



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

44-0458-44

CRASH SEVERITY

1 - FATAL  
2 - INJURY  
3 - PDO

Hit/Skip

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

 PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

 PRIVATE PROPERTY

REPORTING AGENCY NCIC \*

OHP44

REPORTING AGENCY NAME \*

Ohio State Highway Patrol

NUMBER OF UNITS

1

UNIT IN ERROR

1 98 - ANIMAL  
99 - UNKNOWNCOUNTY \*  
Lawrence
 CITY \*  
 VILLAGE \*  
 TOWNSHIP \*

CITY, VILLAGE, TOWNSHIP \*

Union

CRASH DATE \*

06/28/2015

TIME OF CRASH

0823

DAY OF WEEK

Sun

DEGREES/MINUTES/SECONDS

LATITUDE

38:25:19.53

LONGITUDE

82:29:21.56

DECIMAL DEGREES

LATITUDE

LONGITUDE

OR

ROADWAY DIVISION

 DIVIDED  
 UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

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

NUMBER OF THRU LANES

1

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

US LOCATION ROUTE TYPE 52

LOC PREFIX

 N,S,  
 E,W

LOCATION ROAD NAME

LOCATION 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

.2  MILES  
 FEET  
 YARDS

DIR FROM REF

 N,S,  
 E,W

REFERENCE ROUTE NUMBER

 N,S,  
 E,W

REF PREFIX

 N,S,  
 E,W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

22

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/ROUNDBOUT  
 06 - FIVE-POINT, OR MORE  
 07 - ON RAMP  
 08 - OFF RAMP  
 09 - CROSSOVER  
 10 - DRIVEWAY/ALLEY ACCESS

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ROAD CONTOUR

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

ROAD CONDITIONS

 PRIMARY  
 SECONDARY

 01 - DRY  
 02 - WET  
 03 - SNO  
 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

\*SECONDARY CONDITION 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

WEATHER

 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

 PRIMARY  
 SECONDARY

 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

\*SECONDARY CONDITION ONLY

 SCHOOL ZONE RELATED

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

WORK ZONE RELATED

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

TYPE OF WORK ZONE

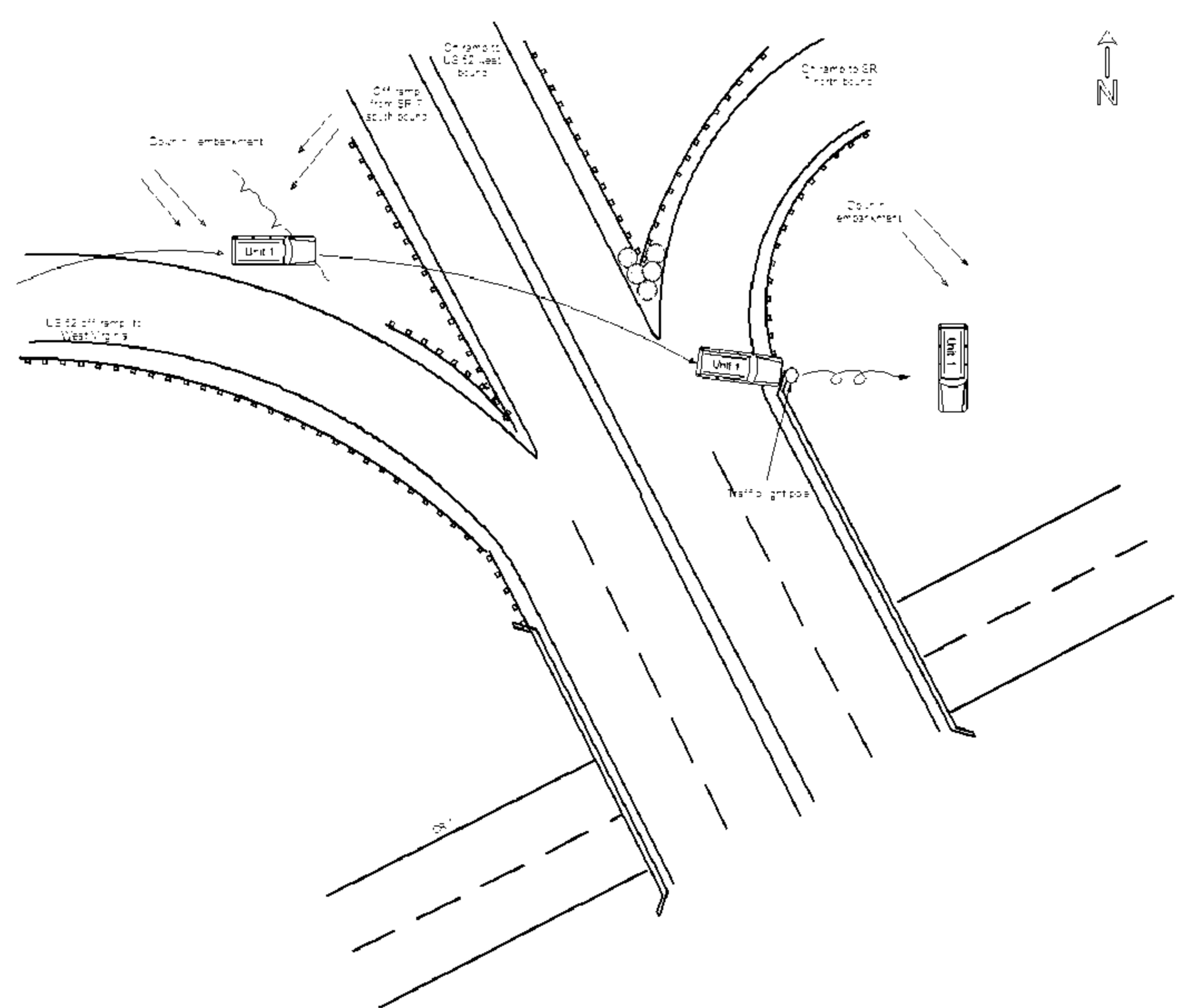
 1 - LANE CLOSURE  
 2 - LANE SHIFT/CROSSOVER  
 3 - WORK ON SHOULDER OR MEDIAN  
 4 - INTERMITTENT OR MOVING WORK  
 5 - OTHER

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 fleeing police, east bound on US 52. Unit 1 lost control trying to exit into West Virginia, going off the left side of the roadway, striking an embankment and going airborne. While in the air, unit 1 struck the top of a guard rail post. Unit 1 then struck the roadway, hitting a guard rail and a light post, causing it to over turn over a steep embankment.



REPORT TAKEN BY

 POLICE AGENCY  MOTORIST

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

DATE CRASH REPORTED

07/06/2015

TIME CRASH REPORTED

0823

DISPATCH TIME

0823

ARRIVAL TIME

0823

TIME CLEARED

1310

OTHER INVESTIGATION TIME

200

TOTAL MINUTES

487

OFFICER'S NAME\*

Webb, Darrin

OFFICER'S BADGE NUMBER

0225

CHECKED BY

1383



# UNIT

LOCAL REPORT NUMBER

44-0458-44

UNIT NUMBER <b>1</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>Slone, Nancy, E</b>	OWNER PHONE NUMBER	DAMAGE SCALE <b>4</b>	DAMAGE AREA FRONT  REAR
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>729 Oxford Dr, Huntington, WV, 25701</b>			1 - NONE	
LP STATE <b>WV</b>	LICENSE PLATE NUMBER <b>9PF804</b>	VEHICLE IDENTIFICATION NUMBER <b>1FMZU73K54UA76311</b>	2 - MINOR	
VEHICLE YEAR <b>2004</b>	VEHICLE MAKE <b>Ford</b>	VEHICLE MODEL <b>Explorer</b>	3 - FUNCTIONAL	
VEHICLE COLOR <b>SIL</b>	# OCCUPANTS <b>2</b>		4 - DISABLING	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>GEICO</b>	POLICY NUMBER <b>4382701573</b>	TOWED BY <b>Cogans</b>	9 - UNKNOWN

CARRIER NAME, ADDRESS, CITY, STATE, ZIP	CARRIER PHONE
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US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LB <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE <b>01</b> 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 <b>5</b> 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA 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 - DRIVE WAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>06</b> 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	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 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	MED/HEAVY TRUCKS OR COMBO UNITS > 10K 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/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	<input type="checkbox"/> HAS HM PLACARD
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SPECIAL FUNCTION <b>01</b> 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 <b>13</b> 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	99 - UNKNOWN <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <b>13</b> 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
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CONTRIBUTING CIRCUMSTANCE PRIMARY <b>06</b> 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	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
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SEQUENCE OF EVENTS 1 <b>09</b> 2 <b>45</b> 3 <b>30</b> 4 <b>30</b> 5 <b>39</b> 6 <b>01</b> FIRST HARMFUL EVENT <b>2</b> MOST HARMFUL EVENT <b>5</b> 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	06 - EQUIPMENT FAILURE (BLOWN TIRE, 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 <b>106</b> <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED	POSTED SPEED <b>55</b>	TRAFFIC CONTROL <b>12</b> 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 - COSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM <b>4</b> TO <b>3</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

44-0458-44

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Davis, Kimoni, C	DATE OF BIRTH 12/18/1994	AGE 20	GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 1410 Washington Blvd Apt 1801, Detroit, MI, 48226			CONTACT PHONE - INCLUDE AREA CODE	
INJURIES <input checked="" type="checkbox"/> 5	INJURED TAKEN BY <input checked="" type="checkbox"/> 2	EMS AGENCY LCEMS	MEDICAL FACILITY INJURED TAKEN TO St. Marys Huntington	SAFETY EQUIPMENT USED 01
OL STATE MI	OPERATOR LICENSE NUMBER D120469108959	OL CLASS <input checked="" type="checkbox"/> 4	No <input checked="" type="checkbox"/> VALID DL <input type="checkbox"/> M/C END	CONDITION <input checked="" type="checkbox"/> 7
ALCOHOL/DRUG SUSPECTED <input checked="" type="checkbox"/> 4	ALCOHOL TEST STATUS <input checked="" type="checkbox"/> 5	ALCOHOL TEST TYPE <input checked="" type="checkbox"/> 1	ALCOHOL TEST VALUE 5	DRUG TEST STATUS 2
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"/>
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/>	No <input type="checkbox"/> VALID DL <input type="checkbox"/> M/C END	CONDITION <input type="checkbox"/>
ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE	DRUG TEST STATUS <input type="checkbox"/>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/> <input type="checkbox"/>
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	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	
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'S "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 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
UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Warren, Airshaan, Dyvaune	DATE OF BIRTH 02/17/1998	AGE 17	GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 823 8th St, Nitro, WV, 25143			CONTACT PHONE - INCLUDE AREA CODE 304-561-4408	
INJURIES <input checked="" type="checkbox"/> 5	INJURED TAKEN BY <input checked="" type="checkbox"/> 4	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 01
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/>	No <input type="checkbox"/> VALID DL <input type="checkbox"/> M/C END	CONDITION <input type="checkbox"/>
ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE	DRUG TEST STATUS <input type="checkbox"/>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/> <input type="checkbox"/>
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/>	No <input type="checkbox"/> VALID DL <input type="checkbox"/> M/C END	CONDITION <input type="checkbox"/>
ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE	DRUG TEST STATUS <input type="checkbox"/>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/> <input type="checkbox"/>

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

44-0458-44

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE Caruso, Damon, J	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP 400 Main St, Ironton, OH, 45638	CONTACT PHONE - INCLUDE AREA CODE 740-532-7652
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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 <input checked="" type="checkbox"/> COMPLIANT 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 <input checked="" type="checkbox"/> COMPLIANT 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 <input checked="" type="checkbox"/> COMPLIANT 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 <input checked="" type="checkbox"/> COMPLIANT 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 <input checked="" type="checkbox"/> COMPLIANT 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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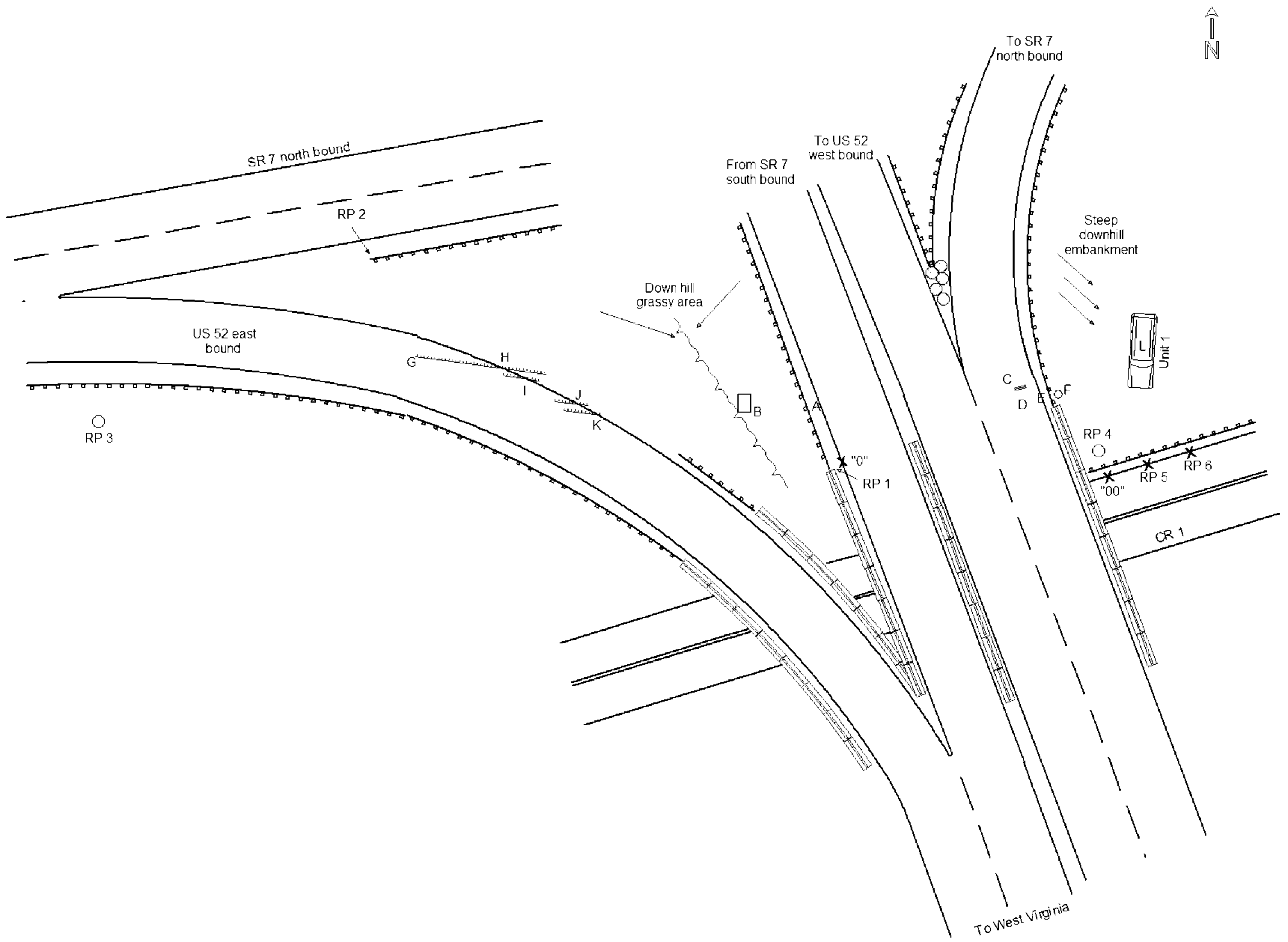
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT <input checked="" type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <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 MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT ONLY USED 99 - UNKNOWN SAFETY EQUIPMENT 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) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP 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	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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OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER <b>44-0458-44</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	REPORTING AGENCY <b>06/28/2015</b>
IN COUNTY OF <b>Lawrence County</b>	ACCIDENT LOCATION <b>52</b>	



OFFICERS SIGNATURE	BADGE NO. <b>0225</b>
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LOCAL REPORT NUMBER <b>44-0458-44</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF CRASH <b>06/28/2015</b>
IN COUNTY OF <b>Lawrence County</b>	ACCIDENT LOCATION <b>52</b>	
<p>RP 1 = Painted mark northwest end of start of concrete barrier on off ramp from SR 7 south bound, to US 52.</p> <p>Point "0" is west edge line of ramp from SR 7, 15'2" east of RP 1</p> <p>RP 2 = Start of guard rail on south side of SR 7 north bound lanes.</p> <p>RP 3 = Light post at off ramp from US 52, on south side of off ramp.</p> <p>Distance between RP 2 and RP 3 is 275'0"</p> <p>RP 4 = Utility Pole # AEP 1400-15</p> <p>Point "00" is north painted edge line of CR 1 south of RP 4</p> <p>RP 5 is 20'0" east of point "00"</p> <p>RP 6 is 40'0" east of point "00"</p> <p>Weather at the time of the crash:</p> <p>Temperature 61 degrees</p> <p>Wind 10 MPH west</p> <p>Visibility 10 miles</p> <p>Dew point 54</p> <p>Barometer 29.9</p> <p>The driver of unit 1 was fleeing from Hanging Rock Police Department, when he attempted to enter West Virginia via the 17th street bridge. Due to the high rate of speed, unit 1 went off the left side of the roadway.</p> <p>Hanging Rock Police were pursuing unit 1 for a speed violation of 77 mph in a 60 mph zone.</p>		
OFFICERS SIGNATURE	BADGE NO. <b>0225</b>	

LOCAL REPORT NUMBER <b>44-0458-44</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF CRASH <b>06/28/2015</b>
IN COUNTY OF <b>Lawrence County</b>	ACCIDENT LOCATION <b>52</b>	
RP 1	A/E F/E	Description (Measurements taken with wheel-a-tape)
A	65'9"n 7'10w	Guard rail post struck by unit 1
B	97'2"n 43'4"w	Gouge in earth from unit 1, point where unit 1 went airborne
C	1'5"n 67'10"e	Gouge in roadway, from front of unit 1
D	2'7"s 65'3"e	Scuff / paint transfer on roadway from hood of unit 1
E	9'2"s 80'1"e	Unit 1 impact with guard rail
F	12'4"s 81'2"e	Unit 1 stiking light post
.		
	RP 2 RP 3	Description (Measurements taken with laser from US 52)
G	111'3" 223'8"	Start of yaw, front left tire, unit 1
H	122'3" 277'6"	Left rear tire, unit 1, off roadway
I	130'1" 291'5"	Left front tire, unit 1, off roadway
J	184'7" 360'2"	Right rear tire, unit 1, off roadway
K	187'9" 364'8"	Right front tire, unit 1, off roadway
.		
	RP 5 RP 6	Description (Measurments taken with laser from CR 1)
L	71'2" 82'6"	Center of unit 1, final rest

OFFICERS SIGNATURE

BADGE NO.

**0225**



44-0458-44



20150628



LOCAL REPORT NUMBER <b>44-0458-44</b>	REPORTING AGENCY <b>STATE HIGHWAY PATROL</b>	DATE OF CRASH M <b>06</b>   D <b>28</b>   Y <b>15</b>
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**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, **DAMON J. CARUSO** **1028 NRS** HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

**TPR. D.L. WEBB** AT **SCENE OF CRASH**  
OFFICER'S NAME LOCATION

I was working daysnift for Hanging Rock Police Department. I was traveling westbound 52 when I observed a silver SUV moving at a fast rate of speed. Radar clocked vehicle at 77 mph in 60 mph zone. I cut through the median and activated lights just past 650 E/B to attempt to stop vehicle. when I caught up to vehicle before ST RT 93 the vehicle was traveling 104 mph. The vehicle continued down 52 E/B at the same high rate of speed. The vehicle was swerving in and out of traffic. When we reached 52 and off ramp to I-64 the vehicle swerved from left lane of 52 onto the off ramp and lost control. vehicle left roadway going off left side of the embankment going up the other side of embankment. The vehicle ramp roadway. I turned around and looked over hill and observed the vehicle.

Q: ARE YOU INJURED?

A: No.

Q: HOW FAST WERE YOU TRAVELING WHEN THE VEHICLE APPROACHED THE OFF RAMP?

A: MAYBE 80 TO 90 MPH.

ADDRESS OF WITNESS <b>400 MAIN ST HANGING ROCK OH 45638</b>	PHONE <b>740 532 7652</b>
SIGNATURE OF WITNESS <b>X Damon J Caruso</b>	OFFICER'S SIGNATURE <b>X [Signature]</b>



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 44-0458-44	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF CRASH MO 06   D 28   Y 15
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, DAMON J. CARUSO HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

TPR. D.L. WEBB AT SCENE OF CRASH  
OFFICER'S NAME LOCATION

Q: DID YOU HAVE YOUR EMERGENCY LIGHT AND SIREN ACTIVATED?

A: YES

Q: DID YOU EVER MAKE CONTACT WITH THE OTHER VEHICLE?

A: NO.

Q: HOW CLOSE DID YOU GET TO IT DURING THE PURSUIT?

A: MAYBE 100 FT. I WAS TRYING TO GET THE LICENSE PLATE NUMBER

Q: DID ANY OTHER L.E. UNITS CATCH UP TO YOU?

A: YES, SOUTH POINT P.D. AND COAL GROVE P.D.

Q: HOW WAS TRAFFIC FLOW ON US 52?

A: LIGHT

Q: DO YOU WISH TO ADD ANYTHING?

A: NO.

ADDRESS OF WITNESS 400 MAIN ST HANGING ROCK OH 45638	PHONE 740 532 7652
SIGNATURE OF WITNESS X Damon J Caruso	OFFICER'S SIGNATURE X TPR D L Webb

**OHIO TRAFFIC ACCIDENT – OH2 NARRATIVE**

LOCAL REPORT NUMBER <b>44-0458-44</b>	REPORTING AGENCY <b>State Highway Patrol</b>	DATE OF CRASH <b>06/28/2015</b>
IN COUNTY OF <b>Lawrence</b>	CRASH LOCATION <b>US 52, .2 miles east of MP 22</b>	

**Tire Information**

**Unit 1: All tires are Bridgestone Dueler H/L 245-75/R16  
Maximum PSI 44**

**Tread depth**

Left front tire:	Outside = 5/32	Middle = 6/32	Inside = 5/32	Flat from crash
Left rear tire:	Outside = 8/32	Middle = 5/32	Inside = 7/32	22 PSI
Right front tire:	Outside = 6/32	Middle = 6/32	Inside = 6/32	28 PSI
Right rear tire:	Outside = 5/32	Middle = 5/32	Inside = 7/32	32 PSI

**Timeline of events**

0820 hrs: I was advised that Hanging Rock Police Department was in pursuit of a silver Ford Explorer, east bound on US 52.

0823 hrs: While trying to catch up to the pursuit, dispatch advised that Hanging Rock PD stated that the Explorer took the US 52, 17<sup>th</sup> Street bridge exit to West Virginia. Hanging Rock PD advised that the suspect vehicle disappeared.

0824 hrs: I arrived on scene on the US 52 ramp. I observed the Hanging Rock PD officer, Cpl. D. J. Caruso looking over the guard rail, over a hill toward CR 1. I advised Sgt. C.R. Smith to take CR 1 to get closer to the vehicle.

0826 hrs: Sgt. C.R. Smith was on scene, at CR 1.

0827 hrs: Paramedics from Lawrence County EMS advised that at least one occupant is deceased.

0832 hrs: Tpr. R.S. Boggs on scene. Paramedics advised that the driver was seriously injured, however, still has a pulse.

0834 hrs: Sgt. Smith advised Lt. B.L. Call of the crash via public service.

OFFICER'S SIGNATURE	BADGE NO. <b>225</b>	PAGE NO. <b>1</b>
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**OHIO TRAFFIC ACCIDENT – OH2 NARRATIVE**

LOCAL REPORT NUMBER <b>44-0458-44</b>	REPORTING AGENCY <b>State Highway Patrol</b>	DATE OF CRASH <b>06/28/2015</b>
IN COUNTY OF <b>Lawrence</b>	CRASH LOCATION <b>US 52, .2 miles east of MP 22</b>	

0836 hrs: Lt. Call contacted OSHP Reconstruction to map the scene. He also contacted the District 9 duty officer regarding the crash.

0848 hrs: Tpr. T.A. Gilliland advised he was en route to the scene for reconstruction.

0853 hrs: Assistant Coroner Drew Artis was contacted and en route to scene.

0930 hrs: Assistant Coroner Atris on scene.

0938 hrs: I advised dispatch to contact the next available wrecker. Dispatch advised that Cogans wrecker service would be en route.

1015 hrs: Driver of unit 1 was en route to St. Mary's by LCEMS.

1039 hrs: Cogans on scene.

1103hrs: Coroner requested Slack & Wallace Funeral home to pick up deceased.

1106 hrs: Slack & Wallace en route to scene.

1108 hrs: Tpr. Gilliland on scene.

1111 hrs: Sgt Smith cleared the scene, en route to St. Mary's Hospital in Huntington WV, to try to identify the driver.

1118 hrs: Sgt. Smith is out at St. Mary's. Sgt. Smith spoke with the owner of the vehicle at St. Mary's and she did not know anyone other than her daughter that should have the vehicle.

1147 hrs: The owner of the vehicle was notified of the crash, and she stated that it had been stolen out of Huntington West Virginia the night before.

1310 hrs: The Assistant Coroner Artis and I cleared the scene, en route to Slack & Wallace funeral home.

1315 hrs: Tpr. Gilliland cleared the scene.

OFFICER'S SIGNATURE	BADGE NO. <b>225</b>	PAGE NO. <b>2</b>
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**OHIO TRAFFIC ACCIDENT – OH2 NARRATIVE**

LOCAL REPORT NUMBER <b>44-0458-44</b>	REPORTING AGENCY <b>State Highway Patrol</b>	DATE OF CRASH <b>06/28/2015</b>
IN COUNTY OF <b>Lawrence</b>	CRASH LOCATION <b>US 52, .2 miles east of MP 22</b>	

1328 hrs: I was out at Slack & Wallace funeral home with Sgt. Smith.

1435 hrs: I cleared Slack & Wallace funeral home.

At the time of the crash, no occupant of unit 1 had identification. Later in the evening, Sgt. Smith obtained the identities of the occupants and their next of kin were notified by him.

The mother of the passenger of unit 1, Christy Snow, positively identified her son in person at Slack & Wallace funeral home.

Departments directly involved in the pursuit:

- Hanging Rock Police Department
- Coal Grove Police Department
- South Point Police Department

Several 9mm and .380 rounds of ammunition were located in the area of the crash. Coal Grove PD K-9 checked the area for a firearm, however, none was found. I did locate a .380 ammo box that was torn open and it was empty.

It is undetermined why unit 1 was eluding police.

Tpr. Gilliland mapped the entire scene, including critical speed and chord / middle ordinate of the yaw marks.

Sgt. Smith, assisted by Tpr. J. Moorhead, obtained a search warrant for unit 1, due to the Coal Grove Police officer, Michael Delawder, advising that his K-9 had a positive hit on the vehicle. The warrant also included the air bag module for download, was served and the vehicle was searched at Cogan's wrecker service. South Point Volunteer Fire Department cut the top from the vehicle so access could be made. No contraband was found.

OFFICER'S SIGNATURE	BADGE NO. 225	PAGE NO. 3
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# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

44-0458-44

CRASH SEVERITY

1 - FATAL  
2 - INJURY  
3 - PDO

Hit/Skip

1 - SOLVED  
2 - UNSOLVEDPHOTOS TAKEN  
OH-2 OH-1P  
OH-3 OTHER

PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

PRIVATE PROPERTY

REPORTING AGENCY NCIC \*

OHP44

REPORTING AGENCY NAME \*

Ohio State Highway Patrol

NUMBER OF UNITS

1

UNIT IN ERROR

1 98 - ANIMAL  
99 - UNKNOWNCOUNTY \*  
LawrenceCITY \*  
VILLAGE \*  
TOWNSHIP \*CITY, VILLAGE, TOWNSHIP \*  
UnionCRASH DATE \*  
06/28/2015TIME OF CRASH  
0823DAY OF WEEK  
SUN

DEGREES/MINUTES/SECONDS

LATITUDE

38:25:19.53

LONGITUDE

82:29:21.56

DECIMAL DEGREES

LATITUDE

LONGITUDE

OR

ROADWAY DIVISION

DIVIDED  
UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

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

NUMBER OF THRU LANES

1

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

US 52

LOCATION ROUTE TYPE

LOC PREFIX

N,S,  
E,W

LOCATION ROAD NAME

LOCATION 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  
MILES  
FEET  
YARDS

DIR FROM REF

E N,S,  
E,W

REFERENCE ROUTE

TYPE

REFERENCE ROUTE NUMBER

REF PREFIX

N,S,  
E,W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

22

REFERENCE ROAD TYPE

MP

REFERENCE POINT USED

1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBER

CRASH LOCATION

07

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/ALLEY ACCESS

11 - RAILWAY GRADE CROSSING

12 - SHARED-USE PATHS OR TRAILS  
99 - UNKNOWN

INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT

4 1 - ON ROADWAY 5 - ON GORE  
2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY  
3 - IN MEDIAN 9 - UNKNOWN  
4 - ON ROADSIDE

ROAD CONTOUR

4 1 - STRAIGHT LEVEL 4 - CURVE GRADE  
2 - STRAIGHT GRADE 9 - UNKNOWN  
3 - CURVE LEVEL

ROAD CONDITIONS

PRIMARY SECONDARY

01 02 - DRY  
03 - WET  
04 - ICE05 - SAND, MUD, DIRT, OIL, GRAVEL  
06 - WATER (STANDING, MOVING)  
07 - SLUSH  
08 - DEBRIS09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT  
10 - OTHER  
99 - UNKNOWN

\*SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT

2 - REAR-END  
3 - HEAD-ON  
4 - REAR-TO-REAR5 - BACKING  
6 - ANGLE8 - SIDESWIPE, OPPOSITE DIRECTION  
7 - SIDESWIPE, SAME DIRECTION  
9 - UNKNOWN

WEATHER

1 1 - CLEAR  
2 - CLOUDY  
3 - FOG, SMOG, SMOKE4 - RAIN  
5 - SLEET, HAIL  
6 - SNOW7 - SEVERE CROSSWINDS  
8 - BLOWING SAND, SOIL, DIRT, SNOW  
9 - OTHER/UNKNOWN

ROAD SURFACE

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

LIGHT CONDITIONS

1 PRIMARY SECONDARY

1 - 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 BUS 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

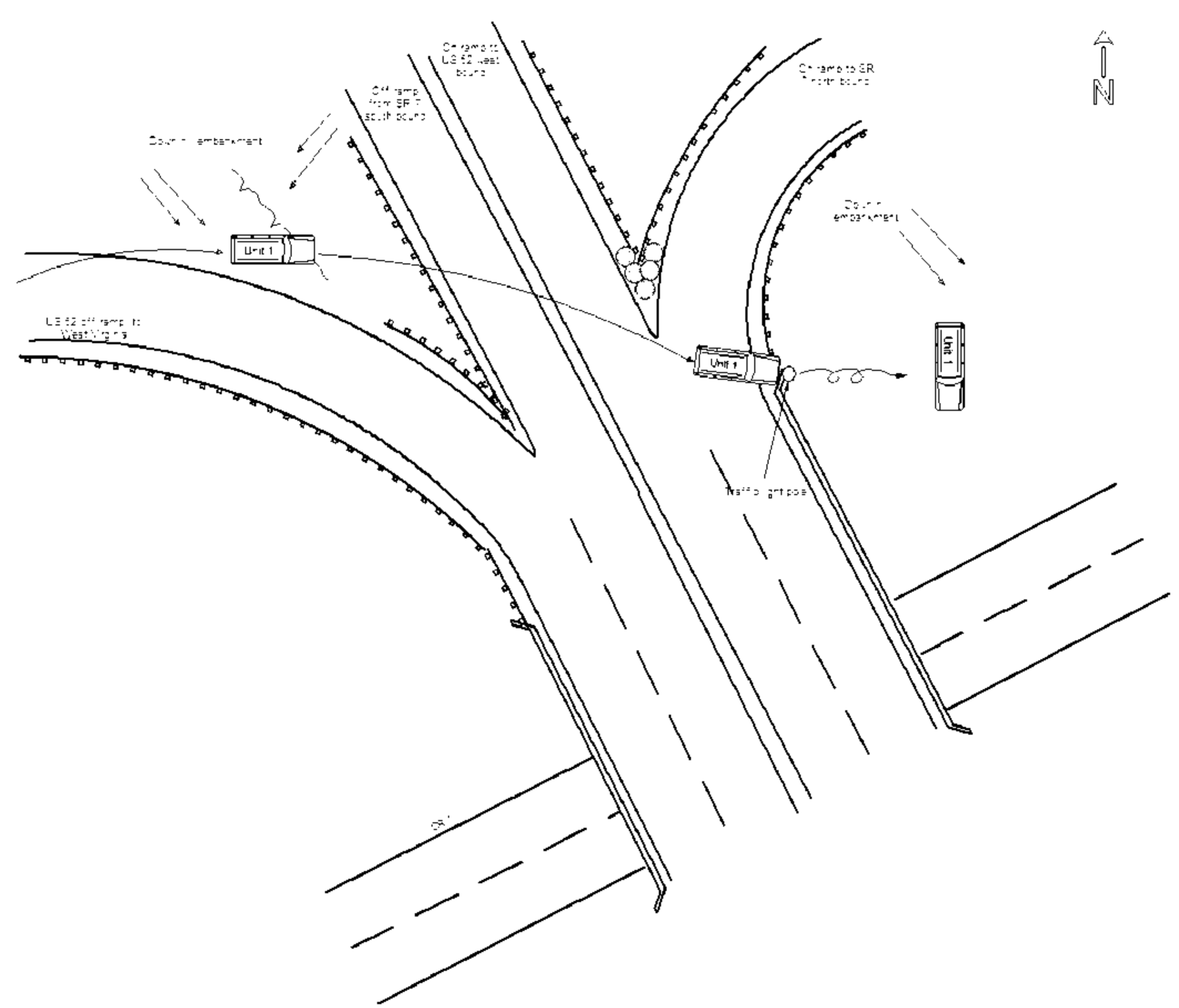
1 - BEFORE THE FIRST WORK ZONE WARNING SIGN  
2 - ADVANCE WARNING AREA  
3 - TRANSITION AREA  
4 - ACTIVITY AREA  
5 - TERMINATION AREA

NARRATIVE

Unit 1 was fleeing police, east bound on US 52. Unit 1 lost control trying to exit into West Virginia, going off the left side of the roadway, striking an embankment and going airborne. While in the air, unit 1 struck the top of a guard rail post. Unit 1 then struck the roadway, hitting a guard rail and a light post, causing it to over turn over a steep embankment.

\*\* Supplemented information\*\*

Alcohol / Drug screen from St. Mary's Hospital, Huntington, West Virginia.



REPORT TAKEN BY

POLICE AGENCY MOTORIST

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

DATE CRASH REPORTED

07/06/2015

TIME CRASH REPORTED

0823

DISPATCH TIME

0823

ARRIVAL TIME

0823

TIME CLEARED

1310

OTHER INVESTIGATION TIME

200

TOTAL MINUTES

487

OFFICER'S NAME \*

Webb, Darrin

OFFICER'S BADGE NUMBER

0225

CHECKED BY

1383



# UNIT

LOCAL REPORT NUMBER

44-0458-44

UNIT NUMBER <b>1</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>Slone, Nancy, E</b>	OWNER PHONE NUMBER	DAMAGE SCALE <b>4</b>	DAMAGE AREA FRONT  REAR	
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>729 Oxford Dr, Huntington, WV, 25701</b>			1 - NONE		
LP STATE <b>WV</b>	LICENSE PLATE NUMBER <b>9PF804</b>	VEHICLE IDENTIFICATION NUMBER <b>1FMZU73K54UA76311</b>	2 - MINOR		
VEHICLE YEAR <b>2004</b>	VEHICLE MAKE <b>Ford</b>	VEHICLE MODEL <b>Explorer</b>	3 - FUNCTIONAL		
VEHICLE COLOR <b>SIL</b>	VEHICLE YEAR <b>2004</b>	VEHICLE MAKE <b>Ford</b>	4 - DISABLING		
VEHICLE MODEL <b>Explorer</b>	VEHICLE COLOR <b>SIL</b>	VEHICLE YEAR <b>2004</b>	9 - UNKNOWN		
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>GEICO</b>	POLICY NUMBER <b>4382701573</b>			
TOWED BY <b>Cogans</b>					
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE	
US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LB <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE <b>01</b> 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 <b>5</b> 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA 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"/>	TYPE OF USE <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>06</b> 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 BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) <b>13</b> 13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 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	21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) <b>NON-MOTORIST</b> 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	
SPECIAL FUNCTION <b>01</b> 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 <b>13</b> 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 <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
PRE-CRASH ACTIONS <b>13</b>	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	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 CIRCUMSTANCE PRIMARY <b>06</b>	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 <b>09</b> 2 <b>45</b> 3 <b>30</b> 4 <b>30</b> 5 <b>39</b> 6 <b>01</b>	FIRST HARMFUL EVENT <b>2</b>	MOST HARMFUL EVENT <b>5</b>	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	06 - EQUIPMENT FAILURE (BLOWN TIRE, 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	
UNIT SPEED <b>106</b>	POSTED SPEED <b>55</b>	TRAFFIC CONTROL <b>12</b> 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 - COSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM <b>4</b> TO <b>3</b> 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

44-0458-44

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Davis, Kimoni, C	DATE OF BIRTH 12/18/1994	AGE 20	GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE																																																
ADDRESS, CITY, STATE, ZIP 1410 Washington Blvd Apt 1801, Detroit, MI, 48226			CONTACT PHONE - INCLUDE AREA CODE																																																	
INJURIES 5	INJURED TAKEN BY 2	EMS AGENCY LCEMS	MEDICAL FACILITY INJURED TAKEN TO St. Marys Huntington	SAFETY EQUIPMENT USED 01																																																
OL STATE MI	OPERATOR LICENSE NUMBER D120469108959	OL CLASS 4	No <input checked="" type="checkbox"/> VALID DL <input type="checkbox"/> M/C END	CONDITION 7																																																
ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATU 4	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 000	DRUG TEST STATUS 4																																																
DRUG TEST TYPE 2	OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED																																																
DRIVER DISTRACTED BY 1	UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE																																																
GENDER <input type="checkbox"/> F - FEMALE M - MALE	ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE																																																
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED																																																
DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>																																																
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/>	No <input type="checkbox"/> VALID DL <input type="checkbox"/> M/C END	CONDITION																																																
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DRIVER DISTRACTED BY <input type="checkbox"/>	<table border="0"> <tr> <td>INJURIES</td> <td>INJURED TAKEN BY</td> <td>SAFETY EQUIPMENT USED</td> <td>99 - UNKNOWN SAFETY EQUIPMENT</td> </tr> <tr> <td>1 - NO INJURY / NONE REPORTED</td> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>MOTORIST</td> <td>NON-MOTORIST</td> </tr> <tr> <td>2 - POSSIBLE</td> <td>2 - EMS</td> <td>01 - NONE USED - VEHICLE OCCUPANT</td> <td>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING</td> </tr> <tr> <td>3 - NON-INCAPACITATING</td> <td>3 - POLICE</td> <td>02 - SHOULDER BELT ONLY USED</td> <td>06 - CHILD RESTRAINT SYSTEM-REAR FACING</td> </tr> <tr> <td>4 - INCAPACITATING</td> <td>4 - OTHER</td> <td>03 - LAP BELT ONLY USED</td> <td>07 - BOOSTER SEAT</td> </tr> <tr> <td>5 - FATAL</td> <td>9 - UNKNOWN</td> <td>04 - SHOULDER AND LAP BELT ONLY USED</td> <td>08 - HELMET USED</td> </tr> <tr> <td></td> <td></td> <td></td> <td>09 - NONE USED</td> </tr> <tr> <td></td> <td></td> <td></td> <td>10 - HELMET USED</td> </tr> <tr> <td></td> <td></td> <td></td> <td>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>12 - REFLECTIVE COATING</td> </tr> <tr> <td></td> <td></td> <td></td> <td>13 - LIGHTING</td> </tr> <tr> <td></td> <td></td> <td></td> <td>14 - OTHER</td> </tr> </table>				INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	1 - NO INJURY / NONE REPORTED	1 - NOT TRANSPORTED / TREATED AT SCENE	MOTORIST	NON-MOTORIST	2 - POSSIBLE	2 - EMS	01 - NONE USED - VEHICLE OCCUPANT	05 - CHILD RESTRAINT SYSTEM-FORWARD FACING	3 - NON-INCAPACITATING	3 - POLICE	02 - SHOULDER BELT ONLY USED	06 - CHILD RESTRAINT SYSTEM-REAR FACING	4 - INCAPACITATING	4 - OTHER	03 - LAP BELT ONLY USED	07 - BOOSTER SEAT	5 - FATAL	9 - UNKNOWN	04 - SHOULDER AND LAP BELT ONLY USED	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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			12 - REFLECTIVE COATING																																																	
			13 - LIGHTING																																																	
			14 - OTHER																																																	
SEATING POSITION				AIR BAG USAGE																																																
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT DEPLOYED																																																	
02 - FRONT - MIDDLE	08 - THIRD - MIDDLE	13 - TRAILING UNIT	2 - DEPLOYED FRONT																																																	
03 - FRONT - RIGHT SIDE	09 - THIRD - RIGHT SIDE	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - DEPLOYED SIDE																																																	
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	10 - SLEEPER SECTION OF CAB (TRUCK)	15 - NON-MOTORIST	4 - DEPLOYED BOTH FRONT/SIDE																																																	
05 - SECOND - MIDDLE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	16 - OTHER	5 - NOT APPLICABLE																																																	
06 - SECOND - RIGHT SIDE		99 - UNKNOWN	9 - DEPLOYMENT UNKNOWN																																																	
EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED																																																
1 - NOT EJECTED	1 - NOT TRAPPED	1 - CLASS A	1 - APPARENTLY NORMAL	1 - NONE																																																
2 - TOTALLY EJECTED	2 - EXTRICATED BY MECHANICAL MEANS	2 - CLASS B	2 - PHYSICAL IMPAIRMENT	2 - YES - ALCOHOL SUSPECTED																																																
3 - PARTIALLY EJECTE	3 - EXTRICATED BY NON-MECHANICAL MEANS	3 - CLASS C	3 - EMOTIONL (DEPRESSED, ANGRY, DISTURBE	3 - YES -HBD NOTIMPAIRED																																																
4 - NOT APPLICABLE		4 - REGULAR CLASS (OHIO IS "D")	4 - ILLNESS	4 - YES -DRUGS SUSPECTED																																																
		5 - MC/MOPED ONLY	5 - FELL ASLEEP, FAINTED, FATIGUE	5 - YES -ALCOHOL AND DRUGS SUSPECTED																																																
			6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL																																																	
			7 - OTHER																																																	
ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY																																																
1 - NONE GIVEN	1 - NONE	1 - NONE GIVEN	1 - NONE	1 - NO DISTRACTION REPORTED																																																
2 - TEST REFUSED	2 - BLOOD	2 - TEST REFUSED	2 - BLOOD	2 - PHONE																																																
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABL	3 - URINE	3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABL	3 - URINE	3 - TEXTING /EMAILING																																																
4 - TEST GIVEN, RESULTS KNOWN	4 - BREATH	4 - TEST GIVEN, RESULTS KNOWN	4 - OTHER	4 - ELCTRONIC COMMUNICATION DEVICE																																																
5 - TEST GIVEN, RESULTS UNKNOWN	5 - OTHER	5 - TEST GIVEN, RESULTS UNKNOWN		5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)																																																
				6 - OTHER INSIDE THE VEHICLE																																																
				7 - EXTERNAL DISTRACTION																																																
UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Warren, Airshaan, Dvvaune	DATE OF BIRTH 02/17/1998	AGE 17	GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE																																																
ADDRESS, CITY, STATE, ZIP 823 8th St, Nitro, WV, 25143			CONTACT PHONE - INCLUDE AREA CODE 304-561-4408																																																	
INJURIES 5	INJURED TAKEN BY 4	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 01																																																
DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 2	EJECTION 1	TRAPPED 2																																																
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE M - MALE																																																
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE																																																	
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED																																																
DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>																																																



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

44-0458-44

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE <b>Caruso, Damon, J</b>	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP <b>400 Main St, Ironton, OH, 45638</b>	CONTACT PHONE - INCLUDE AREA CODE <b>740-532-7652</b>
---	--

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT <input checked="" type="checkbox"/> COMPLIANT 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
-------------	---------------------------	---------------	-----	--

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
---------------------------	-----------------------------------

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT <input checked="" type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
--------------------------------------	--	------------	-----------------------------------	-----------------------	--	--	---	--------------------------------------	-------------------------------------

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
-------------	---------------------------	---------------	-----	--

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 <input checked="" type="checkbox"/> COMPLIANT 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 <input checked="" type="checkbox"/> COMPLIANT 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
---------------------------	-----------------------------------

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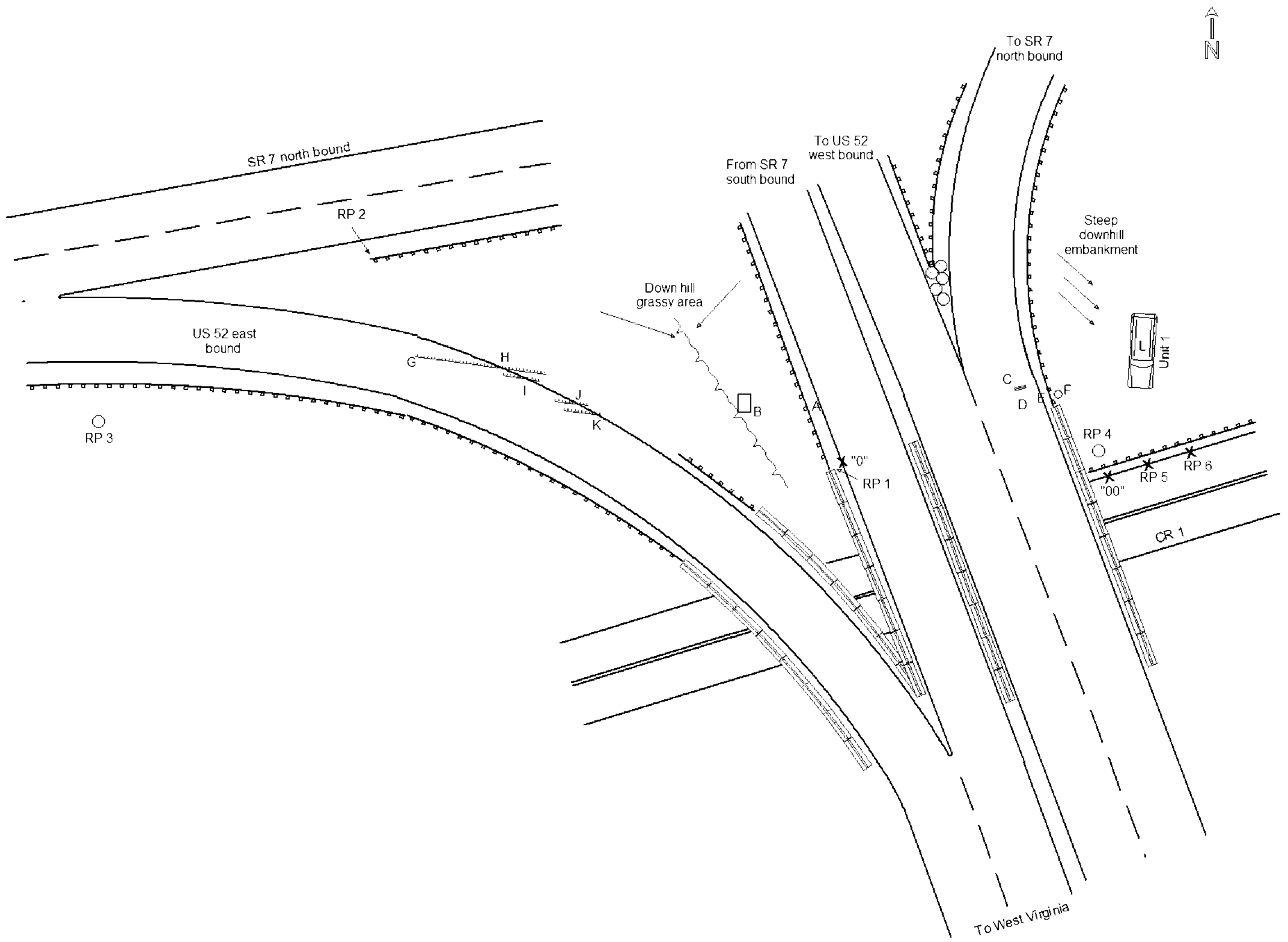
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT <input checked="" type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION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

<b>SEATING POSITION</b> 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)	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
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OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER <b>44-0458-44</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	REPORTING AGENCY <b>06/28/2015</b>
IN COUNTY OF <b>Lawrence County</b>	ACCIDENT LOCATION <b>52</b>	



OFFICERS SIGNATURE	BADGE NO. <b>0225</b>
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LOCAL REPORT NUMBER <b>44-0458-44</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF CRASH <b>06/28/2015</b>
IN COUNTY OF <b>Lawrence County</b>	ACCIDENT LOCATION <b>52</b>	
<p>RP 1 = Painted mark northwest end of start of concrete barrier on off ramp from SR 7 south bound, to US 52.</p> <p>Point "0" is west edge line of ramp from SR 7, 15'2" east of RP 1</p> <p>RP 2 = Start of guard rail on south side of SR 7 north bound lanes.</p> <p>RP 3 = Light post at off ramp from US 52, on south side of off ramp.</p> <p>Distance between RP 2 and RP 3 is 275'0"</p> <p>RP 4 = Utility Pole # AEP 1400-15</p> <p>Point "00" is north painted edge line of CR 1 south of RP 4</p> <p>RP 5 is 20'0" east of point "00"</p> <p>RP 6 is 40'0" east of point "00"</p> <p>Weather at the time of the crash:</p> <p>Temperature 61 degrees</p> <p>Wind 10 MPH west</p> <p>Visibility 10 miles</p> <p>Dew point 54</p> <p>Barometer 29.9</p> <p>The driver of unit 1 was fleeing from Hanging Rock Police Department, when he attempted to enter West Virginia via the 17th street bridge. Due to the high rate of speed, unit 1 went off the left side of the roadway.</p> <p>Hanging Rock Police were pursuing unit 1 for a speed violation of 77 mph in a 60 mph zone.</p>		
OFFICERS SIGNATURE		BADGE NO. <b>0225</b>

LOCAL REPORT NUMBER <b>44-0458-44</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF CRASH <b>06/28/2015</b>	
IN COUNTY OF <b>Lawrence County</b>	ACCIDENT LOCATION <b>52</b>		
RP 1	A/E	F/E	Description (Measurements taken with wheel-a-tape)
A	65'9"n	7'10w	Guard rail post struck by unit 1
B	97'2"n	43'4"w	Gouge in earth from unit 1, point where unit 1 went airborne
C	1'5"n	67'10"e	Gouge in roadway, from front of unit 1
D	2'7"s	65'3"e	Scuff / paint transfer on roadway from hood of unit 1
E	9'2"s	80'1"e	Unit 1 impact with guard rail
F	12'4"s	81'2"e	Unit 1 stiking light post
.			
	RP 2	RP 3	Description (Measurements taken with laser from US 52)
G	111'3"	223'8"	Start of yaw, front left tire, unit 1
H	122'3"	277'6"	Left rear tire, unit 1, off roadway
I	130'1"	291'5"	Left front tire, unit 1, off roadway
J	184'7"	360'2"	Right rear tire, unit 1, off roadway
K	187'9"	364'8"	Right front tire, unit 1, off roadway
.			
	RP 5	RP 6	Description (Measurments taken with laser from CR 1)
L	71'2"	82'6"	Center of unit 1, final rest

OFFICERS SIGNATURE

BADGE NO.

**0225**



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

44-0458-44

CRASH SEVERITY

1 - FATAL  
2 - INJURY  
3 - PDO

Hit/Skip

1 - SOLVED  
2 - UNSOLVEDPHOTOS TAKEN  
OH - 2 OH - 1P  
OH - 3 OTHER

PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

PRIVATE PROPERTY

REPORTING AGENCY NCIC \*

OHP44

REPORTING AGENCY NAME \*

Ohio State Highway Patrol

NUMBER OF UNITS

1

UNIT IN ERROR

1 98 - ANIMAL  
99 - UNKNOWN

COUNTY \*

Lawrence

CITY \*  
VILLAGE \*  
TOWNSHIP \*

CITY, VILLAGE, TOWNSHIP \*

Union

CRASH DATE \*

06/28/2015

TIME OF CRASH

0823

DAY OF WEEK

Sun

DEGREES/MINUTES/SECONDS

LATITUDE

38:25:19.53

LONGITUDE

82:29:21.56

DECIMAL DEGREES

LATITUDE

LONGITUDE

OR

ROADWAY DIVISION

DIVIDED  
UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

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

NUMBER OF THRU LANES

1

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

US  
LOCATION ROUTE TYPE

52

LOC PREFIX

N,S,  
E,W

LOCATION ROAD NAME

LOCATION 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  
MILES  
FEET  
YARDS

DIR FROM REF

E  
N,S,  
E,W

REFERENCE ROUTE NUMBER

OFF  
REFERENCE ROUTE TYPE

REF PREFIX

N,S,  
E,W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

22

REFERENCE ROAD TYPE

MP

REFERENCE POINT USED

1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBER

CRASH LOCATION

07  
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/ALLEY ACCESS

CRASH LOCATION

07

CRASH LOCATION

07

CRASH LOCATION

07

CRASH LOCATION

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CRASH LOCATION

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CRASH LOCATION

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CRASH LOCATION

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CRASH LOCATION

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CRASH LOCATION

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CRASH LOCATION

07

CRASH LOCATION

07

ROAD CONTOUR

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

ROAD CONDITIONS

PRIMARY  
SECONDARY

01

01 - DRY  
02 - WET  
03 - SNO  
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

1 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 - UNKNOWN5 - BACKING  
6 - ANGLE  
7 - SIDESWIPE, SAME DIRECTION8 - SIDESWIPE, OPPOSITE DIRECTION  
9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

ROAD SURFACE

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

LIGHT CONDITIONS

1 PRIMARY  
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

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

9 - UNKNOWN

WORK ZONE RELATED

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

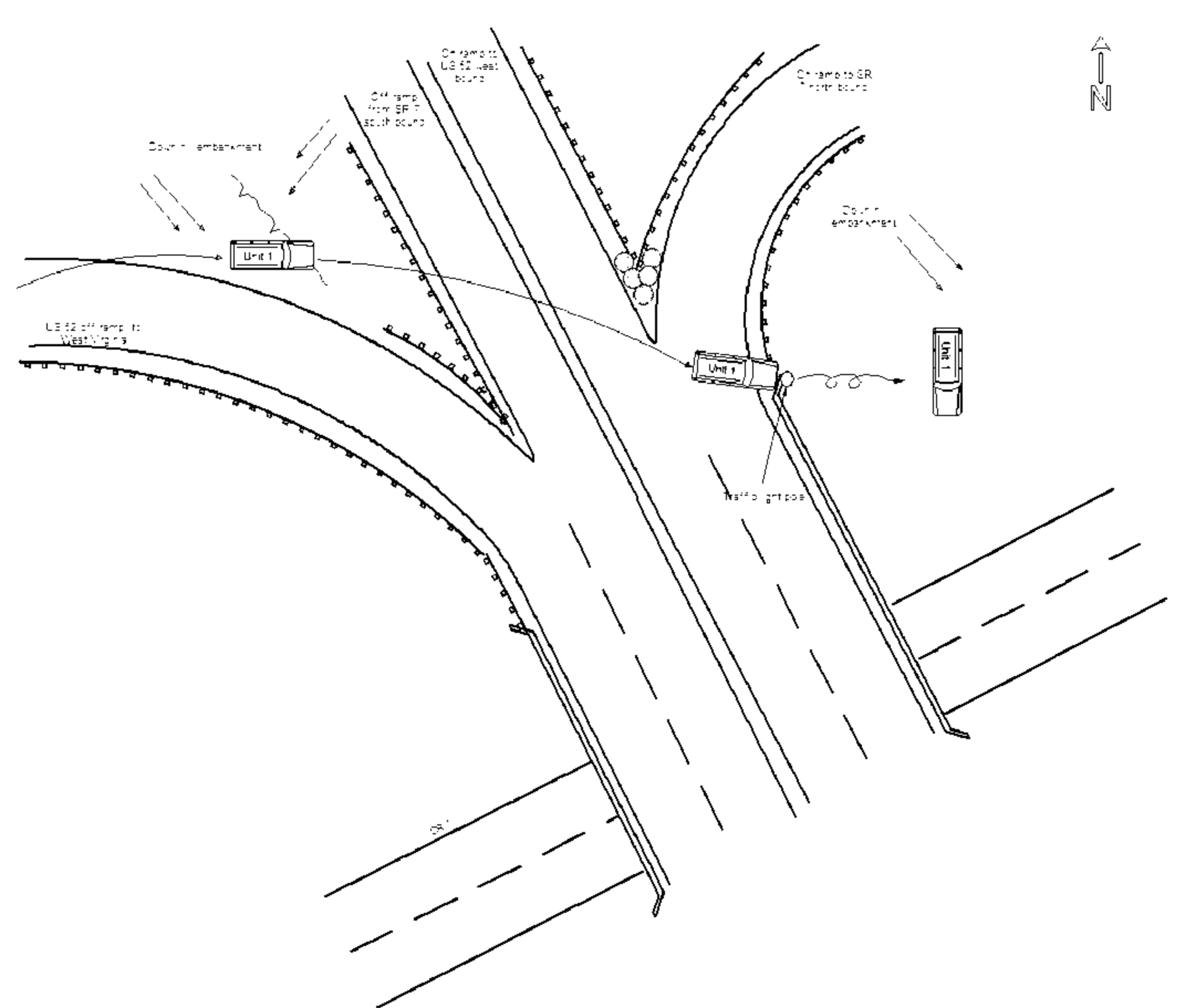
TYPE OF WORK ZONE

1 - LANE CLOSURE  
2 - LANE SHIFT/ CROSSOVER  
3 - WORK ON SHOULDER OR MEDIAN4 - INTERMITTENT OR MOVING WORK  
5 - OTHER4 - INTERMITTENT OR MOVING WORK  
5 - OTHER4 - INTERMITTENT OR MOVING WORK  
5 - OTHER4 - INTERMITTENT OR MOVING WORK  
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5 - OTHER4 - INTERMITTENT OR MOVING WORK  
5 - OTHER

NARRATIVE

Unit 1 was fleeing police, east bound on US 52. Unit 1 lost control trying to exit into West Virginia, going off the left side of the roadway, striking an embankment and going airborne. While in the air, unit 1 struck the top of a guard rail post. Unit 1 then struck the roadway, hitting a guard rail and a light post, causing it to over turn over a steep embankment.\*\*

Supplemented information\*\*Alcohol / Drug screen from St. Mary's Hospital, Huntington, West Virginia.



REPORT TAKEN BY

POLICE AGENCY  
MOTORIST

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

DATE CRASH REPORTED

06/28/2015

TIME CRASH REPORTED

0823

DISPATCH TIME

0823

ARRIVAL TIME

0823

TIME CLEARED

1310

OTHER INVESTIGATION TIME

200

TOTAL MINUTES

487

OFFICER'S NAME\*

Webb, Darrin

OFFICER'S BADGE NUMBER

0225

CHECKED BY

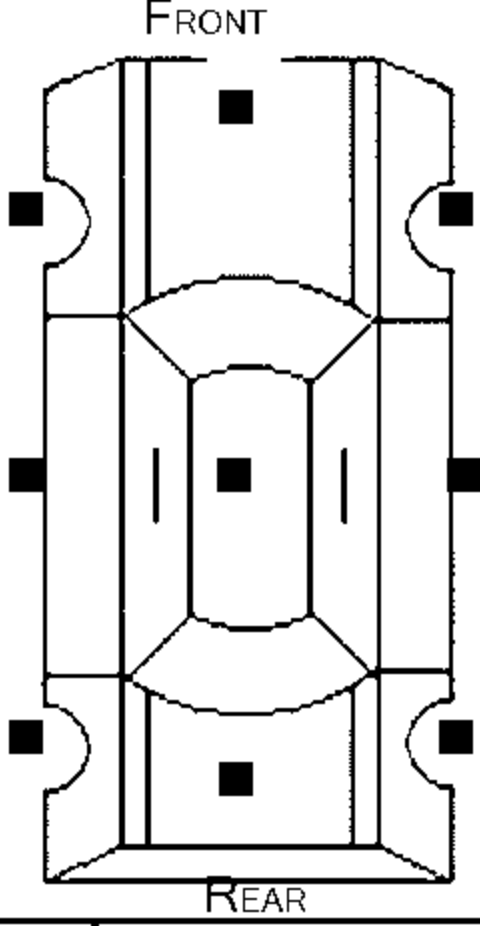
1383



# UNIT

LOCAL REPORT NUMBER

44-0458-44

UNIT NUMBER <b>1</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>Slone, Nancy, E</b>	OWNER PHONE NUMBER	DAMAGE SCALE <b>4</b>	DAMAGE AREA 	
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>729 Oxford Dr, Huntington, WV, 25701</b>			1 - NONE		
LP STATE <b>WV</b>	LICENSE PLATE NUMBER <b>9PF804</b>	VEHICLE IDENTIFICATION NUMBER <b>1FMZU73K54UA76311</b>	2 - MINOR		
VEHICLE YEAR <b>2004</b>	VEHICLE MAKE <b>Ford</b>	VEHICLE MODEL <b>Explorer</b>	3 - FUNCTIONAL		
VEHICLE COLOR <b>SIL</b>	VEHICLE YEAR <b>2004</b>	VEHICLE MAKE <b>Ford</b>	4 - DISABLING		
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>GEICO</b>	POLICY NUMBER <b>4382701573</b>	9 - UNKNOWN		
TOWED BY <b>Cogans</b>					
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE	
US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LB <input type="checkbox"/> 2 - 10,001 TO 26,000K LBS <input type="checkbox"/> 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE <b>01</b> 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 <b>5</b> 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4FT.) MEDIA 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 - DRIVE WAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>06</b> 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 99 - UNKNOWN OR HIT/SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS > 10K BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 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	21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	
SPECIAL FUNCTION <b>01</b> 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 <b>13</b> 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 <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
PRE-CRASH ACTIONS <b>13</b> 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	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 CIRCUMSTANCE PRIMARY <b>06</b> 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	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 <b>09</b> 2 <b>45</b> 3 <b>30</b> 4 <b>30</b> 5 <b>39</b> 6 <b>01</b> FIRST HARMFUL EVENT <b>2</b> MOST HARMFUL EVENT <b>5</b> 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	06 - EQUIPMENT FAILURE (BLOWN TIRE, 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		
UNIT SPEED <b>106</b> <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED	POSTED SPEED <b>55</b>	TRAFFIC CONTROL <b>12</b> 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 - COSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS		
UNIT DIRECTION FROM <b>7</b> TO <b>6</b>	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

44-0458-44

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Davis, Kimoni, C	DATE OF BIRTH 12/18/1994	AGE 20	GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE																																																
ADDRESS, CITY, STATE, ZIP 1410 Washington Blvd Apt 1801, Detroit, MI, 48226			CONTACT PHONE - INCLUDE AREA CODE																																																	
INJURIES <input checked="" type="checkbox"/> 5	INJURED TAKEN BY <input checked="" type="checkbox"/> 2	EMS AGENCY LCEMS	MEDICAL FACILITY INJURED TAKEN TO St. Marys Huntington	SAFETY EQUIPMENT USED 01																																																
OL STATE MI	OPERATOR LICENSE NUMBER D120469108959	OL CLASS <input checked="" type="checkbox"/> 4	No <input type="checkbox"/> VALID DL <input type="checkbox"/> M/C END	CONDITION <input checked="" type="checkbox"/> 7																																																
ALCOHOL/DRUG SUSPECTED <input checked="" type="checkbox"/> 1	ALCOHOL TEST STATU <input checked="" type="checkbox"/> 4	ALCOHOL TEST TYPE <input checked="" type="checkbox"/> 2	ALCOHOL TEST VALUE 000	DRUG TEST STATUS 4																																																
DRUG TEST TYPE 2	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	UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE																																																
GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE	ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE																																																
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OL STATE	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/>	No <input type="checkbox"/> VALID DL <input type="checkbox"/> M/C END	CONDITION																																																
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DRIVER DISTRACTED BY <input type="checkbox"/>	<table border="0"> <tr> <td>INJURIES</td> <td>INJURED TAKEN BY</td> <td>SAFETY EQUIPMENT USED</td> <td>99 - UNKNOWN SAFETY EQUIPMENT</td> </tr> <tr> <td>1 - NO INJURY / NONE REPORTED</td> <td>1 - NOT TRANSPORTED / TREATED AT SCENE</td> <td>MOTORIST</td> <td>NON-MOTORIST</td> </tr> <tr> <td>2 - POSSIBLE</td> <td>2 - EMS</td> <td>01 - NONE USED - VEHICLE OCCUPANT</td> <td>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING</td> </tr> <tr> <td>3 - NON-INCAPACITATING</td> <td>3 - POLICE</td> <td>02 - SHOULDER BELT ONLY USED</td> <td>06 - CHILD RESTRAINT SYSTEM-REAR FACING</td> </tr> <tr> <td>4 - INCAPACITATING</td> <td>4 - OTHER</td> <td>03 - LAP BELT ONLY USED</td> <td>07 - BOOSTER SEAT</td> </tr> <tr> <td>5 - FATAL</td> <td>9 - UNKNOWN</td> <td>04 - SHOULDER AND LAP BELT ONLY USED</td> <td>08 - HELMET USED</td> </tr> <tr> <td></td> <td></td> <td></td> <td>09 - NONE USED</td> </tr> <tr> <td></td> <td></td> <td></td> <td>10 - HELMET USED</td> </tr> <tr> <td></td> <td></td> <td></td> <td>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)</td> </tr> <tr> <td></td> <td></td> <td></td> <td>12 - REFLECTIVE COATING</td> </tr> <tr> <td></td> <td></td> <td></td> <td>13 - LIGHTING</td> </tr> <tr> <td></td> <td></td> <td></td> <td>14 - OTHER</td> </tr> </table>				INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	1 - NO INJURY / NONE REPORTED	1 - NOT TRANSPORTED / TREATED AT SCENE	MOTORIST	NON-MOTORIST	2 - POSSIBLE	2 - EMS	01 - NONE USED - VEHICLE OCCUPANT	05 - CHILD RESTRAINT SYSTEM-FORWARD FACING	3 - NON-INCAPACITATING	3 - POLICE	02 - SHOULDER BELT ONLY USED	06 - CHILD RESTRAINT SYSTEM-REAR FACING	4 - INCAPACITATING	4 - OTHER	03 - LAP BELT ONLY USED	07 - BOOSTER SEAT	5 - FATAL	9 - UNKNOWN	04 - SHOULDER AND LAP BELT ONLY USED	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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3 - NON-INCAPACITATING	3 - POLICE	02 - SHOULDER BELT ONLY USED	06 - CHILD RESTRAINT SYSTEM-REAR FACING																																																	
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SEATING POSITION		AIR BAG USAGE																																																		
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - PASSENGER IN UNENCLOSED CARGO AREA	1 - NOT DEPLOYED																																																	
02 - FRONT - MIDDLE	08 - THIRD - MIDDLE	13 - TRAILING UNIT	2 - DEPLOYED FRONT																																																	
03 - FRONT - RIGHT SIDE	09 - THIRD - RIGHT SIDE	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	3 - DEPLOYED SIDE																																																	
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	10 - SLEEPER SECTION OF CAB (TRUCK)	15 - NON-MOTORIST	4 - DEPLOYED BOTH FRONT/SIDE																																																	
05 - SECOND - MIDDLE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	16 - OTHER	5 - NOT APPLICABLE																																																	
06 - SECOND - RIGHT SIDE		99 - UNKNOWN	9 - DEPLOYMENT UNKNOWN																																																	
EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED																																																
1 - NOT EJECTED	1 - NOT TRAPPED	1 - CLASS A	1 - APPARENTLY NORMAL	1 - NONE																																																
2 - TOTALLY EJECTED	2 - EXTRICATED BY MECHANICAL MEANS	2 - CLASS B	2 - PHYSICAL IMPAIRMENT	2 - YES - ALCOHOL SUSPECTED																																																
3 - PARTIALLY EJECTE	3 - EXTRICATED BY NON-MECHANICAL MEANS	3 - CLASS C	3 - EMOTIONL (DEPRESSED, ANGRY, DISTURBE	3 - YES -HBD NOTIMPAIRED																																																
4 - NOT APPLICABLE		4 - REGULAR CLASS (OHIO IS "D")	4 - ILLNESS	4 - YES -DRUGS SUSPECTED																																																
		5 - MC/MOPED ONLY		5 - YES -ALCOHOL AND DRUGS SUSPECTED																																																
ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY																																																
1 - NONE GIVEN	1 - NONE	1 - NONE GIVEN	1 - NONE	1 - NO DISTRACTION REPORTED																																																
2 - TEST REFUSED	2 - BLOOD	2 - TEST REFUSED	2 - BLOOD	2 - PHONE																																																
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABL	3 - URINE	3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABL	3 - URINE	3 - TEXTING /EMAILING																																																
4 - TEST GIVEN, RESULTS KNOWN	4 - BREATH	4 - TEST GIVEN, RESULTS KNOWN	4 - OTHER	4 - ELCTRONIC COMMUNICATION DEVICE																																																
5 - TEST GIVEN, RESULTS UNKNOWN	5 - OTHER	5 - TEST GIVEN, RESULTS UNKNOWN		5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)																																																
6 - OTHER INSIDE THE VEHICLE				7 - EXTERNAL DISTRACTION																																																
UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Warren, Airshaan, Dyvaune	DATE OF BIRTH 02/17/1998	AGE 17	GENDER <input checked="" type="checkbox"/> M F - FEMALE M - MALE																																																
ADDRESS, CITY, STATE, ZIP 823 8th St, Nitro, WV, 25143			CONTACT PHONE - INCLUDE AREA CODE 304-561-4408																																																	
INJURIES <input checked="" type="checkbox"/> 5	INJURED TAKEN BY <input checked="" type="checkbox"/> 4	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO S & W Funeral Home	SAFETY EQUIPMENT USED 01																																																
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/>	No <input type="checkbox"/> VALID DL <input type="checkbox"/> M/C END	CONDITION																																																
ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATU	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS																																																
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DRIVER DISTRACTED BY <input type="checkbox"/>																																																				

# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

44-0458-44

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	Caruso, Damon, J	12/23/1991	24	<input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
400 Main St, Ironton, OH, 45638	740-532-7652

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				<input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				<input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				<input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				<input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				<input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT <input type="checkbox"/> COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

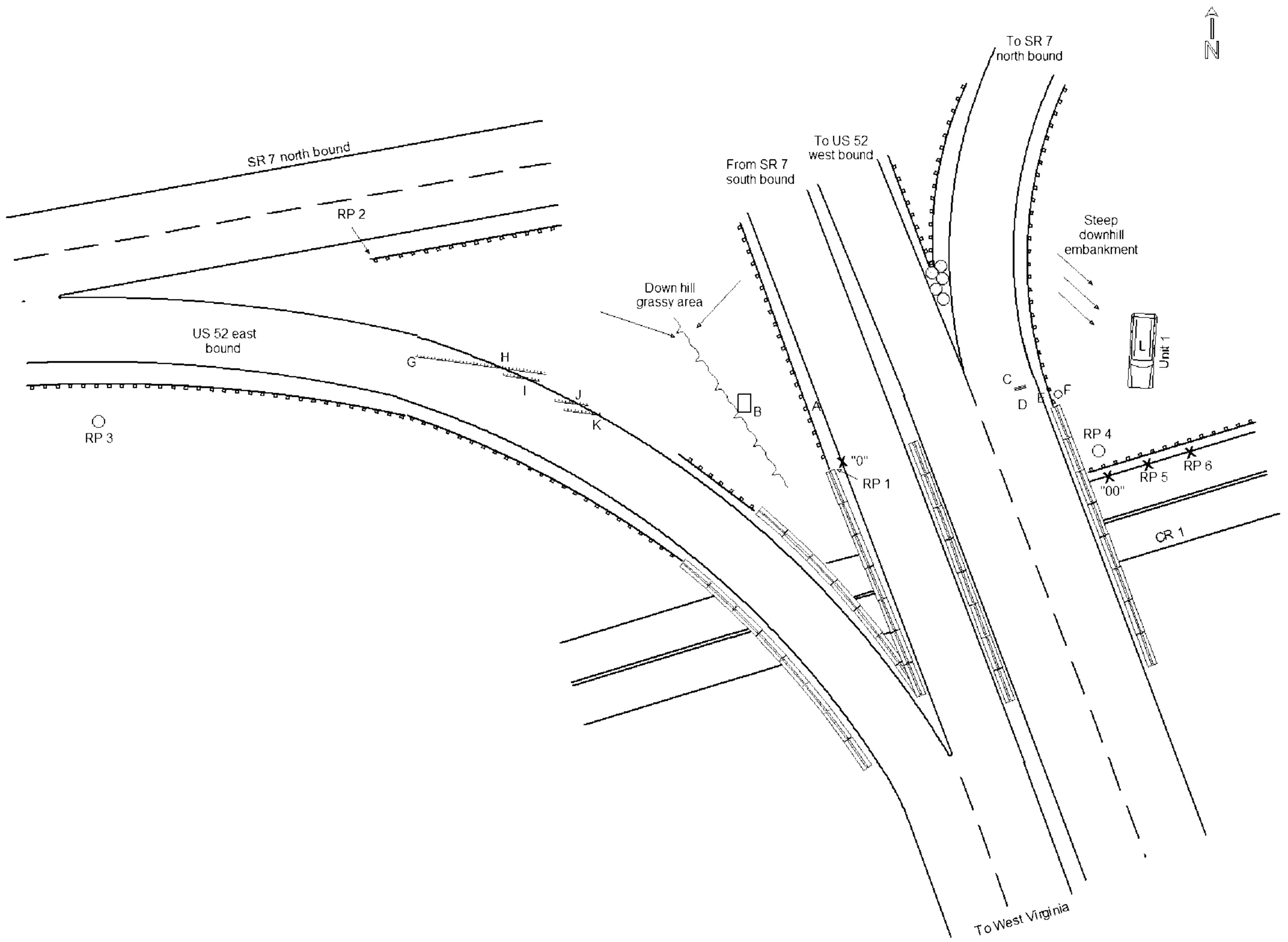
INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USE
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	99 - UNKNOWN SAFETY EQUIPMENT  MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - 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 NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER

SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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, PICKUP 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	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE
			1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS



OHIO TRAFFIC ACCIDENT - OH2 DIAGRAM

LOCAL REPORT NUMBER <b>44-0458-44</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	REPORTING AGENCY <b>06/28/2015</b>
IN COUNTY OF <b>Lawrence County</b>	ACCIDENT LOCATION <b>52</b>	



OFFICERS SIGNATURE	BADGE NO. <b>0225</b>
--------------------	--------------------------

LOCAL REPORT NUMBER <b>44-0458-44</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF CRASH <b>06/28/2015</b>
IN COUNTY OF <b>Lawrence County</b>	ACCIDENT LOCATION <b>52</b>	
<p>RP 1 = Painted mark northwest end of start of concrete barrier on off ramp from SR 7 south bound, to US 52.</p> <p>Point "0" is west edge line of ramp from SR 7, 15'2" east of RP 1</p> <p>RP 2 = Start of guard rail on south side of SR 7 north bound lanes.</p> <p>RP 3 = Light post at off ramp from US 52, on south side of off ramp.</p> <p>Distance between RP 2 and RP 3 is 275'0"</p> <p>RP 4 = Utility Pole # AEP 1400-15</p> <p>Point "00" is north painted edge line of CR 1 south of RP 4</p> <p>RP 5 is 20'0" east of point "00"</p> <p>RP 6 is 40'0" east of point "00"</p> <p>Weather at the time of the crash:</p> <p>Temperature 61 degrees</p> <p>Wind 10 MPH west</p> <p>Visibility 10 miles</p> <p>Dew point 54</p> <p>Barometer 29.9</p> <p>The driver of unit 1 was fleeing from Hanging Rock Police Department, when he attempted to enter West Virginia via the 17th street bridge. Due to the high rate of speed, unit 1 went off the left side of the roadway.</p> <p>Hanging Rock Police were pursuing unit 1 for a speed violation of 77 mph in a 60 mph zone.</p>		
OFFICERS SIGNATURE		BADGE NO. <b>0225</b>

LOCAL REPORT NUMBER <b>44-0458-44</b>	REPORTING AGENCY <b>Ohio State Highway Patrol</b>	DATE OF CRASH <b>06/28/2015</b>
IN COUNTY OF <b>Lawrence County</b>	ACCIDENT LOCATION <b>52</b>	
RP 1	A/E F/E	Description (Measurements taken with wheel-a-tape)
A	65'9"n 7'10w	Guard rail post struck by unit 1
B	97'2"n 43'4"w	Gouge in earth from unit 1, point where unit 1 went airborne
C	1'5"n 67'10"e	Gouge in roadway, from front of unit 1
D	2'7"s 65'3"e	Scuff / paint transfer on roadway from hood of unit 1
E	9'2"s 80'1"e	Unit 1 impact with guard rail
F	12'4"s 81'2"e	Unit 1 stiking light post
.		
	RP 2 RP 3	Description (Measurements taken with laser from US 52)
G	111'3" 223'8"	Start of yaw, front left tire, unit 1
H	122'3" 277'6"	Left rear tire, unit 1, off roadway
I	130'1" 291'5"	Left front tire, unit 1, off roadway
J	184'7" 360'2"	Right rear tire, unit 1, off roadway
K	187'9" 364'8"	Right front tire, unit 1, off roadway
.		
	RP 5 RP 6	Description (Measurments taken with laser from CR 1)
L	71'2" 82'6"	Center of unit 1, final rest

OFFICERS SIGNATURE

BADGE NO.

**0225**