEST TYPE <input checked="" type="checkbox"/> 3	ALCOHOL TEST VALUE	DRUG TEST STATUS 5	DRUG TEST TYPE 3
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input checked="" type="checkbox"/> 1 <input type="checkbox"/>
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UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Bynum, Judy, A	DATE OF BIRTH 10/16/1954	AGE 64	GENDER <input checked="" type="checkbox"/> F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2946 Mountainview Drive, Lancaster, OH, 43130	CONTACT PHONE - INCLUDE AREA CODE 740-654-1042
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INJURIES <input checked="" type="checkbox"/> 5	INJURED TAKEN BY <input checked="" type="checkbox"/> 4	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input checked="" type="checkbox"/> 01	AIR BAG USAGE <input checked="" type="checkbox"/> 2	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 2
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OL STATE OH	OPERATOR LICENSE NUMBER	OL CLASS <input checked="" type="checkbox"/> 4	No <input type="checkbox"/> VALID DL	M/C <input type="checkbox"/> END	CONDITION <input checked="" type="checkbox"/> 1	ALCOHOL/DRUG SUSPECTED <input checked="" type="checkbox"/> 1	ALCOHOL TEST STATUS <input checked="" type="checkbox"/> 1	ALCOHOL TEST TYPE <input checked="" type="checkbox"/> 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input checked="" type="checkbox"/> 1 <input type="checkbox"/>
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 99 - UNKNOWN SAFETY EQUIPMENT	Non-Motorist 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	ALCOHOL/DRUG SUSPECTED 5 - FELL ASLEEP, FAINTED, FATIGUE 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING / EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Jago, Cathi, J	DATE OF BIRTH 05/11/1961	AGE 57	GENDER <input checked="" type="checkbox"/> F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 11317 Dozer Road S.W., Stoutsville, OH, 43154	CONTACT PHONE - INCLUDE AREA CODE 614-205-2379
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INJURIES <input checked="" type="checkbox"/> 1	INJURED TAKEN BY <input checked="" type="checkbox"/> 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input checked="" type="checkbox"/> 03	AIR BAG USAGE <input checked="" type="checkbox"/> 1	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 1
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UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Bynum, Robert, T	DATE OF BIRTH 01/15/1953	AGE 65	GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2946 Mountview Drive, Lancaster, OH, 43130	CONTACT PHONE - INCLUDE AREA CODE 740-654-1042
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INJURIES <input checked="" type="checkbox"/> 4	INJURED TAKEN BY <input checked="" type="checkbox"/> 2	EMS AGENCY Air Evac	MEDICAL FACILITY INJURED TAKEN TO Mount Carmel East	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input checked="" type="checkbox"/> 03	AIR BAG USAGE <input checked="" type="checkbox"/> 2	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 1
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
23-0909-23

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE Stapleton, Mark,	DATE OF BIRTH 11/08/1982	AGE 36	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP 1000 West Market Street, Baltimore, OH, 43105	CONTACT PHONE - INCLUDE AREA CODE 614-598-4241
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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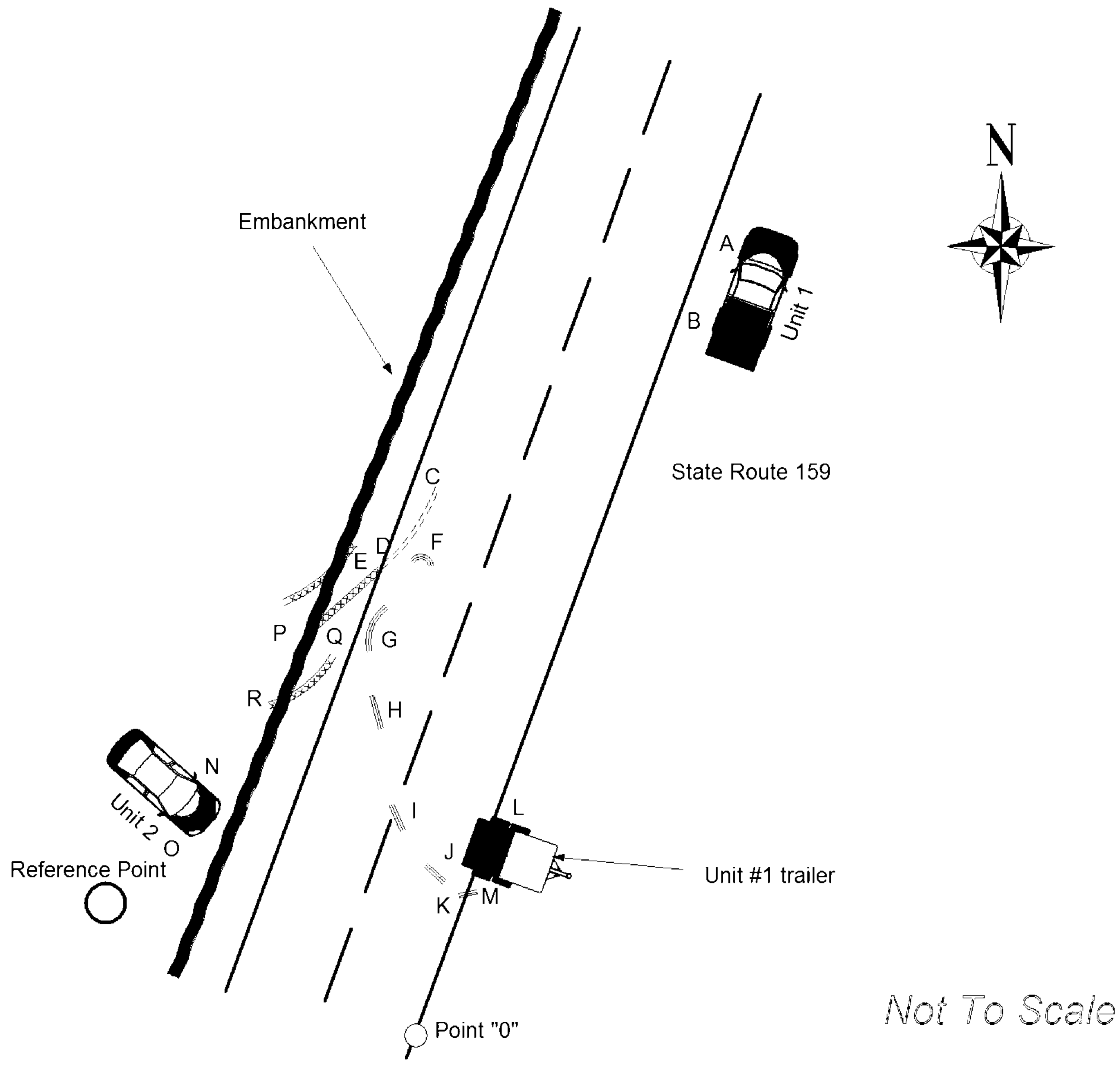
ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USE 99 - UNKNOWN SAFETY EQUIPMENT <table style="width:100%; border:none;"> <tr> <td style="width:33%; border:none;">MOTORIST</td> <td style="width:33%; border:none;">NON-MOTORIST</td> </tr> <tr> <td style="border:none;"> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED </td> <td style="border:none;"> 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER </td> </tr> </table>	MOTORIST	NON-MOTORIST	01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED	05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK)	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
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LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	REPORTING AGENCY 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	



OFFICERS SIGNATURE	BADGE NO. 1945
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IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	

Vehicle Damage Analysis: Submitted by Trooper R. J. Wilson, U-1629

Unit 1: No damage.

Unit 1 Trailer:

The trailer has a significant amount of paint transfer to the left front corner and tongue. The trailer is equipped with a two inch ball type hitch with a flip cam that secures to the ball. The safety lock had been removed and the threads where it was located was rusted and decayed. The safety chains did not have hooks and appear not to have been used. The driver stated he used a removable threaded link to secure a safety chain. I located a grossly deformed threaded link approximately 100 feet south of the crash scene on the west berm. The hitch was deformed as a result of the crash. The hook still had the warning tag on it stating; "DO NOT USE FOR OVERHEAD LIFTING OR WHERE SAFETY IS A PROTOCOL. DO NOT USE TO SUPPORT THE WEIGHT OF A HUMAN." Size 0508-1/4"

The trailer weighs 1500 pounds and is not required to have a braking system until it exceeds 2000 pounds loaded.

This trailer was clearly in NO condition to be operated without the necessary locking system and safety chains.

Unit 2:

Contact damage to the left front bumper, hood, fender and entire left side from impact with the trailer. The left front wheel was displaced as a result of the crash. There is a distinct pattern impression from the left upright support from the guard rail of the trailer. There is also an impression from the left front tie down hook of the trailer. The tongue and hitch portion of the trailer pierced the lower left bottom rail of the vehicle.

Scaled photos were taken of the contact areas of both vehicles.

Unit 1 trailer information

License - SUJ7739, black 1983 Homemade trailer

No VIN

Owner - Amy L. Cooper

712 Maplewood Avenue Circleville, Ohio 43113

740-571-2409

Officer Narrative:

On October 20th, 2018 at approximately 1400 hours, Sergeant T. K. Bullock and I were dispatched to a two vehicle injury crash with entrapment on State Route 159 near milepost 6. Trooper N. D. Mathias was later dispatched to assist with the crash investigation.

Upon arrival I observed a silver Hyundai Elantra with heavy front end and left side damage off the west side of the roadway on an embankment. I also observed an older trailer that was heavily damaged on the east side of the roadway. Emergency personnel were in the process of mechanically extricating the driver of Unit 2, Judy Bynum, who was later pronounced deceased on scene.

A statement was obtained by a witness, Mark Stapleton, that was following Unit 1 prior to the crash. He stated that Unit 1's trailer became loose from the ball hitch and went left of center and struck Unit 2. He was asked how long he was following the vehicle and he stated approximately one mile. While following Unit 1 he noticed the trailer was wobbling and got progressively worse as the vehicle continued northbound. When the witness initially got behind the vehicle he immediately noticed it was wobbling slightly. He further stated that the trailer went from wobbling to weaving side to side. The witness then stated he thought the pickup truck was avoiding something in the roadway because of the weaving. The witness decreased his speed to put distance between them and that's when the trailer separated from the ball hitch. The witness was asked if he noticed any safety chains connected to the trailer. He said no he didn't believe there was. He stated he had been behind pickup trucks pulling trailers before and he would notice the chains dangling in between the rear bumper and trailer. In this case he did not see them. The trailer swayed back and forth heavily and "popped" off the ball hitch. The witness stated he could hear the separation of the ball hitch from the tongue of the trailer with a distinct "popping" noise. The swaying and wobbling occurred while the trailer was still attached to the vehicle. The trailer never swayed left of center while still attached. The witness was then asked if he noticed any brake lights being applied from the pickup

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<p>truck while this swaying occurred. He stated he did not see the truck show any signs of slowing down or the driver reacting to the swaying or wobbling. The witness advised he was traveling around 55 mph and he came up on the pickup truck and trailer quickly and his speed decreased below the speed limit while behind them. After impact the pickup truck pulled over and the driver exited the vehicle. The witness recalled the driver of the pickup truck saying, "that damn piece of shit trailer" while shaking his head back and forth. He then walked over to the passenger and told her what happened. The passenger began to scream and cry after realizing what occurred.</p> <p>There was a distinct amount of damage on the roadway. Deep gouge marks could be seen on the southbound lane going into the northbound lane. There was one deep gouge impact mark and several gouges from the tongue of the trailer as it rotated counter clockwise to final rest. A skidmark can be seen starting on the southbound lane from Unit 2 and going off of the right side of the roadway. Unit 2 struck an embankment before coming to final rest. Roadway evidence suggested Unit 2 attempted to swerve to the right and brake to avoid the trailer but was unsuccessful. Air Evac responded to the scene and transported the passenger of Unit 2, Robert Bynum, to Mount Carmel Hospital in Columbus. Unit 1 driver, Keith Carver, provided a voluntary statement and stated as he and his passenger were traveling northbound on State Route 159 he heard a loud "bang" and observed the trailer come loose off the pickup truck. He applied his brakes and heard another loud "bang" before pulling over and stopping. The driver answered a series of questions and stated he drives a truck and trailer frequently and is familiar with the operation and setup. The trailer he used was a friends he was borrowing and it was his first time using it. I asked him how he connected the trailer. He stated he backed up to the trailer, attached the tongue to the ball and put on the safety chains. He did not connect the wiring because there was no wiring to the trailer. The chain he used had a clasp on one end that connected to the trailer chain. The left side he connected another clasp from the chain on the pickup to the trailer. He was then asked how he connected the tongue to the ball and how it fit. He stated it was snug, he pulled up and down and it didn't budge. He stated he checked the mirrors every couple of minutes while driving.</p> <p>On October 22nd, 2018 I spoke with the passenger of Unit 2, Robert Bynum. He provided a voluntary statement. He stated as him and his wife were traveling southbound on State Route 159 they observed a pickup truck pulling a trailer traveling northbound. They then saw the trailer come loose and travel into their lane. He stated his wife had no time to react and they were struck by the trailer. He stated the driver attempted to brake and swerve to the right but did not have enough time to successfully do so. Contact was also made with the registered owner of the trailer and license plate. The owner of the trailer stated he was given the license plate from his son-in-law to use on his trailer. The son-in law left the trailer at Cathi Jago's house (Passenger in Unit 1). The trailer contained fencing and was left there for them to unload. Once they were finished unloading the trailer they were to call and have the owner pick up the trailer. Neither the driver or passenger of Unit 1 had permission or were told whether they could or couldn't use the trailer. The trailer was left there one month prior to the crash. The owner of the trailer stated that the electrical connection did not work and there was only one safety chain hanging down with one S hook. I asked him what size ball hitch it accepted and he told me a 2 inch ball hitch and the tires were in average condition with weather cracking. He said no cord was exposed on any of the tires when he last used the trailer.</p> <p>It is worth noting the tires on the trailer had low tread and the left rear tire had cord exposed. The ball hitch used to hall the trailer was 1 7/8". A & L Towing recovered the Hyundai Elantra and Homemade Trailer from the scene. The driver of Unit 1 provided a voluntary urine sample at the Lancaster Highway Patrol Post and toxicology results will be supplemented. The Fairfield County Coroner will conduct an autopsy report and provide.</p> <p>Weather:</p> <p>The weather report was received from the National Weather Service.</p> <p>Temperature: 58 Degrees F</p> <p>Dew Point: 46</p> <p>Pressure: 29.82</p> <p>Wind: 16 MPH W to SW</p> <p>Humidity: 63%</p> <p>UV Index: 1</p> <p>Cloud Cover: 79%</p> <p>Ceiling: 4345 Ft.</p>		
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IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	
<p>Visibility: 8 MI.</p> <p>Personnel On Scene:</p> <p>Ohio State Highway Patrol:</p> <p>Sergeant T. K. Bullock, U-1021 - On scene supervisor. Assisted with photos and administrative inventories.</p> <p>Trooper N. D. Mathias, U-1996 - Assisted with photos, field sketch and administrative inventories.</p> <p>Clearcreek Township Fire:</p> <p>Rescue 513</p> <p>Medic 512</p> <p>Medic 511</p> <p>Hocking Township Fire:</p> <p>Medic 652</p> <p>Chief 651</p> <p>Medic 651</p> <p>Chief 650</p> <p>Amanda Fire Department:</p> <p>Rescue 521</p> <p>Medic 521</p> <p>G522</p> <p>AirEvac Lifeteam W327AE</p> <p>Transported the passenger of Unit 2, Robert Bynum, to Mount Carmel East.</p> <p>A & L Towing:</p> <p>Recovered the Hyundai Elantra and 1983 Homemade Trailer from the scene. Both vehicles are being temporarily held for further investigation.</p> <p>Fairfield County Coroner Investigator Mark Remington.</p> <p>Timeline Of Events:</p> <p>Reports are compiled from the Fairfield County Sheriff's Office and the State Highway Patrol.</p> <p>1358 - The Fairfield County Sheriff's Office receives a call of a two vehicle head on injury crash with entrapment on State Route 159.</p> <p>1359 - Clearcreek Township Medic 511, Medic 512 and Rescue 513 are dispatched to the scene.</p> <p>1400 - The Fairfield County Sheriff's Office contacts the State Highway Patrol Lancaster Post and requests assistance.</p> <p>1401 - Trooper T. M. Holcomb, U-1945, dispatched to the scene.</p> <p>1404 - Sergeant T. K. Bullock, U-1021, dispatched to the scene.</p>		
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<p>1404 - Hocking Township Medic 652 enroute to the scene.</p> <p>1404 - Amanda Fire Department Medic 521 enroute to the scene.</p> <p>1404 - Amanda Fire Department Rescue 521 enroute to the scene.</p> <p>1405 - Hocking Township Fire Chief 651 dispatched to the scene.</p> <p>1405 - Hocking Township Fire Chief 651 enroute to the scene.</p> <p>1407 - Clearcreek Township Fire Medic 511 enroute.</p> <p>1408 - Clearcreek Township Fire Rescue 513 enroute.</p> <p>1408 - Hocking Township Fire Medic 652 arrived on scene.</p> <p>1408 - Amanda Fire Department Medic 521 on scene.</p> <p>1409 - Hocking Township Fire Chief 651 arrives on scene.</p> <p>1410 - Trooper T. M. Holcomb, U-1945, arrives on scene.</p> <p>1410 - Hocking Township Fire Chief 650 dispatched to the scene.</p> <p>1410 - Hocking Township Fire Chief 650 enroute to the scene.</p> <p>1414 - Clearcreek Township Fire Medic 511 on scene.</p> <p>1414 - Clearcreek Township Fire Rescue 513 on scene.</p> <p>1415 - Sergeant T. K. Bullock, U-1021, arrives on scene.</p> <p>1415 - Air Evac enroute to the scene.</p> <p>1416 - Hocking Township Fire Chief 650 arrives on scene.</p> <p>1421 - Fairfield County Sheriffs Office was advised by EMS personnel over the radio of confirmed fatality.</p> <p>1422 - State Highway Patrol was advised by EMS personnel on scene of confirmed fatality.</p> <p>1428 - Trooper N. D. Mathias, U-1996, dispatched to the scene.</p> <p>1430 - Air Evac arrived on scene.</p> <p>1437 - Trooper N. D. Mathias, U-1996, arrives on scene.</p> <p>1437 - Coroner contacted to respond to the scene.</p> <p>1438 - Coroner Mark Remington enroute to the scene.</p> <p>1443 - Next of kin, Robert Bynum, notified by EMS personnel on scene.</p> <p>1451 - AirEvac enroute to Mount Carmel East Hospital.</p> <p>1452 - Columbus District Duty Officer notified by Sergeant T. K. Bullock U-1021.</p> <p>1459 - Hocking Township Chief 651 cleared the scene</p> <p>1500 - Clearcreek Township Fire Medic 512 cleared the scene.</p> <p>1502 - Clearcreek Township Fire Medic 511 cleared the scene.</p>		
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<p>1502 - Amanda Fire Department Medic 521 cleared the scene.</p> <p>1502 - Amanda Fire Department Rescue 521 cleared the scene.</p> <p>1502 - Hocking Township Fire Chief 650 cleared the scene.</p> <p>1505 - Amanda Fire Department G522 dispatched to the scene.</p> <p>1505 - Amanda Fire Department G522 enroute to the scene.</p> <p>1506 - A & L Towing and Recovery enroute for the Hyundai and trailer.</p> <p>1510 - Amanda Fire Department G522 on scene.</p> <p>1523 - Hocking Township Fire Medic 652 cleared the scene.</p> <p>1523 - Hocking Township Fire Medic 651 cleared the scene.</p> <p>1533 - A & L Towing and Recovery arrived on scene.</p> <p>1601 - Trooper T. M. Holcomb, U-1945, enroute with the driver of Unit 1 to the Lancaster Highway Patrol Post for a voluntary urine sample.</p> <p>1603 - AirEvac arrived at Mount Carmel.</p> <p>1611 - Clearcreek Township Fire Rescue 513 cleared the scene.</p> <p>1613 - Trooper T. M. Holcomb, U-1945, arrives at the Lancaster Highway Patrol Post for a voluntary urine sample.</p> <p>1616 - Amanda Fire Department G522 cleared the scene.</p> <p>1623 - Trooper T. M. Holcomb, U-1945, obtains a voluntary urine sample from Unit 1 driver.</p> <p>1626 - Sergeant T. K. Bullock, U-1021, cleared the scene.</p> <p>1634 - A & L Towing and Recovery cleared the scene.</p> <p>1638 - Trooper N. D. Mathias, U-1996, cleared the scene.</p> <p>1904 - Trooper T. M. Holcomb, U-1945, cleared the incident.</p> <p>Vehicle Tire Analysis:</p> <p>Unit 1 - Front tires were make and model, 2357517 Hankook Dynapro A/T. The rear tires were make and model, LT2457517 BF Goodrich Rugged Trail T/A. The front tires showed good tread depth and were in good condition. The rear tires did not have sufficient tread depth and were not in good condition. The following measurements were taken by Trooper N. D. Mathias. The measurements expressed were taken of tread depth from the inside of the tire, center and outside of the tire.</p> <p>Tread Depth</p> <p>Right front - 12/32, 12/32, and 12/32.</p> <p>Left front - 12/32, 12/32, and 12/32.</p> <p>Right rear - 3/32, 3/32, and 3/32.</p> <p>Left rear - 3/32, 3/32, and 3/32.</p> <p>Unit 2 - All tires were make and model, Goodyear Viva 3AS. All four tires were in fair condition. The following measurements were taken by Trooper N. D. Mathias in the same manner as Unit 1.</p> <p>Tread Depth</p>		
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<p>Right front - 7/32, 7/32, and 7/32.</p> <p>Right rear - 7/32, 7/32, and 7/32.</p> <p>Left front - 7/32, 7/32, and 7/32.</p> <p>Left rear - 7/32, 7/32, and 7/32.</p> <p>Unit 1 trailer - All tires were make and model, Goodyear Highlander, 8x14 1/2. The following measurements were taken by Trooper N. D. Mathias. The right rear tire had severe weather cracking and low tread. The left rear tire had the cord exposed and had no tire tread.</p> <p>Left front 4/32</p> <p>Left rear 0/32</p> <p>Right rear 11/32</p> <p>Right front 1/32</p> <p>Additional Reports:</p> <p>An autopsy and toxicology report will be completed by the Licking County Coroner's Office. A crash reconstruction report will be completed by the Ohio State Highway Patrol and will be available.</p> <p>*The speed of Unit 2 was left blank at the time of reporting. It will be supplemented upon completion of the crash reconstruction report.</p> <p>*Injured transported by "other" for the driver of Unit 1. The driver was transported by funeral home services contacted by the on scene Coroner Investigator.</p> <p>Reports To Be Supplemented:</p> <p>A voluntary urine sample was provided by the driver of Unit 1 and submitted to the Ohio State Highway Patrol Crime Lab for analysis. Results will be supplemented to this report when available.</p> <p>Upon the collection of all available evidence potential charges will be presented to the Fairfield County Common Pleas prosecutor for review.</p> <p>Insurance information for Unit 2.</p> <p>Field Diagram:</p> <p>Reference Point: Utility Pole #: 140323</p> <p>Reference Point - Point "0": 42.6</p> <p>Width of State Route 159: 24.2</p> <p>Units are expressed in feet-inches.</p> <p>Measurements were obtained using a wheel tape.</p> <p>The road composition was clear dry asphalt.</p> <p>Unit #1 is depicted at controlled final rest.</p>		
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LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018																																																																												
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TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 10 D 20 Y 18
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, **KEITH CARVER** PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TROOPER T. M. HOLLOMB OFFICER'S NAME

AT

SCENE LOCATION

we were driving going 45- to 50 Keith heard a loud noise he looked in the side mirror and seen the trailer came loose, hit my brakes and heard a loud bang pulled off side of the road and stopped.

Q. ARE YOU OR YOUR PASSENGER INJURED?

A. NO

Q. HOW FAST WERE YOU GOING?

A. 45-50 MPH

Q. WERE YOU AND YOUR PASSENGER WEARING SEATBELTS?

A. YES

Q. WERE YOU DISTRACTED?

A. NO

Q. WHERE WERE YOU COMING FROM AND GOING TO?

A. WE WERE COMING FROM STOUTSVILLE AND GOING TO BREMEN TO PICK UP SOME FENCING

Q. HOW LONG WERE YOU DRIVING?

A. ABOUT 6 MINUTES

Q. HOW OFTEN DO YOU DRIVE THE TRUCK AND TRAILER?

A. I DRIVE THE TRUCK EVERYDAY, THIS WAS MY FIRST TIME USING THE TRAILER.

ADDRESS OF WITNESS
11317 Dozer Rd S.W Stoutsville Oh 43154

SIGNATURE OF WITNESS
X

OFFICER'S SIGNATURE
X TPR. T. M. HOLLOMB

PHONE
614-205-2379



LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 10 D 20 Y 18
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I, KEITH CARVER PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TROOPER T.M. HOLLUMB OFFICER'S NAME AT SCENE LOCATION

Q. IS THE TRAILER YOURS?
A. NO, I WAS BORROWING IT FROM A FRIEND

Q. WAS EVERYTHING CONNECTED PROPERLY ON THE TRAILER?
A. YES, I PUT IT ON THE BALL HITCH AND CONNECTED THE CHAINS. IT SEEMED TO PULL JUST FINE INTO OAKLAND.

Q. HOW OFTEN DO YOU TRAVEL THIS ROUTE?
A. OFTEN AND VERY FAMILIAR WITH STATE ROUTE 159.

Q. DID YOU TAKE ANY EVASIVE ACTIONS OR NOTICE THE TRAILER WOBBLING?
A. IT WAS NOT WOBBLING AND I DIDN'T NOTICE ANYTHING UNUSUAL. IT HAPPENED SO QUICK AND THERE WAS NOTHING I COULD DO.

Q. ARE YOU TAKING ANY MEDICATIONS?
A. I TAKE TRAMADOL FOR MY BACK, I'M PRESCRIBED IT, I CONSUMED 2 ~~30~~ MG TABLETS AROUND 6:00 A.M.

Q. HAVE YOU CONSUMED ANY ALCOHOLIC BEVERAGES TODAY?
A. NO

Q. HAVE YOU CONSUMED ANY ILLICIT DRUGS LATELY?
A. NO

Q. HOW COULD THE CRASH HAVE BEEN AVOIDED?
A. IF THE TRAILER HIT THE BACK OF THE TRUCK AND I NOTICED IT.

ADDRESS OF WITNESS: 11317 Dozer Rd S.W. Stoutsville Ohio 43154 PHONE: (614) 497-0234

SIGNATURE OF WITNESS: X OFFICER'S SIGNATURE: X TPR. T.M. HOLLUMB



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 10 D 20 Y 18
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I, Keith Conner PRINTED, HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TROOPER T. M. HOLLOMB AT SCENE
OFFICER'S NAME LOCATION

Q. WHAT DID YOU DO TO HOOK UP THE TRAILER?

A. I BACKED UP TO THE TRAILER, SCREWED THE TONGUE TO THE BALL, AND PUT ON THE SAFETY CHAINS.

Q. DID YOU CONNECT THE WIRING?

A. NO, THERE WAS NONE ON THE TRAILER.

Q. HOW DID YOU CONNECT THE CHAIN?

A. I USED A CHAIN WITH A CLASP ON ONE END. ON THE LEFT SIDE I CONNECTED A SCREW DOWN CLASP FROM ONE CHAIN TO THE OTHER.

Q. WHEN YOU CONNECTED THE TONGUE TO THE BALL, HOW DID IT FIT?

A. IT WAS SNUG, I PULLED UP AND DOWN AND IT WAS SECURED.

Q. WHEN YOU WERE DRIVING DID YOU CHECK THE MIRRORS?

A. YES, EVERY COUPLE MINUTES.

Q. HOW OFTEN DO YOU PULL A TRAILER?

A. ONCE EVERY TWO OR THREE WEEKS, A TRASH TRAILER AT WORK.

Q. HOW OFTEN DO YOU PULL A TRAILER WITH YOUR TRUCK.

A. ONCE EVERY TWO OR THREE WEEKS.

Q. DID YOU INSPECT THE CONDITION OF THE TRAILER?

A. AFTER HOOKING IT UP, I CHECKED THE TIRES AND MADE SURE THEY WERE UP.

11317 Dozer Road Stautsville, OH 43154

ADDRESS OF WITNESS

PHONE 740-987-0234

SIGNATURE OF WITNESS

X [Signature]

OFFICER'S SIGNATURE

X TROOPER T. M. HOLLOMB



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 10 D 20 Y 18
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I, Keith Canver PRINTED, HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TROOPER T. M. HOLLOMB OFFICER'S NAME

AT

SCENE LOCATION

Q. DID YOU HAVE ANY CONCERNS AFTER THE WALK AROUND?

A. NO

Q. WAS ANYTHING ALREADY LOADED ON THE TRAILER?

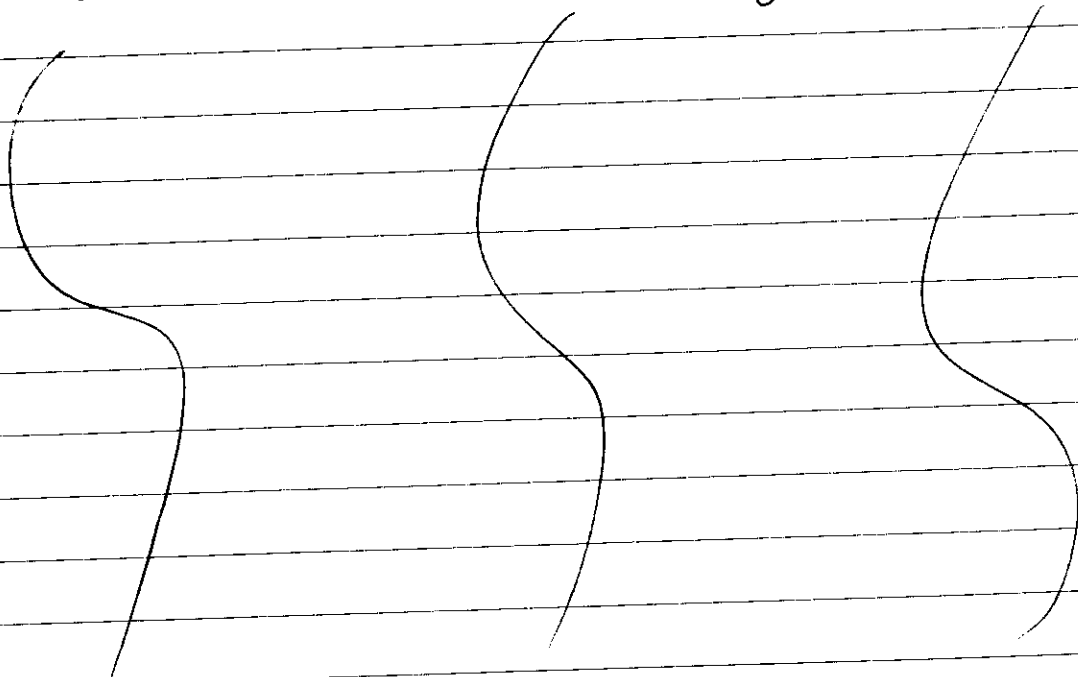
A. YES, AT THE BACK THERE WAS A TIRE AND A COUPLE PIECES OF DRIED CEMENT.

Q. WHY DID THE TRAILER COME OFF?

A. I HAVE NO IDEA.

Q. A WITNESS STATED THAT HE SAW THE TRAILER SWAYING, DID YOU NOTICE IT?

A. NO.



11317 Dorer Rd Stoussville, 43154
ADDRESS OF WITNESS

PHONE
740-497-0234

SIGNATURE OF WITNESS

X [Signature]

OFFICER'S SIGNATURE

X TPR. T. M. HOLLOMB

LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 10 D 20 Y 18
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I, Mark Stapleton HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

TROOPER T. M. HOLLUMB AT SCENE
OFFICER'S NAME LOCATION

I was traveling North bound on 159 and ~~was~~ witnessed a ford truck's trailer become loose and detach. It went directly left into ~~an~~ on coming traffic (south bound) and struck ~~to~~ a car. I pulled off the road to help assist where I could. We succeeded in getting the passenger out safely.

The driver of the truck did come over to see what happened. He then stated "That damn piece of shit trailer" while shaking his head. He then walked over to tell his passenger what happened. The passenger began to cry.

Q. HOW LONG WERE YOU FOLLOWING THE VEHICLE?

A. AT LEAST A MILE

Q. WAS THE TRAILER LOOSE AS THEY WERE DRIVING?

A. YES, I NOTICED IT WAS WOBBLING FOR AWHILE.

Q. DID IT COME OFF COMPLETELY?

A. YES, IT WOBBLED CAME OFF AND CUT DIRECTLY TO THE LEFT INTO THEM.

Q. WHAT DID THE DRIVER OF THE PICKUP DO AFTERWARDS?

A. THEY DROVE A LITTLE BIT, STOPPED, WENT INTO REVERSE AND GOT OUT TO LOOK AT THE TRAILER.

1000 W Market St
ADDRESS OF WITNESS Baltimore OH 43105 PHONE 614-598-4241

SIGNATURE OF WITNESS X Mark Stapleton OFFICER'S SIGNATURE X TPR T. M. HOLLUMB



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 10 D 20 Y 18
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I, MARK STAPLETON HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

TROOPER T. M. HOLLUMB AT BY PHONE FROM LANCASTER POST 23
OFFICER'S NAME LOCATION

Q. WAS THE WOBBLING ON THE TRAILER CONSTANT?
 A. IT GOT PROGRESSIVELY WORSE WHILE WE CONTINUED NORTHBOUND. IT WAS SLIGHTLY WOBBLING AS I WAS BEHIND IT.

Q. WAS THE TRAILER WEAVING WHILE STILL ATTACHED?
 A. IT WENT FROM WOBBLING TO WEAVING. IT WENT FROM SIDE TO SIDE. I THOUGHT HE WAS AVOIDING SOMETHING IN THE ROADWAY. AS I DECREASED SPEED, IT CAME OFF THE TRUCK AND STRUCK UNIT 2.

Q. DID ANYTHING COME OFF THE TRAILER WHEN IT CAME OFF THE TRUCK?
 A. NO

Q. DID YOU NOTICE CHAINS CONNECTED TO THE TRAILER?
 A. NO, I DON'T THINK SO. I DIDN'T SEE ANY CHAINS DANGLING.

Q. DID IT APPEAR AS THOUGH THERE WAS ANYTHING HOLDING THE TRAILER TO THE TRUCK BESIDES THE BALL HITCH?
 A. NO, IT SWAYED BACK AND FORTH ^{TWICE}, "POPPED" OFF AND WENT INTO ONCOMING TRAFFIC. I HEARD A POPPING SOUND WHEN IT CAME OFF THE BALL HITCH.

Q. WAS THE TRAILER GOING LEFT OF CENTER WHILE ATTACHED?
 A. NO

ADDRESS OF WITNESS 1000 W. MARKET ST BALTIMORE OH 43105	PHONE 614-598-4241
SIGNATURE OF WITNESS X UNABLE TO SIGN	OFFICER'S SIGNATURE X TPR T. M. HOLLUMB



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 10 D 20 Y 18
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I, MARK STANLETON HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

TROOPER T.M. HOLCOMB AT By PHONE LANCASTER POST 23
OFFICER'S NAME LOCATION

Q. DID THE PICKUP TRUCK SEEM LIKE IT USED IT'S BRAKES WHILE IT WAS SWAYING?
 A. NO

Q. HOW FAST WERE YOU GOING?
 A. 55 MPH, I CAUGHT UP TO HIM, I'M SURE HE WAS GOING UNDER THE SPEED LIMIT.

Q. DID EITHER OCCUPANT OF THE PICKUP TRUCK SAY ANYTHING ELSE?
 A. THE PASSENGER WAS SCREAMING AND CRYING OH MY GOD.

ADDRESS OF WITNESS 1000 W. MARKET ST. BALTIMORE OH 43105	PHONE 614-598-4241
SIGNATURE OF WITNESS X UNABLE TO SIGN	OFFICER'S SIGNATURE X TDR T.M. HOLCOMB



TRAFFIC CRASH WITNESS STATEMENT

OH-3

OWNER OF TRAILER

LOCAL REPORT NUMBER 23-099-23	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 10 D 20 Y 18
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I, GEORGE HILL HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

TROOPER T. M. HOLCOMB AT By PHONE LANCASTER POST
OFFICER'S NAME LOCATION

Q. HOW DID KEITH GET THE TRAILER?

A. I SOLD PAT CLIFTON SOME DOG PANELS, I SOLD THEM TO CATHI. WE HAULED THEM OUT TO CATHI'S PROPERTY AND I TOLD HER TO CALL ME WHEN THE TRAILER WAS UNLOADED SO I COULD GET IT. CATHI CALLED ME A COUPLE OF WEEKS LATER AND TOLD ME TO COME AND GET IT. I LOST TRACK OF TIME TO GO GET IT.

Q. DID EITHER ONE OF THEM HAVE PERMISSION TO USE THE TRAILER?

A. NO

Q. DID YOU TELL EITHER ONE OF THEM TO NOT USE IT?

A. NO I DID NOT.

Q. WHAT WAS THE CONDITION OF THE TRAILER WHEN YOU LEFT IT?

A. IT WAS LEFT AT CATHI'S ONE MONTH AGO. IT HAD NO WORKING ELECTRICAL CONNECTION. IT HAD ONLY ONE SAFETY CHAIN HANGING DOWN WITH ONE SHOOK. IT TAKES A 2" BALL HITCH. THE TIRES WERE IN AVERAGE CONDITION WITH WEATHER CRACKING. NO CORD WAS SHOWING ON THEM. I REPLACED THE BACK RIGHT TRAILER TIRE WITH A USED TIRE, THEY ALL HAD GOOD TREAD.

Q. DID EITHER CATHI OR KEITH CALL YOU AFTER THE CRASH?

A. YES CATHI DID. SHE TOLD ME THAT KEITH WAS DRIVING AND USING THE TRAILER. THE TRAILER CAME UNHITCHED, WENT LEFT OF CENTER, AND KILLED SOMEONE.

ADDRESS OF WITNESS 29435 KIM HOLDERMAN ROAD CIRCLEVILLE OH 43113	PHONE (740)-571-2409
SIGNATURE OF WITNESS X UNABLE TO SIGN	OFFICER'S SIGNATURE X TPR T. M. HOLCOMB



TRAFFIC CRASH WITNESS STATEMENT

OH-3

OWNER OF TRAILER

LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 10 0 20 Y 18
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TROOPER T. M. HOLCOMB OFFICER'S NAME AT By PHONE LANCASTER POST LOCATION

Q. DID CATIE TELL YOU WHY IT CAME UNHITCHED?

A. NO, SHE TOLD ME THAT KETHA TOLD HER "OH SHIT THE TRAILER CAME UNHOOKED!"

Q. DID YOU KNOW THEY WERE USING IT TO GO TO BREMEN?

A. NO

Q. WHOSE TRAILER IS IT?

A. IT IS MY HOMEMADE TRAILER. THE PLATES BELONGED TO MY SON IN LAW, I TOOK THEM AND PUT THEM ON MINE. HE DID GIVE ME PERMISSION (AMY'S HUSBAND)

Q. IS THERE ANYTHING ELSE YOU WOULD LIKE TO ADD?

A. NO

ADDRESS OF WITNESS 29435 KEME HOGAELMAN ROAD CERLEVILLE OHIO 43113	PHONE (770)-571-2409
---	-------------------------

SIGNATURE OF WITNESS X UNABLE TO SIGN	OFFICER'S SIGNATURE X TRO. T. M. HOLCOMB
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

PASSENGER OF UNIT 2

LOCAL REPORT NUMBER 23-0904-23	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 10 D 20 Y 18
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, ROBERT BYNUM HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

TROOPER T. M. HOLCOMB AT 2946 MOUNTVIEW DRIVE LANCASTER, OHIO
OFFICER'S NAME LOCATION 43130

Q. WHAT HAPPENED ON 10-21-2018 ON STATE ROUTE 159?

A. We was TRAVELING SOUTHBOUND ON ST 159. NOT TOO FAR FROM AMANDA. CAME UPON PICKUP TRUCK THAT PULLING TRAILER, SAW TRAILER COME LOOSE AND CAME INTO OUR LANE, WITH NO TIME TO REACT, WE WAS HIT HEAD ON. ALL I REMEMBER IS AIR BAG DEPLOYING AND THE CRASH. STAYED CONSCIOUS DURING THE TIME.

Q. WHAT ARE YOUR INJURIES?

A. RIBS BROKEN, HIP HURTS, AND BEAT UP.

Q. DID THE DRIVER OF THE PICKUP TRUCK SAY ANYTHING?

A. NO

Q. WERE YOU WEARING YOUR SEATBELT?

A. YES

Q. DID THE DRIVER TRY TO REACT?

A. I DON'T KNOW SHE SAID "OH GOD", TRIED TO SWERVE TO THE RIGHT BUT THERE WAS NOTHING SHE COULD DO.

Q. WHERE WERE YOU HEADING TO AND COMING FROM?

A. GOING TO KMART AND COMING FROM HOME.

Q. HOW DID THE TRAILER COME OFF?

A. IT CAME OFF QUICKLY AND THE TOWBAR WAS IN THE AIR WHEN IT STRUCK US.

ADDRESS OF WITNESS 2946 MOUNTVIEW DR, LANCASTER OHIO 43130	PHONE 740-654-1042
SIGNATURE OF WITNESS X <u>Robert J. Bynum</u>	OFFICER'S SIGNATURE X TPR. T. M. HOLCOMB



TRAFFIC CRASH WITNESS STATEMENT

OH-3

PASSENGER OF VEHICLE

LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH M 10 D 20 Y 18
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TROOPER T. M. HOLCOMB OFFICER'S NAME AT By phone LANCASTER POST LOCATION

Q. HOW FAST WAS SHE GOING?
A. 50-55 MPH

Q. WAS YOUR WIFE DISTRACTED WHILE DRIVING?
A. NO

ADDRESS OF WITNESS 2946 MOUNT VIEW DRIVE LANCASTER OHIO 43130	PHONE 740-664-1012
SIGNATURE OF WITNESS X UNABLE TO SIGN	OFFICER'S SIGNATURE X TPR T. M. HOLCOMB



23-0909-23



20181020



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

23-0909-23

CRASH SEVERITY

1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

P18102000002188

 PHOTOS TAKEN
 OH -2 OH -1P
 OH -3 OTHER

 PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

 PRIVATE PROPERTY
REPORTING AGENCY NCIC *
OHP23REPORTING AGENCY NAME *
Ohio State Highway PatrolNUMBER OF UNITS
2UNIT IN ERROR
1 98 - ANIMAL
99 - UNKNOWNCOUNTY *
Fairfield
 CITY *
 VILLAGE *
 TOWNSHIP *
CITY, VILLAGE, TOWNSHIP *
ClearcreekCRASH DATE *
10/20/2018TIME OF CRASH
1400DAY OF WEEK
SAT

DEGREES/MINUTES/SECONDS

LATITUDE
39:37:30.10LONGITUDE
82:44:26.48

DECIMAL DEGREES

LATITUDE

LONGITUDE

ROADWAY DIVISION
 DIVIDED
 UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL
 N - NORTHBOUND
 S - SOUTHBOUND
 E - EASTBOUND
 W - WESTBOUNDNUMBER OF THRU LANES
2ROAD TYPES OR MILEPOST
AL - ALLEY CR - CIRCLE
AV - AVENUE CT - COURT
BL - BOULEVARD DR - DRIVEHE - HEIGHTS MP - MILEPOST
HW - HIGHWAY PK - PARKWAY
LA - LANE PI - PIKEPL - PLACE RD - ROAD
SQ - SQUARE TL - TRAILST - STREET WA - WAY
TE - TERRACELOCATION ROUTE NUMBER
SR 159LOC PREFIX
N, S, E, W

LOCATION ROAD NAME

ROUTE TYPES
IR - INTERSTATE ROUTE (INC. TURNPIKE)
US - US ROUTE CR - NUMBERED COUNTY ROUTE
SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTEDISTANCE FROM REFERENCE
0.20
 MILES
 FEET
 YARDSDIR FROM REF
S N, S, E, W

REFERENCE ROUTE NUMBER

REF PREFIX
N, S, E, WREFERENCE NAME (ROAD, MILEPOST, HOUSE #)
6REFERENCE ROAD TYPE
MPREFERENCE POINT USED
2 1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBERCRASH LOCATION
01
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/ ALLEY ACCESS
11 - RAILWAY GRADE CROSSING
12 - SHARED-USE PATHS OR TRAILS
99 - UNKNOWN

 INTERSECTION RELATED
LOCATION OF FIRST HARMFUL EVENT
1
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE TRAFFICWAY
9 - UNKNOWN
ROAD CONTOUR
1 1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL4 - CURVE GRADE
9 - UNKNOWNROAD CONDITIONS
PRIMARY
01

SECONDARY

01 - DRY
02 - WET
03 - SNOW
04 - ICE05 - SAND, MUD, DIRT, OIL, GRAVEL
06 - WATER (STANDING, MOVING)
07 - SLUSH
08 - DEBRIS *09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*
10 - OTHER
99 - UNKNOWN

*SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

3 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT

2 - REAR-END
3 - HEAD-ON
4 - REAR-TO-REAR5 - BACKING
6 - ANGLE7 - SIDESWIPE, -SAME DIRECTION
8 - SIDESWIPE, OPPOSITE DIRECTION
9 - UNKNOWN

WEATHER

2

1 - CLEAR
2 - CLOUDY
3 - FOG, SMOG, SMOKE4 - RAIN
5 - SLEET, HAIL
6 - SNOW7 - SEVERE CROSSWINDS
8 - BLOWING SAND, SOIL, DIRT, SNOW
9 - OTHER/UNKNOWNROAD SURFACE
2 1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK4 - SLAG, GRAVEL, STONE
5 - DIRT
6 - OTHERLIGHT CONDITIONS
1 PRIMARY
2 SECONDARY1 - DAYLIGHT
2 - DAWN
3 - DUSK
4 - DARK - LIGHTED ROADWAY5 - DARK - ROADWAY NOT LIGHTED
6 - DARK - UNKNOWN ROADWAY LIGHTING
7 - GLARE*
8 - OTHER

9 - UNKNOWN

 SCHOOL ZONE RELATED
SCHOOL BUS RELATED
 YES, SCHOOL BUS DIRECTLY INVOLVED
 YES, SCHOOL BUS INDIRECTLY INVOLVED

*SECONDARY CONDITION ONLY

 WORK ZONE RELATED

 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
 LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

TYPE OF WORK ZONE

 1 - LANE CLOSURE
 2 - LANE SHIFT/ CROSSOVER
 3 - WORK ON SHOULDER OR MEDIAN
4 - INTERMITTENT OR MOVING WORK
5 - OTHER

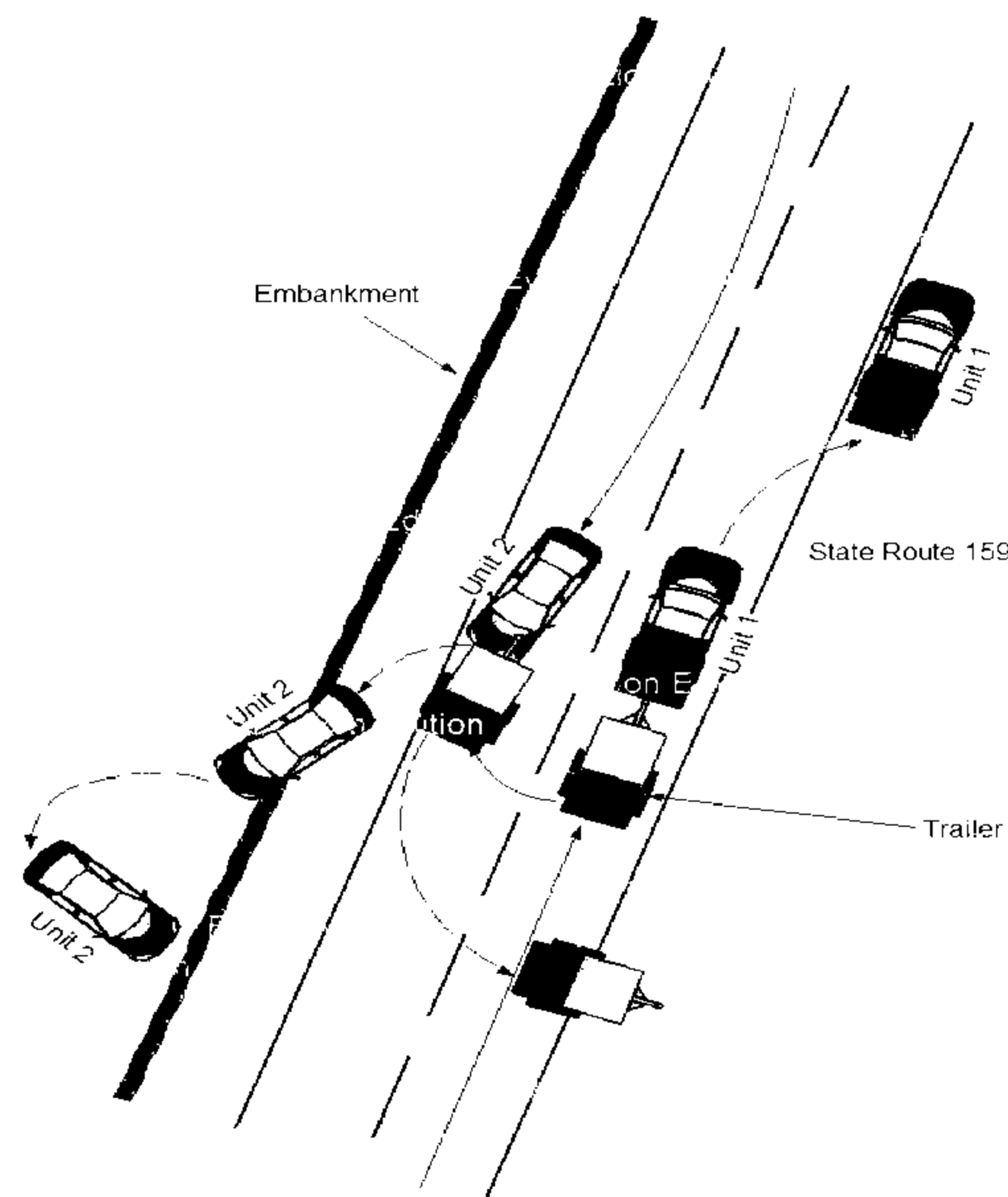
LOCATION OF CRASH IN WORK ZONE

 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN
 2 - ADVANCE WARNING AREA
 3 - TRANSITION AREA
4 - ACTIVITY AREA
5 - TERMINATION AREA

NARRATIVE

Unit 1 was traveling northeast on State Route 159. Unit 2 was traveling southwest on State Route 159. The trailer from Unit 1 unhitched, crossed the center line, and struck Unit 2. Unit 2 drove off the right side of the roadway and struck an embankment. ***Supplemented to include Unit 1 driver alcohol toxicology results.

Easy Street Draw™ - Evaluation Edition



REPORT TAKEN BY

 POLICE AGENCY MOTORIST

 SUPPLEMENT (CORRECTIVE OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

PAE (877) 908-4777

DATE CRASH REPORTED

10/20/2018

TIME CRASH REPORTED

1400

DISPATCH TIME

1400

ARRIVAL TIME

1410

TIME CLEARED

1638

OTHER INVESTIGATION TIME

10

TOTAL MINUTES

168

OFFICER'S NAME*

Holcomb, Tyler

OFFICER'S BADGE NUMBER

1945

CHECKED BY

1836



UNIT

LOCAL REPORT NUMBER

23-0909-23

UNIT NUMBER 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Carver, Keith, W	OWNER PHONE NUMBER 740-497-0234	DAMAGE SCALE 1	DAMAGE AREA FRONT REAR	
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 11317 Dozer Road S.W., Stoutsville, OH, 43154			1 - NONE		
LP STATE OH	LICENSE PLATE NUMBER HNC7425	VEHICLE IDENTIFICATION NUMBER 1FTRX14WX8KE33252	2 - MINOR		
VEHICLE YEAR 2008	VEHICLE MAKE Ford	VEHICLE MODEL F150 Series	3 - FUNCTIONAL		
VEHICLE COLOR GRY	VEHICLE MAKE Ford	VEHICLE MODEL F150 Series	4 - DISABLING		
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Pekin	POLICY NUMBER 00P722451	9 - UNKNOWN		
TOWED BY N/a					
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE	
US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS. <input type="checkbox"/> 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY		
HM PLACARD ID NO.	HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT		
HM CLASS NUMBER					
NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 07 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK/TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS INC DRIVER) 22 - BUS (16+ SEATS INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	
SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 12 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	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
PRE-CRASH ACTIONS 01 MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER NON-MOTORIST ACTION	
CONTRIBUTING CIRCUMSTANCES PRIMARY 19 MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS 08 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 ACCIDENT 11 - OTHER DEFECTS		
SEQUENCE OF EVENTS 1 05 2 11 3 20 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 3 MOST HARMFUL EVENT 3 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	06 - EQUIPMENT FAILURE (BLEW TYRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION		
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT		COLLISION WITH FIXED, OBJECT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE 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 - PORTABLE BARRIER		33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT	
UNIT SPEED 45	POSTED SPEED 55	TRAFFIC CONTROL 12 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 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 8 TO 5 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN



UNIT

LOCAL REPORT NUMBER

23-0909-23

UNIT NUMBER 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Bynum, Robert, T	OWNER PHONE NUMBER 740-654-1042	DAMAGE SCALE 4	DAMAGE AREA FRONT REAR
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 2946 Mountview Driver, Lancaster, OH, 43130			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE OH	LICENSE PLATE NUMBER GPZ2094	VEHICLE IDENTIFICATION NUMBER KMHDN46DX4U846067	# OCCUPANTS 2	
VEHICLE YEAR 2004	VEHICLE MAKE Hyundai	VEHICLE MODEL Elantra	VEHICLE COLOR SIL	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY FRA Not Shown	POLICY NUMBER	TOWED BY A & L Towing	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE
US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS. <input type="checkbox"/> 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT	
HM PLACARD ID NO.	HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED			
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SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 02 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	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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SEQUENCE OF EVENTS 1 23 2 08 3 45 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLEW TYRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE 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 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT		
UNIT SPEED <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED 55	TRAFFIC CONTROL 12 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 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 5 TO 8 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

23-0909-23

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Carver, Keith, W	DATE OF BIRTH 08/05/1962	AGE 56	GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 11317 Dozer Road S.W., Stoutsville, OH, 43154	CONTACT PHONE - INCLUDE AREA CODE 740-497-0234
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INJURIES <input checked="" type="checkbox"/> 1	INJURED TAKEN BY <input checked="" type="checkbox"/> 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input checked="" type="checkbox"/> 01	AIR BAG USAGE <input checked="" type="checkbox"/> 1	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 1
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OL STATE OH	OPERATOR LICENSE NUMBER	OL CLASS <input checked="" type="checkbox"/> 4	No <input type="checkbox"/> VALID DL	M/C <input type="checkbox"/> END	CONDITION <input checked="" type="checkbox"/> 1	ALCOHOL/DRUG SUSPECTED <input checked="" type="checkbox"/> 1	ALCOHOL TEST STATUS <input checked="" type="checkbox"/> 4	ALCOHOL TEST TYPE <input checked="" type="checkbox"/> 3	ALCOHOL TEST VALUE 0	DRUG TEST STATUS 5	DRUG TEST TYPE 3
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input checked="" type="checkbox"/> 1 <input type="checkbox"/>
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UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Bynum, Judy, A	DATE OF BIRTH 10/16/1954	AGE 64	GENDER <input checked="" type="checkbox"/> F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2946 Mountainview Drive, Lancaster, OH, 43130	CONTACT PHONE - INCLUDE AREA CODE 740-654-1042
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INJURIES <input checked="" type="checkbox"/> 5	INJURED TAKEN BY <input checked="" type="checkbox"/> 4	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input checked="" type="checkbox"/> 01	AIR BAG USAGE <input checked="" type="checkbox"/> 2	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 2
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--	---------------------	-----------------	---	--

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 99 - UNKNOWN SAFETY EQUIPMENT	Non-Motorist 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	ALCOHOL/DRUG SUSPECTED 5 - FELL ASLEEP, FAINTED, FATIGUE 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING / EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Jaco, Cathi, J	DATE OF BIRTH 05/11/1961	AGE 57	GENDER <input checked="" type="checkbox"/> F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 11317 Dozer Road S.W., Stoutsville, OH, 43154	CONTACT PHONE - INCLUDE AREA CODE 614-205-2379
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INJURIES <input checked="" type="checkbox"/> 1	INJURED TAKEN BY <input checked="" type="checkbox"/> 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input checked="" type="checkbox"/> 03	AIR BAG USAGE <input checked="" type="checkbox"/> 1	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 1
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UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Bynum, Robert, T	DATE OF BIRTH 01/15/1953	AGE 65	GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2946 Mountview Drive, Lancaster, OH, 43130	CONTACT PHONE - INCLUDE AREA CODE 740-654-1042
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INJURIES <input checked="" type="checkbox"/> 4	INJURED TAKEN BY <input checked="" type="checkbox"/> 2	EMS AGENCY Air Evac	MEDICAL FACILITY INJURED TAKEN TO Mount Carmel East	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input checked="" type="checkbox"/> 03	AIR BAG USAGE <input checked="" type="checkbox"/> 2	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 1
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
23-0909-23

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE Stapleton, Mark,	DATE OF BIRTH 11/08/1982	AGE 36	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP 1000 West Market Street, Baltimore, OH, 43105	CONTACT PHONE - INCLUDE AREA CODE 614-598-4241
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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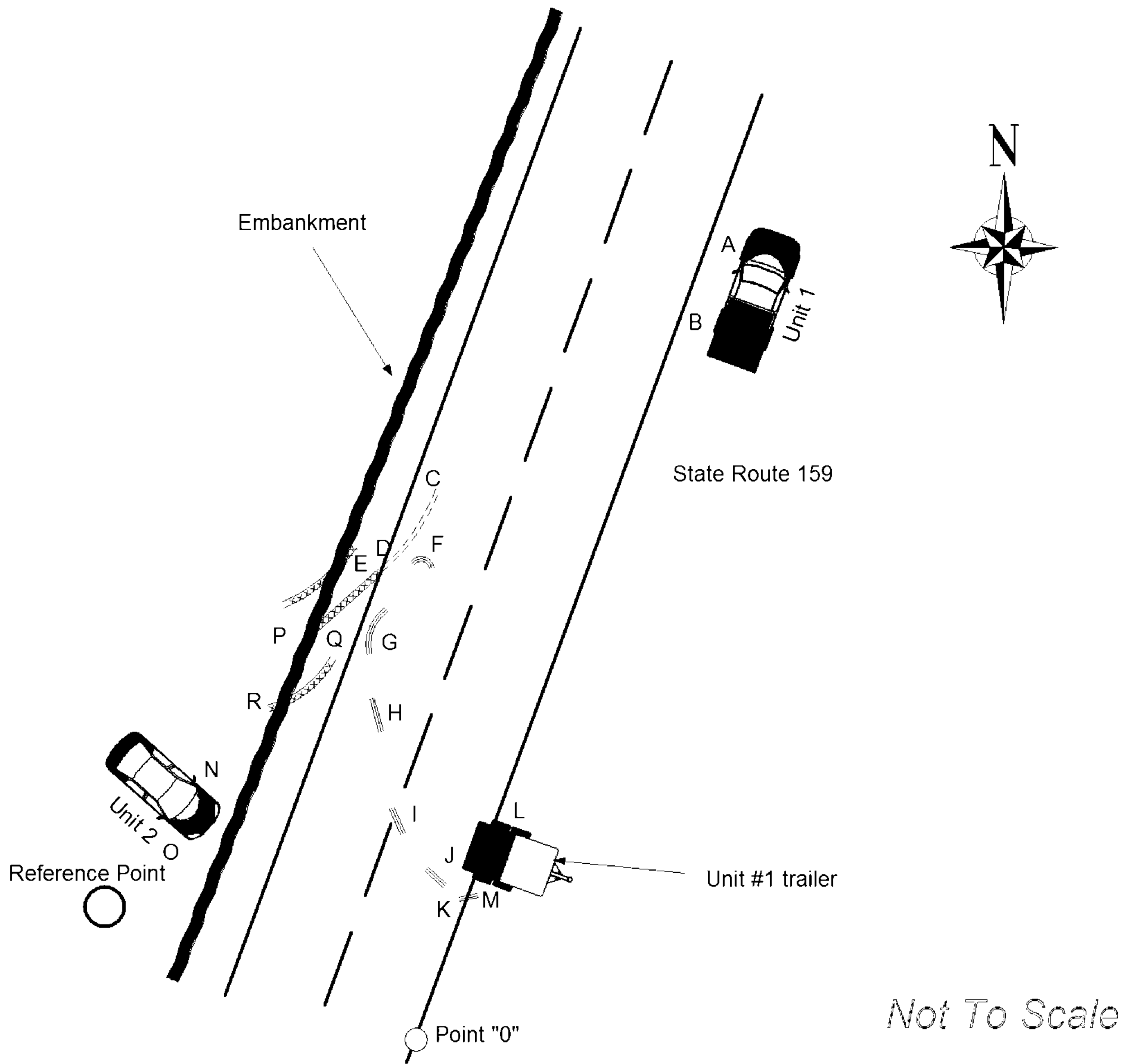
ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input checked="" type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USE 99 - UNKNOWN SAFETY EQUIPMENT <table style="width:100%; border:none;"> <tr> <td style="width:33%; border:none;"> MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED </td> <td style="width:33%; border:none;"> NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED </td> <td style="width:33%; border:none;"> 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER </td> </tr> </table>	MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED	NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK)	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
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LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	REPORTING AGENCY 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	



OFFICERS SIGNATURE	BADGE NO. 1945
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LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	

Vehicle Damage Analysis: Submitted by Trooper R. J. Wilson, U-1629

Unit 1: No damage.

Unit 1 Trailer:

The trailer has a significant amount of paint transfer to the left front corner and tongue. The trailer is equipped with a two inch ball type hitch with a flip cam that secures to the ball. The safety lock had been removed and the threads where it was located was rusted and decayed. The safety chains did not have hooks and appear not to have been used. The driver stated he used a removable threaded link to secure a safety chain. I located a grossly deformed threaded link approximately 100 feet south of the crash scene on the west berm. The hitch was deformed as a result of the crash. The hook still had the warning tag on it stating; "DO NOT USE FOR OVERHEAD LIFTING OR WHERE SAFETY IS A PROTOCOL. DO NOT USE TO SUPPORT THE WEIGHT OF A HUMAN." Size 0508-1/4"

The trailer weighs 1500 pounds and is not required to have a braking system until it exceeds 2000 pounds loaded.

This trailer was clearly in NO condition to be operated without the necessary locking system and safety chains.

Unit 2:

Contact damage to the left front bumper, hood, fender and entire left side from impact with the trailer. The left front wheel was displaced as a result of the crash. There is a distinct pattern impression from the left upright support from the guard rail of the trailer. There is also an impression from the left front tie down hook of the trailer. The tongue and hitch portion of the trailer pierced the lower left bottom rail of the vehicle.

Scaled photos were taken of the contact areas of both vehicles.

Unit 1 trailer information

License - SUJ7739, black 1983 Homemade trailer

No VIN

Owner - Amy L. Cooper

712 Maplewood Avenue Circleville, Ohio 43113

740-571-2409

Officer Narrative:

On October 20th, 2018 at approximately 1400 hours, Sergeant T. K. Bullock and I were dispatched to a two vehicle injury crash with entrapment on State Route 159 near milepost 6. Trooper N. D. Mathias was later dispatched to assist with the crash investigation.

Upon arrival I observed a silver Hyundai Elantra with heavy front end and left side damage off the west side of the roadway on an embankment. I also observed an older trailer that was heavily damaged on the east side of the roadway. Emergency personnel were in the process of mechanically extricating the driver of Unit 2, Judy Bynum, who was later pronounced deceased on scene.

A statement was obtained by a witness, Mark Stapleton, that was following Unit 1 prior to the crash. He stated that Unit 1's trailer became loose from the ball hitch and went left of center and struck Unit 2. He was asked how long he was following the vehicle and he stated approximately one mile. While following Unit 1 he noticed the trailer was wobbling and got progressively worse as the vehicle continued northbound. When the witness initially got behind the vehicle he immediately noticed it was wobbling slightly. He further stated that the trailer went from wobbling to weaving side to side. The witness then stated he thought the pickup truck was avoiding something in the roadway because of the weaving. The witness decreased his speed to put distance between them and that's when the trailer separated from the ball hitch. The witness was asked if he noticed any safety chains connected to the trailer. He said no he didn't believe there was. He stated he had been behind pickup trucks pulling trailers before and he would notice the chains dangling in between the rear bumper and trailer. In this case he did not see them. The trailer swayed back and forth heavily and "popped" off the ball hitch. The witness stated he could hear the separation of the ball hitch from the tongue of the trailer with a distinct "popping" noise. The swaying and wobbling occurred while the trailer was still attached to the vehicle. The trailer never swayed left of center while still attached. The witness was then asked if he noticed any brake lights being applied from the pickup

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IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	
<p>truck while this swaying occurred. He stated he did not see the truck show any signs of slowing down or the driver reacting to the swaying or wobbling. The witness advised he was traveling around 55 mph and he came up on the pickup truck and trailer quickly and his speed decreased below the speed limit while behind them. After impact the pickup truck pulled over and the driver exited the vehicle. The witness recalled the driver of the pickup truck saying, "that damn piece of shit trailer" while shaking his head back and forth. He then walked over to the passenger and told her what happened. The passenger began to scream and cry after realizing what occurred.</p> <p>There was a distinct amount of damage on the roadway. Deep gouge marks could be seen on the southbound lane going into the northbound lane. There was one deep gouge impact mark and several gouges from the tongue of the trailer as it rotated counter clockwise to final rest. A skidmark can be seen starting on the southbound lane from Unit 2 and going off of the right side of the roadway. Unit 2 struck an embankment before coming to final rest. Roadway evidence suggested Unit 2 attempted to swerve to the right and brake to avoid the trailer but was unsuccessful. Air Evac responded to the scene and transported the passenger of Unit 2, Robert Bynum, to Mount Carmel Hospital in Columbus. Unit 1 driver, Keith Carver, provided a voluntary statement and stated as he and his passenger were traveling northbound on State Route 159 he heard a loud "bang" and observed the trailer come loose off the pickup truck. He applied his brakes and heard another loud "bang" before pulling over and stopping. The driver answered a series of questions and stated he drives a truck and trailer frequently and is familiar with the operation and setup. The trailer he used was a friends he was borrowing and it was his first time using it. I asked him how he connected the trailer. He stated he backed up to the trailer, attached the tongue to the ball and put on the safety chains. He did not connect the wiring because there was no wiring to the trailer. The chain he used had a clasp on one end that connected to the trailer chain. The left side he connected another clasp from the chain on the pickup to the trailer. He was then asked how he connected the tongue to the ball and how it fit. He stated it was snug, he pulled up and down and it didn't budge. He stated he checked the mirrors every couple of minutes while driving.</p> <p>On October 22nd, 2018 I spoke with the passenger of Unit 2, Robert Bynum. He provided a voluntary statement. He stated as him and his wife were traveling southbound on State Route 159 they observed a pickup truck pulling a trailer traveling northbound. They then saw the trailer come loose and travel into their lane. He stated his wife had no time to react and they were struck by the trailer. He stated the driver attempted to brake and swerve to the right but did not have enough time to successfully do so. Contact was also made with the registered owner of the trailer and license plate. The owner of the trailer stated he was given the license plate from his son-in-law to use on his trailer. The son-in law left the trailer at Cathi Jago's house (Passenger in Unit 1). The trailer contained fencing and was left there for them to unload. Once they were finished unloading the trailer they were to call and have the owner pick up the trailer. Neither the driver or passenger of Unit 1 had permission or were told whether they could or couldn't use the trailer. The trailer was left there one month prior to the crash. The owner of the trailer stated that the electrical connection did not work and there was only one safety chain hanging down with one S hook. I asked him what size ball hitch it accepted and he told me a 2 inch ball hitch and the tires were in average condition with weather cracking. He said no cord was exposed on any of the tires when he last used the trailer.</p> <p>It is worth noting the tires on the trailer had low tread and the left rear tire had cord exposed. The ball hitch used to hall the trailer was 1 7/8". A & L Towing recovered the Hyundai Elantra and Homemade Trailer from the scene. The driver of Unit 1 provided a voluntary urine sample at the Lancaster Highway Patrol Post and toxicology results will be supplemented. The Fairfield County Coroner will conduct an autopsy report and provide.</p> <p>Weather:</p> <p>The weather report was received from the National Weather Service.</p> <p>Temperature: 58 Degrees F</p> <p>Dew Point: 46</p> <p>Pressure: 29.82</p> <p>Wind: 16 MPH W to SW</p> <p>Humidity: 63%</p> <p>UV Index: 1</p> <p>Cloud Cover: 79%</p> <p>Ceiling: 4345 Ft.</p>		
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LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	
<p>Visibility: 8 MI.</p> <p>Personnel On Scene:</p> <p>Ohio State Highway Patrol:</p> <p>Sergeant T. K. Bullock, U-1021 - On scene supervisor. Assisted with photos and administrative inventories.</p> <p>Trooper N. D. Mathias, U-1996 - Assisted with photos, field sketch and administrative inventories.</p> <p>Clearcreek Township Fire:</p> <p>Rescue 513</p> <p>Medic 512</p> <p>Medic 511</p> <p>Hocking Township Fire:</p> <p>Medic 652</p> <p>Chief 651</p> <p>Medic 651</p> <p>Chief 650</p> <p>Amanda Fire Department:</p> <p>Rescue 521</p> <p>Medic 521</p> <p>G522</p> <p>AirEvac Lifeteam W327AE</p> <p>Transported the passenger of Unit 2, Robert Bynum, to Mount Carmel East.</p> <p>A & L Towing:</p> <p>Recovered the Hyundai Elantra and 1983 Homemade Trailer from the scene. Both vehicles are being temporarily held for further investigation.</p> <p>Fairfield County Coroner Investigator Mark Remington.</p> <p>Timeline Of Events:</p> <p>Reports are compiled from the Fairfield County Sheriff's Office and the State Highway Patrol.</p> <p>1358 - The Fairfield County Sheriff's Office receives a call of a two vehicle head on injury crash with entrapment on State Route 159.</p> <p>1359 - Clearcreek Township Medic 511, Medic 512 and Rescue 513 are dispatched to the scene.</p> <p>1400 - The Fairfield County Sheriff's Office contacts the State Highway Patrol Lancaster Post and requests assistance.</p> <p>1401 - Trooper T. M. Holcomb, U-1945, dispatched to the scene.</p> <p>1404 - Sergeant T. K. Bullock, U-1021, dispatched to the scene.</p>		
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LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	
<p>1404 - Hocking Township Medic 652 enroute to the scene.</p> <p>1404 - Amanda Fire Department Medic 521 enroute to the scene.</p> <p>1404 - Amanda Fire Department Rescue 521 enroute to the scene.</p> <p>1405 - Hocking Township Fire Chief 651 dispatched to the scene.</p> <p>1405 - Hocking Township Fire Chief 651 enroute to the scene.</p> <p>1407 - Clearcreek Township Fire Medic 511 enroute.</p> <p>1408 - Clearcreek Township Fire Rescue 513 enroute.</p> <p>1408 - Hocking Township Fire Medic 652 arrived on scene.</p> <p>1408 - Amanda Fire Department Medic 521 on scene.</p> <p>1409 - Hocking Township Fire Chief 651 arrives on scene.</p> <p>1410 - Trooper T. M. Holcomb, U-1945, arrives on scene.</p> <p>1410 - Hocking Township Fire Chief 650 dispatched to the scene.</p> <p>1410 - Hocking Township Fire Chief 650 enroute to the scene.</p> <p>1414 - Clearcreek Township Fire Medic 511 on scene.</p> <p>1414 - Clearcreek Township Fire Rescue 513 on scene.</p> <p>1415 - Sergeant T. K. Bullock, U-1021, arrives on scene.</p> <p>1415 - Air Evac enroute to the scene.</p> <p>1416 - Hocking Township Fire Chief 650 arrives on scene.</p> <p>1421 - Fairfield County Sheriffs Office was advised by EMS personnel over the radio of confirmed fatality.</p> <p>1422 - State Highway Patrol was advised by EMS personnel on scene of confirmed fatality.</p> <p>1428 - Trooper N. D. Mathias, U-1996, dispatched to the scene.</p> <p>1430 - Air Evac arrived on scene.</p> <p>1437 - Trooper N. D. Mathias, U-1996, arrives on scene.</p> <p>1437 - Coroner contacted to respond to the scene.</p> <p>1438 - Coroner Mark Remington enroute to the scene.</p> <p>1443 - Next of kin, Robert Bynum, notified by EMS personnel on scene.</p> <p>1451 - AirEvac enroute to Mount Carmel East Hospital.</p> <p>1452 - Columbus District Duty Officer notified by Sergeant T. K. Bullock U-1021.</p> <p>1459 - Hocking Township Chief 651 cleared the scene</p> <p>1500 - Clearcreek Township Fire Medic 512 cleared the scene.</p> <p>1502 - Clearcreek Township Fire Medic 511 cleared the scene.</p>		
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LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	
<p>1502 - Amanda Fire Department Medic 521 cleared the scene.</p> <p>1502 - Amanda Fire Department Rescue 521 cleared the scene.</p> <p>1502 - Hocking Township Fire Chief 650 cleared the scene.</p> <p>1505 - Amanda Fire Department G522 dispatched to the scene.</p> <p>1505 - Amanda Fire Department G522 enroute to the scene.</p> <p>1506 - A & L Towing and Recovery enroute for the Hyundai and trailer.</p> <p>1510 - Amanda Fire Department G522 on scene.</p> <p>1523 - Hocking Township Fire Medic 652 cleared the scene.</p> <p>1523 - Hocking Township Fire Medic 651 cleared the scene.</p> <p>1533 - A & L Towing and Recovery arrived on scene.</p> <p>1601 - Trooper T. M. Holcomb, U-1945, enroute with the driver of Unit 1 to the Lancaster Highway Patrol Post for a voluntary urine sample.</p> <p>1603 - AirEvac arrived at Mount Carmel.</p> <p>1611 - Clearcreek Township Fire Rescue 513 cleared the scene.</p> <p>1613 - Trooper T. M. Holcomb, U-1945, arrives at the Lancaster Highway Patrol Post for a voluntary urine sample.</p> <p>1616 - Amanda Fire Department G522 cleared the scene.</p> <p>1623 - Trooper T. M. Holcomb, U-1945, obtains a voluntary urine sample from Unit 1 driver.</p> <p>1626 - Sergeant T. K. Bullock, U-1021, cleared the scene.</p> <p>1634 - A & L Towing and Recovery cleared the scene.</p> <p>1638 - Trooper N. D. Mathias, U-1996, cleared the scene.</p> <p>1904 - Trooper T. M. Holcomb, U-1945, cleared the incident.</p> <p>Vehicle Tire Analysis:</p> <p>Unit 1 - Front tires were make and model, 2357517 Hankook Dynapro A/T. The rear tires were make and model, LT2457517 BF Goodrich Rugged Trail T/A. The front tires showed good tread depth and were in good condition. The rear tires did not have sufficient tread depth and were not in good condition. The following measurements were taken by Trooper N. D. Mathias. The measurements expressed were taken of tread depth from the inside of the tire, center and outside of the tire.</p> <p>Tread Depth</p> <p>Right front - 12/32, 12/32, and 12/32.</p> <p>Left front - 12/32, 12/32, and 12/32.</p> <p>Right rear - 3/32, 3/32, and 3/32.</p> <p>Left rear - 3/32, 3/32, and 3/32.</p> <p>Unit 2 - All tires were make and model, Goodyear Viva 3AS. All four tires were in fair condition. The following measurements were taken by Trooper N. D. Mathias in the same manner as Unit 1.</p> <p>Tread Depth</p>		
OFFICERS SIGNATURE	BADGE NO. 1945	

LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	
<p>Right front - 7/32, 7/32, and 7/32.</p> <p>Right rear - 7/32, 7/32, and 7/32.</p> <p>Left front - 7/32, 7/32, and 7/32.</p> <p>Left rear - 7/32, 7/32, and 7/32.</p> <p>Unit 1 trailer - All tires were make and model, Goodyear Highlander, 8x14 1/2. The following measurements were taken by Trooper N. D. Mathias. The right rear tire had severe weather cracking and low tread. The left rear tire had the cord exposed and had no tire tread.</p> <p>Left front 4/32</p> <p>Left rear 0/32</p> <p>Right rear 11/32</p> <p>Right front 1/32</p> <p>Additional Reports:</p> <p>An autopsy and toxicology report will be completed by the Licking County Coroner's Office. A crash reconstruction report will be completed by the Ohio State Highway Patrol and will be available.</p> <p>*The speed of Unit 2 was left blank at the time of reporting. It will be supplemented upon completion of the crash reconstruction report.</p> <p>*Injured transported by "other" for the driver of Unit 1. The driver was transported by funeral home services contacted by the on scene Coroner Investigator.</p> <p>Reports To Be Supplemented:</p> <p>A voluntary urine sample was provided by the driver of Unit 1 and submitted to the Ohio State Highway Patrol Crime Lab for analysis. Results will be supplemented to this report when available.</p> <p>Upon the collection of all available evidence potential charges will be presented to the Fairfield County Common Pleas prosecutor for review.</p> <p>Insurance information for Unit 2.</p> <p>Toxicology Results:</p> <p>Unit 1 driver alcohol analysis as reported by gas chromatography: alcohol not detected in urine on October 30th, 2018.</p> <p>Field Diagram:</p> <p>Reference Point: Utility Pole #: 140323</p> <p>Reference Point - Point "0": 42.6</p> <p>Width of State Route 159: 24.2</p> <p>Units are expressed in feet-inches.</p> <p>Measurements were obtained using a wheel tape.</p> <p>The road composition was clear dry asphalt.</p> <p>Unit #1 is depicted at controlled final rest.</p>		
OFFICERS SIGNATURE		BADGE NO. 1945

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23-0909-23



20181020

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TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

23-0909-23

PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 PRIVATE PROPERTY

LOCAL INFORMATION P18102000002188
 REPORTING AGENCY NAME * Ohio State Highway Patrol
 NCIC * OHP23

HIT/SKIP
 1 - SOLVED
 2 - UNSOLVED
 NUMBER OF UNITS 2
 UNIT IN ERROR
 1 98 - ANIMAL
 99 - UNKNOWN

COUNTY* 23 LOCALITY* 3
 1 - CITY
 2 - VILLAGE
 3 - TOWNSHIP
 LOCATION: CITY, VILLAGE, TOWNSHIP*
 Clearcreek (Township of)

CRASH DATE / TIME* 10/20/2018 14:00
 CRASH SEVERITY
 1 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE SR ROUTE NUMBER 159
 PREFIX 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 LOCATION ROAD NAME

LATITUDE DECIMAL DEGREES 39.625028

ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6
 ROAD TYPE MP

LONGITUDE DECIMAL DEGREES -82.740689

REFERENCE POINT 2
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE #
 DIRECTION FROM REFERENCE 2
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - 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 HW - HIGHWAY RD - ROAD
 AV - AVENUE LA - LANE SO - SQUARE
 BL - BOULEVARD MP - MILEPOST ST - STREET
 CR - CIRCLE OV - OVAL TE - TERRACE
 CT - COURT PK - PARKWAY TL - TRAIL
 DR - DRIVE PI - PIKE WA - WAY
 HE - HEIGHTS PL - PLACE

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA
 NUMBER OF APPROACHES
ROADWAY
 ROADWAY DIVIDED

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 - TOLL BOOTH
 99 - OTHER / UNKNOWN

MANNER OF CRASH COLLISION/IMPACT
 3 1 - NOT COLLISION BETWEEN TWO MOTOR 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
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 MEDIAN TYPE
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)
 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
 3 - DIVIDED, DEPRESSED MEDIAN
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
 9 - OTHER / UNKNOWN

WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE
 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
 1 - BEFORE THE 1ST 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

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

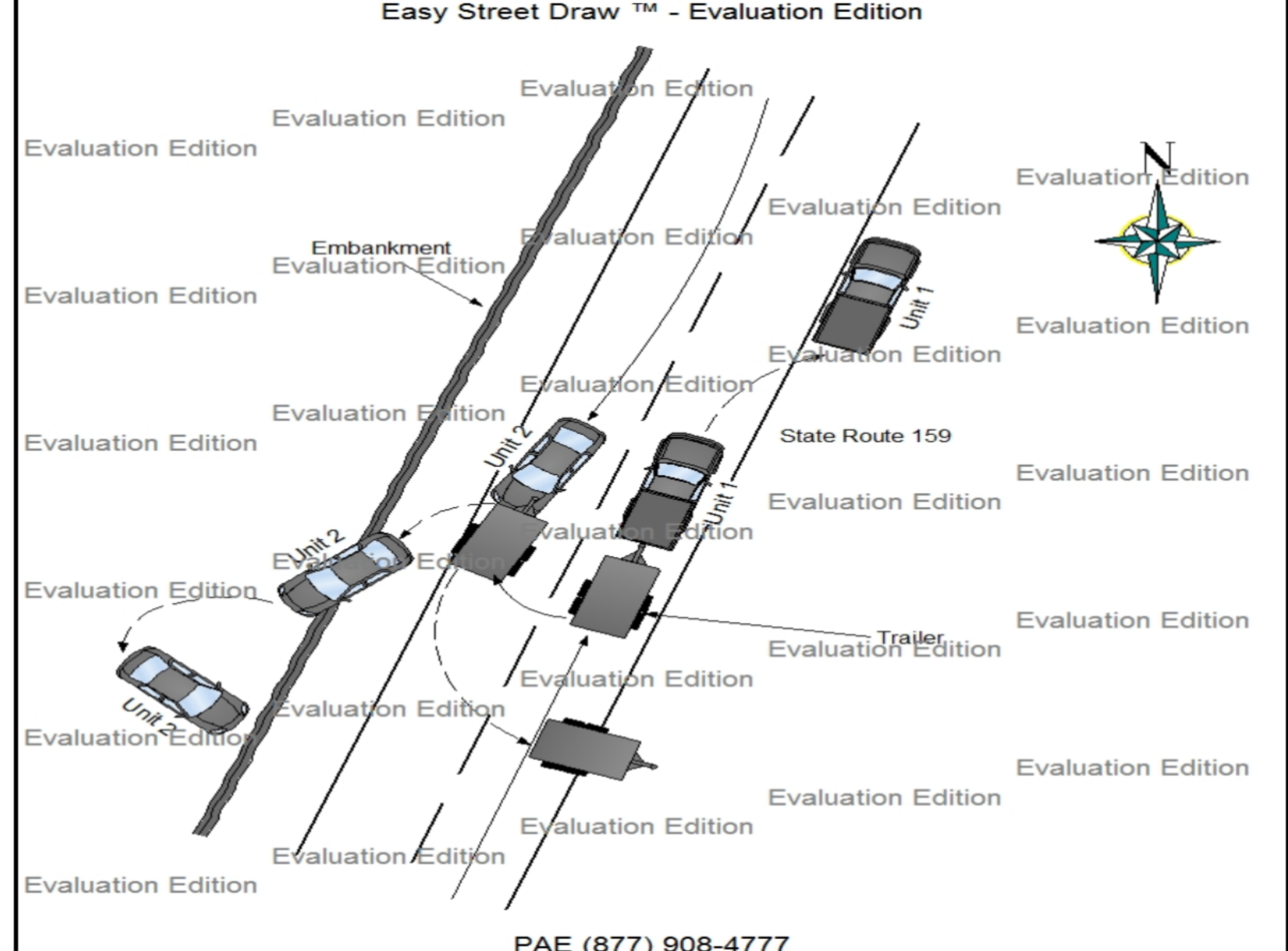
SURFACE
 2 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK
 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 9 - OTHER / UNKNOWN

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

CONTOUR 1
 CONDITIONS 1
 SURFACE 2

NARRATIVE
 Unit 1 was traveling northeast on State Route 159. Unit 2 was traveling southwest on State Route 159. The trailer from Unit 1 unhitched, crossed the center line, and struck Unit 2. Unit 2 drove off the right side of the roadway and struck an embankment. ***Supplemented to include Unit 1 driver alcohol toxicology results.



CRASH REPORTED DATE / TIME 10/20/2018 14:00
 DISPATCH DATE / TIME 10/20/2018 14:00
 ARRIVAL DATE / TIME 10/20/2018 14:10
 SCENE CLEARED DATE / TIME 10/20/2018 16:38
 REPORT TAKEN BY POLICE AGENCY
 MOTORIST
 TOTAL TIME ROADWAY CLOSED 10
 OTHER INVESTIGATION TIME 10
 TOTAL MINUTES 168
 OFFICER'S NAME* Holcomb, Tyler
 OFFICER'S BADGE NUMBER* 1945
 CHECKED BY OFFICER'S NAME* Lanning, Rusty
 CHECKED BY OFFICER'S BADGE NUMBER* 0722
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

OWNER

UNIT # 1 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER)
CARVER, KEITH, W

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
740-497-0234

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
11317 DOZER ROAD S.W., STOUTSVILLE, OH, 43154

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
740-497-0234

LP STATE OH **LICENSE PLATE #** HNC7425 **VEHICLE IDENTIFICATION #** 1FTRX14WX8KE33252 **VEHICLE YEAR** 2008 **VEHICLE MAKE** FORD

INSURANCE VERIFIED **INSURANCE COMPANY** PEKIN **INSURANCE POLICY #** 00P722451 **COLOR** GRY **VEHICLE MODEL** F-150

COMMERCIAL **GOVERNMENT** **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY:** COMPANY NAME N/A

INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **# OCCUPANTS** 1 **VEHICLE WEIGHT GVWR/GCWR**
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - > 26K LBS.

MATERIAL RELEASED **PLACARD** **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**

UNIT TYPE 4

1 - PASSENGER CAR	6 - VAN (9-15 SEATS)	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATER
2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP	9 - AUTOCYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
	11 - ALL TERRAIN VEHICLE (ATV/UTV)	17 - MOTORHOME	99 - UNKNOWN OR HIT/SKIP	

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

1 - YES 2 - NO 9 - OTHER / UNKNOWN

AUTONOMOUS MODE LEVEL 0

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 1

1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIP.	20 - SAFETY SERVICE PATROL	

CARGO BODY TYPE 1

1 - NO CARGO BODY TYPE / NOT APPLICABLE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DUMP	99 - OTHER / UNKNOWN
2 - BUS	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER	
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	6 - CARGOVAN /ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER	
		10 - FLAT BED	14 - GARBAGE/REFUSE	

VEHICLED EFFECTS 8

1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
3 - TAIL LAMPS	6 - TIRE BLOWOUT			

NON-MOTORIST LOCATION

1 - INTERSECTION - MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE	10 - DRIVEWAY ACCESS	99 - OTHER / UNKNOWN
2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	
3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE	

ACTION 3 **PRE-CRASH ACTIONS** 1

1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
2 - NON-COLLISION	2 - BACKING	10 - PARKED	16 - WORKING	99 - OTHER / UNKNOWN
3 - STRIKING	3 - CHANGING LANES	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	
4 - STRUCK	4 - OVERTAKING/PASSING	12 - DRIVERLESS	18 - APPROACHING OR LEAVING VEHICLE	
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	13 - NEGOTIATING A CURVE	19 - STANDING	
9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	14 - ENTERING OR CROSSING SPECIFIED LOCATION	20 - OTHER NON-MOTORIST	
	7 - MAKING U-TURN			
	8 - ENTERING TRAFFIC LANE			

CONTRIBUTING CIRCUMSTANCES 18

1 - NONE	8 - FOLLOWING TOO CLOSE /ACDA	13 - IMPROPER START FROM A PARKED POSITION	18 - OPERATING DEFECTIVE EQUIPMENT	23 - OPENING DOOR INTO
2 - FAILURE TO YIELD	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	19 - LOAD SHIFTING /FALLING/SPILLING	99 - OTHER IMPROPER ACTION
3 - RAN RED LIGHT	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	20 - IMPROPER CROSSING	
4 - RAN STOP SIGN	11 - DROVE OFF ROAD	16 - WRONG WAY	21 - LYING IN ROADWAY	
5 - UNSAFE SPEED	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - NOT DISCERNIBLE	
6 - IMPROPER TURN				
7 - LEFT OF CENTER				

SEQUENCE OF EVENTS

1	5	NON-COLLISION			
2	11	1 - OVERTURN/ROLLOVER	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	19 - ANIMAL -OTHER
3	20	2 - FIRE/EXPLOSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT
4		3 - IMMERSION	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE
5		4 - JACKKNIFE	10 - CROSS MEDIAN	15 - PEDALCYCLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
6		5 - CARGO / EQUIPMENT LOSS OR SHIFT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
		6 - EQUIPMENT FAILURE		17 - ANIMAL - FARM	24 - OTHER MOVABLE OBJECT
				18 - ANIMAL - DEER	
COLLISION WITH FIXED OBJECT - STRUCK					
4		25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	38 - OVERHEAD SIGN POST	45 - EMBANKMENT
5		26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	46 - FENCE
5		27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	40 - UTILITY POLE	47 - MAILBOX
6		28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE
		29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	42 - CULVERT	49 - FIRE HYDRANT
		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
			37 - TRAFFIC SIGN POST	44 - DITCH	51 - WALL
					52 - BUILDING
					53 - TUNNEL
					54 - OTHER FIXED OBJECT
					99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 3 **MOST HARMFUL EVENT** 3

LOCAL REPORT NUMBER
23-0909-23

DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

1

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

NO DAMAGE [0] **UNDERCARRIAGE** [14]
 TOP [13] **ALL AREAS** [15]
 UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
13 - TOP

0

TRAFFIC

TRAFFICWAY FLOW 2

1 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL 6

1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING

1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 8 TO 5

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 55

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) BYNUM, ROBERT, T	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 740-654-1042
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 2946 MOUNTVIEW DRIVER, LANCASTER, OH, 43130		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 740-654-1042

LP STATE OH	LICENSE PLATE # GPZ2094	VEHICLE IDENTIFICATION # KMHDN46DX4U846067	VEHICLE YEAR 2004	VEHICLE MAKE HYUNDAI
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY FRA NOT SHOWN	INSURANCE POLICY #	COLOR SIL	VEHICLE MODEL ELANTRA
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME A & L TOWING	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	
TYPE OF USE		VEHICLE WEIGHT GVWR/GCWR	CLASS # PLACARD ID #	
<input type="checkbox"/> 1 - PASSENGER CAR <input type="checkbox"/> 2 - PASSENGER VAN (MINIVAN) <input type="checkbox"/> 3 - SPORT UTILITY VEHICLE <input type="checkbox"/> 4 - PICK UP <input type="checkbox"/> 5 - CARGO VAN <input type="checkbox"/> 6 - VAN (9-15 SEATS) <input type="checkbox"/> 7 - MOTORCYCLE 2-WHEELED <input type="checkbox"/> 8 - MOTORCYCLE 3-WHEELED <input type="checkbox"/> 9 - AUTOCYCLE <input type="checkbox"/> 10 - MOPED OR MOTORIZED BICYCLE <input type="checkbox"/> 11 - ALL TERRAIN VEHICLE (ATV/UTV) <input type="checkbox"/> 12 - GOLF CART <input type="checkbox"/> 13 - SNOWMOBILE <input type="checkbox"/> 14 - SINGLE UNIT TRUCK <input type="checkbox"/> 15 - SEMI-TRACTOR <input type="checkbox"/> 16 - FARM EQUIPMENT <input type="checkbox"/> 17 - MOTORHOME <input type="checkbox"/> 18 - LIMO (LIVERY VEHICLE) <input type="checkbox"/> 19 - BUS (16+ PASSENGERS) <input type="checkbox"/> 20 - OTHER VEHICLE <input type="checkbox"/> 21 - HEAVY EQUIPMENT <input type="checkbox"/> 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE <input type="checkbox"/> 23 - PEDESTRIAN/SKATER <input type="checkbox"/> 24 - WHEELCHAIR (ANY TYPE) <input type="checkbox"/> 25 - OTHER NON-MOTORIST <input type="checkbox"/> 26 - BICYCLE <input type="checkbox"/> 27 - TRAIN <input type="checkbox"/> 99 - UNKNOWN OR HIT/SKIP				
UNIT TYPE 1		# OF TRAILING UNITS		
WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?				
<input type="checkbox"/> 0 - NO AUTOMATION <input type="checkbox"/> 1 - DRIVER ASSISTANCE <input type="checkbox"/> 2 - PARTIAL AUTOMATION <input type="checkbox"/> 3 - CONDITIONAL AUTOMATION <input type="checkbox"/> 4 - HIGH AUTOMATION <input type="checkbox"/> 5 - FULL AUTOMATION <input type="checkbox"/> 9 - UNKNOWN				
SPECIAL FUNCTION 1				
<input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2 - TAXI <input type="checkbox"/> 3 - ELECTRONIC RIDE SHARING <input type="checkbox"/> 4 - SCHOOL TRANSPORT <input type="checkbox"/> 5 - BUS - TRANSIT/COMMUTER <input type="checkbox"/> 6 - BUS - CHARTER/TOUR <input type="checkbox"/> 7 - BUS - INTERCITY <input type="checkbox"/> 8 - BUS - SHUTTLE <input type="checkbox"/> 9 - BUS - OTHER <input type="checkbox"/> 10 - AMBULANCE <input type="checkbox"/> 11 - FIRE <input type="checkbox"/> 12 - MILITARY <input type="checkbox"/> 13 - POLICE <input type="checkbox"/> 14 - PUBLIC UTILITY <input type="checkbox"/> 15 - CONSTRUCTION EQUIP. <input type="checkbox"/> 16 - FARM <input type="checkbox"/> 17 - MOWING <input type="checkbox"/> 18 - SNOW REMOVAL <input type="checkbox"/> 19 - TOWING <input type="checkbox"/> 20 - SAFETY SERVICE PATROL <input type="checkbox"/> 21 - MAIL CARRIER <input type="checkbox"/> 99 - OTHER / UNKNOWN				
CARGO BODY TYPE 1				
<input type="checkbox"/> 1 - NO CARGO BODY TYPE / NOT APPLICABLE <input type="checkbox"/> 2 - BUS <input type="checkbox"/> 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE <input type="checkbox"/> 4 - LOGGING <input type="checkbox"/> 5 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 6 - CARGOVAN / ENCLOSED BOX <input type="checkbox"/> 7 - GRAIN/CHIPS/GRAVEL <input type="checkbox"/> 8 - POLE <input type="checkbox"/> 9 - CARGO TANK <input type="checkbox"/> 10 - FLAT BED <input type="checkbox"/> 11 - DUMP <input type="checkbox"/> 12 - CONCRETE MIXER <input type="checkbox"/> 13 - AUTO TRANSPORTER <input type="checkbox"/> 14 - GARBAGE/REFUSE <input type="checkbox"/> 99 - OTHER / UNKNOWN				
VEHICLED EFFECTS 1				
<input type="checkbox"/> 1 - TURN SIGNALS <input type="checkbox"/> 2 - HEAD LAMPS <input type="checkbox"/> 3 - TAIL LAMPS <input type="checkbox"/> 4 - BRAKES <input type="checkbox"/> 5 - STEERING <input type="checkbox"/> 6 - TIRE BLOWOUT <input type="checkbox"/> 7 - WORN OR SLICK TIRES <input type="checkbox"/> 8 - TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/> 9 - MOTOR TROUBLE <input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT <input type="checkbox"/> 99 - OTHER / UNKNOWN				

NON-MOTORIST LOCATION 1	<input type="checkbox"/> 1 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 2 - INTERSECTION - UNMARKED CROSSWALK <input type="checkbox"/> 3 - INTERSECTION - OTHER <input type="checkbox"/> 4 - MIDBLOCK - MARKED CROSSWALK <input type="checkbox"/> 5 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 6 - BICYCLE LANE <input type="checkbox"/> 7 - SHOULDER/ROADSIDE <input type="checkbox"/> 8 - SIDEWALK <input type="checkbox"/> 9 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 - SHARED USE PATHS OR TRAILS <input type="checkbox"/> 12 - FIRST RESPONDER AT INCIDENT SCENE <input type="checkbox"/> 99 - OTHER / UNKNOWN
ACTION 4	<input type="checkbox"/> 1 - NON-COLLISION <input type="checkbox"/> 2 - NON-COLLISION <input type="checkbox"/> 3 - STRIKING <input type="checkbox"/> 4 - STRUCK <input type="checkbox"/> 5 - BOTH STRIKING & STRUCK <input type="checkbox"/> 9 - OTHER / UNKNOWN <input type="checkbox"/> 1 - STRAIGHT AHEAD <input type="checkbox"/> 2 - BACKING <input type="checkbox"/> 3 - CHANGING LANES <input type="checkbox"/> 4 - OVERTAKING/PASSING <input type="checkbox"/> 5 - MAKING RIGHT TURN <input type="checkbox"/> 6 - MAKING LEFT TURN <input type="checkbox"/> 7 - MAKING U-TURN <input type="checkbox"/> 8 - ENTERING TRAFFIC LANE <input type="checkbox"/> 9 - LEAVING TRAFFIC LANE <input type="checkbox"/> 10 - PARKED <input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC <input type="checkbox"/> 12 - DRIVERLESS <input type="checkbox"/> 13 - NEGOTIATING A CURVE <input type="checkbox"/> 14 - ENTERING OR CROSSING SPECIFIED LOCATION <input type="checkbox"/> 15 - WALKING, RUNNING, JOGGING, PLAYING <input type="checkbox"/> 16 - WORKING <input type="checkbox"/> 17 - PUSHING VEHICLE <input type="checkbox"/> 18 - APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> 19 - STANDING <input type="checkbox"/> 20 - OTHER NON-MOTORIST <input type="checkbox"/> 21 - STANDING OUTSIDE DISABLED VEHICLE <input type="checkbox"/> 99 - OTHER / UNKNOWN

CONTRIBUTING CIRCUMSTANCES 1	<input type="checkbox"/> 1 - NONE <input type="checkbox"/> 2 - FAILURE TO YIELD <input type="checkbox"/> 3 - RAN RED LIGHT <input type="checkbox"/> 4 - RAN STOP SIGN <input type="checkbox"/> 5 - UNSAFE SPEED <input type="checkbox"/> 6 - IMPROPER TURN <input type="checkbox"/> 7 - LEFT OF CENTER <input type="checkbox"/> 8 - FOLLOWING TOO CLOSE / ACDA <input type="checkbox"/> 9 - IMPROPER LANE CHANGE <input type="checkbox"/> 10 - IMPROPER PASSING <input type="checkbox"/> 11 - DROVE OFF ROAD <input type="checkbox"/> 12 - IMPROPER BACKING <input type="checkbox"/> 13 - IMPROPER START FROM A PARKED POSITION <input type="checkbox"/> 14 - STOPPED OR PARKED ILLEGALLY <input type="checkbox"/> 15 - SWERVING TO AVOID <input type="checkbox"/> 16 - WRONG WAY <input type="checkbox"/> 17 - VISION OBSTRUCTION <input type="checkbox"/> 18 - OPERATING DEFECTIVE EQUIPMENT <input type="checkbox"/> 19 - LOAD SHIFTING / FALLING/SPILLING <input type="checkbox"/> 20 - IMPROPER CROSSING <input type="checkbox"/> 21 - LYING IN ROADWAY <input type="checkbox"/> 22 - NOT DISCERNIBLE <input type="checkbox"/> 23 - OPENING DOOR INTO <input type="checkbox"/> 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS				
1	23	NON-COLLISION <input type="checkbox"/> 1 - OVERTURN/ROLLOVER <input type="checkbox"/> 2 - FIRE/EXPLOSION <input type="checkbox"/> 3 - IMMERSION <input type="checkbox"/> 4 - JACKKNIFE <input type="checkbox"/> 5 - CARGO / EQUIPMENT LOSS OR SHIFT <input type="checkbox"/> 6 - EQUIPMENT FAILURE <input type="checkbox"/> 7 - SEPARATION OF UNITS <input type="checkbox"/> 8 - RAN OFF ROAD RIGHT <input type="checkbox"/> 9 - RAN OFF ROAD LEFT <input type="checkbox"/> 10 - CROSS MEDIAN <input type="checkbox"/> 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL <input type="checkbox"/> 12 - DOWNHILL RUNAWAY <input type="checkbox"/> 13 - OTHER NON-COLLISION <input type="checkbox"/> 14 - PEDESTRIAN <input type="checkbox"/> 15 - PEDALCYCLE <input type="checkbox"/> 16 - RAILWAY VEHICLE <input type="checkbox"/> 17 - ANIMAL - FARM <input type="checkbox"/> 18 - ANIMAL - DEER <input type="checkbox"/> 19 - ANIMAL - OTHER <input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT <input type="checkbox"/> 21 - PARKED MOTOR VEHICLE <input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE <input type="checkbox"/> 24 - OTHER MOVABLE OBJECT		
4		COLLISION WITH FIXED OBJECT - STRUCK <input type="checkbox"/> 25 - IMPACT ATTENUATOR / CRASH CUSHION <input type="checkbox"/> 26 - BRIDGE OVERHEAD STRUCTURE <input type="checkbox"/> 27 - BRIDGE PIER OR ABUTMENT <input type="checkbox"/> 28 - BRIDGE PARAPET <input type="checkbox"/> 29 - BRIDGE RAIL <input type="checkbox"/> 30 - GUARDRAIL FACE <input type="checkbox"/> 31 - GUARDRAIL END <input type="checkbox"/> 32 - PORTABLE BARRIER <input type="checkbox"/> 33 - MEDIAN CABLE BARRIER <input type="checkbox"/> 34 - MEDIAN GUARDRAIL BARRIER <input type="checkbox"/> 35 - MEDIAN CONCRETE BARRIER <input type="checkbox"/> 36 - MEDIAN OTHER BARRIER <input type="checkbox"/> 37 - TRAFFIC SIGN POST <input type="checkbox"/> 38 - OVERHEAD SIGN POST <input type="checkbox"/> 39 - LIGHT / LUMINARIES SUPPORT <input type="checkbox"/> 40 - UTILITY POLE OR SUPPORT <input type="checkbox"/> 41 - OTHER POST, POLE OR SUPPORT <input type="checkbox"/> 42 - CULVERT <input type="checkbox"/> 43 - CURB <input type="checkbox"/> 44 - DITCH <input type="checkbox"/> 45 - EMBANKMENT <input type="checkbox"/> 46 - FENCE <input type="checkbox"/> 47 - MAILBOX <input type="checkbox"/> 48 - TREE <input type="checkbox"/> 49 - FIRE HYDRANT <input type="checkbox"/> 50 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 51 - WALL <input type="checkbox"/> 52 - BUILDING <input type="checkbox"/> 53 - TUNNEL <input type="checkbox"/> 54 - OTHER FIXED OBJECT <input type="checkbox"/> 99 - OTHER / UNKNOWN		
1		FIRST HARMFUL EVENT <input type="checkbox"/> 1 MOST HARMFUL EVENT <input type="checkbox"/> 1		

LOCAL REPORT NUMBER
23-0909-23

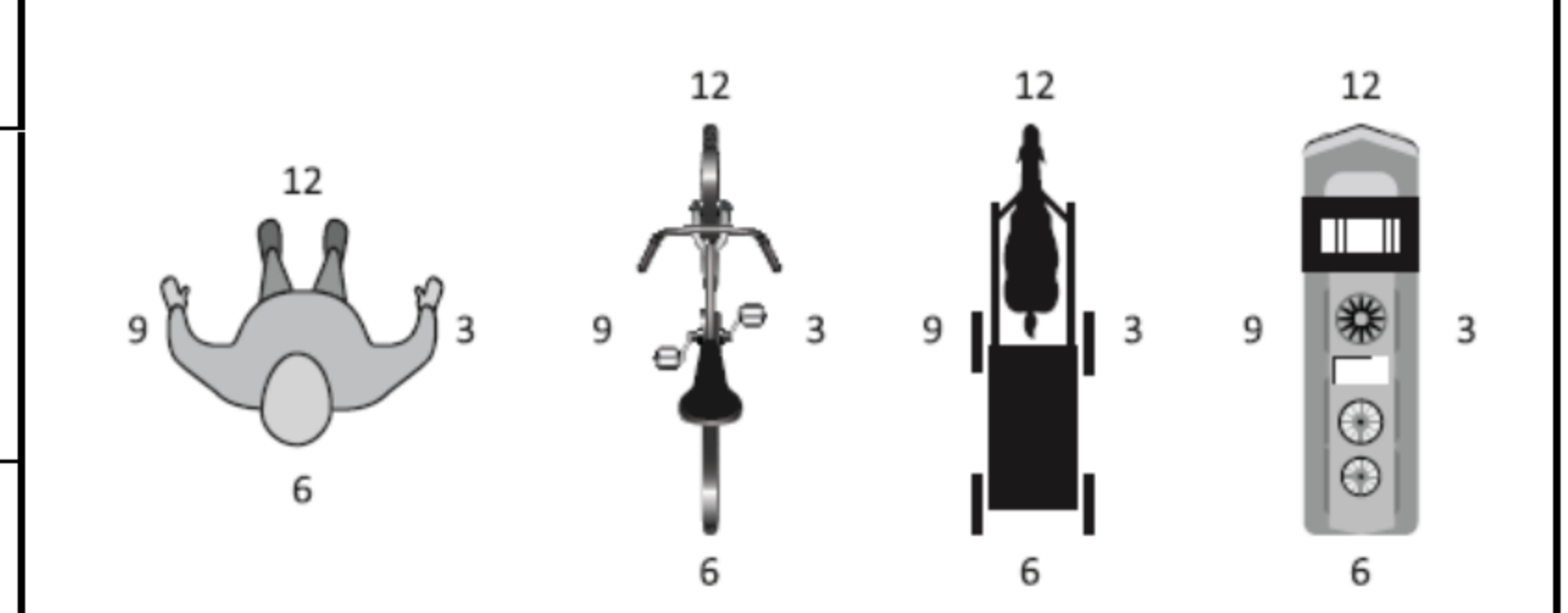
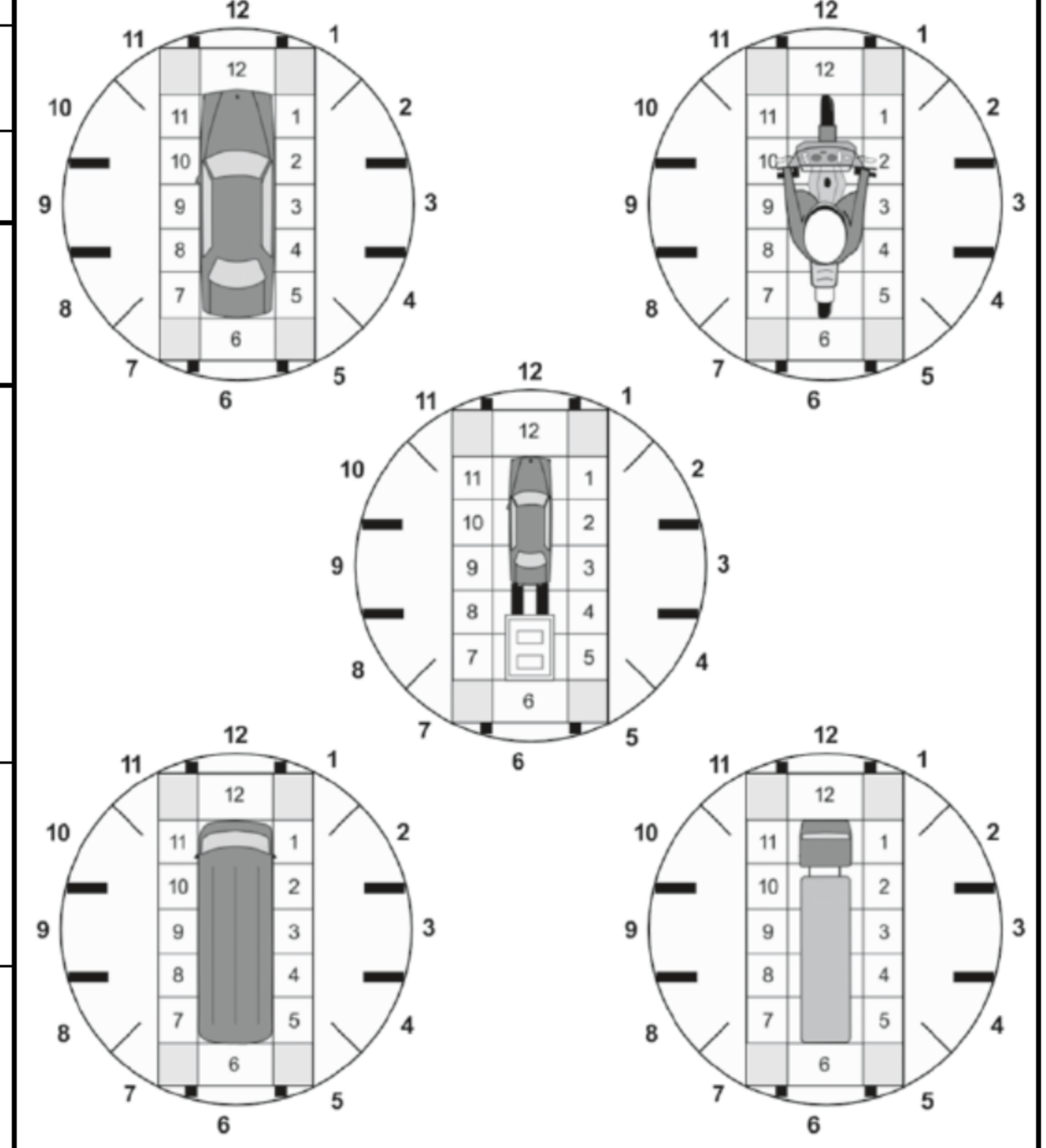
DAMAGE

DAMAGE SCALE

1 - NONE
2 - MINOR DAMAGE
3 - FUNCTIONAL DAMAGE
4 - DISABLING DAMAGE
9 - UNKNOWN

4

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]

- TOP [13] - ALL AREAS [15]

- UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 - NO DAMAGE
1-12 - REFER TO UNIT DIAGRAM
13 - TOP
14 - UNDERCARRIAGE
15 - VEHICLE NOT AT SCENE
99 - UNKNOWN

12

TRAFFIC

TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 2	TRAFFIC CONTROL 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL 6
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# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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UNIT / NON-MOTORIST DIRECTION

FROM 5 TO 8

1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED 	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 55	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

23-0909-23

UNIT # 1	NAME: LAST, FIRST, MIDDLE CARVER, KEITH, W				DATE OF BIRTH 08/05/1962		AGE 56	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 11317 DOZER ROAD S.W., STOUTSVILLE, OH, 43154					CONTACT PHONE - INCLUDE AREA CODE 740-497-0234						
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)		
						STATUS 4	TYPE 3	VALUE .000	STATUS 4	TYPE 3	RESULTS SELECT UP TO 4 8

UNIT # 2	NAME: LAST, FIRST, MIDDLE BYNUM, JUDY, A				DATE OF BIRTH 10/16/1954		AGE 64	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 2946 MOUNTAINVIEW DRIVE, LANCASTER, OH, 43130					CONTACT PHONE - INCLUDE AREA CODE 740-654-1042						
INJURIES 1	INJURED TAKEN BY 9	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 2	
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)		
						STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	RESULTS SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)		
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS SELECT UP TO 4

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL OL ENDORSEMENT H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS & CLASS B BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

23-0909-23

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE JAGO, CATHI, J	DATE OF BIRTH 05/11/1961	AGE 57	GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 11317 DOZER ROAD S.W., STOUTSVILLE, OH, 43154		CONTACT PHONE - INCLUDE AREA CODE 614-205-2379				
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION 3 AIR BAG USAGE 1 EJECTION 1 TRAPPED 1	
OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE BYNUM, ROBERT, T	DATE OF BIRTH 01/15/1953	AGE 65	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 2946 MOUNTVIEW DRIVE, LANCASTER, OH, 43130		CONTACT PHONE - INCLUDE AREA CODE 740-654-1042				
	INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY (NAME) AIR EVAC	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MOUNT CARMEL EAST	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION 3 AIR BAG USAGE 2 EJECTION 1 TRAPPED 1	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED 	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED 	
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE	
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS. PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	
WITNESS	NAME: LAST, FIRST, MIDDLE STAPLETON, MARK	DATE OF BIRTH 01/01/2001	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP 1000 WEST MARKET STREET, BALTIMORE, OH, 43105		CONTACT PHONE - INCLUDE AREA CODE 614-598-4241				
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE				

LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	

Vehicle Damage Analysis: Submitted by Trooper R. J. Wilson, U-1629Unit 1: No damage.Unit 1 Trailer:

The trailer has a significant amount of paint transfer to the left front corner and tongue. The trailer is equipped with a two inch ball type hitch with a flip cam that secures to the ball. The safety lock had been removed and the threads where it was located was rusted and decayed. The safety chains did not have hooks and appear not to have been used. The driver stated he used a removable threaded link to secure a safety chain. I located a grossly deformed threaded link approximately 100 feet south of the crash scene on the west berm. The hitch was deformed as a result of the crash. The hook still had the warning tag on it stating; "DO NOT USE FOR OVERHEAD LIFTING OR WHERE SAFETY IS A PROTOCOL. DO NOT USE TO SUPPORT THE WEIGHT OF A HUMAN." Size 0508-1/4"

The trailer weighs 1500 pounds and is not required to have a braking system until it exceeds 2000 pounds loaded.

This trailer was clearly in NO condition to be operated without the necessary locking system and safety chains.

Unit 2:

Contact damage to the left front bumper, hood, fender and entire left side from impact with the trailer. The left front wheel was displaced as a result of the crash. There is a distinct pattern impression from the left upright support from the guard rail of the trailer. There is also an impression from the left front tie down hook of the trailer. The tongue and hitch portion of the trailer pierced the lower left bottom rail of the vehicle.

Scaled photos were taken of the contact areas of both vehicles.

Unit 1 trailer information

License - SUJ7739, black 1983 Homemade trailer

No VIN

Owner - Amy L. Cooper

712 Maplewood Avenue Circleville, Ohio 43113

740-571-2409

Officer Narrative:

On October 20th, 2018 at approximately 1400 hours, Sergeant T. K. Bullock and I were dispatched to a two vehicle injury crash with entrapment on State Route 159 near milepost 6. Trooper N. D. Mathias was later dispatched to assist with the crash investigation.

Upon arrival I observed a silver Hyundai Elantra with heavy front end and left side damage off the west side of the roadway on an embankment. I also observed an older trailer that was heavily damaged on the east side of the roadway. Emergency personnel were in the process of mechanically extricating the driver of Unit 2, Judy Bynum, who was later pronounced deceased on scene.

A statement was obtained by a witness, Mark Stapleton, that was following Unit 1 prior to the crash. He stated

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<p>that Unit 1's trailer became loose from the ball hitch and went left of center and struck Unit 2. He was asked how long he was following the vehicle and he stated approximately one mile. While following Unit 1 he noticed the trailer was wobbling and got progressively worse as the vehicle continued northbound. When the witness initially got behind the vehicle he immediately noticed it was wobbling slightly. He further stated that the trailer went from wobbling to weaving side to side. The witness then stated he thought the pickup truck was avoiding something in the roadway because of the weaving. The witness decreased his speed to put distance between them and that's when the trailer separated from the ball hitch. The witness was asked if he noticed any safety chains connected to the trailer. He said no he didn't believe there was. He stated he had been behind pickup trucks pulling trailers before and he would notice the chains dangling in between the rear bumper and trailer. In this case he did not see them. The trailer swayed back and forth heavily and "popped" off the ball hitch. The witness stated he could hear the separation of the ball hitch from the tongue of the trailer with a distinct "popping" noise. The swaying and wobbling occurred while the trailer was still attached to the vehicle. The trailer never swayed left of center while still attached. The witness was then asked if he noticed any brake lights being applied from the pickup truck while this swaying occurred. He stated he did not see the truck show any signs of slowing down or the driver reacting to the swaying or wobbling. The witness advised he was traveling around 55 mph and he came up on the pickup truck and trailer quickly and his speed decreased below the speed limit while behind them. After impact the pickup truck pulled over and the driver exited the vehicle. The witness recalled the driver of the pickup truck saying, "that damn piece of shit trailer" while shaking his head back and forth. He then walked over to the passenger and told her what happened. The passenger began to scream and cry after realizing what occurred.</p> <p>There was a distinct amount of damage on the roadway. Deep gouge marks could be seen on the southbound lane going into the northbound lane. There was one deep gouge impact mark and several gouges from the tongue of the trailer as it rotated counter clockwise to final rest. A skidmark can be seen starting on the southbound lane from Unit 2 and going off of the right side of the roadway. Unit 2 struck an embankment before coming to final rest. Roadway evidence suggested Unit 2 attempted to swerve to the right and brake to avoid the trailer but was unsuccessful. Air Evac responded to the scene and transported the passenger of Unit 2, Robert Bynum, to Mount Carmel Hospital in Columbus. Unit 1 driver, Keith Carver, provided a voluntary statement and stated as he and his passenger were traveling northbound on State Route 159 he heard a loud "bang" and observed the trailer come loose off the pickup truck. He applied his brakes and heard another loud "bang" before pulling over and stopping. The driver answered a series of questions and stated he drives a truck and trailer frequently and is familiar with the operation and setup. The trailer he used was a friends he was borrowing and it was his first time using it. I asked him how he connected the trailer. He stated he backed up to the trailer, attached the tongue to the ball and put on the safety chains. He did not connect the wiring because there was no wiring to the trailer. The chain he used had a clasp on one end that connected to the trailer chain. The left side he connected another clasp from the chain on the pickup to the trailer. He was then asked how he connected the tongue to the ball and how it fit. He stated it was snug, he pulled up and down and it didn't budge. He stated he checked the mirrors every couple of minutes while driving.</p> <p>On October 22nd, 2018 I spoke with the passenger of Unit 2, Robert Bynum. He provided a voluntary statement. He stated as him and his wife were traveling southbound on State Route 159 they observed a pickup truck pulling a trailer traveling northbound. They then saw the trailer come loose and travel into their lane. He stated his wife had no time to react and they were struck by the trailer. He stated the driver attempted to brake and swerve to the right but did not have enough time to successfully do so. Contact was also made with the registered owner of the trailer and license plate. The owner of the trailer stated he was given the license plate from his son-in-law to use on his trailer. The son-in law left the trailer at Cathi Jago's house (Passenger in Unit 1). The trailer contained fencing and was left there for them to unload. Once they were finished unloading the trailer they were to call and have the owner pick up the trailer. Neither the driver or passenger of Unit 1 had permission or were told whether they could or couldn't use the trailer. The trailer was left there one month prior to the crash. The owner of the trailer stated that the electrical connection did not work and there was only one</p>		
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<p>safety chain hanging down with one S hook. I asked him what size ball hitch it accepted and he told me a 2 inch ball hitch and the tires were in average condition with weather cracking. He said no cord was exposed on any of the tires when he last used the trailer.</p> <p>It is worth noting the tires on the trailer had low tread and the left rear tire had cord exposed. The ball hitch used to haul the trailer was 1 7/8". A & L Towing recovered the Hyundai Elantra and Homemade Trailer from the scene. The driver of Unit 1 provided a voluntary urine sample at the Lancaster Highway Patrol Post and toxicology results will be supplemented. The Fairfield County Coroner will conduct an autopsy report and provide.</p> <p>Weather:</p> <p>The weather report was received from the National Weather Service.</p> <p>Temperature: 58 Degrees F</p> <p>Dew Point: 46</p> <p>Pressure: 29.82</p> <p>Wind: 16 MPH W to SW</p> <p>Humidity: 63%</p> <p>UV Index: 1</p> <p>Cloud Cover: 79%</p> <p>Ceiling: 4345 Ft.</p> <p>Visibility: 8 MI.</p> <p>Personnel On Scene:</p> <p><u>Ohio State Highway Patrol:</u></p> <p>Sergeant T. K. Bullock, U-1021 - On scene supervisor. Assisted with photos and administrative inventories.</p> <p>Trooper N. D. Mathias, U-1996 - Assisted with photos, field sketch and administrative inventories.</p> <p><u>Clearcreek Township Fire:</u></p> <p>Rescue 513</p> <p>Medic 512</p> <p>Medic 511</p> <p><u>Hocking Township Fire:</u></p> <p>Medic 652</p> <p>Chief 651</p> <p>Medic 651</p>		
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<p>Chief 650</p> <p><u>Amanda Fire Department:</u></p> <p>Rescue 521</p> <p>Medic 521</p> <p>G522</p> <p><u>AirEvac Lifeteam W327AE</u></p> <p>Transported the passenger of Unit 2, Robert Bynum, to Mount Carmel East.</p> <p><u>A & L Towing:</u></p> <p>Recovered the Hyundai Elantra and 1983 Homemade Trailer from the scene. Both vehicles are being temporarily held for further investigation.</p> <p><u>Fairfield County Coroner Investigator Mark Remington.</u></p> <p>Timeline Of Events:</p> <p>Reports are compiled from the Fairfield County Sheriff's Office and the State Highway Patrol.</p> <p>1358 - The Fairfield County Sheriff's Office receives a call of a two vehicle head on injury crash with entrapment on State Route 159.</p> <p>1359 - Clearcreek Township Medic 511, Medic 512 and Rescue 513 are dispatched to the scene.</p> <p>1400 - The Fairfield County Sheriff's Office contacts the State Highway Patrol Lancaster Post and requests assistance.</p> <p>1401 - Trooper T. M. Holcomb, U-1945, dispatched to the scene.</p> <p>1404 - Sergeant T. K. Bullock, U-1021, dispatched to the scene.</p> <p>1404 - Hocking Township Medic 652 enroute to the scene.</p> <p>1404 - Amanda Fire Department Medic 521 enroute to the scene.</p> <p>1404 - Amanda Fire Department Rescue 521 enroute to the scene.</p> <p>1405 - Hocking Township Fire Chief 651 dispatched to the scene.</p> <p>1405 - Hocking Township Fire Chief 651 enroute to the scene.</p> <p>1407 - Clearcreek Township Fire Medic 511 enroute.</p> <p>1408 - Clearcreek Township Fire Rescue 513 enroute.</p> <p>1408 - Hocking Township Fire Medic 652 arrived on scene.</p> <p>1408 - Amanda Fire Department Medic 521 on scene.</p> <p>1409 - Hocking Township Fire Chief 651 arrives on scene.</p>		
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LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	
<p>1410 - Trooper T. M. Holcomb, U-1945, arrives on scene.</p> <p>1410 - Hocking Township Fire Chief 650 dispatched to the scene.</p> <p>1410 - Hocking Township Fire Chief 650 enroute to the scene.</p> <p>1414 - Clearcreek Township Fire Medic 511 on scene.</p> <p>1414 - Clearcreek Township Fire Rescue 513 on scene.</p> <p>1415 - Sergeant T. K. Bullock, U-1021, arrives on scene.</p> <p>1415 - Air Evac enroute to the scene.</p> <p>1416 - Hocking Township Fire Chief 650 arrives on scene.</p> <p>1421 - Fairfield County Sheriffs Office was advised by EMS personnel over the radio of confirmed fatality.</p> <p>1422 - State Highway Patrol was advised by EMS personnel on scene of confirmed fatality.</p> <p>1428 - Trooper N. D. Mathias, U-1996, dispatched to the scene.</p> <p>1430 - Air Evac arrived on scene.</p> <p>1437 - Trooper N. D. Mathias, U-1996, arrives on scene.</p> <p>1437 - Coroner contacted to respond to the scene.</p> <p>1438 - Coroner Mark Remington enroute to the scene.</p> <p>1443 - Next of kin, Robert Bynum, notified by EMS personnel on scene.</p> <p>1451 - AirEvac enroute to Mount Carmel East Hospital.</p> <p>1452 - Columbus District Duty Officer notified by Sergeant T. K. Bullock U-1021.</p> <p>1459 - Hocking Township Chief 651 cleared the scene</p> <p>1500 - Clearcreek Township Fire Medic 512 cleared the scene.</p> <p>1502 - Clearcreek Township Fire Medic 511 cleared the scene.</p> <p>1502 - Amanda Fire Department Medic 521 cleared the scene.</p> <p>1502 - Amanda Fire Department Rescue 521 cleared the scene.</p> <p>1502 - Hocking Township Fire Chief 650 cleared the scene.</p> <p>1505 - Amanda Fire Department G522 dispatched to the scene.</p> <p>1505 - Amanda Fire Department G522 enroute to the scene.</p> <p>1506 - A & L Towing and Recovery enroute for the Hyundai and trailer.</p> <p>1510 - Amanda Fire Department G522 on scene.</p>		
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<p>1523 - Hocking Township Fire Medic 652 cleared the scene.</p> <p>1523 - Hocking Township Fire Medic 651 cleared the scene.</p> <p>1533 - A & L Towing and Recovery arrived on scene.</p> <p>1601 - Trooper T. M. Holcomb, U-1945, enroute with the driver of Unit 1 to the Lancaster Highway Partrol Post for a voluntary urine sample.</p> <p>1603 - AirEvac arrived at Mount Carmel.</p> <p>1611 - Clearcreek Township Fire Rescue 513 cleared the scene.</p> <p>1613 - Trooper T. M. Holcomb, U-1945, arrives at the Lancaster Highway Patrol Post for a voluntary urine sample.</p> <p>1616 - Amanda Fire Department G522 cleared the scene.</p> <p>1623 -Trooper T. M. Holcomb, U-1945, obtains a voluntary urine sample from Unit 1 driver.</p> <p>1626 - Sergeant T. K. Bullock, U-1021, cleared the scene.</p> <p>1634 - A & L Towing and Recovery cleared the scene.</p> <p>1638 - Trooper N. D. Mathias, U-1996, cleared the scene.</p> <p>1904 - Trooper T. M. Holcomb, U-1945, cleared the incident.</p> <p>Vehicle Tire Analysis:</p> <p>Unit 1 - Front tires were make and model, 2357517 Hankook Dynapro A/T. The rear tires were make and model, LT2457517 BF Goodrich Rugged Trail T/A. The front tires showed good tread depth and were in good condition. The rear tires did not have sufficient tread depth and were not in good condition. The following measurements were taken by Trooper N. D. Mathias. The measurements expressed were taken of tread depth from the inside of the tire, center and outside of the tire.</p> <p><u>Tread Depth</u></p> <p>Right front - 12/32, 12/32, and 12/32.</p> <p>Left front - 12/32, 12/32, and 12/32.</p> <p>Right rear - 3/32, 3/32, and 3/32.</p> <p>Left rear - 3/32, 3/32, and 3/32.</p> <p>Unit 2 - All tires were make and model, Goodyear Viva 3AS. All four tires were in fair condition. The following measurements were taken by Trooper N. D. Mathias in the same manner as Unit 1.</p> <p><u>Tread Depth</u></p> <p>Right front - 7/32, 7/32, and 7/32.</p> <p>Right rear - 7/32, 7/32, and 7/32.</p> <p>Left front - 7/32, 7/32, and 7/32.</p>		
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IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	
<p>Left rear - 7/32, 7/32, and 7/32.</p> <p>Unit 1 trailer - All tires were make and model, Goodyear Highlander, 8x14 1/2. The following measurements were taken by Trooper N. D. Mathias. The right rear tire had severe weather cracking and low tread. The left rear tire had the cord exposed and had no tire tread.</p> <p>Left front 4/32</p> <p>Left rear 0/32</p> <p>Right rear 11/32</p> <p>Right front 1/32</p> <p>Additional Reports:</p> <p>An autopsy and toxicology report will be completed by the Licking County Coroner's Office. A crash reconstruction report will be completed by the Ohio State Highway Patrol and will be available.</p> <p>*The speed of Unit 2 was left blank at the time of reporting. It will be supplemented upon completion of the crash reconstruction report.</p> <p>*Injured transported by "other" for the driver of Unit 1. The driver was transported by funeral home services contacted by the on scene Coroner Investigator.</p> <p>Reports To Be Supplemented:</p> <p>A voluntary urine sample was provided by the driver of Unit 1 and submitted to the Ohio State Highway Patrol Crime Lab for analysis. Results will be supplemented to this report when available.</p> <p>Upon the collection of all available evidence potential charges will be presented to the Fairfield County Common Pleas prosecutor for review.</p> <p>Insurance information for Unit 2.</p> <p>Toxicology Results:</p> <p>Unit 1 driver alcohol analysis as reported by gas chromatography: alcohol not detected in urine on October 30th, 2018.</p> <p>Field Diagram:</p> <p>Reference Point: Utility Pole #: 140323</p> <p>Reference Point - Point "0": 42.6</p> <p>Width of State Route 159: 24.2</p> <p>Units are expressed in feet-inches.</p> <p>Measurements were obtained using a wheel tape.</p> <p>The road composition was clear dry asphalt.</p> <p>Unit #1 is depicted at controlled final rest.</p>		
OFFICERS SIGNATURE		BADGE NO. 1945

OHIO TRAFFIC ACCIDENT - OH2 NARRATIVE

LOCAL REPORT NUMBER 23-0909-23		REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County		ACCIDENT LOCATION 159	
	AE	FE	Description
A	30-8 N	21-8 W	Front left tire of Unit 1 at final rest
B	42-9 N	21-8 W	Rear left tire of Unit 1 at final rest
C	99-5 N	1-1 W	Start of left tire skid from Unit 2
D	107-3 N	0	End of left tire skid / start of tire off roadway Unit 2.
E	121-3 N	7 E	Unit 2 tire mark off roadway
F	113-0	3-2 W	Gouge mark from tongue / impact
G	119-9 N	1-4 W	Gouge
H	124-0 N	5-2 W	Gouge
I	132-1 N	14-0 W	Gouge
J	130-5 N	20-3 W	Gouge
K	129-4 N	22-1 W	Gouge
L	118-5 N	18-10 W	Rear left tire of Unit 1 trailer at final rest
M	125-6 N	16-10 W	Rear right tire of Unit 1 trailer at final rest
N	145-8 N	17-10 E	Left front tire of Unit 2 at final rest
O	150-7 N	13-3 E	Right front tire of Unit 2 at final rest
P	133-6 N	15-4 E	Embankment struck
Q	130-6 N	3-1 E	Beginning of tire mark from Unit 2
R	140-5 N	11-6 E	End of tire mark from Unit 2

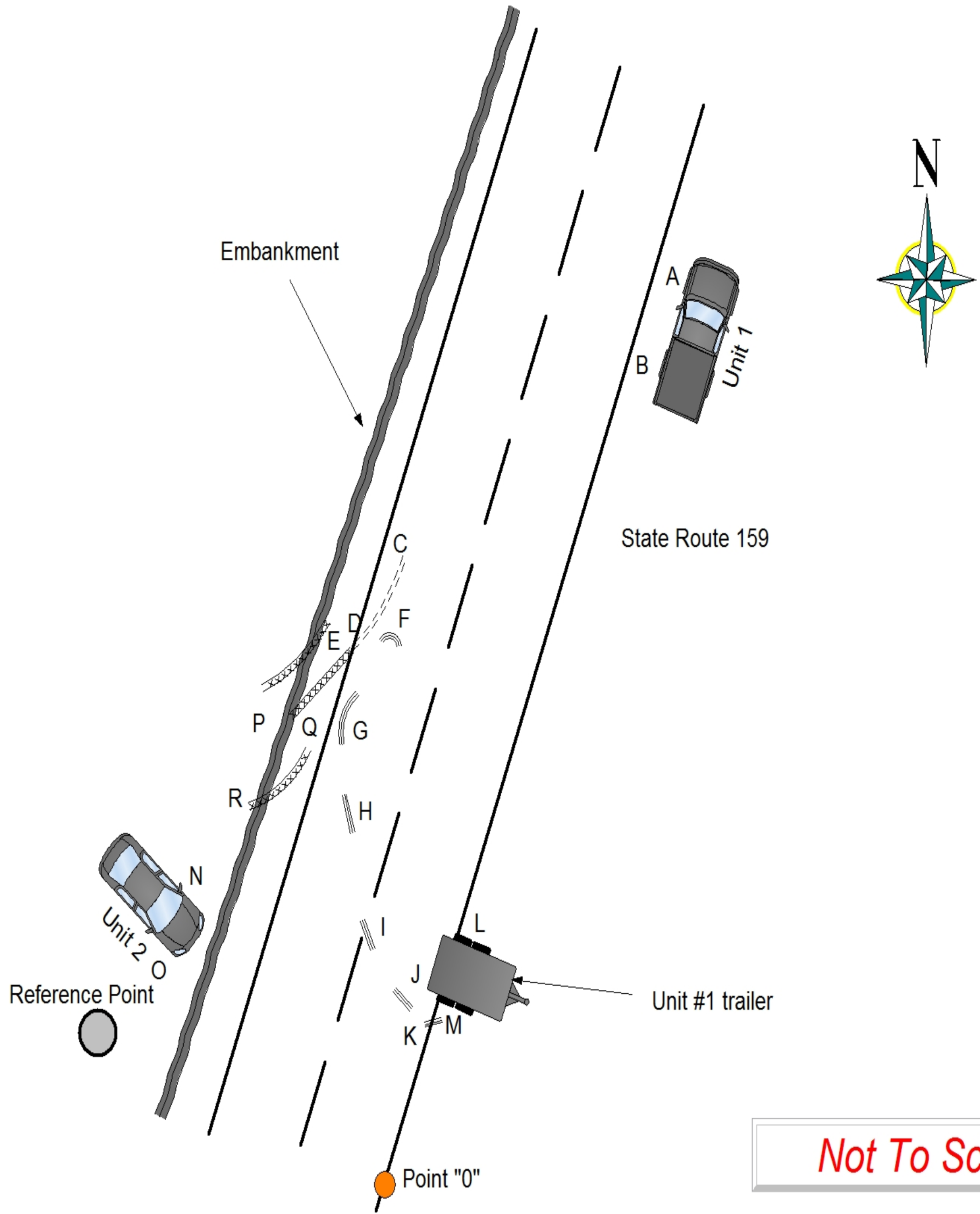
OFFICERS SIGNATURE

BADGE NO.

1945

OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	



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TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

23-0909-23

PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 PRIVATE PROPERTY

LOCAL INFORMATION P18102000002188
 REPORTING AGENCY NAME * Ohio State Highway Patrol
 NCIC * OHP23

HIT/SKIP
 1 - SOLVED
 2 - UNSOLVED
 NUMBER OF UNITS 2
 UNIT IN ERROR
 1 98 - ANIMAL
 99 - UNKNOWN

COUNTY* 23 LOCALITY* 3
 1 - CITY
 2 - VILLAGE
 3 - TOWNSHIP
 LOCATION: CITY, VILLAGE, TOWNSHIP* Clearcreek (Township of)

CRASH DATE / TIME* 10/20/2018 14:00
 CRASH SEVERITY
 1 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE SR ROUTE NUMBER 159
 PREFIX 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 LOCATION ROAD NAME
 ROAD TYPE

LATITUDE DECIMAL DEGREES 39.625028

ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6
 ROAD TYPE MP

LONGITUDE DECIMAL DEGREES -82.740689

REFERENCE POINT 2
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE #
 DIRECTION FROM REFERENCE 2
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - 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 HW - HIGHWAY RD - ROAD
 AV - AVENUE LA - LANE SO - SQUARE
 BL - BOULEVARD MP - MILEPOST ST - STREET
 CR - CIRCLE OV - OVAL TE - TERRACE
 CT - COURT PK - PARKWAY TL - TRAIL
 DR - DRIVE PI - PIKE WA - WAY
 HE - HEIGHTS PL - PLACE

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA
 NUMBER OF APPROACHES
ROADWAY
 ROADWAY DIVIDED

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 - TOLL BOOTH
 99 - OTHER / UNKNOWN

MANNER OF CRASH COLLISION/IMPACT 3
 1 - NOT COLLISION BETWEEN TWO MOTOR 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 3
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 MEDIAN TYPE 2
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)
 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
 3 - DIVIDED, DEPRESSED MEDIAN
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
 9 - OTHER / UNKNOWN

WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE
 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
 1 - BEFORE THE 1ST 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

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

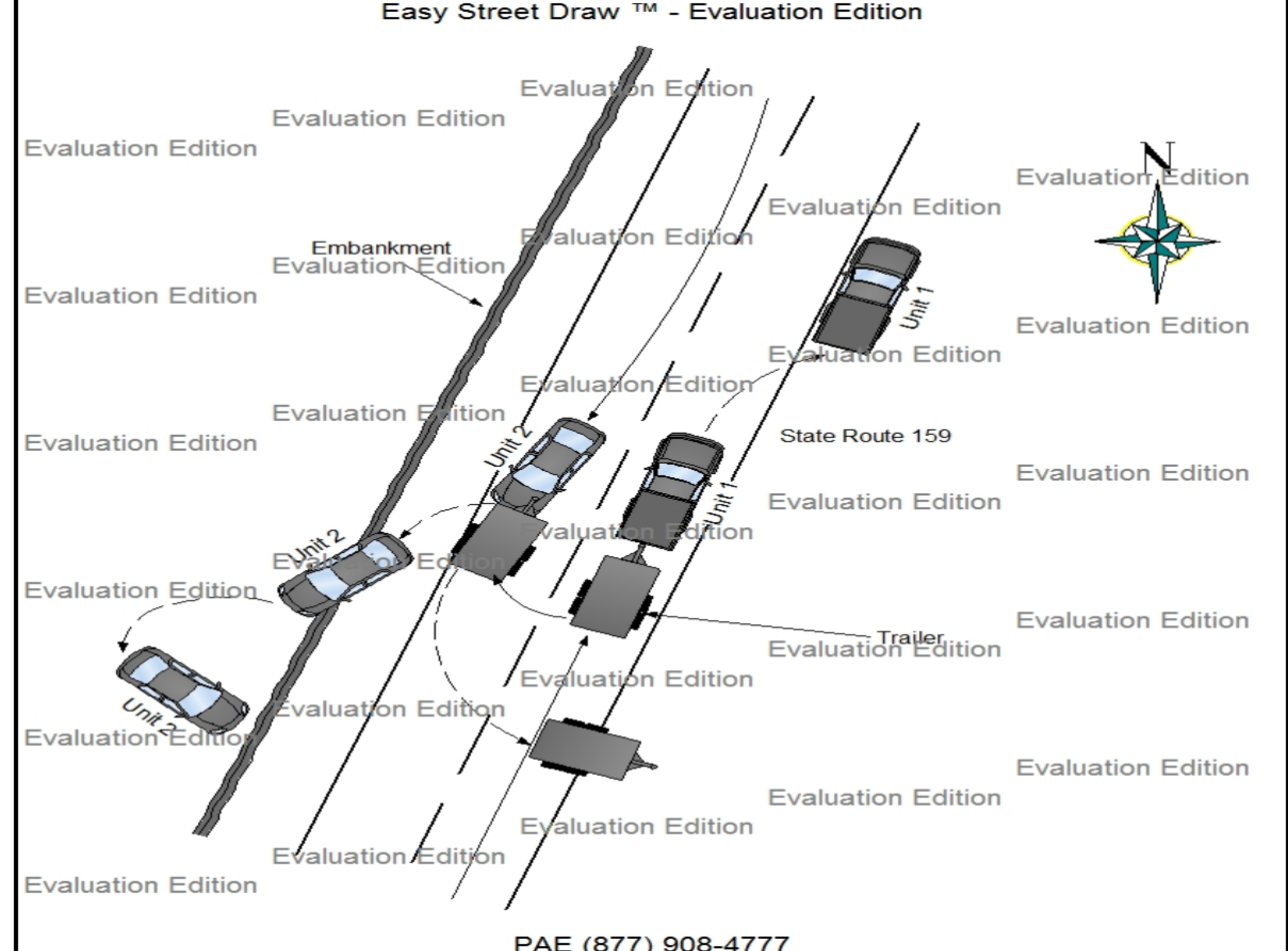
SURFACE 2
 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK
 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 9 - OTHER / UNKNOWN

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

CONTOUR 1
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE
 9 - OTHER / UNKNOWN

NARRATIVE
 Unit 1 was traveling northeast on State Route 159. Unit 2 was traveling southwest on State Route 159. The trailer from Unit 1 unhitched, crossed the center line, and struck Unit 2. Unit 2 drove off the right side of the roadway and struck an embankment. ***Supplemented to include Unit 1 driver alcohol toxicology results.



CRASH REPORTED DATE / TIME 10/20/2018 14:00
 DISPATCH DATE / TIME 10/20/2018 14:00
 ARRIVAL DATE / TIME 10/20/2018 14:10
 SCENE CLEARED DATE / TIME 10/20/2018 16:38
 REPORT TAKEN BY POLICE AGENCY
 MOTORIST
 TOTAL TIME ROADWAY CLOSED 10
 OTHER INVESTIGATION TIME 10
 TOTAL MINUTES 168
 OFFICER'S NAME* Holcomb, Tyler
 OFFICER'S BADGE NUMBER* 1945
 CHECKED BY OFFICER'S NAME* Lanning, Rusty
 CHECKED BY OFFICER'S BADGE NUMBER* 0722
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

OWNER

UNIT # 1 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER)
CARVER, KEITH, W

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
11317 DOZER ROAD S.W., STOUTSVILLE, OH, 43154

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
740-497-0234

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
740-497-0234

LP STATE OH **LICENSE PLATE #** HNC7425 **VEHICLE IDENTIFICATION #** 1FTRX14WX8KE33252 **VEHICLE YEAR** 2008 **VEHICLE MAKE** FORD

INSURANCE VERIFIED **INSURANCE COMPANY** PEKIN **INSURANCE POLICY #** 00P722451 **COLOR** GRY **VEHICLE MODEL** F-150

COMMERCIAL **GOVERNMENT** **IN EMERGENCY RESPONSE** **US DOT #** **TOWED BY:** COMPANY NAME N/A

INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **# OCCUPANTS** 1 **VEHICLE WEIGHT GVWR/GCWR**
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - > 26K LBS.

MATERIAL RELEASED **PLACARD** **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**

UNIT TYPE 4

1 - PASSENGER CAR	6 - VAN (9-15 SEATS)	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATER
2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP	9 - AUTOCYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
	11 - ALL TERRAIN VEHICLE (ATV/UTV)	17 - MOTORHOME	99 - UNKNOWN OR HIT/SKIP	

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

AUTONOMOUS MODE LEVEL 0

1 - YES 2 - NO 9 - OTHER / UNKNOWN

0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION 1

1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIP.	20 - SAFETY SERVICE PATROL	

CARGO BODY TYPE 1

1 - NO CARGO BODY TYPE / NOT APPLICABLE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DUMP	99 - OTHER / UNKNOWN
2 - BUS	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER	
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	6 - CARGOVAN /ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER	
		10 - FLAT BED	14 - GARBAGE/REFUSE	

VEHICLED EFFECTS 8

1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
3 - TAIL LAMPS	6 - TIRE BLOWOUT			

NON-MOTORIST LOCATION

1 - INTERSECTION - MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE	10 - DRIVEWAY ACCESS	99 - OTHER / UNKNOWN
2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	
3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIAN/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE	

ACTION 3 **PRE-CRASH ACTIONS** 1

1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
2 - NON-COLLISION	2 - BACKING	10 - PARKED	16 - WORKING	99 - OTHER / UNKNOWN
3 - STRIKING	3 - CHANGING LANES	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	
4 - STRUCK	4 - OVERTAKING/PASSING	12 - DRIVERLESS	18 - APPROACHING OR LEAVING VEHICLE	
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	13 - NEGOTIATING A CURVE	19 - STANDING	
9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	14 - ENTERING OR CROSSING SPECIFIED LOCATION	20 - OTHER NON-MOTORIST	
	7 - MAKING U-TURN			
	8 - ENTERING TRAFFIC LANE			

CONTRIBUTING CIRCUMSTANCES 18

1 - NONE	8 - FOLLOWING TOO CLOSE /ACDA	13 - IMPROPER START FROM A PARKED POSITION	18 - OPERATING DEFECTIVE EQUIPMENT	23 - OPENING DOOR INTO
2 - FAILURE TO YIELD	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	19 - LOAD SHIFTING /FALLING/SPILLING	99 - OTHER IMPROPER ACTION
3 - RAN RED LIGHT	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	20 - IMPROPER CROSSING	
4 - RAN STOP SIGN	11 - DROVE OFF ROAD	16 - WRONG WAY	21 - LYING IN ROADWAY	
5 - UNSAFE SPEED	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - NOT DISCERNIBLE	
6 - IMPROPER TURN				
7 - LEFT OF CENTER				

SEQUENCE OF EVENTS

1	5	NON-COLLISION			
2	11	1 - OVERTURN/ROLLOVER	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	19 - ANIMAL -OTHER
3	20	2 - FIRE/EXPLOSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT
4		3 - IMMERSION	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE
5		4 - JACKKNIFE	10 - CROSS MEDIAN	15 - PEDALCYCLE	22 - WORK ZONE MAINTENANCE EQUIPMENT
6		5 - CARGO / EQUIPMENT LOSS OR SHIFT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
		6 - EQUIPMENT FAILURE		17 - ANIMAL - FARM	24 - OTHER MOVABLE OBJECT
				18 - ANIMAL - DEER	
		COLLISION WITH FIXED OBJECT - STRUCK			
4		25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	38 - OVERHEAD SIGN POST	45 - EMBANKMENT
5		26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	46 - FENCE
6		27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	40 - UTILITY POLE	47 - MAILBOX
		28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE
		29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	42 - CULVERT	49 - FIRE HYDRANT
		30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
			37 - TRAFFIC SIGN POST	44 - DITCH	51 - WALL
					52 - BUILDING
					53 - TUNNEL
					54 - OTHER FIXED OBJECT
					99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 3 **MOST HARMFUL EVENT** 3

LOCAL REPORT NUMBER
23-0909-23

DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

1

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

NO DAMAGE [0] **UNDERCARRIAGE** [14]
 TOP [13] **ALL AREAS** [15]
 UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
13 - TOP

0

TRAFFIC

TRAFFICWAY FLOW 2

1 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL 6

1 - ROUNDABOUT 4 - STOP SIGN
2 - SIGNAL 5 - YIELD SIGN
3 - FLASHER 6 - NO CONTROL

OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING

1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 8 TO 5

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 55

OWNER

UNIT # 2 **OWNER NAME:** LAST, FIRST, MIDDLE (SAME AS DRIVER)
BYNUM, ROBERT, T

OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER)
740-654-1042

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER)
2946 MOUNTVIEW DRIVER, LANCASTER, OH, 43130

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP

COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE
740-654-1042

VEHICLE

LP STATE OH **LICENSE PLATE #** GPZ2094 **VEHICLE IDENTIFICATION #** KMHDN46DX4U846067 **VEHICLE YEAR** 2004 **VEHICLE MAKE** HYUNDAI

INSURANCE VERIFIED **INSURANCE COMPANY** FRA NOT SHOWN **INSURANCE POLICY #**

COMMERCIAL **GOVERNMENT** **IN EMERGENCY RESPONSE** **US DOT #**

INTERLOCK DEVICE EQUIPPED **HIT/SKIP UNIT** **# OCCUPANTS** 1 **VEHICLE WEIGHT GVWR/GCWR**
1 - ≤10K LBS.
2 - 10,001 - 26K LBS.
3 - > 26K LBS.

TOWED BY: COMPANY NAME
A & L TOWING

MATERIAL RELEASED **PLACARD** **HAZARDOUS MATERIAL CLASS #** **PLACARD ID #**

UNIT TYPE 1

1 - PASSENGER CAR	6 - VAN (9-15 SEATS)	12 - GOLF CART	18 - LIMO (LIVERY VEHICLE)	23 - PEDESTRIAN/SKATER
2 - PASSENGER VAN (MINIVAN)	7 - MOTORCYCLE 2-WHEELED	13 - SNOWMOBILE	19 - BUS (16+ PASSENGERS)	24 - WHEELCHAIR (ANY TYPE)
3 - SPORT UTILITY VEHICLE	8 - MOTORCYCLE 3-WHEELED	14 - SINGLE UNIT TRUCK	20 - OTHER VEHICLE	25 - OTHER NON-MOTORIST
4 - PICK UP	9 - AUTOCYCLE	15 - SEMI-TRACTOR	21 - HEAVY EQUIPMENT	26 - BICYCLE
5 - CARGO VAN	10 - MOPED OR MOTORIZED BICYCLE	16 - FARM EQUIPMENT	22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE	27 - TRAIN
	11 - ALL TERRAIN VEHICLE (ATV/UTV)	17 - MOTORHOME	99 - UNKNOWN OR HIT/SKIP	

OF TRAILING UNITS

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

AUTONOMOUS MODE LEVEL 0

0 - NO AUTOMATION	3 - CONDITIONAL AUTOMATION	9 - UNKNOWN
1 - DRIVER ASSISTANCE	4 - HIGH AUTOMATION	
2 - PARTIAL AUTOMATION	5 - FULL AUTOMATION	

SPECIAL FUNCTION 1

1 - NONE	6 - BUS - CHARTER/TOUR	11 - FIRE	16 - FARM	21 - MAIL CARRIER
2 - TAXI	7 - BUS - INTERCITY	12 - MILITARY	17 - MOWING	99 - OTHER / UNKNOWN
3 - ELECTRONIC RIDE SHARING	8 - BUS - SHUTTLE	13 - POLICE	18 - SNOW REMOVAL	
4 - SCHOOL TRANSPORT	9 - BUS - OTHER	14 - PUBLIC UTILITY	19 - TOWING	
5 - BUS - TRANSIT/COMMUTER	10 - AMBULANCE	15 - CONSTRUCTION EQUIP.	20 - SAFETY SERVICE PATROL	

CARGO BODY TYPE 1

1 - NO CARGO BODY TYPE / NOT APPLICABLE	4 - LOGGING	7 - GRAIN/CHIPS/GRAVEL	11 - DUMP	99 - OTHER / UNKNOWN
2 - BUS	5 - INTERMODAL CONTAINER CHASSIS	8 - POLE	12 - CONCRETE MIXER	
3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	6 - CARGOVAN /ENCLOSED BOX	9 - CARGO TANK	13 - AUTO TRANSPORTER	
		10 - FLAT BED	14 - GARBAGE/REFUSE	

VEHICLED EFFECTS

1 - TURN SIGNALS	4 - BRAKES	7 - WORN OR SLICK TIRES	9 - MOTOR TROUBLE	99 - OTHER / UNKNOWN
2 - HEAD LAMPS	5 - STEERING	8 - TRAILER EQUIPMENT DEFECTIVE	10 - DISABLED FROM PRIOR ACCIDENT	
3 - TAIL LAMPS	6 - TIRE BLOWOUT			

NON-MOTORIST LOCATION

1 - INTERSECTION - MARKED CROSSWALK	4 - MIDBLOCK - MARKED CROSSWALK	7 - SHOULDER/ROADSIDE	10 - DRIVEWAY ACCESS	99 - OTHER / UNKNOWN
2 - INTERSECTION - UNMARKED CROSSWALK	5 - TRAVEL LANE - OTHER LOCATION	8 - SIDEWALK	11 - SHARED USE PATHS OR TRAILS	
3 - INTERSECTION - OTHER	6 - BICYCLE LANE	9 - MEDIUM/CROSSING ISLAND	12 - FIRST RESPONDER AT INCIDENT SCENE	

ACTION 4

PRE-CRASH ACTIONS 1

1 - NON-CONTACT	1 - STRAIGHT AHEAD	9 - LEAVING TRAFFIC LANE	15 - WALKING, RUNNING, JOGGING, PLAYING	21 - STANDING OUTSIDE DISABLED VEHICLE
2 - NON-COLLISION	2 - BACKING	10 - PARKED	16 - WORKING	99 - OTHER / UNKNOWN
3 - STRIKING	3 - CHANGING LANES	11 - SLOWING OR STOPPED IN TRAFFIC	17 - PUSHING VEHICLE	
4 - STRUCK	4 - OVERTAKING/PASSING	12 - DRIVERLESS	18 - APPROACHING OR LEAVING VEHICLE	
5 - BOTH STRIKING & STRUCK	5 - MAKING RIGHT TURN	13 - NEGOTIATING A CURVE	19 - STANDING	
9 - OTHER / UNKNOWN	6 - MAKING LEFT TURN	14 - ENTERING OR CROSSING IANF	20 - OTHER NON-MOTORIST	
	7 - MAKING U-TURN			
	8 - ENTERING TRAFFIC IANF			

CONTRIBUTING CIRCUMSTANCES 1

1 - NONE	8 - FOLLOWING TOO CLOSE /ACDA	13 - IMPROPER START FROM A PARKED POSITION	18 - OPERATING DEFECTIVE EQUIPMENT	23 - OPENING DOOR INTO
2 - FAILURE TO YIELD	9 - IMPROPER LANE CHANGE	14 - STOPPED OR PARKED ILLEGALLY	19 - LOAD SHIFTING /FALLING/SPILLING	99 - OTHER IMPROPER ACTION
3 - RAN RED LIGHT	10 - IMPROPER PASSING	15 - SWERVING TO AVOID	20 - IMPROPER CROSSING	
4 - RAN STOP SIGN	11 - DROVE OFF ROAD	16 - WRONG WAY	21 - LYING IN ROADWAY	
5 - UNSAFE SPEED	12 - IMPROPER BACKING	17 - VISION OBSTRUCTION	22 - NOT DISCERNIBLE	
6 - IMPROPER TURN				
7 - LEFT OF CENTER				

EVENTS (S)

SEQUENCE OF EVENTS

1 23

2 8

3 45

4

5

6

1 **FIRST HARMFUL EVENT** 1 **MOST HARMFUL EVENT**

NON-COLLISION

1 - OVERTURN/ROLLOVER	7 - SEPARATION OF UNITS	12 - DOWNHILL RUNAWAY	19 - ANIMAL -OTHER	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
2 - FIRE/EXPLOSION	8 - RAN OFF ROAD RIGHT	13 - OTHER NON-COLLISION	20 - MOTOR VEHICLE IN TRANSPORT	
3 - IMMERSION	9 - RAN OFF ROAD LEFT	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	
4 - JACKKNIFE	10 - CROSS MEDIAN	15 - PEDALCYCLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	
5 - CARGO / EQUIPMENT LOSS OR SHIFT	11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL	16 - RAILWAY VEHICLE		
6 - EQUIPMENT FAILURE		17 - ANIMAL - FARM		
		18 - ANIMAL - DEER		

COLLISION WITH FIXED OBJECT - STRUCK

25 - IMPACT ATTENUATOR / CRASH CUSHION	31 - GUARDRAIL END	38 - OVERHEAD SIGN POST	45 - EMBANKMENT	52 - BUILDING
26 - BRIDGE OVERHEAD STRUCTURE	32 - PORTABLE BARRIER	39 - LIGHT / LUMINARIES SUPPORT	46 - FENCE	53 - TUNNEL
27 - BRIDGE PIER OR ABUTMENT	33 - MEDIAN CABLE BARRIER	40 - UTILITY POLE	47 - MAILBOX	54 - OTHER FIXED OBJECT
28 - BRIDGE PARAPET	34 - MEDIAN GUARDRAIL BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE	99 - OTHER / UNKNOWN
29 - BRIDGE RAIL	35 - MEDIAN CONCRETE BARRIER	42 - CULVERT	49 - FIRE HYDRANT	
30 - GUARDRAIL FACE	36 - MEDIAN OTHER BARRIER	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT	
	37 - TRAFFIC SIGN POST	44 - DITCH	51 - WALL	

LOCAL REPORT NUMBER
23-0909-23

DAMAGE

DAMAGE SCALE

1 - NONE
2 - MINOR DAMAGE
3 - FUNCTIONAL DAMAGE
4 - DISABLING DAMAGE
9 - UNKNOWN

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

NO DAMAGE [0] **UNDERCARRIAGE** [14]

TOP [13] **ALL AREAS** [15]

UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 - NO DAMAGE
12 - REFER TO UNIT DIAGRAM
14 - UNDERCARRIAGE
15 - VEHICLE NOT AT SCENE
99 - UNKNOWN
13 - TOP

TRAFFIC

TRAFFICWAY FLOW 2

1 - ONE-WAY
2 - TWO-WAY

TRAFFIC CONTROL 6

1 - ROUNDABOUT
2 - SIGNAL
3 - FLASHER
4 - STOP SIGN
5 - YIELD SIGN
6 - NO CONTROL

OF THROUGH LANES ON ROAD 2

RAIL GRADE CROSSING

1 - NOT INVOLVED
2 - INVOLVED-ACTIVE CROSSING
3 - INVOLVED-PASSIVE CROSSING

UNIT / NON-MOTORIST DIRECTION

FROM 5 TO 8

1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - OTHER / UNKNOWN

UNIT SPEED

DETECTED SPEED

1 - STATED / ESTIMATED SPEED
2 - CALCULATED / EDR
3 - UNDETERMINED

POSTED SPEED 55

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

23-0909-23

UNIT # 1	NAME: LAST, FIRST, MIDDLE CARVER, KEITH, W				DATE OF BIRTH 08/05/1962		AGE 56	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 11317 DOZER ROAD S.W., STOUTSVILLE, OH, 43154					CONTACT PHONE - INCLUDE AREA CODE 740-497-0234						
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)		
						STATUS 4	TYPE 3	VALUE .000	STATUS 4	TYPE 3	RESULTS SELECT UP TO 4 8

UNIT # 2	NAME: LAST, FIRST, MIDDLE BYNUM, JUDY, A				DATE OF BIRTH 10/16/1954		AGE 64	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 2946 MOUNTAINVIEW DRIVE, LANCASTER, OH, 43130					CONTACT PHONE - INCLUDE AREA CODE 740-654-1042						
INJURIES 1	INJURED TAKEN BY 9	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 2	
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)		
						STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	RESULTS SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)		
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS SELECT UP TO 4

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL OL ENDORSEMENT H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS & CLASS B BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
23-0909-23

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE JAGO, CATHI, J	DATE OF BIRTH 05/11/1961	AGE 57	GENDER F
	ADDRESS: STREET, CITY, STATE, ZIP 11317 DOZER ROAD S.W., STOUTSVILLE, OH, 43154			CONTACT PHONE - INCLUDE AREA CODE 614-205-2379	
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4

OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE BYNUM, ROBERT, T	DATE OF BIRTH 01/15/1953	AGE 65	GENDER M
	ADDRESS: STREET, CITY, STATE, ZIP 2946 MOUNTVIEW DRIVE, LANCASTER, OH, 43130			CONTACT PHONE - INCLUDE AREA CODE 740-654-1042	
	INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY (NAME) AIR EVAC	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MOUNT CARMEL EAST	SAFETY EQUIPMENT USED 4

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED

OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED

INJURIES	SAFETY EQUIPMENT USED	SEATING POSITION	AIR BAG USAGE
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS. PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS

WITNESS	NAME: LAST, FIRST, MIDDLE STAPLETON, MARK	DATE OF BIRTH 01/01/2001	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP 1000 WEST MARKET STREET, BALTIMORE, OH, 43105			CONTACT PHONE - INCLUDE AREA CODE 614-598-4241

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE

WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	ADDRESS: STREET, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE

LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
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Vehicle Damage Analysis: Submitted by Trooper R. J. Wilson, U-1629

Unit 1: No damage.

Unit 1 Trailer:

The trailer has a significant amount of paint transfer to the left front corner and tongue. The trailer is equipped with a two inch ball type hitch with a flip cam that secures to the ball. The safety lock had been removed and the threads where it was located was rusted and decayed. The safety chains did not have hooks and appear not to have been used. The driver stated he used a removable threaded link to secure a safety chain. I located a grossly deformed threaded link approximately 100 feet south of the crash scene on the west berm. The hitch was deformed as a result of the crash. The hook still had the warning tag on it stating; "DO NOT USE FOR OVERHEAD LIFTING OR WHERE SAFETY IS A PROTOCOL. DO NOT USE TO SUPPORT THE WEIGHT OF A HUMAN." Size 0508-1/4"

The trailer weighs 1500 pounds and is not required to have a braking system until it exceeds 2000 pounds loaded.

This trailer was clearly in NO condition to be operated without the necessary locking system and safety chains.

Unit 2:

Contact damage to the left front bumper, hood, fender and entire left side from impact with the trailer. The left front wheel was displaced as a result of the crash. There is a distinct pattern impression from the left upright support from the guard rail of the trailer. There is also an impression from the left front tie down hook of the trailer. The tongue and hitch portion of the trailer pierced the lower left bottom rail of the vehicle.

Scaled photos were taken of the contact areas of both vehicles.

Unit 1 trailer information

License - SUJ7739, black 1983 Homemade trailer

No VIN

Owner - Amy L. Cooper

712 Maplewood Avenue Circleville, Ohio 43113

740-571-2409

Officer Narrative:

On October 20th, 2018 at approximately 1400 hours, Sergeant T. K. Bullock and I were dispatched to a two vehicle injury crash with entrapment on State Route 159 near milepost 6. Trooper N. D. Mathias was later dispatched to assist with the crash investigation.

Upon arrival I observed a silver Hyundai Elantra with heavy front end and left side damage off the west side of the roadway on an embankment. I also observed an older trailer that was heavily damaged on the east side of the roadway. Emergency personnel were in the process of mechanically extricating the driver of Unit 2, Judy Bynum, who was later pronounced deceased on scene.

A statement was obtained by a witness, Mark Stapleton, that was following Unit 1 prior to the crash. He stated

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<p>that Unit 1's trailer became loose from the ball hitch and went left of center and struck Unit 2. He was asked how long he was following the vehicle and he stated approximately one mile. While following Unit 1 he noticed the trailer was wobbling and got progressively worse as the vehicle continued northbound. When the witness initially got behind the vehicle he immediately noticed it was wobbling slightly. He further stated that the trailer went from wobbling to weaving side to side. The witness then stated he thought the pickup truck was avoiding something in the roadway because of the weaving. The witness decreased his speed to put distance between them and that's when the trailer separated from the ball hitch. The witness was asked if he noticed any safety chains connected to the trailer. He said no he didn't believe there was. He stated he had been behind pickup trucks pulling trailers before and he would notice the chains dangling in between the rear bumper and trailer. In this case he did not see them. The trailer swayed back and forth heavily and "popped" off the ball hitch. The witness stated he could hear the separation of the ball hitch from the tongue of the trailer with a distinct "popping" noise. The swaying and wobbling occurred while the trailer was still attached to the vehicle. The trailer never swayed left of center while still attached. The witness was then asked if he noticed any brake lights being applied from the pickup truck while this swaying occurred. He stated he did not see the truck show any signs of slowing down or the driver reacting to the swaying or wobbling. The witness advised he was traveling around 55 mph and he came up on the pickup truck and trailer quickly and his speed decreased below the speed limit while behind them. After impact the pickup truck pulled over and the driver exited the vehicle. The witness recalled the driver of the pickup truck saying, "that damn piece of shit trailer" while shaking his head back and forth. He then walked over to the passenger and told her what happened. The passenger began to scream and cry after realizing what occurred.</p> <p>There was a distinct amount of damage on the roadway. Deep gouge marks could be seen on the southbound lane going into the northbound lane. There was one deep gouge impact mark and several gouges from the tongue of the trailer as it rotated counter clockwise to final rest. A skidmark can be seen starting on the southbound lane from Unit 2 and going off of the right side of the roadway. Unit 2 struck an embankment before coming to final rest. Roadway evidence suggested Unit 2 attempted to swerve to the right and brake to avoid the trailer but was unsuccessful. Air Evac responded to the scene and transported the passenger of Unit 2, Robert Bynum, to Mount Carmel Hospital in Columbus. Unit 1 driver, Keith Carver, provided a voluntary statement and stated as he and his passenger were traveling northbound on State Route 159 he heard a loud "bang" and observed the trailer come loose off the pickup truck. He applied his brakes and heard another loud "bang" before pulling over and stopping. The driver answered a series of questions and stated he drives a truck and trailer frequently and is familiar with the operation and setup. The trailer he used was a friends he was borrowing and it was his first time using it. I asked him how he connected the trailer. He stated he backed up to the trailer, attached the tongue to the ball and put on the safety chains. He did not connect the wiring because there was no wiring to the trailer. The chain he used had a clasp on one end that connected to the trailer chain. The left side he connected another clasp from the chain on the pickup to the trailer. He was then asked how he connected the tongue to the ball and how it fit. He stated it was snug, he pulled up and down and it didn't budge. He stated he checked the mirrors every couple of minutes while driving.</p> <p>On October 22nd, 2018 I spoke with the passenger of Unit 2, Robert Bynum. He provided a voluntary statement. He stated as him and his wife were traveling southbound on State Route 159 they observed a pickup truck pulling a trailer traveling northbound. They then saw the trailer come loose and travel into their lane. He stated his wife had no time to react and they were struck by the trailer. He stated the driver attempted to brake and swerve to the right but did not have enough time to successfully do so. Contact was also made with the registered owner of the trailer and license plate. The owner of the trailer stated he was given the license plate from his son-in-law to use on his trailer. The son-in law left the trailer at Cathi Jago's house (Passenger in Unit 1). The trailer contained fencing and was left there for them to unload. Once they were finished unloading the trailer they were to call and have the owner pick up the trailer. Neither the driver or passenger of Unit 1 had permission or were told whether they could or couldn't use the trailer. The trailer was left there one month prior to the crash. The owner of the trailer stated that the electrical connection did not work and there was only one</p>		
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<p>safety chain hanging down with one S hook. I asked him what size ball hitch it accepted and he told me a 2 inch ball hitch and the tires were in average condition with weather cracking. He said no cord was exposed on any of the tires when he last used the trailer.</p> <p>It is worth noting the tires on the trailer had low tread and the left rear tire had cord exposed. The ball hitch used to hall the trailer was 1 7/8". A & L Towing recovered the Hyundai Elantra and Homemade Trailer from the scene. The driver of Unit 1 provided a voluntary urine sample at the Lancaster Highway Patrol Post and toxicology results will be supplemented. The Fairfield County Coroner will conduct an autopsy report and provide.</p> <p>Weather:</p> <p>The weather report was received from the National Weather Service.</p> <p>Temperature: 58 Degrees F</p> <p>Dew Point: 46</p> <p>Pressure: 29.82</p> <p>Wind: 16 MPH W to SW</p> <p>Humidity: 63%</p> <p>UV Index: 1</p> <p>Cloud Cover: 79%</p> <p>Ceiling: 4345 Ft.</p> <p>Visibility: 8 MI.</p> <p>Personnel On Scene:</p> <p><u>Ohio State Highway Patrol:</u></p> <p>Sergeant T. K. Bullock, U-1021 - On scene supervisor. Assisted with photos and administrative inventories.</p> <p>Trooper N. D. Mathias, U-1996 - Assisted with photos, field sketch and administrative inventories.</p> <p><u>Clearcreek Township Fire:</u></p> <p>Rescue 513</p> <p>Medic 512</p> <p>Medic 511</p> <p><u>Hocking Township Fire:</u></p> <p>Medic 652</p> <p>Chief 651</p> <p>Medic 651</p>		
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IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	
<p>Chief 650</p> <p><u>Amanda Fire Department:</u></p> <p>Rescue 521</p> <p>Medic 521</p> <p>G522</p> <p><u>AirEvac Lifeteam W327AE</u></p> <p>Transported the passenger of Unit 2, Robert Bynum, to Mount Carmel East.</p> <p><u>A & L Towing:</u></p> <p>Recovered the Hyundai Elantra and 1983 Homemade Trailer from the scene. Both vehicles are being temporarily held for further investigation.</p> <p><u>Fairfield County Coroner Investigator Mark Remington.</u></p> <p>Timeline Of Events:</p> <p>Reports are compiled from the Fairfield County Sheriff's Office and the State Highway Patrol.</p> <p>1358 - The Fairfield County Sheriff's Office receives a call of a two vehicle head on injury crash with entrapment on State Route 159.</p> <p>1359 - Clearcreek Township Medic 511, Medic 512 and Rescue 513 are dispatched to the scene.</p> <p>1400 - The Fairfield County Sheriff's Office contacts the State Highway Patrol Lancaster Post and requests assistance.</p> <p>1401 - Trooper T. M. Holcomb, U-1945, dispatched to the scene.</p> <p>1404 - Sergeant T. K. Bullock, U-1021, dispatched to the scene.</p> <p>1404 - Hocking Township Medic 652 enroute to the scene.</p> <p>1404 - Amanda Fire Department Medic 521 enroute to the scene.</p> <p>1404 - Amanda Fire Department Rescue 521 enroute to the scene.</p> <p>1405 - Hocking Township Fire Chief 651 dispatched to the scene.</p> <p>1405 - Hocking Township Fire Chief 651 enroute to the scene.</p> <p>1407 - Clearcreek Township Fire Medic 511 enroute.</p> <p>1408 - Clearcreek Township Fire Rescue 513 enroute.</p> <p>1408 - Hocking Township Fire Medic 652 arrived on scene.</p> <p>1408 - Amanda Fire Department Medic 521 on scene.</p> <p>1409 - Hocking Township Fire Chief 651 arrives on scene.</p>		
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LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	
<p>1410 - Trooper T. M. Holcomb, U-1945, arrives on scene.</p> <p>1410 - Hocking Township Fire Chief 650 dispatched to the scene.</p> <p>1410 - Hocking Township Fire Chief 650 enroute to the scene.</p> <p>1414 - Clearcreek Township Fire Medic 511 on scene.</p> <p>1414 - Clearcreek Township Fire Rescue 513 on scene.</p> <p>1415 - Sergeant T. K. Bullock, U-1021, arrives on scene.</p> <p>1415 - Air Evac enroute to the scene.</p> <p>1416 - Hocking Township Fire Chief 650 arrives on scene.</p> <p>1421 - Fairfield County Sheriffs Office was advised by EMS personnel over the radio of confirmed fatality.</p> <p>1422 - State Highway Patrol was advised by EMS personnel on scene of confirmed fatality.</p> <p>1428 - Trooper N. D. Mathias, U-1996, dispatched to the scene.</p> <p>1430 - Air Evac arrived on scene.</p> <p>1437 - Trooper N. D. Mathias, U-1996, arrives on scene.</p> <p>1437 - Coroner contacted to respond to the scene.</p> <p>1438 - Coroner Mark Remington enroute to the scene.</p> <p>1443 - Next of kin, Robert Bynum, notified by EMS personnel on scene.</p> <p>1451 - AirEvac enroute to Mount Carmel East Hospital.</p> <p>1452 - Columbus District Duty Officer notified by Sergeant T. K. Bullock U-1021.</p> <p>1459 - Hocking Township Chief 651 cleared the scene</p> <p>1500 - Clearcreek Township Fire Medic 512 cleared the scene.</p> <p>1502 - Clearcreek Township Fire Medic 511 cleared the scene.</p> <p>1502 - Amanda Fire Department Medic 521 cleared the scene.</p> <p>1502 - Amanda Fire Department Rescue 521 cleared the scene.</p> <p>1502 - Hocking Township Fire Chief 650 cleared the scene.</p> <p>1505 - Amanda Fire Department G522 dispatched to the scene.</p> <p>1505 - Amanda Fire Department G522 enroute to the scene.</p> <p>1506 - A & L Towing and Recovery enroute for the Hyundai and trailer.</p> <p>1510 - Amanda Fire Department G522 on scene.</p>		
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<p>1523 - Hocking Township Fire Medic 652 cleared the scene.</p> <p>1523 - Hocking Township Fire Medic 651 cleared the scene.</p> <p>1533 - A & L Towing and Recovery arrived on scene.</p> <p>1601 - Trooper T. M. Holcomb, U-1945, enroute with the driver of Unit 1 to the Lancaster Highway Patrol Post for a voluntary urine sample.</p> <p>1603 - AirEvac arrived at Mount Carmel.</p> <p>1611 - Clearcreek Township Fire Rescue 513 cleared the scene.</p> <p>1613 - Trooper T. M. Holcomb, U-1945, arrives at the Lancaster Highway Patrol Post for a voluntary urine sample.</p> <p>1616 - Amanda Fire Department G522 cleared the scene.</p> <p>1623 - Trooper T. M. Holcomb, U-1945, obtains a voluntary urine sample from Unit 1 driver.</p> <p>1626 - Sergeant T. K. Bullock, U-1021, cleared the scene.</p> <p>1634 - A & L Towing and Recovery cleared the scene.</p> <p>1638 - Trooper N. D. Mathias, U-1996, cleared the scene.</p> <p>1904 - Trooper T. M. Holcomb, U-1945, cleared the incident.</p> <p>Vehicle Tire Analysis:</p> <p>Unit 1 - Front tires were make and model, 2357517 Hankook Dynapro A/T. The rear tires were make and model, LT2457517 BF Goodrich Rugged Trail T/A. The front tires showed good tread depth and were in good condition. The rear tires did not have sufficient tread depth and were not in good condition. The following measurements were taken by Trooper N. D. Mathias. The measurements expressed were taken of tread depth from the inside of the tire, center and outside of the tire.</p> <p><u>Tread Depth</u></p> <p>Right front - 12/32, 12/32, and 12/32.</p> <p>Left front - 12/32, 12/32, and 12/32.</p> <p>Right rear - 3/32, 3/32, and 3/32.</p> <p>Left rear - 3/32, 3/32, and 3/32.</p> <p>Unit 2 - All tires were make and model, Goodyear Viva 3AS. All four tires were in fair condition. The following measurements were taken by Trooper N. D. Mathias in the same manner as Unit 1.</p> <p><u>Tread Depth</u></p> <p>Right front - 7/32, 7/32, and 7/32.</p> <p>Right rear - 7/32, 7/32, and 7/32.</p> <p>Left front - 7/32, 7/32, and 7/32.</p>		
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IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	
<p>Left rear - 7/32, 7/32, and 7/32.</p> <p>Unit 1 trailer - All tires were make and model, Goodyear Highlander, 8x14 1/2. The following measurements were taken by Trooper N. D. Mathias. The right rear tire had severe weather cracking and low tread. The left rear tire had the cord exposed and had no tire tread.</p> <p>Left front 4/32</p> <p>Left rear 0/32</p> <p>Right rear 11/32</p> <p>Right front 1/32</p> <p>Additional Reports:</p> <p>An autopsy and toxicology report will be completed by the Licking County Coroner's Office. A crash reconstruction report will be completed by the Ohio State Highway Patrol and will be available.</p> <p>*The speed of Unit 2 was left blank at the time of reporting. It will be supplemented upon completion of the crash reconstruction report.</p> <p>*Injured transported by "other" for the driver of Unit 1. The driver was transported by funeral home services contacted by the on scene Coroner Investigator.</p> <p>Reports To Be Supplemented:</p> <p>A voluntary urine sample was provided by the driver of Unit 1 and submitted to the Ohio State Highway Patrol Crime Lab for analysis. Results will be supplemented to this report when available.</p> <p>Upon the collection of all available evidence potential charges will be presented to the Fairfield County Common Pleas prosecutor for review.</p> <p>Insurance information for Unit 2.</p> <p>Toxicology Results:</p> <p>Unit 1 driver alcohol analysis as reported by gas chromatography: alcohol not detected in urine on October 30th, 2018.</p> <p>Field Diagram:</p> <p>Reference Point: Utility Pole #: 140323</p> <p>Reference Point - Point "0": 42.6</p> <p>Width of State Route 159: 24.2</p> <p>Units are expressed in feet-inches.</p> <p>Measurements were obtained using a wheel tape.</p> <p>The road composition was clear dry asphalt.</p> <p>Unit #1 is depicted at controlled final rest.</p>		
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OHIO TRAFFIC ACCIDENT - OH2 NARRATIVE

LOCAL REPORT NUMBER 23-0909-23		REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County		ACCIDENT LOCATION 159	
	AE	FE	Description
A	30-8 N	21-8 W	Front left tire of Unit 1 at final rest
B	42-9 N	21-8 W	Rear left tire of Unit 1 at final rest
C	99-5 N	1-1 W	Start of left tire skid from Unit 2
D	107-3 N	0	End of left tire skid / start of tire off roadway Unit 2.
E	121-3 N	7 E	Unit 2 tire mark off roadway
F	113-0	3-2 W	Gouge mark from tongue / impact
G	119-9 N	1-4 W	Gouge
H	124-0 N	5-2 W	Gouge
I	132-1 N	14-0 W	Gouge
J	130-5 N	20-3 W	Gouge
K	129-4 N	22-1 W	Gouge
L	118-5 N	18-10 W	Rear left tire of Unit 1 trailer at final rest
M	125-6 N	16-10 W	Rear right tire of Unit 1 trailer at final rest
N	145-8 N	17-10 E	Left front tire of Unit 2 at final rest
O	150-7 N	13-3 E	Right front tire of Unit 2 at final rest
P	133-6 N	15-4 E	Embankment struck
Q	130-6 N	3-1 E	Beginning of tire mark from Unit 2
R	140-5 N	11-6 E	End of tire mark from Unit 2

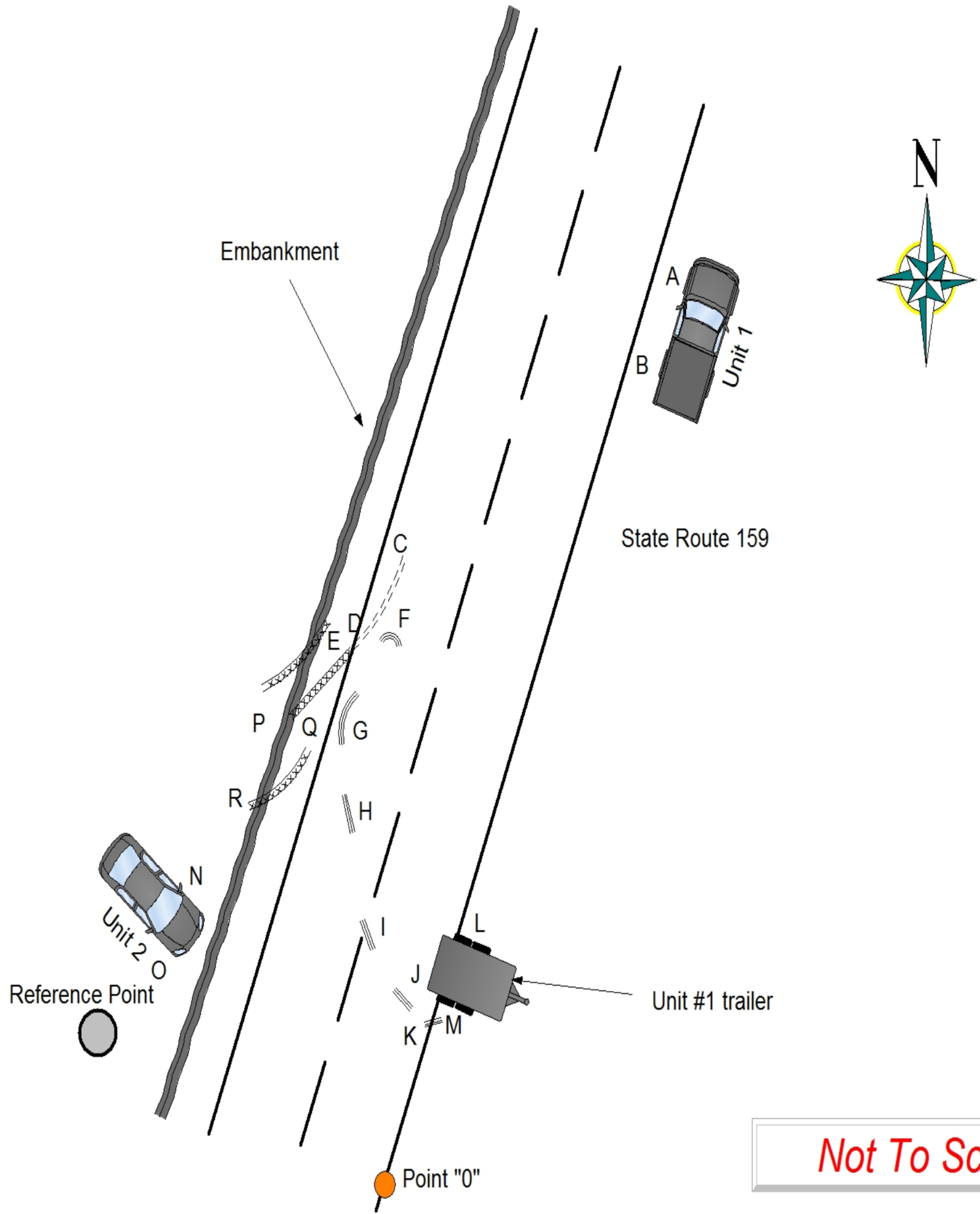
OFFICERS SIGNATURE

BADGE NO.

1945

OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER 23-0909-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 10/20/2018
IN COUNTY OF Fairfield County	ACCIDENT LOCATION 159	



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TRAFFIC CRASH REPORT

*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER *

23-0909-23

PHOTOS TAKEN OH -2 OH -3
 SECONDARY CRASH OH-1P OTHER
 PRIVATE PROPERTY

LOCAL INFORMATION P18102000002188
 REPORTING AGENCY NAME * Ohio State Highway Patrol
 NCIC * OHP23

HIT/SKIP
 1 - SOLVED
 2 - UNSOLVED
 NUMBER OF UNITS 2
 UNIT IN ERROR
 1 98 - ANIMAL
 99 - UNKNOWN

COUNTY* 23 LOCALITY* 3
 1 - CITY
 2 - VILLAGE
 3 - TOWNSHIP
 LOCATION: CITY, VILLAGE, TOWNSHIP* Clearcreek (Township of)

CRASH DATE / TIME* 10/20/2018 14:00
 CRASH SEVERITY
 1 1 - FATAL
 2 - SERIOUS INJURY SUSPECTED
 3 - MINOR INJURY SUSPECTED
 4 - INJURY POSSIBLE
 5 - PROPERTY DAMAGE ONLY

ROUTE TYPE SR ROUTE NUMBER 159 PREFIX 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 LOCATION ROAD NAME

LATITUDE DECIMAL DEGREES 39.625028

ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #) 6
 ROAD TYPE MP

LONGITUDE DECIMAL DEGREES -82.740689

REFERENCE POINT 2
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE #
 DIRECTION FROM REFERENCE 2
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - 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 HW - HIGHWAY RD - ROAD
 AV - AVENUE LA - LANE SO - SQUARE
 BL - BOULEVARD MP - MILEPOST ST - STREET
 CR - CIRCLE OV - OVAL TE - TERRACE
 CT - COURT PK - PARKWAY TL - TRAIL
 DR - DRIVE PI - PIKE WA - WAY
 HE - HEIGHTS PL - PLACE

INTERSECTION RELATED
 WITHIN INTERSECTION OR ON APPROACH
 WITHIN INTERCHANGE AREA
 NUMBER OF APPROACHES
ROADWAY
 ROADWAY DIVIDED

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 - TOLL BOOTH
 99 - OTHER / UNKNOWN

MANNER OF CRASH COLLISION/IMPACT 3
 1 - NOT COLLISION BETWEEN TWO MOTOR 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 3
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 MEDIAN TYPE 2
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)
 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)
 3 - DIVIDED, DEPRESSED MEDIAN
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)
 9 - OTHER / UNKNOWN

WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE
 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
 1 - BEFORE THE 1ST 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

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

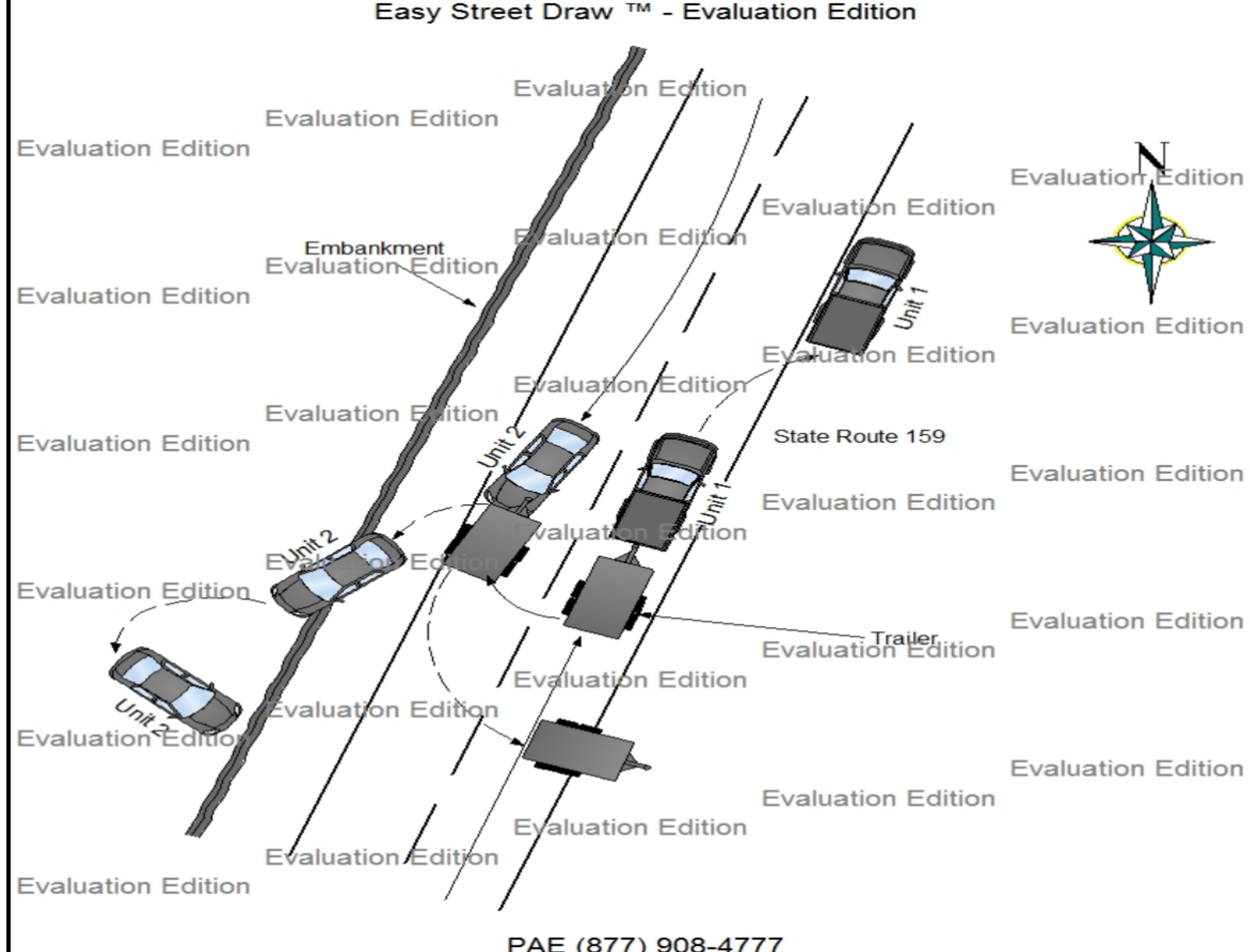
SURFACE 2
 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK
 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 9 - OTHER / UNKNOWN

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

CONTOUR 1
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE
 9 - OTHER / UNKNOWN

NARRATIVE
 Unit 1 was traveling northeast on State Route 159. Unit 2 was traveling southwest on State Route 159. The trailer from Unit 1 unhitched, crossed the center line, and struck Unit 2. Unit 2 drove off the right side of the roadway and struck an embankment. ***Supplemented to include Unit 1 driver alcohol toxicology results.



CRASH REPORTED DATE / TIME 10/20/2018 14:00
 DISPATCH DATE / TIME 10/20/2018 14:00
 ARRIVAL DATE / TIME 10/20/2018 14:10
 SCENE CLEARED DATE / TIME 10/20/2018 16:38
 REPORT TAKEN BY POLICE AGENCY
 MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)
 TOTAL TIME ROADWAY CLOSED 10
 OTHER INVESTIGATION TIME 10
 TOTAL MINUTES 168
 OFFICER'S NAME* Holcomb, Tyler
 OFFICER'S BADGE NUMBER* 1945
 CHECKED BY OFFICER'S NAME* Lanning, Rusty
 CHECKED BY OFFICER'S BADGE NUMBER* 0722

UNIT # 1	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) CARVER, KEITH, W	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 740-497-0234
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 11317 DOZER ROAD S.W., STOUTSVILLE, OH, 43154		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 740-497-0234

LP STATE OH	LICENSE PLATE # HNC7425	VEHICLE IDENTIFICATION # 1FTRX14WX8KE33252	VEHICLE YEAR 2008	VEHICLE MAKE FORD
<input checked="" type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY PEKIN	INSURANCE POLICY # 00P722451	COLOR GRY	VEHICLE MODEL F-150
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME N/A	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL CLASS # <input type="checkbox"/> PLACARD ID # <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	

UNIT TYPE 4	1 - PASSENGER CAR 6 - VAN (9-15 SEATS) 12 - GOLF CART 18 - LIMO (LIVERY VEHICLE) 23 - PEDESTRIAN/SKATER 2 - PASSENGER VAN (MINIVAN) 7 - MOTORCYCLE 2-WHEELED 13 - SNOWMOBILE 19 - BUS (16+ PASSENGERS) 24 - WHEELCHAIR (ANY TYPE) 3 - SPORT UTILITY VEHICLE 8 - MOTORCYCLE 3-WHEELED 14 - SINGLE UNIT TRUCK 20 - OTHER VEHICLE 25 - OTHER NON-MOTORIST 4 - PICK UP 9 - AUTOCYCLE 15 - SEMI-TRACTOR 21 - HEAVY EQUIPMENT 26 - BICYCLE 5 - CARGO VAN 10 - MOPED OR MOTORIZED BICYCLE 16 - FARM EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 27 - TRAIN 11 - ALL TERRAIN VEHICLE (ATV/UTV) 17 - MOTORHOME 99 - UNKNOWN OR HIT/SKIP
# OF TRAILING UNITS	

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2	0 - NO AUTOMATION 3 - CONDITIONAL AUTOMATION 9 - UNKNOWN 1 - DRIVER ASSISTANCE 4 - HIGH AUTOMATION 2 - PARTIAL AUTOMATION 5 - FULL AUTOMATION
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SPECIAL FUNCTION 1	1 - NONE 6 - BUS - CHARTER/TOUR 11 - FIRE 16 - FARM 21 - MAIL CARRIER 2 - TAXI 7 - BUS - INTERCITY 12 - MILITARY 17 - MOWING 99 - OTHER / UNKNOWN 3 - ELECTRONIC RIDE SHARING 8 - BUS - SHUTTLE 13 - POLICE 18 - SNOW REMOVAL 4 - SCHOOL TRANSPORT 9 - BUS - OTHER 14 - PUBLIC UTILITY 19 - TOWING 5 - BUS - TRANSIT/COMMUTER 10 - AMBULANCE 15 - CONSTRUCTION EQUIP. 20 - SAFETY SERVICE PATROL
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CARGO BODY TYPE 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 4 - LOGGING 7 - GRAIN/CHIPS/GRAVEL 11 - DUMP 99 - OTHER / UNKNOWN 2 - BUS 5 - INTERMODAL CONTAINER CHASSIS 8 - POLE 12 - CONCRETE MIXER 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 6 - CARGOVAN / ENCLOSED BOX 9 - CARGO TANK 13 - AUTO TRANSPORTER 10 - FLAT BED 14 - GARBAGE/REFUSE
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VEHICLED EFFECTS 8	1 - TURN SIGNALS 4 - BRAKES 7 - WORN OR SLICK TIRES 9 - MOTOR TROUBLE 99 - OTHER / UNKNOWN 2 - HEAD LAMPS 5 - STEERING 8 - TRAILER EQUIPMENT DEFECTIVE 10 - DISABLED FROM PRIOR ACCIDENT 3 - TAIL LAMPS 6 - TIRE BLOWOUT
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NON-MOTORIST LOCATION	1 - INTERSECTION - MARKED CROSSWALK 4 - MIDBLOCK - MARKED CROSSWALK 7 - SHOULDER/ROADSIDE 10 - DRIVEWAY ACCESS 99 - OTHER / UNKNOWN 2 - INTERSECTION - UNMARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 8 - SIDEWALK 11 - SHARED USE PATHS OR TRAILS 3 - INTERSECTION - OTHER 6 - BICYCLE LANE 9 - MEDIAN/CROSSING ISLAND 12 - FIRST RESPONDER AT INCIDENT SCENE
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ACTION 3	PRE-CRASH ACTIONS 1	1 - NON-CONTACT 1 - STRAIGHT AHEAD 9 - LEAVING TRAFFIC LANE 15 - WALKING, RUNNING, JOGGING, PLAYING 21 - STANDING OUTSIDE DISABLED VEHICLE 2 - NON-COLLISION 2 - BACKING 10 - PARKED 16 - WORKING 99 - OTHER / UNKNOWN 3 - STRIKING 3 - CHANGING LANES 11 - SLOWING OR STOPPED IN TRAFFIC 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 4 - STRUCK 4 - OVERTAKING/PASSING 12 - DRIVERLESS 19 - STANDING 20 - OTHER NON-MOTORIST 5 - BOTH STRIKING & STRUCK 5 - MAKING RIGHT TURN 13 - NEGOTIATING A CURVE 20 - OTHER NON-MOTORIST 6 - MAKING LEFT TURN 6 - MAKING U-TURN 14 - ENTERING OR CROSSING SPECIFIED LOCATION 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 8 - ENTERING TRAFFIC LANE
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CONTRIBUTING CIRCUMSTANCES 18	1 - NONE 8 - FOLLOWING TOO CLOSE / ACDA 13 - IMPROPER START FROM A PARKED POSITION 18 - OPERATING DEFECTIVE EQUIPMENT 23 - OPENING DOOR INTO 2 - FAILURE TO YIELD 9 - IMPROPER LANE CHANGE 14 - STOPPED OR PARKED ILLEGALLY 19 - LOAD SHIFTING / FALLING/SPILLING 99 - OTHER IMPROPER ACTION 3 - RAN RED LIGHT 10 - IMPROPER PASSING 15 - SWERVING TO AVOID 20 - IMPROPER CROSSING 4 - RAN STOP SIGN 11 - DROVE OFF ROAD 16 - WRONG WAY 21 - LYING IN ROADWAY 5 - UNSAFE SPEED 12 - IMPROPER BACKING 17 - VISION OBSTRUCTION 22 - NOT DISCERNIBLE 6 - IMPROPER TURN 7 - LEFT OF CENTER
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SEQUENCE OF EVENTS				
1	5	NON-COLLISION		
2	11	1 - OVERTURN/ROLLOVER 7 - SEPARATION OF UNITS 12 - DOWNHILL RUNAWAY 19 - ANIMAL - OTHER 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE		
3	20	2 - FIRE/EXPLOSION 8 - RAN OFF ROAD RIGHT 13 - OTHER NON-COLLISION 20 - MOTOR VEHICLE IN TRANSPORT		
4		3 - IMMERSION 9 - RAN OFF ROAD LEFT 14 - PEDESTRIAN 21 - PARKED MOTOR VEHICLE		
5		4 - JACKKNIFE 10 - CROSS MEDIAN 15 - PEDALCYCLE 22 - WORK ZONE MAINTENANCE EQUIPMENT		
6		5 - CARGO / EQUIPMENT LOSS OR SHIFT 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 16 - RAILWAY VEHICLE 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE		
		6 - EQUIPMENT FAILURE 12 - IMPROPER BACKING 17 - ANIMAL - FARM 24 - OTHER MOVABLE OBJECT		
		18 - ANIMAL - DEER		

COLLISION WITH FIXED OBJECT - STRUCK				
4		25 - IMPACT ATTENUATOR / CRASH CUSHION 31 - GUARDRAIL END 38 - OVERHEAD SIGN POST 45 - EMBANKMENT 52 - BUILDING		
5		26 - BRIDGE OVERHEAD STRUCTURE 32 - PORTABLE BARRIER 39 - LIGHT / LUMINARIES SUPPORT 46 - FENCE 53 - TUNNEL		
6		27 - BRIDGE PIER OR ABUTMENT 33 - MEDIAN CABLE BARRIER 40 - UTILITY POLE 47 - MAILBOX 54 - OTHER FIXED OBJECT		
		28 - BRIDGE PARAPET 34 - MEDIAN GUARDRAIL BARRIER 41 - OTHER POST, POLE OR SUPPORT 48 - TREE 99 - OTHER / UNKNOWN		
		29 - BRIDGE RAIL 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT		
		30 - GUARDRAIL FACE 36 - MEDIAN OTHER BARRIER 43 - CURB 51 - WALL		
		37 - TRAFFIC SIGN POST 44 - DITCH		
3		FIRST HARMFUL EVENT	3	MOST HARMFUL EVENT

LOCAL REPORT NUMBER
23-0909-23

DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE
 2 - MINOR DAMAGE 4 - DISABLING DAMAGE
 9 - UNKNOWN

1

DAMAGED AREA(S)
INDICATE ALL THAT APPLY

NO DAMAGE [0] **UNDERCARRIAGE** [14]
 TOP [13] **ALL AREAS** [15]
 UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE
 1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
 99 - UNKNOWN
 13 - TOP

TRAFFIC

TRAFFICWAY FLOW 2	TRAFFIC CONTROL 6
1 - ONE-WAY 2 - TWO-WAY	1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL

# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 3 - INVOLVED-PASSIVE CROSSING
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UNIT / NON-MOTORIST DIRECTION

FROM 8 TO 5

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 - STATED / ESTIMATED SPEED
POSTED SPEED 55	1 - CALCULATED / EDR 3 - UNDETERMINED

UNIT # 2	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) BYNUM, ROBERT, T	OWNER PHONE: INCLUDE AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 740-654-1042
OWNER ADDRESS: STREET, CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 2946 MOUNTVIEW DRIVER, LANCASTER, OH, 43130		
COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP		COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE 740-654-1042

LP STATE OH	LICENSE PLATE # GPZ2094	VEHICLE IDENTIFICATION # KMHDN46DX4U846067	VEHICLE YEAR 2004	VEHICLE MAKE HYUNDAI
<input type="checkbox"/> INSURANCE VERIFIED	INSURANCE COMPANY FRA NOT SHOWN	INSURANCE POLICY #	COLOR SIL	VEHICLE MODEL ELANTRA
<input type="checkbox"/> COMMERCIAL <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE		US DOT #	TOWED BY: COMPANY NAME A & L TOWING	
<input type="checkbox"/> INTERLOCK DEVICE EQUIPPED	<input type="checkbox"/> HIT/SKIP UNIT	# OCCUPANTS 1	HAZARDOUS MATERIAL <input type="checkbox"/> MATERIAL <input type="checkbox"/> RELEASED <input type="checkbox"/> PLACARD	

UNIT TYPE 1	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
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WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2	0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION	3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION	9 - UNKNOWN
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SPECIAL FUNCTION 1	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 EQUIP.	16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL	21 - MAIL CARRIER 99 - OTHER / UNKNOWN
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CARGO BODY TYPE 1	1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE	4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGOVAN / 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
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VEHICLED EFFECTS	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
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NON-MOTORIST LOCATION	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
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ACTION 4	1 - NON-COLLISION 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN	PRE-CRASH ACTIONS 1	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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CONTRIBUTING CIRCUMSTANCES 1	1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER	8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING	13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION	18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING / FALLING/SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE	23 - OPENING DOOR INTO 99 - OTHER IMPROPER ACTION
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SEQUENCE OF EVENTS					
1	23	1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO / EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE			
2	8	7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL			
3	45	12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER			
COLLISION WITH FIXED OBJECT - STRUCK					
4		25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE			
5		31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST			
6		38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH			
1		45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL			
1		52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN			
1		FIRST HARMFUL EVENT MOST HARMFUL EVENT			

LOCAL REPORT NUMBER
23-0909-23

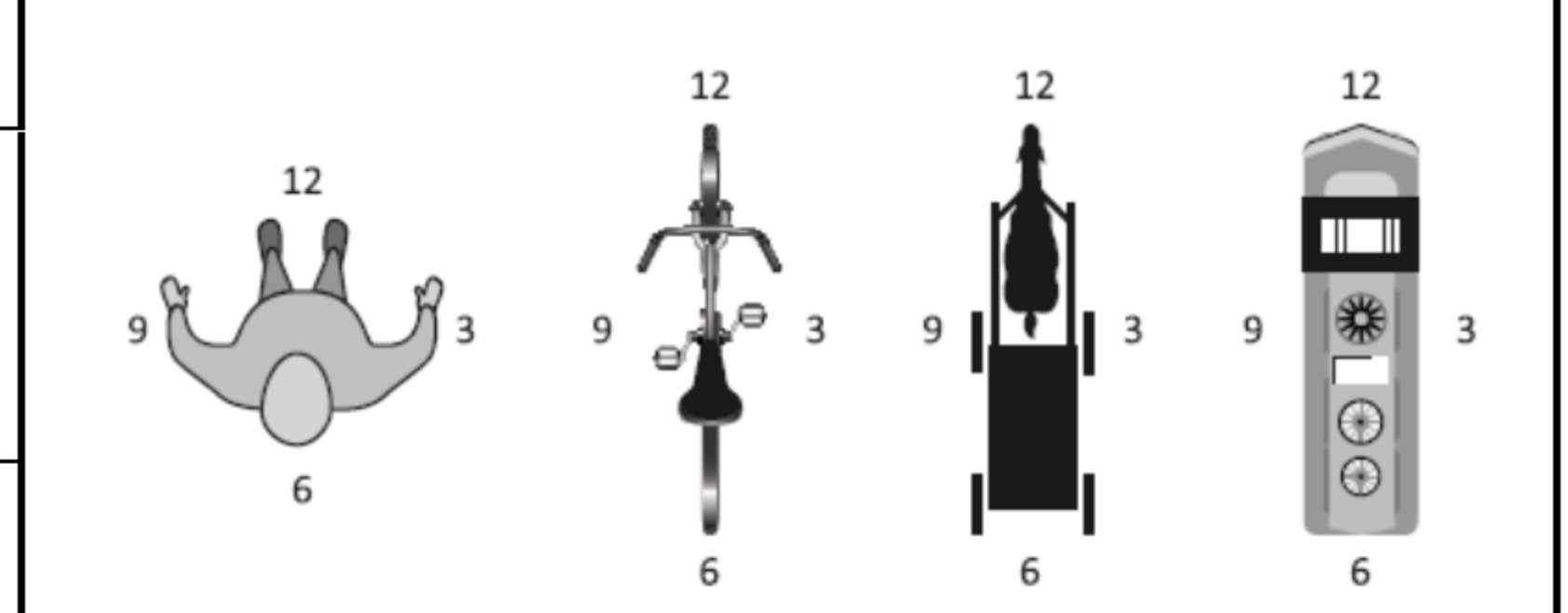
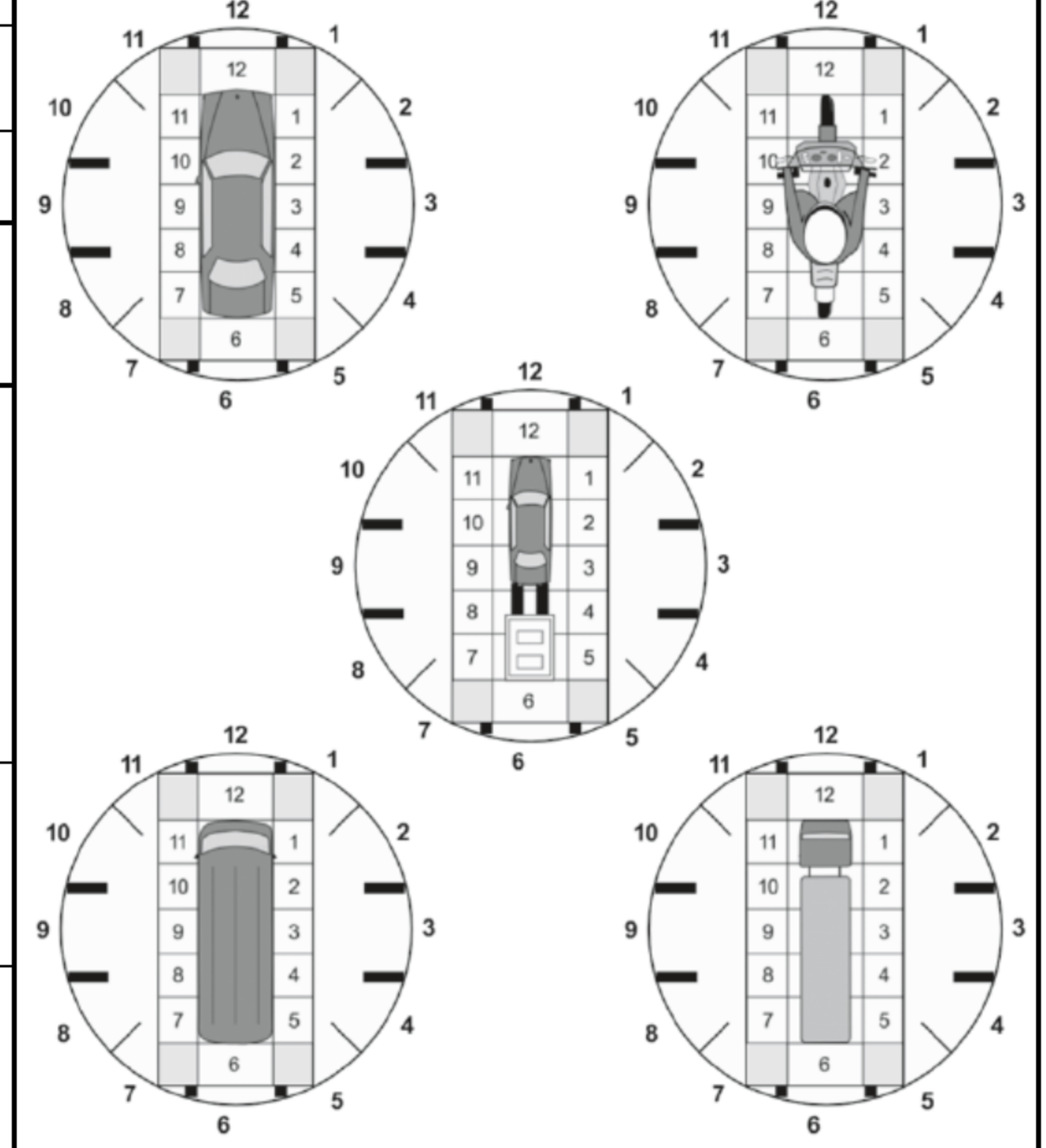
DAMAGE

DAMAGE SCALE

1 - NONE 3 - FUNCTIONAL DAMAGE
2 - MINOR DAMAGE 4 - DISABLING DAMAGE
9 - UNKNOWN

4

DAMAGED AREA(S)
INDICATE ALL THAT APPLY



- NO DAMAGE [0] - UNDERCARRIAGE [14]
 - TOP [13] - ALL AREAS [15]
 - UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT

0 - NO DAMAGE 14 - UNDERCARRIAGE
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE
13 - TOP 99 - UNKNOWN

12

TRAFFIC

TRAFFICWAY FLOW 1 - ONE-WAY 2 - TWO-WAY 2	TRAFFIC CONTROL 1 - ROUNDABOUT 4 - STOP SIGN 2 - SIGNAL 5 - YIELD SIGN 3 - FLASHER 6 - NO CONTROL 6
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# OF THROUGH LANES ON ROAD 2	RAIL GRADE CROSSING 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING
--	---

UNIT / NON-MOTORIST DIRECTION

1 - NORTH 5 - NORTHEAST
2 - SOUTH 6 - NORTHWEST
3 - EAST 7 - SOUTHEAST
4 - WEST 8 - SOUTHWEST
9 - OTHER / UNKNOWN

FROM 5 TO 8

UNIT SPEED 	DETECTED SPEED 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED
POSTED SPEED 55	

MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER

23-0909-23

UNIT # 1	NAME: LAST, FIRST, MIDDLE CARVER, KEITH, W				DATE OF BIRTH 08/05/1962		AGE 56	GENDER M			
ADDRESS: STREET, CITY, STATE, ZIP 11317 DOZER ROAD S.W., STOUTSVILLE, OH, 43154					CONTACT PHONE - INCLUDE AREA CODE 740-497-0234						
INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)		
						STATUS 4	TYPE 3	VALUE .000	STATUS 4	TYPE 3	RESULTS SELECT UP TO 4 8

UNIT # 2	NAME: LAST, FIRST, MIDDLE BYNUM, JUDY, A				DATE OF BIRTH 10/16/1954		AGE 64	GENDER F			
ADDRESS: STREET, CITY, STATE, ZIP 2946 MOUNTAINVIEW DRIVE, LANCASTER, OH, 43130					CONTACT PHONE - INCLUDE AREA CODE 740-654-1042						
INJURIES 1	INJURED TAKEN BY 9	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 2	
OL STATE OH	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE <input type="checkbox"/>	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS 4	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL / DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		CONDITION 1	ALCOHOL TEST		DRUG TEST(S)		
						STATUS 1	TYPE 1	VALUE .	STATUS 1	TYPE 1	RESULTS SELECT UP TO 4

UNIT #	NAME: LAST, FIRST, MIDDLE				DATE OF BIRTH		AGE	GENDER			
ADDRESS: STREET, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)		SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	
OL STATE	OPERATOR LICENSE NUMBER		OFFENSE CHARGED		LOCAL CODE	OFFENSE DESCRIPTION			CITATION NUMBER		
OL CLASS	ENDORSEMENT	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL / DRUG SUSPECTED		CONDITION	ALCOHOL TEST		DRUG TEST(S)		
						STATUS	TYPE	VALUE	STATUS	TYPE	RESULTS SELECT UP TO 4

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY	1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR 15 - NON-MOTORIST 99 - OTHER / UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO = D) 5 - M/C MOPED ONLY 6 - NO VALID OL OL ENDORSEMENT H - HAZMAT M - MOTORCYCLE P - PASSENGER N - TANKER Q - MOTOR SCOOTER R - THREE-WHEEL MOTORCYCLE S - SCHOOL BUS T - DOUBLE & TRIPLE TRAILERS X - TANKER / HAZMAT	1 - ALCOHOL INTERLOCK DEVICE 2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES 4 - FARM WAIVER 5 - EXCEPT CLASS A BUS & CLASS B BUS 6 - EXCEPT CLASS A & CLASS B BUS 7 - EXCEPT TRACTOR-TRAILER 8 - INTERMEDIATE LICENSE RESTRICTIONS 9 - LEARNER'S PERMIT RESTRICTIONS 10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT 12 - LIMITED - OTHER 13 - MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14 - MILITARY VEHICLES ONLY 15 - MOTOR VEHICLES WITHOUT AIR BRAKES 16 - OUTSIDE MIRROR 17 - PROSTHETIC AID 18 - OTHER	1 - NOT DISTRACTED 2 - MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3 - TALKING ON HANDS-FREE COMMUNICATION DEVICE 4 - TALKING ON HAND-HELD COMMUNICATION DEVICE 5 - OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6 - PASSENGER 7 - OTHER DISTRACTION INSIDE THE VEHICLE 8 - OTHER DISTRACTION OUTSIDE THE VEHICLE 9 - OTHER / UNKNOWN CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED, ETC. 6 - UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9 - OTHER / UNKNOWN	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER DRUG TEST RESULT(S) 1 - AMPHETAMINES 2 - BARBITURATES 3 - BENZODIAZEPINES 4 - CANNABINOIDS 5 - COCAINE 6 - OPIATES / OPIOIDS 7 - OTHER 8 - NEGATIVE RESULTS

OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

23-0909-23

OCCUPANT	UNIT # 1	NAME: LAST, FIRST, MIDDLE JAGO, CATHI, J	DATE OF BIRTH 05/11/1961	AGE 57	GENDER F		
	ADDRESS: STREET, CITY, STATE, ZIP 11317 DOZER ROAD S.W., STOUTSVILLE, OH, 43154		CONTACT PHONE - INCLUDE AREA CODE 614-205-2379				
	INJURIES 5	INJURED TAKEN BY 1	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION 3 AIR BAG USAGE 1 EJECTION 1 TRAPPED 1	
OCCUPANT	UNIT # 2	NAME: LAST, FIRST, MIDDLE BYNUM, ROBERT, T	DATE OF BIRTH 01/15/1953	AGE 65	GENDER M		
	ADDRESS: STREET, CITY, STATE, ZIP 2946 MOUNTVIEW DRIVE, LANCASTER, OH, 43130		CONTACT PHONE - INCLUDE AREA CODE 740-654-1042				
	INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY (NAME) AIR EVAC	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY) MOUNT CARMEL EAST	SAFETY EQUIPMENT USED 4	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION 3 AIR BAG USAGE 2 EJECTION 1 TRAPPED 1	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED 	
OCCUPANT	UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER		
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE				
	INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	<input type="checkbox"/> DOT-COMPLIANT MC HELMET SEATING POSITION AIR BAG USAGE EJECTION TRAPPED 	
INJURIES		SAFETY EQUIPMENT USED		SEATING POSITION		AIR BAG USAGE	
1 - FATAL 2 - SUSPECTED SERIOUS INJURY 3 - SUSPECTED MINOR INJURY 4 - POSSIBLE INJURY 5 - NO APPARENT INJURY		1 - NONE USED - VEHICLE OCCUPANT 2 - SHOULDER BELT ONLY USED 3 - LAP BELT ONLY USED 4 - SHOULDER & LAP BELT USED 5 - CHILD RESTRAINT SYSTEM - FORWARD FACING 6 - CHILD RESTRAINT SYSTEM - REAR FACING 7 - BOOSTER SEAT 8 - HELMET USED 9 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 10 - REFLECTIVE CLOTHING 11 - LIGHTING - PEDESTRIAN / BICYCLE ONLY 99 - OTHER / UNKNOWN		1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SIDE 4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5 - SECOND - MIDDLE 6 - SECOND - RIGHT SIDE 7 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8 - THIRD - MIDDLE 9 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF TRUCK CAB 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS. PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 99 - OTHER / UNKNOWN		1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN EJECTION 1 - NOT EJECTED 2 - PARTIALLY EJECTED 3 - TOTALLY EJECTED 4 - NOT APPLICABLE TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - FREED BY NON-MECHANICAL MEANS	
WITNESS	NAME: LAST, FIRST, MIDDLE STAPLETON, MARK	DATE OF BIRTH 01/01/2001	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP 1000 WEST MARKET STREET, BALTIMORE, OH, 43105		CONTACT PHONE - INCLUDE AREA CODE 614-598-4241				
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE				
WITNESS	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER			
	ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE				

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Vehicle Damage Analysis: Submitted by Trooper R. J. Wilson, U-1629

Unit 1: No damage.

Unit 1 Trailer:

The trailer has a significant amount of paint transfer to the left front corner and tongue. The trailer is equipped with a two inch ball type hitch with a flip cam that secures to the ball. The safety lock had been removed and the threads where it was located was rusted and decayed. The safety chains did not have hooks and appear not to have been used. The driver stated he used a removable threaded link to secure a safety chain. I located a grossly deformed threaded link approximately 100 feet south of the crash scene on the west berm. The hitch was deformed as a result of the crash. The hook still had the warning tag on it stating; "DO NOT USE FOR OVERHEAD LIFTING OR WHERE SAFETY IS A PROTOCOL. DO NOT USE TO SUPPORT THE WEIGHT OF A HUMAN." Size 0508-1/4"

The trailer weighs 1500 pounds and is not required to have a braking system until it exceeds 2000 pounds loaded.

This trailer was clearly in NO condition to be operated without the necessary locking system and safety chains.

Unit 2:

Contact damage to the left front bumper, hood, fender and entire left side from impact with the trailer. The left front wheel was displaced as a result of the crash. There is a distinct pattern impression from the left upright support from the guard rail of the trailer. There is also an impression from the left front tie down hook of the trailer. The tongue and hitch portion of the trailer pierced the lower left bottom rail of the vehicle.

Scaled photos were taken of the contact areas of both vehicles.

Unit 1 trailer information

License - SUJ7739, black 1983 Homemade trailer

No VIN

Owner - Amy L. Cooper

712 Maplewood Avenue Circleville, Ohio 43113

740-571-2409

Officer Narrative:

On October 20th, 2018 at approximately 1400 hours, Sergeant T. K. Bullock and I were dispatched to a two vehicle injury crash with entrapment on State Route 159 near milepost 6. Trooper N. D. Mathias was later dispatched to assist with the crash investigation.

Upon arrival I observed a silver Hyundai Elantra with heavy front end and left side damage off the west side of the roadway on an embankment. I also observed an older trailer that was heavily damaged on the east side of the roadway. Emergency personnel were in the process of mechanically extricating the driver of Unit 2, Judy Bynum, who was later pronounced deceased on scene.

A statement was obtained by a witness, Mark Stapleton, that was following Unit 1 prior to the crash. He stated

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<p>that Unit 1's trailer became loose from the ball hitch and went left of center and struck Unit 2. He was asked how long he was following the vehicle and he stated approximately one mile. While following Unit 1 he noticed the trailer was wobbling and got progressively worse as the vehicle continued northbound. When the witness initially got behind the vehicle he immediately noticed it was wobbling slightly. He further stated that the trailer went from wobbling to weaving side to side. The witness then stated he thought the pickup truck was avoiding something in the roadway because of the weaving. The witness decreased his speed to put distance between them and that's when the trailer separated from the ball hitch. The witness was asked if he noticed any safety chains connected to the trailer. He said no he didn't believe there was. He stated he had been behind pickup trucks pulling trailers before and he would notice the chains dangling in between the rear bumper and trailer. In this case he did not see them. The trailer swayed back and forth heavily and "popped" off the ball hitch. The witness stated he could hear the separation of the ball hitch from the tongue of the trailer with a distinct "popping" noise. The swaying and wobbling occurred while the trailer was still attached to the vehicle. The trailer never swayed left of center while still attached. The witness was then asked if he noticed any brake lights being applied from the pickup truck while this swaying occurred. He stated he did not see the truck show any signs of slowing down or the driver reacting to the swaying or wobbling. The witness advised he was traveling around 55 mph and he came up on the pickup truck and trailer quickly and his speed decreased below the speed limit while behind them. After impact the pickup truck pulled over and the driver exited the vehicle. The witness recalled the driver of the pickup truck saying, "that damn piece of shit trailer" while shaking his head back and forth. He then walked over to the passenger and told her what happened. The passenger began to scream and cry after realizing what occurred.</p> <p>There was a distinct amount of damage on the roadway. Deep gouge marks could be seen on the southbound lane going into the northbound lane. There was one deep gouge impact mark and several gouges from the tongue of the trailer as it rotated counter clockwise to final rest. A skidmark can be seen starting on the southbound lane from Unit 2 and going off of the right side of the roadway. Unit 2 struck an embankment before coming to final rest. Roadway evidence suggested Unit 2 attempted to swerve to the right and brake to avoid the trailer but was unsuccessful. Air Evac responded to the scene and transported the passenger of Unit 2, Robert Bynum, to Mount Carmel Hospital in Columbus. Unit 1 driver, Keith Carver, provided a voluntary statement and stated as he and his passenger were traveling northbound on State Route 159 he heard a loud "bang" and observed the trailer come loose off the pickup truck. He applied his brakes and heard another loud "bang" before pulling over and stopping. The driver answered a series of questions and stated he drives a truck and trailer frequently and is familiar with the operation and setup. The trailer he used was a friends he was borrowing and it was his first time using it. I asked him how he connected the trailer. He stated he backed up to the trailer, attached the tongue to the ball and put on the safety chains. He did not connect the wiring because there was no wiring to the trailer. The chain he used had a clasp on one end that connected to the trailer chain. The left side he connected another clasp from the chain on the pickup to the trailer. He was then asked how he connected the tongue to the ball and how it fit. He stated it was snug, he pulled up and down and it didn't budge. He stated he checked the mirrors every couple of minutes while driving.</p> <p>On October 22nd, 2018 I spoke with the passenger of Unit 2, Robert Bynum. He provided a voluntary statement. He stated as him and his wife were traveling southbound on State Route 159 they observed a pickup truck pulling a trailer traveling northbound. They then saw the trailer come loose and travel into their lane. He stated his wife had no time to react and they were struck by the trailer. He stated the driver attempted to brake and swerve to the right but did not have enough time to successfully do so. Contact was also made with the registered owner of the trailer and license plate. The owner of the trailer stated he was given the license plate from his son-in-law to use on his trailer. The son-in law left the trailer at Cathi Jago's house (Passenger in Unit 1). The trailer contained fencing and was left there for them to unload. Once they were finished unloading the trailer they were to call and have the owner pick up the trailer. Neither the driver or passenger of Unit 1 had permission or were told whether they could or couldn't use the trailer. The trailer was left there one month prior to the crash. The owner of the trailer stated that the electrical connection did not work and there was only one</p>		
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<p>safety chain hanging down with one S hook. I asked him what size ball hitch it accepted and he told me a 2 inch ball hitch and the tires were in average condition with weather cracking. He said no cord was exposed on any of the tires when he last used the trailer.</p> <p>It is worth noting the tires on the trailer had low tread and the left rear tire had cord exposed. The ball hitch used to hall the trailer was 1 7/8". A & L Towing recovered the Hyundai Elantra and Homemade Trailer from the scene. The driver of Unit 1 provided a voluntary urine sample at the Lancaster Highway Patrol Post and toxicology results will be supplemented. The Fairfield County Coroner will conduct an autopsy report and provide.</p> <p>Weather:</p> <p>The weather report was received from the National Weather Service.</p> <p>Temperature: 58 Degrees F</p> <p>Dew Point: 46</p> <p>Pressure: 29.82</p> <p>Wind: 16 MPH W to SW</p> <p>Humidity: 63%</p> <p>UV Index: 1</p> <p>Cloud Cover: 79%</p> <p>Ceiling: 4345 Ft.</p> <p>Visibility: 8 MI.</p> <p>Personnel On Scene:</p> <p><u>Ohio State Highway Patrol:</u></p> <p>Sergeant T. K. Bullock, U-1021 - On scene supervisor. Assisted with photos and administrative inventories.</p> <p>Trooper N. D. Mathias, U-1996 - Assisted with photos, field sketch and administrative inventories.</p> <p><u>Clearcreek Township Fire:</u></p> <p>Rescue 513</p> <p>Medic 512</p> <p>Medic 511</p> <p><u>Hocking Township Fire:</u></p> <p>Medic 652</p> <p>Chief 651</p> <p>Medic 651</p>		
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<p>Chief 650</p> <p><u>Amanda Fire Department:</u></p> <p>Rescue 521</p> <p>Medic 521</p> <p>G522</p> <p><u>AirEvac Lifeteam W327AE</u></p> <p>Transported the passenger of Unit 2, Robert Bynum, to Mount Carmel East.</p> <p><u>A & L Towing:</u></p> <p>Recovered the Hyundai Elantra and 1983 Homemade Trailer from the scene. Both vehicles are being temporarily held for further investigation.</p> <p><u>Fairfield County Coroner Investigator Mark Remington.</u></p> <p>Timeline Of Events:</p> <p>Reports are compiled from the Fairfield County Sheriff's Office and the State Highway Patrol.</p> <p>1358 - The Fairfield County Sheriff's Office receives a call of a two vehicle head on injury crash with entrapment on State Route 159.</p> <p>1359 - Clearcreek Township Medic 511, Medic 512 and Rescue 513 are dispatched to the scene.</p> <p>1400 - The Fairfield County Sheriff's Office contacts the State Highway Patrol Lancaster Post and requests assistance.</p> <p>1401 - Trooper T. M. Holcomb, U-1945, dispatched to the scene.</p> <p>1404 - Sergeant T. K. Bullock, U-1021, dispatched to the scene.</p> <p>1404 - Hocking Township Medic 652 enroute to the scene.</p> <p>1404 - Amanda Fire Department Medic 521 enroute to the scene.</p> <p>1404 - Amanda Fire Department Rescue 521 enroute to the scene.</p> <p>1405 - Hocking Township Fire Chief 651 dispatched to the scene.</p> <p>1405 - Hocking Township Fire Chief 651 enroute to the scene.</p> <p>1407 - Clearcreek Township Fire Medic 511 enroute.</p> <p>1408 - Clearcreek Township Fire Rescue 513 enroute.</p> <p>1408 - Hocking Township Fire Medic 652 arrived on scene.</p> <p>1408 - Amanda Fire Department Medic 521 on scene.</p> <p>1409 - Hocking Township Fire Chief 651 arrives on scene.</p>		
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<p>1410 - Trooper T. M. Holcomb, U-1945, arrives on scene.</p> <p>1410 - Hocking Township Fire Chief 650 dispatched to the scene.</p> <p>1410 - Hocking Township Fire Chief 650 enroute to the scene.</p> <p>1414 - Clearcreek Township Fire Medic 511 on scene.</p> <p>1414 - Clearcreek Township Fire Rescue 513 on scene.</p> <p>1415 - Sergeant T. K. Bullock, U-1021, arrives on scene.</p> <p>1415 - Air Evac enroute to the scene.</p> <p>1416 - Hocking Township Fire Chief 650 arrives on scene.</p> <p>1421 - Fairfield County Sheriffs Office was advised by EMS personnel over the radio of confirmed fatality.</p> <p>1422 - State Highway Patrol was advised by EMS personnel on scene of confirmed fatality.</p> <p>1428 - Trooper N. D. Mathias, U-1996, dispatched to the scene.</p> <p>1430 - Air Evac arrived on scene.</p> <p>1437 - Trooper N. D. Mathias, U-1996, arrives on scene.</p> <p>1437 - Coroner contacted to respond to the scene.</p> <p>1438 - Coroner Mark Remington enroute to the scene.</p> <p>1443 - Next of kin, Robert Bynum, notified by EMS personnel on scene.</p> <p>1451 - AirEvac enroute to Mount Carmel East Hospital.</p> <p>1452 - Columbus District Duty Officer notified by Sergeant T. K. Bullock U-1021.</p> <p>1459 - Hocking Township Chief 651 cleared the scene</p> <p>1500 - Clearcreek Township Fire Medic 512 cleared the scene.</p> <p>1502 - Clearcreek Township Fire Medic 511 cleared the scene.</p> <p>1502 - Amanda Fire Department Medic 521 cleared the scene.</p> <p>1502 - Amanda Fire Department Rescue 521 cleared the scene.</p> <p>1502 - Hocking Township Fire Chief 650 cleared the scene.</p> <p>1505 - Amanda Fire Department G522 dispatched to the scene.</p> <p>1505 - Amanda Fire Department G522 enroute to the scene.</p> <p>1506 - A & L Towing and Recovery enroute for the Hyundai and trailer.</p> <p>1510 - Amanda Fire Department G522 on scene.</p>		
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<p>1523 - Hocking Township Fire Medic 652 cleared the scene.</p> <p>1523 - Hocking Township Fire Medic 651 cleared the scene.</p> <p>1533 - A & L Towing and Recovery arrived on scene.</p> <p>1601 - Trooper T. M. Holcomb, U-1945, enroute with the driver of Unit 1 to the Lancaster Highway Patrol Post for a voluntary urine sample.</p> <p>1603 - AirEvac arrived at Mount Carmel.</p> <p>1611 - Clearcreek Township Fire Rescue 513 cleared the scene.</p> <p>1613 - Trooper T. M. Holcomb, U-1945, arrives at the Lancaster Highway Patrol Post for a voluntary urine sample.</p> <p>1616 - Amanda Fire Department G522 cleared the scene.</p> <p>1623 - Trooper T. M. Holcomb, U-1945, obtains a voluntary urine sample from Unit 1 driver.</p> <p>1626 - Sergeant T. K. Bullock, U-1021, cleared the scene.</p> <p>1634 - A & L Towing and Recovery cleared the scene.</p> <p>1638 - Trooper N. D. Mathias, U-1996, cleared the scene.</p> <p>1904 - Trooper T. M. Holcomb, U-1945, cleared the incident.</p> <p>Vehicle Tire Analysis:</p> <p>Unit 1 - Front tires were make and model, 2357517 Hankook Dynapro A/T. The rear tires were make and model, LT2457517 BF Goodrich Rugged Trail T/A. The front tires showed good tread depth and were in good condition. The rear tires did not have sufficient tread depth and were not in good condition. The following measurements were taken by Trooper N. D. Mathias. The measurements expressed were taken of tread depth from the inside of the tire, center and outside of the tire.</p> <p><u>Tread Depth</u></p> <p>Right front - 12/32, 12/32, and 12/32.</p> <p>Left front - 12/32, 12/32, and 12/32.</p> <p>Right rear - 3/32, 3/32, and 3/32.</p> <p>Left rear - 3/32, 3/32, and 3/32.</p> <p>Unit 2 - All tires were make and model, Goodyear Viva 3AS. All four tires were in fair condition. The following measurements were taken by Trooper N. D. Mathias in the same manner as Unit 1.</p> <p><u>Tread Depth</u></p> <p>Right front - 7/32, 7/32, and 7/32.</p> <p>Right rear - 7/32, 7/32, and 7/32.</p> <p>Left front - 7/32, 7/32, and 7/32.</p>		
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<p>Left rear - 7/32, 7/32, and 7/32.</p> <p>Unit 1 trailer - All tires were make and model, Goodyear Highlander, 8x14 1/2. The following measurements were taken by Trooper N. D. Mathias. The right rear tire had severe weather cracking and low tread. The left rear tire had the cord exposed and had no tire tread.</p> <p>Left front 4/32</p> <p>Left rear 0/32</p> <p>Right rear 11/32</p> <p>Right front 1/32</p> <p>Additional Reports:</p> <p>An autopsy and toxicology report will be completed by the Licking County Coroner's Office. A crash reconstruction report will be completed by the Ohio State Highway Patrol and will be available.</p> <p>*The speed of Unit 2 was left blank at the time of reporting. It will be supplemented upon completion of the crash reconstruction report.</p> <p>*Injured transported by "other" for the driver of Unit 1. The driver was transported by funeral home services contacted by the on scene Coroner Investigator.</p> <p>Reports To Be Supplemented:</p> <p>A voluntary urine sample was provided by the driver of Unit 1 and submitted to the Ohio State Highway Patrol Crime Lab for analysis. Results will be supplemented to this report when available.</p> <p>Upon the collection of all available evidence potential charges will be presented to the Fairfield County Common Pleas prosecutor for review.</p> <p>Insurance information for Unit 2.</p> <p>Toxicology Results:</p> <p>Unit 1 driver alcohol analysis as reported by gas chromatography: alcohol not detected in urine on October 30th, 2018.</p> <p>Field Diagram:</p> <p>Reference Point: Utility Pole #: 140323</p> <p>Reference Point - Point "0": 42.6</p> <p>Width of State Route 159: 24.2</p> <p>Units are expressed in feet-inches.</p> <p>Measurements were obtained using a wheel tape.</p> <p>The road composition was clear dry asphalt.</p> <p>Unit #1 is depicted at controlled final rest.</p>		
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OHIO TRAFFIC ACCIDENT - OH2 NARRATIVE

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	AE	FE	Description
A	30-8 N	21-8 W	Front left tire of Unit 1 at final rest
B	42-9 N	21-8 W	Rear left tire of Unit 1 at final rest
C	99-5 N	1-1 W	Start of left tire skid from Unit 2
D	107-3 N	0	End of left tire skid / start of tire off roadway Unit 2.
E	121-3 N	7 E	Unit 2 tire mark off roadway
F	113-0	3-2 W	Gouge mark from tongue / impact
G	119-9 N	1-4 W	Gouge
H	124-0 N	5-2 W	Gouge
I	132-1 N	14-0 W	Gouge
J	130-5 N	20-3 W	Gouge
K	129-4 N	22-1 W	Gouge
L	118-5 N	18-10 W	Rear left tire of Unit 1 trailer at final rest
M	125-6 N	16-10 W	Rear right tire of Unit 1 trailer at final rest
N	145-8 N	17-10 E	Left front tire of Unit 2 at final rest
O	150-7 N	13-3 E	Right front tire of Unit 2 at final rest
P	133-6 N	15-4 E	Embankment struck
Q	130-6 N	3-1 E	Beginning of tire mark from Unit 2
R	140-5 N	11-6 E	End of tire mark from Unit 2

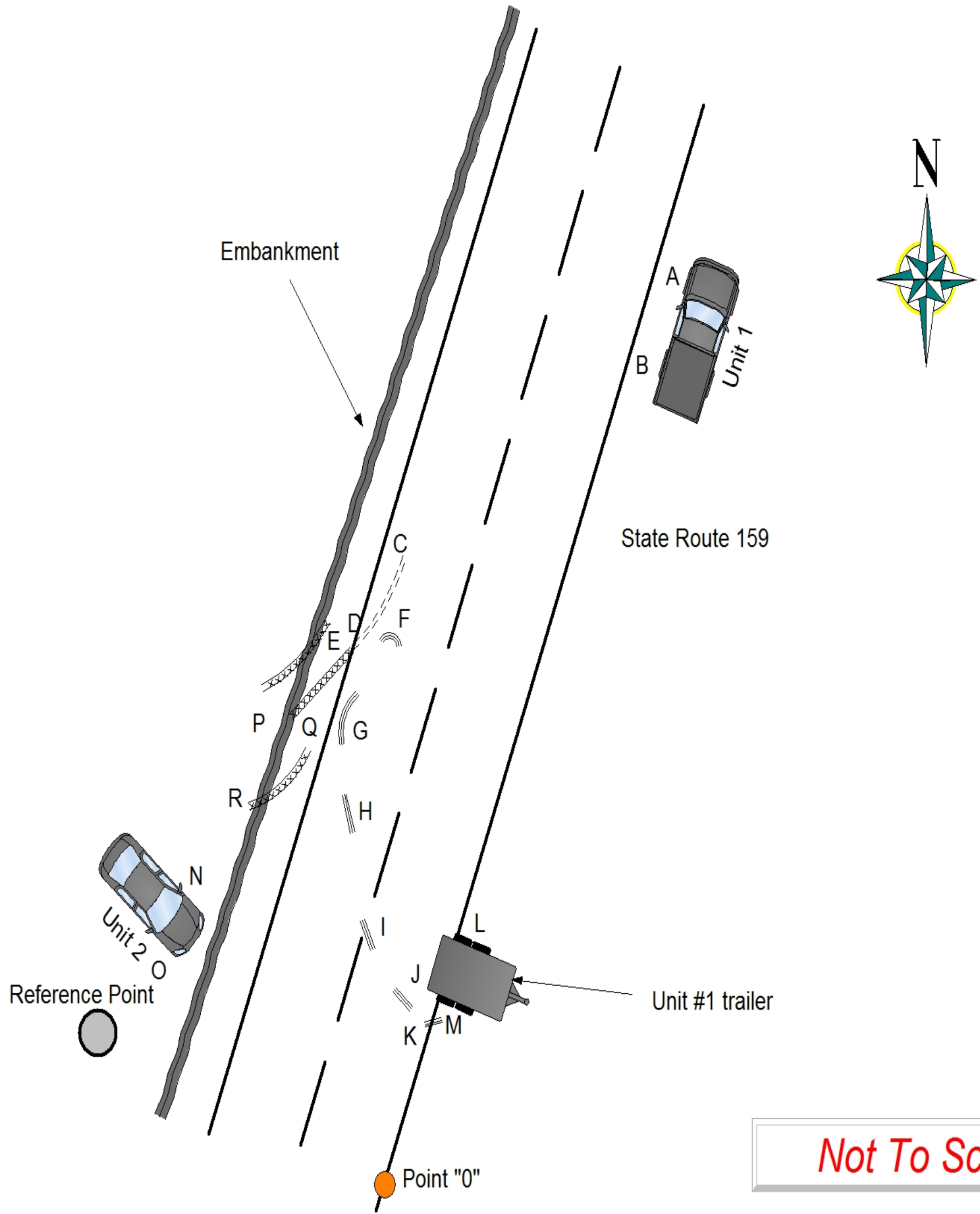
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OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

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