

TRAFFIC CRASH REPORT



CRASH SEVERITY
1 FATAL 3 PDO
2 INJURY 4 UNKNOWN

PRIVATE PROPERTY
Hwy/Shop
1 NOT HT/SHOP
2 SOLVED
3 UNSOLVED

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

20974 2

REPORTING AGENCY *
COP00 COLUMBUS POLICE 01 01 07152002

Day of Week: 1745 MON X
Name (of city, village or township): COLUMBUS
Latitude: 25 Longitude:

CRASH OCCURRED ON PREPRT CRASH LOCATION N HIGH ST.	TYPE LOC 1	TYPE LOCATION 1 NAMED STREET 2 NUMBERED STREET	POINT USED 3 NUMBERED ROUTE	LOCAL IDENTIFICATION 30
REF REFERENCE DOT REFERENCE OH ARCADIA AVE.	REF POINT 02	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT	08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

NAME (LAST, FIRST, MIDDLE)
[REDACTED]

Address (STREET, CITY, STATE, ZIP CODE)
[REDACTED]

Home Phone # [REDACTED] Work Phone # [REDACTED]

DL STATE OH DL # [REDACTED] LP STATE OH LP # [REDACTED]

INSURED TAKEN BY 2 EMS 3 POLICE TRANSPORTED BY CEO MEDICAL INURED TAKEN TO RIVERSIDE HOSP

OWNER NAME (IF SAME, WRITE "SAME") CITY OF COLUMBUS ADDRESS (STREET, CITY, STATE, ZIP CODE) 3675 PARKWAY AVE. COLUMBUS OHIO 43207

YEAR 1991 MAKE LTI MODEL 110AERO COLOR RED INSURANCE COMPANY SELF TOWING SERVICE [REDACTED] OWNER PHONE # (614) [REDACTED]

OFFENSE CHARGED OFFENSE DESCRIPTION

Motorist/Non-Motorist

NAME (LAST, FIRST, MIDDLE)
Address (STREET, CITY, STATE, ZIP CODE)
Home Phone # [REDACTED] Work Phone # [REDACTED]

DL STATE OH DL # [REDACTED] LP STATE OH LP # [REDACTED]

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YEAR 1991 MAKE LTI MODEL 110AERO COLOR RED INSURANCE COMPANY SELF TOWING SERVICE [REDACTED] OWNER PHONE # (614) [REDACTED]

OFFENSE CHARGED OFFENSE DESCRIPTION

Occupant

Address (STREET, CITY, STATE, ZIP CODE)
Home Phone # [REDACTED] Work Phone # [REDACTED]

INSURED TAKEN BY 2 EMS 3 POLICE TRANSPORTED BY MEDIC #16 INURED TAKEN TO RIVERSIDE HOSP

01	SEATING POSITION 01 FRONT - LEFT (MC DRIVER)	04	SAFETY EQUIPMENT 01 NONE USED	5	AIR BAG 1 NOT DEPLOYED	1	AIR BAG SWITCH 1 NOT PRESENT	1	ERUCTION 1 NOT EJECTED	1	TRAPPED 1 NOT TRAPPED	3	INJURIES 1 NO INJURY
03	02 FRONT - MIDDLE	04	02 SHOULDER BELT ONLY	5	2 DEPLOYED-FRONT	1	2 IN ON POSITION	1	2 TOTALLY EJECTED	1	2 EXTRICATED BY MECHANICAL	3	2 POSSIBLE
06	03 FRONT - RIGHT	04	03 LAP BELT ONLY	5	3 DEPLOYED-SIDE	1	3 IN OFF POSITION	1	3 PARTIALLY EJECTED	1	4 BEANS	3	3 NON-
	04 SECOND - LEFT (MC PASS)	04	04 SHOULDER LAP BELT	5	4 DEPLOYED BOTH FRONT/BACK	1	4 UNKNOWN	1	4 NOT APPLICABLE	1	3 BEANS BY NON-MECHANICAL	3	4 INCAPACITATING
	05 SECOND - MIDDLE	04	05 CHILD SAFETY SEAT	5	5 NOT APPLICABLE	1		1	5 UNKNOWN	1	4 BEANS	3	5 FATAL INJURY
	06 SECOND - RIGHT	04	06 MC HELMET USED	5	6 UNKNOWN	1		1		1	4 UNKNOWN	3	6 UNKNOWN
	07 THIRD - LEFT (MC PASSENGER/SIDE CAR)	04	07 USE UNKNOWN	5		1		1		1		3	
	08 THIRD - MIDDLE	04	08 NONE USED	5		1		1		1		3	
	09 THIRD - RIGHT	04	09 HELMET USED	5		1		1		1		3	
	10 BLASPER SECTION OF CAR	04	10 PROTECTIVE PADS	5		1		1		1		3	
	11 UNCLOSED CARGO AREA	04	11 REFLECTIVE CLOTHING	5		1		1		1		3	
	12 TRAILER UNIT	04	12 LIGHTS	5		1		1		1		3	
	13 TRAILER UNIT	04	13 OTHER	5		1		1		1		3	
	14 EXTENSION	04	14 UNKNOWN	5		1		1		1		3	
	15 OTHER	04		5		1		1		1		3	
	16 NON-MOTORIST	04		5		1		1		1		3	
	17 UNKNOWN	04		5		1		1		1		3	

URST NUMBERS

01

NON-MOTORIST LOCATION

- 01 BANKED CROSSWALK AT INTERSECTION
- 02 INTERSECTION/NO CROSSWALK
- 03 NON-INTERSECTION CROSSWALK
- 04 DRIVEWAY ACCESS CROSSWALK
- 05 IN ROADWAY
- 06 NOT IN ROADWAY
- 07 MEDIAN (BUT NOT SHOULDER)
- 08 ISLAND
- 09 SHOULDER
- 10 SIDEWALK
- 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)
- 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)
- 13 OUTSIDE TRAFFICWAY
- 14 SHARED USE PATHS ON TRAILS
- 15 UNKNOWN

TYPE OF URST

25

MOTORIST

- 01 SUB-COMPACT
 - 02 COMPACT
 - 03 MID SIZE
 - 04 FULL SIZE
 - 05 MINIVAN
 - 06 SPORT UTILITY VEHICLE
 - 07 PICKUP
 - 08 FAMILY VAN
 - 09 SINGLE UNIT TRUCK
 - 10 TRUCK/TRACTOR
 - 11 TRUCK TRACTOR (BOSTAL)
 - 12 TRACTOR/SEMI-TRAILER
 - 13 TRACTOR/DOUBLE SHORT
 - 14 TRACTOR/DOUBLE LONG
 - 15 FIFTH WHEEL OR CONVERTER DOLLY
 - 16 TRACTOR/TRAILER
 - 17 MOTORCYCLE
 - 18 MOTORIZED BICYCLE
 - 19 SCHOOL BUS
 - 20 CHURCH BUS
 - 21 PUBLIC BUS
 - 22 OTHER BUS
 - 23 POLICE VEHICLE
 - 24 FIRE TRUCK
 - 25 AMBULANCE/RESCUE
 - 26 TAXI
 - 27 MOTOR HOME
 - 28 TRAIN
 - 29 FARM VEHICLE
 - 30 FARM EQUIPMENT
 - 31 SNOWMOBILE
 - 32 CONSTRUCTION EQUIPMENT
 - 34 ALL OTHERS
- NON-MOTORIST
- 35 ANIMAL W/DRIVER
 - 36 ANIMAL W/NO DRIVER
 - 37 BICYCLE
 - 38 PEDESTRIAN
 - 39 PEDALCYCLIST
 - 40 SKATER
 - 41 OTHER-NON MOTORIST
 - 42 UNKNOWN

IN EMERGENCY RESPONSE

2

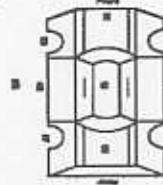
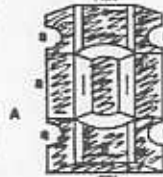
- 1 NO
- 2 YES
- 3 UNKNOWN

DAMAGE SCALE

5

- 1 NONE
- 2 NON-FUNCTIONAL DAMAGE
- 3 FUNCTIONAL DAMAGE
- 4 DISABLING DAMAGE
- 5 SEVERE
- 6 UNKNOWN

DAMAGE AREA



MOST DAMAGED AREA

13

- 01 NONE
- 02 CENTER FRONT
- 03 FRONT FRONT
- 04 FRONT SIDE
- 05 FRONT REAR
- 06 REAR CENTER
- 07 LEFT REAR
- 08 LEFT SIDE
- 09 LEFT FRONT
- 10 TOP AND WINDOWS
- 11 UNDERCARRIAGE
- 12 LOAD/TRAILER
- 13 TOTAL (ALL AREAS)
- 14 OTHER
- 15 UNKNOWN

POINT OF IMPACT

02

- 01 NONE
- 02 CENTER FRONT
- 03 FRONT FRONT
- 04 FRONT SIDE
- 05 FRONT REAR
- 06 REAR CENTER
- 07 LEFT REAR
- 08 LEFT SIDE
- 09 LEFT FRONT
- 10 TOP AND WINDOWS
- 11 UNDERCARRIAGE
- 12 LOAD/TRAILER
- 13 TOTAL (ALL AREAS)
- 14 OTHER
- 15 UNKNOWN

ACTION

3

- 1 NON-CONTACT
- 2 NON-COLLISION
- 3 STRUCK
- 4 STRUCK
- 5 BOTH STRUCK AND STRUCK
- 6 UNKNOWN

STRIKING VEHICLE: OVERSIDE / UNDERSIDE

1

- 1 NO UNDERSIDE OR OVERSIDE INTRUSION
- 2 UNDERSIDE, COMPARTMENT INTRUSION
- 3 UNDERSIDE, NO COMPARTMENT INTRUSION
- 4 UNDERSIDE, COMPARTMENT INTRUSION UNKNOWN
- 5 OVERSIDE, MOTOR VEHICLE IN TRANSPORT
- 6 OVERSIDE, OTHER VEHICLE
- 7 UNKNOWN

PRI-CRASH ACTIONS

06

- MOTORIST
- 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD
 - 02 BRAKING
 - 03 CHANGING LANES
 - 04 OVERTAKING/PASSING
 - 05 TURNING RIGHT
 - 06 TURNING LEFT
 - 07 MAKING U-TURN
 - 08 ENTERING TRAFFIC LANE
 - 09 LEAVING TRAFFIC LANE
 - 10 PAUSED
 - 11 SLOWING/STOPPED IN TRAFFIC
 - 12 DRIVEN/USE
 - 13 OTHER
 - 14 UNKNOWN
- NON-MOTORIST
- 15 ENTERING/CROSSING IN SPECIFIED LOCATION
 - 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING
 - 17 WORKING
 - 18 PUSHING VEHICLE
 - 19 APPROACHING/LEAVING VEHICLE
 - 20 PLAYING/WORKING ON VEHICLE
 - 21 STANDING
 - 22 OTHER
 - 23 UNKNOWN

CONTRIBUTING CIRCUMSTANCES

15

- MOTORIST
- 01 NONE
 - 02 FAILURE TO YIELD
 - 03 RAN RED LIGHT, OR STOP SIGN
 - 04 EXCEEDED SPEED LIMIT
 - 05 UNSAFE SPEED
 - 06 IMPROPER TURN
 - 07 LEFT OF CENTER
 - 08 FOLLOWED TOO CLOSELY/WCDA
 - 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING
 - 10 IMPROPER BRAKING
 - 11 IMPROPER START FROM PARKED POSITION
 - 12 STOPPED ON PARKED ILLEGALLY
 - 13 OPERATING VEHICLE IN IMPAIRED, RECKLESS, CARELESS, REGLIANT OR AGGRESSIVE MANNER
 - 14 INTENDING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)
 - 15 FAILURE TO CONTROL
 - 16 VISION OBSTRUCTION
 - 17 DRIVER INATTENTION
 - 18 FATIGUE/AILNESS
 - 19 OPERATING DEFECTIVE EQUIPMENT
 - 20 LOAD IMPROPER/FALLING/SHELLING
 - 21 OTHER IMPROPER ACTION
 - 22 UNKNOWN
- NON-MOTORIST
- 23 NONE
 - 24 IMPROPER CROSSING
 - 25 DARTING
 - 26 LYING AND/OR ILLEGALLY IN ROADWAY
 - 27 FAILURE TO YIELD RIGHT OF WAY
 - 28 NOT VISIBLE (DARK CLOTHING)
 - 29 BAIT/TENTIVE
 - 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER
 - 31 WRONG SIDE OF THE ROAD
 - 32 OTHER
 - 33 UNKNOWN

VEHICLE DEFECT CODE ONLY IF '15' SELECTED ABOVE

01

- 01 TURN SIGNALS
- 02 HEAD LAMPS
- 03 TAIL LAMPS
- 04 BRAKES
- 05 STEERING
- 06 TIRE BLOWOUT
- 07 WORK ON BLACK TIRES
- 08 TRAILER EQUIPMENT DEFECTIVE
- 09 MOTOR TROUBLE
- 10 DISABLED FROM PRIOR CRASH
- 11 OTHER DEFECTS

SEQUENCE OF EVENTS

20

39

44

48

- NON-COLLISION
- 01 OVERTAKING/FOLLOWER
 - 02 PEB/EXPLOSION
 - 03 IMBROSION
 - 04 JACKKNIFE
 - 05 CARGO/EQUIPMENT LOSS/SHIFT
 - 06 EQUIPMENT FAILURE
 - 07 SEPARATION OF UNITS
 - 08 RAN OFF ROAD RIGHT
 - 09 RAN OFF ROAD LEFT
 - 10 CROSS MEDIAN/CENTERLINE
 - 11 DOWNHILL ROLLOVER
 - 12 OTHER NON-COLLISION
 - 13 UNKNOWN NON-COLLISION
- COLLISION W/ PERSON, VEHICLE OR OBJECT, NOT FIXED
- 14 PEDESTRIAN
 - 15 PEDALCYCLE
 - 16 RAILWAY VEHICLE
 - 17 ANIMAL - FARM
 - 18 ANIMAL - DEER
 - 19 ANIMAL - OTHER
 - 20 MOTOR VEHICLE IN TRANSPORT
 - 21 PARKED MOTOR VEHICLE
 - 22 WORK ZONE MAINTENANCE EQUIPMENT
 - 23 OTHER MOVABLE OBJECT
 - 24 UNKNOWN MOVABLE OBJECT
- COLLISION WITH FIXED OBJECT
- 25 IMPACT ATTENUATOR/CRASH CUSHION
 - 26 BRIDGE OVERHEAD STRUCTURE
 - 27 BRIDGE PIER ON ADJUTMENT
 - 28 BRIDGE PAVEMENT
 - 29 BRIDGE RAIL
 - 30 GUARDRAIL FACE
 - 31 GUARDRAIL END
 - 32 MEDIAN BARRIER
 - 33 HIGHWAY TRAFFIC SIGN POST
 - 34 OVERHEAD SIGN POST
 - 35 LIGHT/LUMINAIRE SUPPORT
 - 36 UTILITY POLE
 - 37 OTHER POST, POLE OR SUPPORT
 - 38 CULVERT
 - 39 CURB
 - 40 DITCH
 - 41 EMBANKMENT
 - 42 FENCE
 - 43 MAILBOX
 - 44 TREE
 - 45 OTHER FIXED OBJECT
 - 46 WORK ZONE MAINTENANCE EQUIPMENT
 - 47 UNKNOWN FIXED OBJECT
 - 48 OTHER
 - 49 UNKNOWN

FIRST HARMFUL EVENT

2

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)

MOST HARMFUL EVENT

4

OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)

SPEED DETECTED

1

1 STATES

2 ESTIMATED SPEED

35

SPEED

POSTED SPEED

35

TRAFFIC CONTROL

04

- 01 NO CONTROL
- 02 STOP SIGN
- 03 YIELD SIGN
- 04 TRAFFIC SIGNAL
- 05 TRAFFIC FLASHERS
- 06 SCHOOL ZONE
- 07 RAILROAD CROSSINGS
- 08 RAILROAD FLASHERS
- 09 RAILROAD GATES
- 10 CONSTRUCTION BARRICADE
- 11 POLICE OFFICER
- 12 PAVEMENT MARKINGS
- 13 CROSSWALK LINES
- 14 WALK/DON'T WALK SIGNAL
- 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED
- 16 OTHER

DIRECTION

34

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

CONDITION

1

- 1 APPARENTLY NORMAL
- 2 PHYSICAL IMPAIRMENT
- 3 BEHAVIORAL
- 4 ILLNESS
- 5 FELL ASLEEP, FAIMTED, FATIGUED, ETC
- 6 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL
- 7 OTHER
- 8 UNKNOWN

ALCOHOL/DRUG SUSPECTED

1

- 1 NONE
- 2 YES - ALCOHOL SUSPECTED
- 3 YES - NBD NOT IMPAIRED
- 4 YES - DRUGS SUSPECTED
- 5 YES - ALCOHOL/DRUGS SUSPECTED
- 6 UNKNOWN

ALCOHOL TEST STATUS

1

- 1 NONE
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLES/UNUSABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

ALCOHOL TEST TYPE

1

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 BREATH
- 5 OTHER

ALCOHOL TEST RESULT

1

ALCOHOL TEST RESULT

1

DRUG TEST STATUS

1

- 1 NONE
- 2 TEST REFUSED
- 3 TEST GIVEN, CONTAMINATED SAMPLES/UNUSABLE
- 4 TEST GIVEN, RESULTS KNOWN
- 5 TEST GIVEN, RESULTS UNKNOWN
- 6 UNKNOWN

DRUG TEST TYPE

1

- 1 NONE
- 2 BLOOD
- 3 URINE
- 4 OTHER

DRUG TEST 1&2 RESULT

1

1

- 1 NONE
- 2 MARIJUANA
- 3 COCAINE
- 4 AMPHETAMINES
- 5 PCP
- 7 OTHER
- 8 UNKNOWN AT TIME OF REPORTING

TYPE OF INTERSECTION

03

- 01 NOT AN INTERSECTION
- 02 FOUR-WAY INTERSECTION
- 03 T-INTERSECTION
- 04 Y-INTERSECTION
- 05 TRAFFIC CIRCLE/ROUNDABOUT
- 06 PRE-SPLIT, OR MORE
- 07 ON RAMP
- 08 OFF RAMP
- 09 OVERPASS
- 10 DRIVEWAY/ACCESS
- 11 RAILWAY GRADE CROSSING
- 12 SHARED-USE PATHS ON TRAILS
- 13 UNKNOWN

OCCURRENCE

1

- 1 ON ROADWAY
- 2 ON SHOULDER
- 3 IN MEDIAN
- 4 ON ROADSIDE
- 5 ON DIRT
- 6 OUTSIDE TRAFFICWAY
- 7 UNKNOWN

ROAD CONTOUR

1

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

ROAD CONDITIONS

01

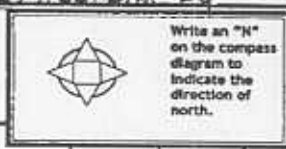
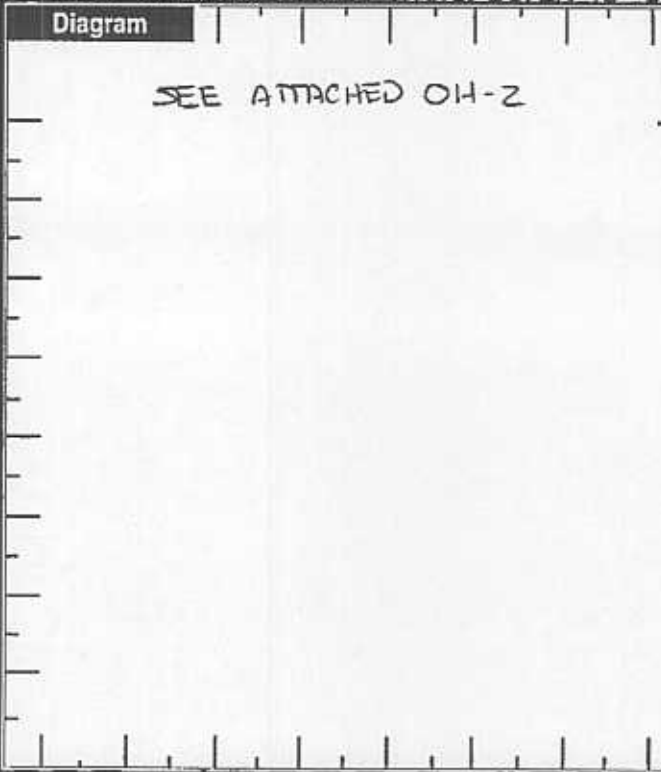
- 01 DRY
 - 02 WET
 - 03 SNOW
 - 04 ICE
 - 05 SAND, SLUD, DIRT, GR., GRAVEL
 - 06 WATER (STANDING, FLOWING)
 - 07 SLUSH
 - 08 DEBRIS**
 - 09 RVT, HOLES, BUMPS, UNEVEN PAVEMENT**
 - 10 OTHER
 - 11 UNKNOWN
- **SECONDARY ROAD CONDITIONS ONLY

20974

Narrative

THE DRIVER OF UNIT #1 STATED HE WAS W18 ARCADIA AVE. GOING STRAIGHT ON AN EMERGENCY RVAL WITH LIGHTS & SIRENS ATTEMPTING TO TURN LEFT 918 N. HIGH ST. WHEN HE WAS UNABLE TO SLOW DOWN TO MAKE THE TURN, CAUSING UNIT #1 TO LOSE CONTROL, TRAVELING ACROSS N. HIGH ST. INTO A CULB LOCATED IN THE WHITE CASTLE ENTRANCE CAUSING THE VEHICLE TO STRIKE SHROUS AND A TREE, FLIPPING ON ITS SIDE INTO THE PATRICK J'S BUILDING LOCATED AT 2711 N. HIGH ST. EVIDENCE OF TIRE SKID MARKS LEFT AT SCENE, GAVE THE SAME ACCOUNTS OF THE ACCIDENT, ALONG WITH ALL THE STATEMENT MADE BY WITNESSES, THE DRIVER OF UNIT #1 WAS TRANSPORTED TO RIVERSIDE HOSPITAL AND TREATED BY DR. PALLACT FOR PAIN TO LEFT CALF. UNIT #2 FRONT PASSENGER WAS TRANSPORTED TO OGD HOSPITAL BY

MANNER OF COLLISION OR IMPACT	SCHOOL BUS RELATED
1 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT 2 REAR-END 3 HEAD-ON 4 REAR-TO-REAR 5 BACKING 6 ANGLE 7 SIDESWIP, SAME DIRECTION 8 SIDESWIP, OPPOSITE DIRECTION 9 UNKNOWN	1 NO 2 YES, DIRECTLY INVOLVED 3 YES, INDIRECTLY INVOLVED 4 UNKNOWN
WEATHER	WORK ZONE RELATED
01 CLEAR 02 CLOUDY 03 FOG, SMOG, BRICK 04 RAIN 05 SLEET, HAIL (FREEZING RAIN DRIZZLE) 06 SNOW 07 SEVERE CHOPWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	1 NO 2 YES 3 UNKNOWN
LIGHT CONDITIONS	TYPE OF WORK ZONE
1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK - LIGHTED ROADWAY 5 DARK - NOT LIGHTED 6 DARK - UNKNOWN LIGHTING 7 BLANK 8 OTHER 9 UNKNOWN	1 LANE CLOSURE 2 LANE SHFT/CHANGEOVER 3 WORK ON SHOULDER OR MEDIAN 4 INTERMITTENT/ MOVING WORK 5 OTHER
	LOCATION OF CRASH IN WORK ZONE
	1 BEFORE FIRST WORK ZONE WARNING SIGN 2 ADVANCE WARNING AREA 3 TRANSITION AREA 4 ACTIVITY AREA
	WORKERS PRESENT
	1 NO 2 YES 3 UNKNOWN



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

US DOT	ICC MC	PUCD	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #		
CARGO BODY TYPE	01 NOT APPLICABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRAB/CRAP/GRAB	05 POLS 06 CARGO TANK 07 FLATBED 08 DUMP	09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	Weight (GVWR) 1 LESS/EQUAL 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	CDL Class 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS E 5 CLASS D	Hazardous Materials Placard 1 NO 2 YES 3 UNKNOWN	Hazardous Materials Released 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN

Police Action

07152002 1747 1747 1756 2137 230

Dispatch Arrived Cleared Other

Officer's Name: [REDACTED] Checked By: [REDACTED] Date Report Filed: 07152002

Report Taken By: 1 POLICE AGENCY 2 MOTORIST Report Taken At: 1 SCENE 2 STATION 3 OTHER

20974

TRAFFIC CRASH REPORT- OCCUPANT ADDENDUM

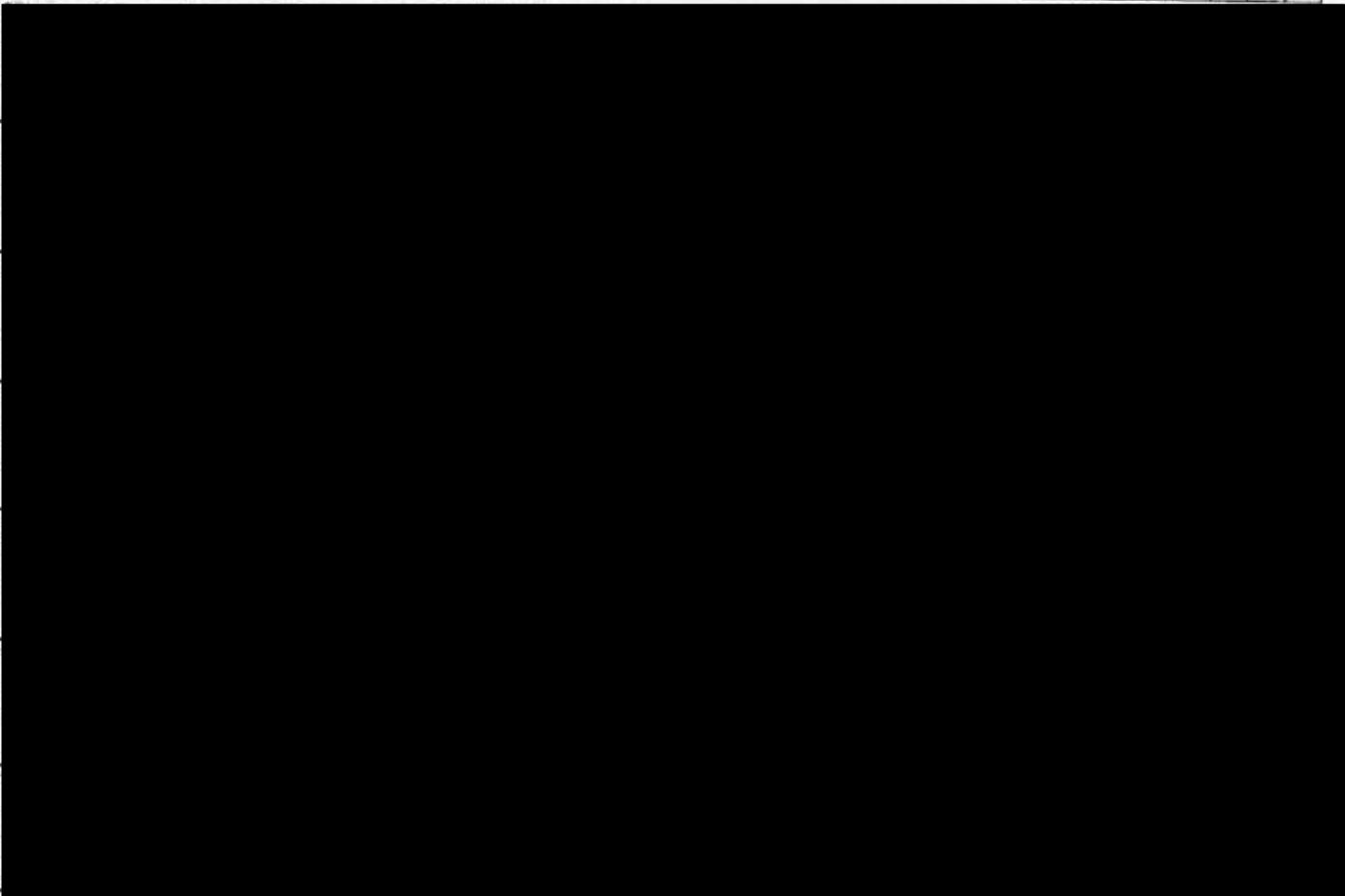
CR-1-P (Rev. 11/99)

LOCAL REPORT # *

NCIC # *

REPORTING AGENCY *

DATE OF CRASH *



<p><input type="text" value="15"/></p> <p><input type="text" value="F"/></p> <p><input type="text" value="D"/></p> <p><input type="text" value="H"/></p> <p><input type="text" value="I"/></p> <p><input type="text" value="J"/></p> <p><input type="text" value="K"/></p>	<p>SEATING POSITION</p> <p>01 FRONT - LEFT (DR DRIVER)</p> <p>02 FRONT - MIDDLE</p> <p>03 FRONT - RIGHT</p> <p>04 SECOND - LEFT (MC PASS)</p> <p>05 SECOND - MIDDLE</p> <p>06 SECOND - RIGHT</p> <p>07 THIRD - LEFT (MC PASSENGER/SIDE CAR)</p> <p>08 THIRD - MIDDLE</p> <p>09 THIRD - RIGHT</p> <p>10 SLEEPER SECTION OF CAB</p> <p>11 ENCLOSED CARGO AREA</p> <p>12 UNENCLOSED CARGO AREA</p> <p>13 TRAILING UNIT</p> <p>14 EXTERIOR</p> <p>15 OTHER</p> <p>16 NON-MOTORIST</p> <p>17 UNKNOWN</p>	<p><input type="text" value="04"/></p> <p><input type="text" value="F"/></p> <p><input type="text" value="G"/></p> <p><input type="text" value="H"/></p> <p><input type="text" value="I"/></p> <p><input type="text" value="J"/></p> <p><input type="text" value="K"/></p>	<p>SAFETY EQUIPMENT</p> <p>MOTORIST</p> <p>01 None Used</p> <p>02 SHOULDER BELT ONLY</p> <p>03 LAP BELT ONLY</p> <p>04 SHOULDER/LAP BELT</p> <p>05 CHILD SAFETY SEAT</p> <p>06 SRC HELMET USED</p> <p>07 Use UNKNOWN</p> <p>NON-MOTORIST</p> <p>08 None Used</p> <p>09 HELMET USED</p> <p>10 PROTECTIVE PADS</p> <p>11 REFLECTIVE CLOTHING</p> <p>12 LIGHTING</p> <p>13 OTHER</p> <p>14 UNKNOWN</p>	<p><input type="text" value="5"/></p> <p><input type="text" value="F"/></p> <p><input type="text" value="G"/></p> <p><input type="text" value="H"/></p> <p><input type="text" value="I"/></p> <p><input type="text" value="J"/></p> <p><input type="text" value="K"/></p>	<p>AIR BAG</p> <p>1 NOT DEPLOYED</p> <p>2 DEPLOYED-FRONT</p> <p>3 DEPLOYED-REAR</p> <p>4 DEPLOYED BOTH FRONT/REAR</p> <p>5 NOT APPLICABLE</p> <p>6 UNKNOWN</p>	<p><input type="text" value="3"/></p> <p><input type="text" value="F"/></p> <p><input type="text" value="G"/></p> <p><input type="text" value="H"/></p> <p><input type="text" value="I"/></p> <p><input type="text" value="J"/></p> <p><input type="text" value="K"/></p>	<p>AIR BAG SWITCH</p> <p>1 IN ON POSITION</p> <p>2 IN OFF POSITION</p> <p>3 NOT PRESENT</p> <p>4 UNKNOWN</p>	<p><input type="text" value="2"/></p> <p><input type="text" value="F"/></p> <p><input type="text" value="G"/></p> <p><input type="text" value="H"/></p> <p><input type="text" value="I"/></p> <p><input type="text" value="J"/></p> <p><input type="text" value="K"/></p>	<p>EJECTION</p> <p>1 NOT EJECTED</p> <p>2 TOTALLY EJECTED</p> <p>3 PARTIALLY EJECTED</p> <p>4 NOT APPLICABLE</p> <p>5 UNKNOWN</p>	<p><input type="text" value="1"/></p> <p><input type="text" value="F"/></p> <p><input type="text" value="G"/></p> <p><input type="text" value="H"/></p> <p><input type="text" value="I"/></p> <p><input type="text" value="J"/></p> <p><input type="text" value="K"/></p>	<p>TRAPPED</p> <p>1 NOT TRAPPED</p> <p>2 EXTRICATED BY MECHANICAL MEANS</p> <p>3 FREED BY NON-MECHANICAL MEANS</p> <p>4 UNKNOWN</p>	<p><input type="text" value="2"/></p> <p><input type="text" value="F"/></p> <p><input type="text" value="G"/></p> <p><input type="text" value="H"/></p> <p><input type="text" value="I"/></p> <p><input type="text" value="J"/></p> <p><input type="text" value="K"/></p>	<p>INJURIES</p> <p>1 NO INJURY</p> <p>2 POSSIBLE</p> <p>3 NON-DISAPACITATED</p> <p>4 DISAPACITATED</p> <p>5 FATAL INJURY</p> <p>6 UNKNOWN</p>
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BLANK FOR WITNESS

HSY 8388

TOP COPY - DDPS BOTTOM COPY - AGENCY

SUPPLEMENT "X" IF YES

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 20974	REPORTING AGENCY COLUMBUS POLICE	DATE OF ACCIDENT M 7 10 15 1902
IN COUNTY OF FRANKLIN	ACCIDENT LOCATION ARCADIA + N. HIGH ST.	

CFD MEDIC #13 AND TREATED BY DR WROGEN A POSSIBLE BROKEN LEFT LEG. UNIT #D RIGHT REAR PASSENGER WAS TRANSPORTED TO RIVERSIDE HOSPITAL BY CFD MEDIC #16 AND TREATED BY DR WERAD FOR PAIN TO BACK, SHOULDER AND RIGHT KNEE. UNIT #E WHO WAS IN THE REAR TRUCK WAS TRANSPORTED TO RIVERSIDE HOSPITAL BY CFD MEDIC #17 AND TREATED BY DR WOOD FOR FACE FRACTURE, CONCUSSION AND PAIN TO RIBS + CHEST. UNIT #F CUSTOMER INSIDE PATRICK'S WAS TRANSPORTED TO RIVERSIDE HOSP BY CFD MEDIC #19 AND TREATED BY DR PALLACE FOR LACERATION TO FACE + NOSE, SHOULDER AND BACK AND FOR PAIN TO RIGHT HIP + THIGH. UNIT #G CUSTOMER INSIDE PATRICK'S WAS TRANSPORTED TO OSU HOSPITAL BY CFD MEDIC #B AND TREATED BY DR CLOOK FOR POSSIBLE BROKEN RIBS. UNIT #H EMPLOYEE OF PATRICK'S REFUSED MEDICAL TREATMENT FOR ABRASION TO REAR OF LEFT LEG + RIGHT KNEE. UNIT #I CUSTOMER INSIDE PATRICK'S REFUSED TREATMENT FOR VERY MINOR CUT TO LEFT EAR. UNIT #J CUSTOMER INSIDE PATRICK'S TRANSPORTED SELF TO OSU HOSPITAL FOR ABRASION TO ARMS + BACK.

4/1

OFFICERS SIGNATURE
[Signature]

BADGE NO.
1757

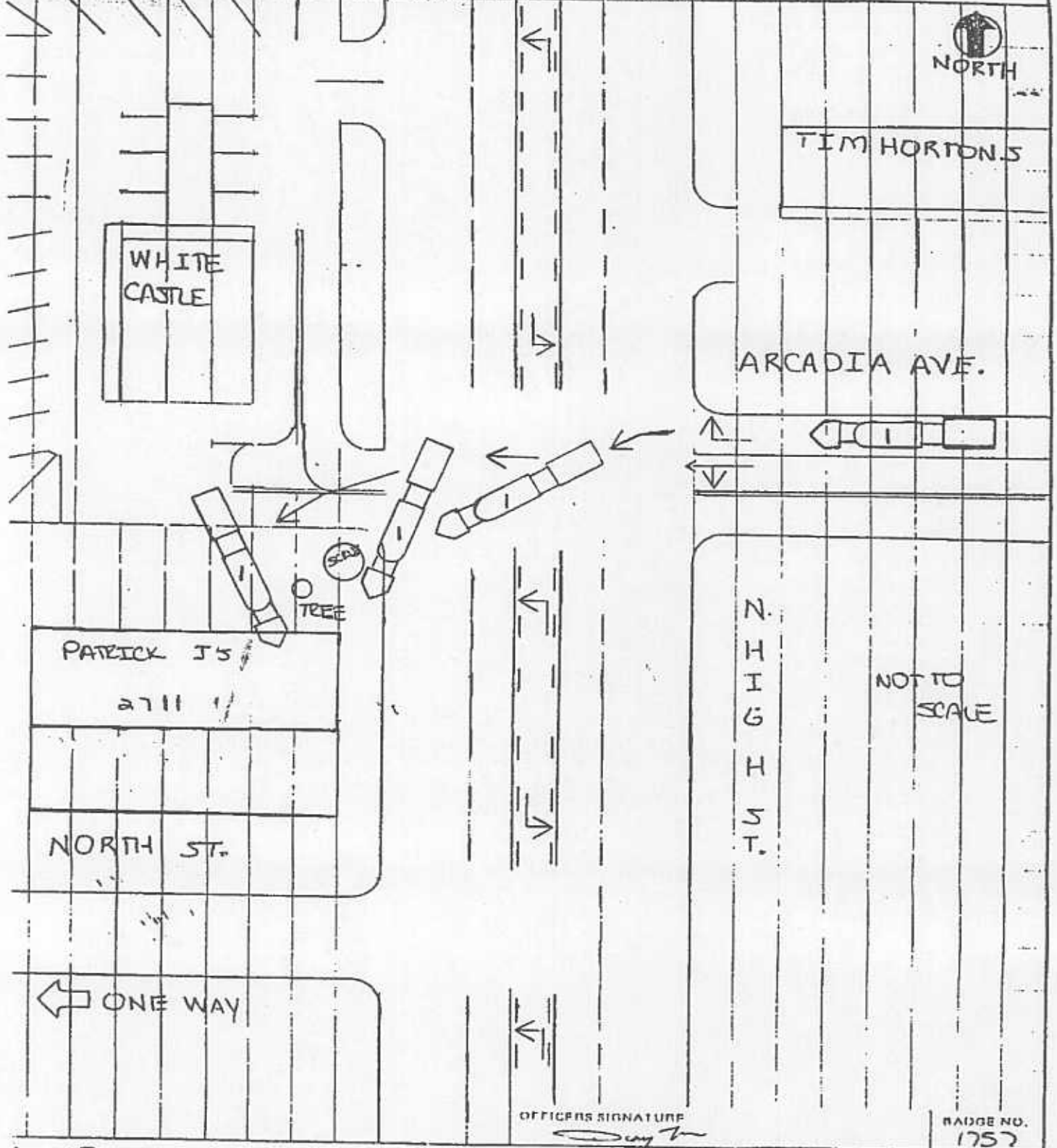
HIIO TRAFFIC CRASH — DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 20974
IN COUNTY OF FRANKLIN

REPORTING AGENCY COLUMBUS POLICE DEPT.
CRASH LOCATION N. HIGH ST. & N. HIGH ST.

DATE OF CRASH
M 7 10 15 11 02




OFFICER'S SIGNATURE
[Signature]

BADGE NO. 1757

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER: 20974	REPORTING AGENCY: Columbus Division of Police	DATE OF ACCIDENT M 7 15 1Y 2002
IN COUNTY OF: Franklin	ACCIDENT LOCATION: High St & Arcadia Ave	
<p>The Accident Investigation Unit is conducting an investigation into this crash. A supplement will be added to this report upon its conclusion.</p>		
OFFICER'S SIGNATURE 	OFFICER'S NAME Detective Cornute	BADGE NO. 1810

A. I. U.

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION



OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER: 20974	REPORTING AGENCY: Columbus Division of Police	DATE OF ACCIDENT M 07 / D 15 / Y 2002
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IN COUNTY OF: Franklin	ACCIDENT LOCATION : High St & Arcadia Ave
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Unit #1 crashed due to a mechanical malfunction rendering the vehicle incapable of responding to driver input.

Case Closed.

 OFFICER'S SIGNATURE	OFFICER'S NAME Detective Cornute, Accident Invest. Unit	 BADGE NO. 1810
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