



FCSOT

098
654-1523

231123

HAZ MAT - INCIDENT WORKSHEET Frp. Ward

IDENTIFY * ISOLATE * MITIGATE * TERMINATE

Address / Location 4120 Drinkle Rd Sw Amanda, OH Madison Twp Ohio	Owner / Occupant: Jacob Hakey here owner Same Address (740) 969-1157
PLACARD INFO: N/A	SHIPPING PAPERS / LADING N/A
DOT RESPONSE GUIDE # PAGE # N/A	

HAZARD	RESOURCES	MATERIAL DATA
Wind Direction	EMA office 654-4357	Name Fuel Oil
Entry	Jon 438-5304/Christy 438 5096	I.D.#
Decon	Columbus Fire HM 4/Alarm Office 614 221-2345	LEL <input checked="" type="checkbox"/>
Haz Mat EMS	Surrounding county Hazmat Teams	UEL <input checked="" type="checkbox"/>
Perimeter / Zones	PUCO Hazmat hotline 800 642 3443	Specific Gravity
Medical / Rehab	EPA 1 800 282 9378	Vapor Density <input checked="" type="checkbox"/>
Evacuation Location	Chemtrec 1 800 424 9300	T.L.V. ppm
	Poison Control 1 800 222 1222	Readings Nothing on M40
Backup	Fairfield County Health Dept. 653-4489 24 hour pager 734 0205	
Haz Mat Safety Officer	Ohio Dept. of Health	
Scene Safety	ODOT / Ohio Highway Patrol	
Research	DOT Response Guide	SUPPORT
Accountability	Law Enforcement	Staging
WMD EVENT	OTHER INFO: 27 Pads - 63.06 4 Powerscrabs 37.78	Air Supply
		Rehab
		Red Cross
		Gas
		Electric
		Water
Law Enforcement		
52 nd WMD/CST		
Bomb Squad / Secondary Devices		
Radiation Monitoring		

Vehicle Driver

Scott Dopieralski

13540 middlefork rd Lot 103
Rockbridge, OH 43149

Veh. Owner

Lisa Dopieralski (Bader)

same Address

(740) 969-4277

OHIO mutual Ins.

Fairfield County Sheriff's Office

Run Date: 2009/11/12 Time: 0:22:14

Call No.: 09 50781 Type: Auto Accident - Injury Date/Time: 2009/11/11 21:44:07 Incident

Law Report#: 0--000000

Address: 4120 DRINKLE RD SW Suite: MADISON TWP OH

Cross St./Intersect.: CLEARPORT RD & HOFFMAN RD

Caller: HARVEY, MANDY

Address: 4120 DRINKLE RD SW Suite: MADISON TWP OH 43102 Phone: 740-969-1157

Contact:

How Received: 911 Beat/Dist: 13 Disposition:

Report No.: 0 0

Dispatcher DIS45

ESN 262

Map Ref

Comments:

REF TO CAR INTO THE S43

CALLER IS AFRAID TO GO OUTSIDE AND NO VEH INFO

3 C34S IN THE S43

2148--S236 WAS ADV

CAPT'521 ADV @ 2200 -- SUBJ IN VEHICLE TOOK OFF ON FOOT -- S/B ON DRINKLE

CH'520 ASSUMING COMMAND @ 2201

CAPT 521 ADV START HAZMAT @ 2203

TONES SET FOR HAZMAT @ 2204

PAGES SENT OUT FOR HAZMAT @ 2206

SEE CAD # 50783

2207---RICK STILLWELL ADV

MAZMAT 31 @ 2209

2211--HAZMAT--REQ CAPT521 CONTACT ENGINE HOUSE 1 P/S 687-6644

OSP CALLED @ 2222 -- TO SEE IF K-9 IS AVAIL

D44 CONTACTED 253 @ 2223 -- HE'S AVAIL -- ADV'D HE WILL MARK WHEN HE'S ENR

HAZMAT 31 ADV'D @ 2226 -- ADV'D HE'S @ GREENFIELD GETTING THE TRUCK WAITING ON AN OPS & WILL BE ENR

S236 ADV @ 2229

2325 CH522 ADVISES SITUATION CONTAINED, TIEING UP ALL EQUIPMENT ON SCENE

2352 E521 IN SERVICE/RETURNING, CAPT521 HAS ASSUMED COMMAND

0000 R521 ADVISES THEY HAVE A SIGNAL "O", IN SERVICE/RETURNING

Disposition Comments:

GOG:

Equipment:

Alerts:

Range:

UNIT	DATE	TIME	STATUS	RADIO LOG
R521	2009/11/11	21:45:32	Dispatched	4120.0 DRINKLE RD SW MADISON
M521	2009/11/11	21:45:32	Dispatched	4120.0 DRINKLE RD SW MADISON
OSP	2009/11/11	21:47:52	Dispatched	4120.0 DRINKLE RD SW MADISON
R521	2009/11/11	21:47:59	EnRoute	4120.0 DRINKLE RD SW MADISON
M521	2009/11/11	21:48:26	EnRoute	4120.0 DRINKLE RD SW MADISON

3 hours
 2204 dis.
 2230 enroute
 2301 on scene
 2344 in route
 0021 B/Q

27 pacs
 4

R641
 Amspagh
 C. Redd

Onscene 520
 Wes Whitley
 D. Simpson
 T. Brumfield
 D. Pettis

M522	2009/11/11	21:48:31	Dispatched	4120.0	DRINKLE	RD	SW	MADISON
M522	2009/11/11	21:48:31	EnRoute	4120.0	DRINKLE	RD	SW	MADISON
OSP	2009/11/11	21:50:56	EnRoute	4120.0	DRINKLE	RD	SW	MADISON
M521	2009/11/11	21:59:04	On Scene	4120.0	DRINKLE	RD	SW	MADISON
R521	2009/11/11	21:59:06	On Scene	4120.0	DRINKLE	RD	SW	MADISON
M522	2009/11/11	22:01:06	On Scene	4120.0	DRINKLE	RD	SW	MADISON
E521	2009/11/11	22:01:12	Dispatched	4120.0	DRINKLE	RD	SW	MADISON
E521	2009/11/11	22:01:12	EnRoute	4120.0	DRINKLE	RD	SW	MADISON
E521	2009/11/11	22:01:12	On Scene	4120.0	DRINKLE	RD	SW	MADISON
253	2009/11/11	22:26:43	Dispatched	4120.0	DRINKLE	RD	SW	MADISON
253	2009/11/11	22:28:50	EnRoute	4120.0	DRINKLE	RD	SW	MADISON
R641	2009/11/11	22:30:13	Dispatched	4120.0	DRINKLE	RD	SW	MADISON
R641	2009/11/11	22:30:13	EnRoute	4120.0	DRINKLE	RD	SW	MADISON
253	2009/11/11	22:51:10	On Scene	4120.0	DRINKLE	RD	SW	MADISON
253	2009/11/11	22:51:10	OTN	4120.0	DRINKLE	RD	SW	MADISON
OSP	2009/11/11	22:52:27	On Scene	4120.0	DRINKLE	RD	SW	MADISON
OSP	2009/11/11	22:52:27	OTN	4120.0	DRINKLE	RD	SW	MADISON
M522	2009/11/11	23:01:29			Clear	Time	Check	
M521	2009/11/11	23:01:31			Clear	Time	Check	
R521	2009/11/11	23:01:34			Clear	Time	Check	
E521	2009/11/11	23:01:38			Clear	Time	Check	
R641	2009/11/11	23:01:50	On Scene	4120.0	DRINKLE	RD	SW	MADISON
R641	2009/11/11	23:44:10	In Service	4120.0	DRINKLE	RD	SW	MADISON T
M522	2009/11/11	23:48:20	In Service	4120.0	DRINKLE	RD	SW	MADISON T
218	2009/11/11	23:49:42	Dispatched	4120.0	DRINKLE	RD	SW	MADISON
218	2009/11/11	23:49:42	EnRoute	4120.0	DRINKLE	RD	SW	MADISON
M521	2009/11/11	23:52:07	In Service	4120.0	DRINKLE	RD	SW	MADISON T
E521	2009/11/11	23:52:12	In Service	4120.0	DRINKLE	RD	SW	MADISON T
M522	2009/11/12	0:00:13	In Quarters	4120.0	DRINKLE	RD	SW	MADISON
R521	2009/11/12	0:00:55	In Service	4120.0	DRINKLE	RD	SW	MADISON T
M521	2009/11/12	0:03:44	In Quarters	4120.0	DRINKLE	RD	SW	MADISON
E521	2009/11/12	0:03:50	In Quarters	4120.0	DRINKLE	RD	SW	MADISON
218	2009/11/12	0:15:03	INA					
R521	2009/11/12	0:15:12	In Quarters	4120.0	DRINKLE	RD	SW	MADISON
218	2009/11/12	0:16:07	On Scene					
253	2009/11/12	0:21:28	Cleared	4120.0	DRINKLE	RD	SW	MADISON
R641	2009/11/12	0:21:45	In Quarters	4120.0	DRINKLE	RD	SW	MADISON
218	2009/11/12	0:21:51	Cleared	4120.0	DRINKLE	RD	SW	MADISON

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)



LOCAL REPORT #

2	3	-	1	1	2	3	-	2	3
---	---	---	---	---	---	---	---	---	---

CRASH SEVERITY

2	1 FATAL	3 PDO
	2 INJURY	4 UNKNOWN

PRIVATE PROPERTY

X IF YES

MIT/NOF

2	1 NOT MIT/NOF
	2 SOLVED
	3 UNSOLVED

PHOTOS TAKEN

X IF YES

OH-2	OH-3	OH-1P	OTHER
X	X		

N.C.S. #

O H P 2 3

REPORTING AGENCY

Ohio State Highway Patrol

UNITS

0 1

UNIT ERROR

0	1
00 = ANIMAL	09 = UNKNOWN

DATE OF CRASH

1	1	1	1	2	0	0	9
---	---	---	---	---	---	---	---

TIME OF CRASH

2	1	4	0
---	---	---	---

DAY OF WEEK

W	E	D
---	---	---

CITY

Madison

VILLAGE

TWP

X

COUNTY

2 3

LATITUDE

39:55:34.64

LONGITUDE

82:41:38.70

CRASH OCCURRED ON

PREVIOUS CRASH LOCATION

CR0071

TYPE LOC

3

TYPE LOCATION POINT USED

1	NAMED STREET	3	NUMBERED ROUTE
2	NUMBERED STREET		

AT REFERENCE

DIST REFERENCE

3m

DR

E

REFERENCE

TR0145

REF POINT

02

REFERENCE POINT USED

01	STATE LINE
02	INTERSECTION 2 STREETS
03	COUNTY LINE

LOCAL INFORMATION

04	ROUTE NUMBER	08	PLACE NAME WHO REFERENCE
05	TOWNSHIP BOUNDARY	09	DRIVEWAY
06	MILE POST	10	STREET OR ROUTE WHO REFERENCE
07	CORPORATION LIMIT		

UNIT #

A 0 1 0 1

NAME (LAST, FIRST, MIDDLE)

Dopleralski, Scott M

ADDRESS (STREET, CITY, STATE, ZIP CODE)

13540 Middlefork Road Lot #103, Rockbridge, Ohio 43149

SOCIAL SECURITY NUMBER

DATE OF BIRTH

0 7 1 3 1 9 6 5

AGE

4 4

SEX

M

HOME PHONE #

(740)969-4277

WORK PHONE #

DL STATE

OH

DL #

RN322232

LP STATE

OH

LP #

DHS1908

INJURED TAKEN BY

3

1 NONE

2 EMS

3 POLICE

4 OTHER

5 UNKNOWN

TRANSPORTED BY

Trooper C.M. Lyons

INJURED TAKEN TO

Fairfield Medical Center

OWNER NAME (IF SAME, WRITE "SAME")

Bader, Lisa C

ADDRESS (STREET, CITY, STATE, ZIP CODE)

13540 Middlefork Road Lot #103, Rockbridge, Ohio 43149

YEAR

2 0 0 1

MAKE

HOND

MODEL

Odyssey

COLOR

SIL

INSURANCE COMPANY

Ohio Mutual

TOWING SERVICE

Hines Towing

OWNER PHONE #

(740)969-4277

OFFENSE CHARGED

4511.202

OFFENSE DESCRIPTION

Operating vehicle without reasonable control

CITATION #

Y 8 9 2 2 4 3

LOCAL CODE? 'X' IF YES

UNIT #

B

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUMBER

DATE OF BIRTH

AGE

SEX

HOME PHONE #

WORK PHONE #

DL STATE

DL #

LP STATE

LP #

INJURED TAKEN BY

1 NONE

2 EMS

3 POLICE

4 OTHER

5 UNKNOWN

TRANSPORTED BY

INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME")

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR

MAKE

MODEL

COLOR

INSURANCE COMPANY

TOWING SERVICE

OWNER PHONE #

OFFENSE CHARGED

OFFENSE DESCRIPTION

CITATION #

LOCAL CODE? 'X' IF YES

UNIT #

C

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY

1 NONE

2 EMS

3 POLICE

4 OTHER

5 UNKNOWN

TRANSPORTED BY

INJURED TAKEN TO

UNIT #

D

NAME (LAST, FIRST, MIDDLE)

HOME PHONE #

DATE OF BIRTH

AGE

SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY

1 NONE

2 EMS

3 POLICE

4 OTHER

5 UNKNOWN

TRANSPORTED BY

INJURED TAKEN TO

Motorist/Non-Motorist

Occupant

SEATING POSITION

0	1
01	FRONT - LEFT (MC DRIVER)
02	FRONT - MIDDLE
03	FRONT - RIGHT
04	SECOND - LEFT (MC PASS)
05	SECOND - MIDDLE
06	SECOND - RIGHT
07	THIRD - LEFT
08	THIRD - MIDDLE
09	THIRD - RIGHT
10	SLEEPER SEAT/REAR OF CAB
11	ENCLOSED CARGO AREA
12	UNENCLOSED CARGO AREA
13	TRAILING UNIT
14	EXTERIOR
15	OTHER
16	NON-MOTORIST

SAFETY EQUIPMENT

0	7
01	NONE USED
02	SHOULDER BELT ONLY
03	LAP BELT ONLY
04	SHOULDER/LAP BELT
05	CHILD SAFETY SEAT
06	MC HELMET USED
07	USE UNKNOWN
08	WOMEN USED
09	HELMET USED
10	PROTECTIVE PADS
11	REFLECTIVE CLOTHING
12	LIGHTING
13	OTHER
14	UNKNOWN

AIR BAG

1	A
01	NOT DEPLOYED
02	DEPLOYED - FRONT
03	DEPLOYED - SIDE
04	DEPLOYED BOTH FRONT/SIDE
05	NOT APPLICABLE
06	UNKNOWN

AIR BAG SWITCH

1	A
01	NOT PRESENT
02	IN ON POSITION
03	IN OFF POSITION
04	UNKNOWN

EJECTION

1	A
01	NOT EJECTED
02	TOTALLY EJECTED
03	PARTIALLY EJECTED
04	NOT APPLICABLE
05	UNKNOWN

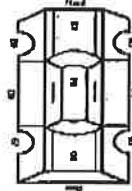
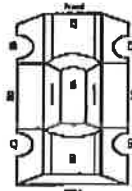
TRAPPED

1	A
01	NOT TRAPPED
02	EXTRACTED BY MECHANICAL MEANS
03	EXTRACTED BY NON-MECHANICAL MEANS
04	UNKNOWN

INJURIES

2	A
01	NO INJURY
02	POSSIBLE
03	NON-INCAPACITATING
04	INCAPACITATING
05	FATAL INJURY
06	UNKNOWN

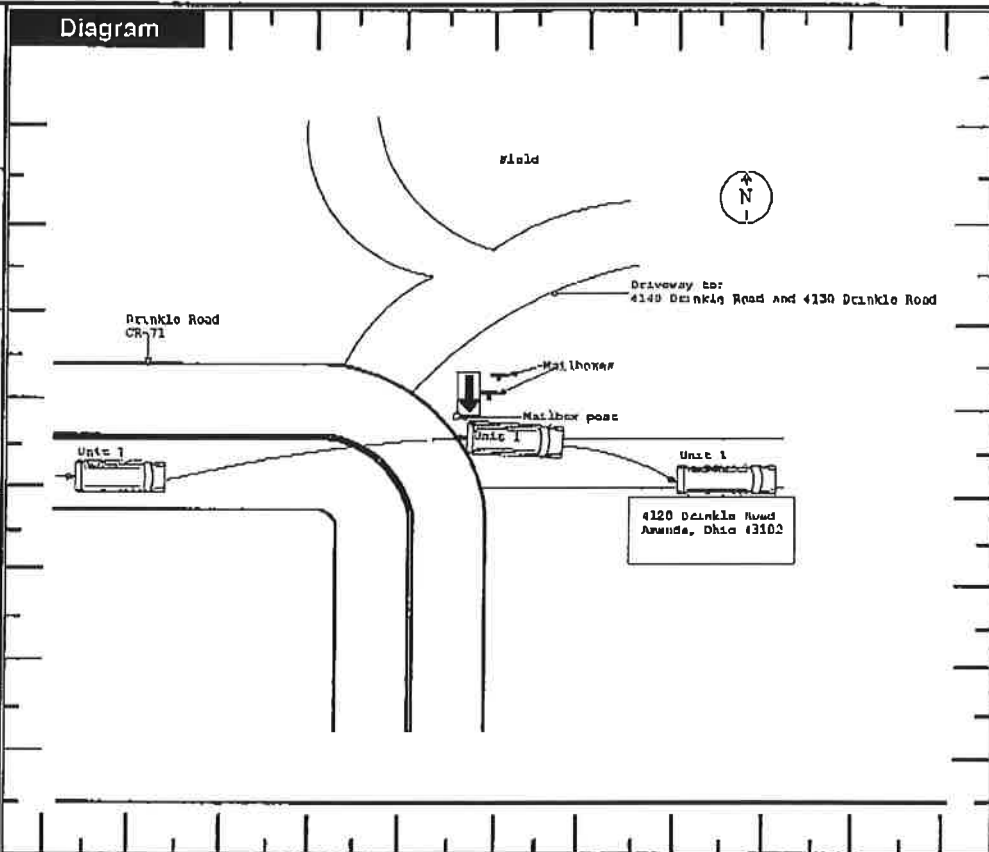
SUPPLEMENT 'X' IF YES

UNIT NUMBER <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> NON-MOTORIST LOCATION <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED PATHS OR TRAILS 15 UNKNOWN	DAMAGE AREA  A  B MOST DAMAGED AREA <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	PRE-CRASH ACTIONS <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	SEQUENCE OF EVENTS <table border="1"> <tr><td>1</td><td>0</td><td></td><td></td></tr> <tr><td>0</td><td>9</td><td></td><td></td></tr> <tr><td>4</td><td>3</td><td></td><td></td></tr> <tr><td>4</td><td>5</td><td></td><td></td></tr> </table> NON-COLLISION 01 OVERTURN/ROLL-OVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOGGING/OFF 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS-MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 BICYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 DROPPED RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/ILLUMINAREE SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAIL BOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	1	0			0	9			4	3			4	5			POSTED SPEED <input type="text" value="4"/> <input type="text" value="0"/> <input type="text" value=""/> <input type="text" value=""/> TRAFFIC CONTROL <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value=""/> <input type="text" value=""/> 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSING/CROSSING 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRIAGE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALKWAY/WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE 16 MISSING, OBSCURED 17 OTHER	DRUG TEST STATUS <input type="text" value="5"/> <input type="text" value=""/> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN DRUG TEST TYPE <input type="text" value="2"/> <input type="text" value=""/> 1 NONE 2 BLOOD 3 URINE 4 OTHER DRUG TEST 1&2 RESULT <table border="1"> <tr><td>8</td><td>8</td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> 1 NONE 2 MARIJUANA 3 COCAINE 4 OPIATES 5 AMPHETAMINES 6 PCP 7 OTHER 8 UNKNOWN AT TIME OF REPORTING	8	8						
1	0																												
0	9																												
4	3																												
4	5																												
8	8																												
TYPE OF UNIT <input type="text" value="0"/> <input type="text" value="5"/> <input type="text" value=""/> <input type="text" value=""/> MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PASSENGER 09 SINGLE UNIT TRUCK, 2 AXLES, 8 TIRES 10 SINGLE UNIT TRUCK, 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (SEMI-TRAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/EMERGENCY 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS	POINT OF IMPACT <input type="text" value="0"/> <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	CONTRIBUTING CIRCUMSTANCES <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value=""/> <input type="text" value=""/> 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/CAD 09 IMPROPER LANE CHANGE 10 IMPROPER PASSING 11 IMPROPER BACKING 12 IMPROPER START FROM PARKED POSITION 13 STOPPED OR PARKED ILLEGALLY 14 OPERATING VEHICLE IN ERRATIC, UNUSUAL, CARELESS, OR AGGRESSIVE MANNER 15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 16 FAILURE TO CONTROL 17 VISION OBSTRUCTION 18 DRIVER INATTENTION 19 FATIGUE/ASLEEP 20 OPERATING DEFECTIVE EQUIPMENT 21 LOAD SHIFTING/FALLING/OVERLOADING 22 OTHER IMPROPER ACTION NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGN, SIGNAL, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	DIRTY HORN <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> 1 NORTH 2 SOUTH 3 EAST 4 WEST 5 NORTHEAST 6 NORTHWEST 7 SOUTHEAST 8 SOUTHWEST 9 UNKNOWN	CONDITION <input type="text" value="6"/> <input type="text" value=""/> 1 APPARENTLY NORMAL 2 PHYSICAL IMPAIRMENT 3 EMOTIONAL 4 ILLNESS 5 FELL ASLEEP, FAINTED, FATIGUE, ETC 6 UNDER THE INFLUENCE OF MEDICATION/DRUGS/ALCOHOL 7 OTHER 8 UNKNOWN	TYPE OF INTERSECTION <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY ACCESS 11 RAILWAY GRADE CROSSING 12 SHARED-USE PATHS OR TRAILS 13 UNKNOWN																								
IN EMERGENCY RESPONSE <input type="text" value=""/> <input type="text" value=""/> 1 NO 2 YES 3 UNKNOWN	ACTION <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 1 NON-CONTACT 2 NON-COLLISION 3 STRUCK 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '1' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 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 VEHICLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	FIRST HARMFUL EVENT <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	ALCOHOL/DRUG SUSPECTED <input type="text" value="2"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 YES - ALCOHOL SUSPECTED 3 YES - HAD NOT IMPAIRED 4 YES - DRUGS SUSPECTED 5 YES - ALCOHOL/DRUGS SUSPECTED 6 UNKNOWN	ALCOHOL TEST STATUS <input type="text" value="5"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN																								
DAMAGE SCALE <input type="text" value="5"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 CREASING DAMAGE 5 SEVERE 6 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERIDE <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 1 NO UNDERIDE OR OVERRIDE 2 UNDERIDE, COMPARTMENT INTRUSION 3 UNDERIDE, NO COMPARTMENT INTRUSION 4 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 5 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 6 OVERRIDE OTHER VEHICLE 7 UNKNOWN	SPEED DETECTED <input type="text" value="1"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 1 STATED 2 ESTIMATED SPEED	MOST HARMFUL EVENT <input type="text" value="4"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL TEST TYPE <input type="text" value="2"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 1 NONE 2 BLOOD 3 URINE 4 BREATH 5 OTHER	ROAD CONTOUR <input type="text" value="3"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVED GRADE																								
TOP COPY - OOPS BOTTOM COPY - AGENCY						ROAD CONDITION <table border="1"> <tr><th>PRIMARY</th><th>SECONDARY</th></tr> <tr><td><input type="text" value="0"/></td><td><input type="text" value="1"/></td></tr> <tr><td><input type="text" value=""/></td><td><input type="text" value=""/></td></tr> </table> 01 DIRT 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS 09 RUT, HOLE, DUMP, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN	PRIMARY	SECONDARY	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value=""/>	<input type="text" value=""/>																	
PRIMARY	SECONDARY																												
<input type="text" value="0"/>	<input type="text" value="1"/>																												
<input type="text" value=""/>	<input type="text" value=""/>																												
ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> ALCOHOL TEST TYPE <input type="text" value="2"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> ALCOHOL TEST STATUS <input type="text" value="5"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> ALCOHOL TEST TYPE <input type="text" value="2"/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/>																													
LOCAL REPORT # <input type="text" value="2"/> <input type="text" value="3"/> - <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="3"/> - <input type="text" value="2"/> <input type="text" value="3"/>																													

Narrative

Unit #1 was east bound on CR-71. The driver of Unit #1 failed to manage a curve and went down a driveway, struck two mailboxes and then struck a house. The driver then fled the scene. The driver later returned to the scene of the crash and was taken into custody.

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



Truck/Bus UNIT - <input type="text"/>	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 10 PERSONS, INCLUDING DRIVER.	A THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING A FATALITY; OR AN INJURY REQUIRING TRANSPORTATION OR IMMEDIATE MEDICAL TREATMENT; OR D AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.
COMPANY (FROM SHIPPING PAPERS)	COMPANY PHONE	
ADDRESS (STREET, CITY, ST, ZIP CODE)		

US DOT	ICC MC	PUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP #	PLACARD #	# DIA.
CARGO BODY TYPE <input type="checkbox"/> 01 NOT APPLICABLE 02 BUS (8-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 GRABBER/RAVEL	05 POLE 06 CARGO TANK 07 FLATBED 08 DUMP	09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARAGE/REFRIG 12 OTHER 13 UNKNOWN	WEIGHT (GVWR) <input type="checkbox"/> 1 LESS THAN 10,000 2 10,001 - 20,000 3 MORE THAN 20,000	CDL CLASS <input type="checkbox"/> 1 CLASS A 2 CLASS B 3 CLASS C 4 CLASS M 5 CLASS D	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 NO 2 YES 3 UNKNOWN	HAZARDOUS MATERIALS RELEASED <input type="checkbox"/> 1 NO 2 YES 3 NOT APPLICABLE 4 UNKNOWN	

Police Action

DATE CRASH REPORTED 1 1 1 1 2 0 0 9	TIME REC CALL 2 1 4 6	DISPATCH 2 1 4 6	ARRIVED 2 2 1 0	CLEARED 0 0 4 3	OTHER 1 8 0	TOTAL MINUTES 0 3 5 7	
OFFICER'S NAME Ward, D	BADGE # 0 4 7 3	CHECKED BY AEVOLLMER	DATE REPORT FILED 1 1 1 7 2 0 0 9	REPORT TAKEN BY 1 1 POLICE AGENCY 2 MOTORIST	REPORT TAKEN AT 1 1 SCENE 2 STATION 3 OTHER	SUPPLEMENT - "X" IF YES <input type="checkbox"/>	LOCAL REPORT # 2 3 - 1 1 2 3 - 2 3

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 23-1123-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 11/11/2009
IN COUNTY OF Fairfield	ACCIDENT LOCATION CR0071	

Triangulation Method

RP #1=Utility Pole #SPPA-45 RP #2=Utility Pole #-88-SPP-440 Description

A. 25.9	255.6	Mailbox post
B. 35.1	242.1	Green Mailbox
C. 48.11	233.3	Grey Mailbox
D. 67.4	209.1	Northwest corner of 4120 Drinkle
Road struck		
E. 104.11	175.7	Left rear tire of Honda Odyssey
F. 113.7	166.5	Left front tire of Honda Odyssey
G. 115.2	173.5	Fuel tank

Mailboxes that were struck were owned by:

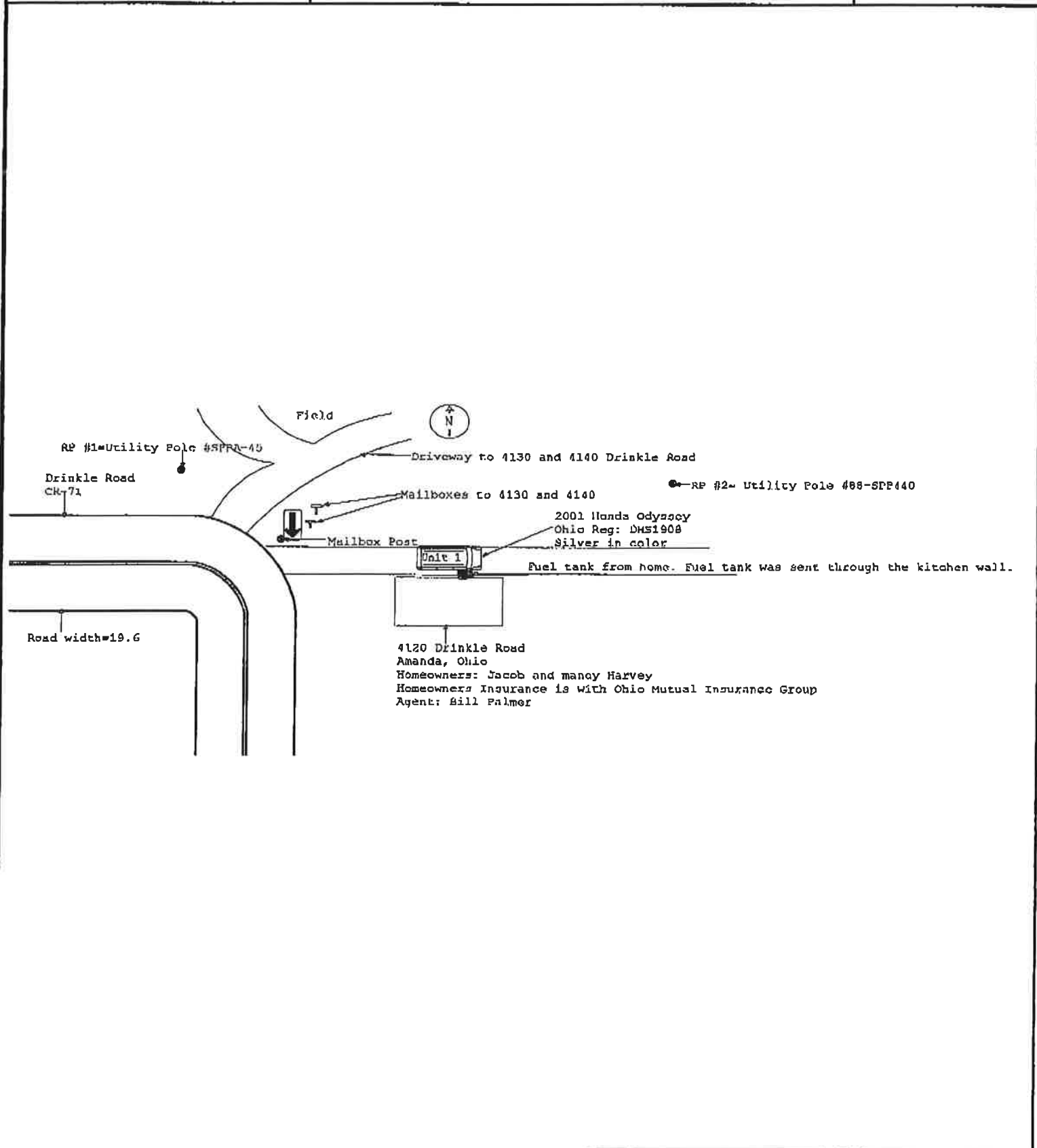
Kenny Hoffman	Troy Bowles
4140 Drinkle Road	4130 Drinkle Road
Amanda, Ohio 43102	Amanda, Ohio 43102
(740)407-8304	No Number available

OFFICERS SIGNATURE	BADGE NO. 0473
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 23-1123-23	REPORTING AGENCY Ohio State Highway Patrol	DATE OF ACCIDENT 11/11/2009
IN COUNTY OF Fairfield	ACCIDENT LOCATION CR0071	



OFFICER'S SIGNATURE	BADGE NO. 0473
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