



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER * LP170103000028	CRASH SEVERITY 3 1 - FATAL 2 - INJURY 3 - PDO	HIT/SKIP 1 - SOLVED 2 - UNSOLVED
---	--	--

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH 12 <input type="checkbox"/> OH 1P <input type="checkbox"/> OH 3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PFD UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY I.D.# * 08316	REPORTING AGENCY NAME * Clearcreek Twp. Police Department	NUMBER OF UNITS 02	UNIT IN ERROR 01 98 - ANIMAL 99 - UNKNOWN
---	---	---	-----------------------------------	--	-----------------------	---

COUNTY * 83	<input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * Clearcreek	CRASH DATE * 01032017	TIME OF CRASH 1642	DAY OF WEEK TUE
----------------	---	---	--------------------------	-----------------------	--------------------

DEGREES / MINUTES / SECONDS LATITUDE 0 / /	LONGITUDE 0 / //	DECIMAL DEGREES LATITUDE 39.303555	LONGITUDE -84.117703
--	---------------------	--	-------------------------

ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> W - WESTBOUND	NUMBER OF THRU LANES 02	ROAD TYPES OR MILEPOST * AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET VA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL
---	--	----------------------------	--

LOCATION ROUTE NUMBER SR 48	LOCATION ROUTE TYPE 1 SR	LOCATION ROUTE TYPE 2	ROUTE TYPES * IR - INTERSTATE ROUTE (IIC TURN/PIKE) OR - NUMBERED COUNTY ROUTE US - US ROUTE SR - STATE ROUTE
--------------------------------	-----------------------------	-----------------------	---

DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF <input type="checkbox"/> N, S <input type="checkbox"/> E, W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N, S E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 4742	REFERENCE ROAD TYPE 2
--	--	------------------------	------------------------	----------------------------	--	-----------------------

REFERENCE POINT USED 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 01 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC SIGNAL/CYCLING/ABOUT	06 - FIVE-POINT OR MORE 07 - O/RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 6 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
---	--	---	--	---	--

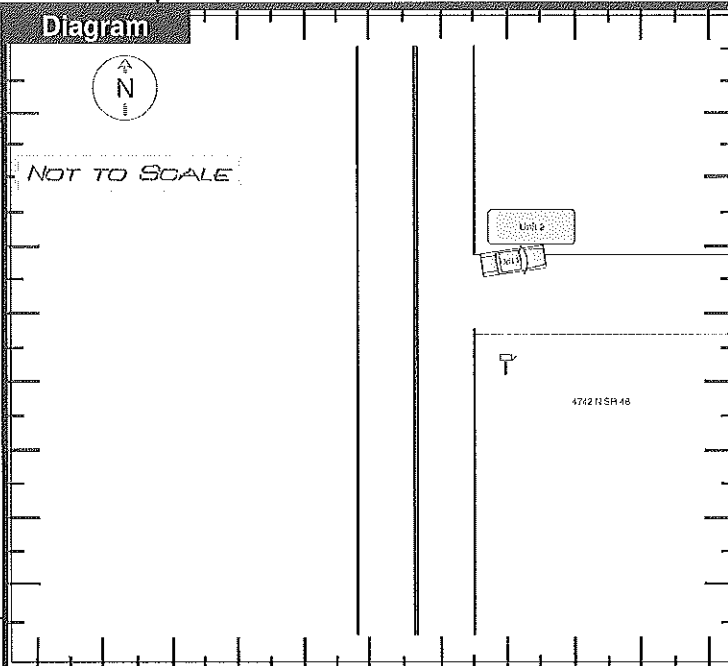
ROAD CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 02 SECONDARY	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN	* 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 - UNKNOWN	WEATHER 4 1 - CLEAR 2 - CL 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 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS 1 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	<input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
--	---	---

<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFTCROSSOVER 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
Traffic Unit # 1 was traveling North on N SR 48. Traffic Unit # 1 was making a right turn into the driveway of 4742 N SR 48. Traffic Unit # 1 failed to control and struck a trailer parked on the North side of the driveway.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	DATE CRASH REPORTED 01032017	TIME CRASH REPORTED 1642	DISPATCH TIME 1643	ARRIVAL TIME 1651	TIME CLEARED 1711	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 0050
---	---	---------------------------------	-----------------------------	-----------------------	----------------------	----------------------	--------------------------------	-----------------------

OFFICER'S NAME * Sweet, Charles - LP	OFFICER'S BADGE NUMBER 1 L 3 0	CHECKED BY COH530	Page 1 of 4
---	-----------------------------------	----------------------	-------------



UNIT

LOCAL REPORT NUMBER LP170103000028

UNIT NUMBER 01, OWNER NAME: Buck, Kelsey Michelle, OWNER PHONE NUMBER: (937)668-6227, DAMAGE SCALE 4, DAMAGED AREA FRONT

OWNER ADDRESS: 5090 Pebble Brook DR, Englewood, Ohio 45322

LP STATE OH, LICENSE PLATE NUMBER EZH3884, VEHICLE IDENTIFICATION NUMBER 3VWJ71K99M069990, OCCUPANTS 031

VEHICLE YEAR 2009, VEHICLE MAKE VOLK, VEHICLE MODEL TDI, VEHICLE COLOR RED

PROOF OF INSURANCE SHOW, INSURANCE COMPANY Central Mutual, POLICY NUMBER 3957931, TOWED BY

CARRIER NAME, ADDRESS, CITY, STATE, ZIP, CARRIER PHONE- INCL UOE AREA CODE

US DOT, HM PLACARD ID No, HM CLASS NUMBER, VEHICLE WEIGHT, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MED/HEAVY TRUCKS OR COMBO UNITS

SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION

PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST

CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS

SEQUENCE OF EVENTS, NON-COLLISION EVENTS, COLLISION WITH FIXED OBJECT

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION



UNIT

LOCAL REPORT NUMBER LP170103000028

UNIT NUMBER: 02, OWNER NAME: Geisterfer, Heather M, OWNER PHONE NUMBER: (513)932-1005, DAMAGE SCALE: 2, DAMAGED AREA: FRONT (02, 03, 04, 05, 06, 07, 08, 09)

OWNER ADDRESS: 4742 N State ROUTE, Unit 48, Lebanon, Ohio 45036, LP STATE: OH, LICENSE PLATE NUMBER: N/A, VEHICLE IDENTIFICATION NUMBER: N/A

VEHICLE YEAR: 2016, VEHICLE MAKE: N/A, VEHICLE MODEL: N/A, VEHICLE COLOR: BLK, CARRIER NAME: N/A, CARRIER PHONE: N/A

US DOT, VEHICLE WEIGHT, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, NON-MOTORIST LOCATION, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MEDIAN HEAVY TRUCKS, BUS/VAN/LIMO, ACTION

SPECIAL FUNCTION, MOST DAMAGED AREA, IMPACT AREA, ACTION

PRE-ORASH ACTIONS, MOTORIST, NON-MOTORIST

CONTRIBUTING CIRCUMSTANCES, PRIMARY, SECONDARY, VEHICLE DEFECTS

SEQUENCE OF EVENTS, NON-COLLISION EVENTS, COLLISION WITH FIXED OBJECT

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
L P 1 7 0 1 0 3 0 0 0 0 2 8

UNIT NUMBER 01	NAME LAST, FIRST, MIDDLE Copeland, Gavin Bailey	DATE OF BIRTH 12201997	AGE 19	GENDER M F - FEMALE M - MALE
--------------------------	---	----------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP 128 W Greenview DR, Dayton, Ohio 45415	CONTACT PHONE - INCLUDE AREA CODE (937)668-6227
--	---

INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER UF142356	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (LOCAL CODE) <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1						

UNIT NUMBER 02	NAME LAST, FIRST, MIDDLE Geisterfer, Heather M	DATE OF BIRTH 03051981	AGE 35	GENDER F F - FEMALE M - MALE
--------------------------	--	----------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP 4742 N St Rt 48, Lebanon, Ohio 45036	CONTACT PHONE - INCLUDE AREA CODE (513)932-1005
--	---

INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 14	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 15	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RT266716	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (LOCAL CODE) <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1						

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 USED	99 - UNKNOWN SAFETY EQUIPMENT 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 CLOTHING 13 - LIGHTING 14 - OTHER
--	---	--	---	--

SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 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 FRONTSIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
--	--	---	---

EJECTION 1 - NO EJECTION 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS 'D') 5 - MODIFIED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
---	--	---	---	---	---

ALCOHOL (ES) 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 01	NAME LAST, FIRST, MIDDLE Burr, Jonas Cole	DATE OF BIRTH 03301999	AGE 17	GENDER M F - FEMALE M - MALE
--------------------------	---	----------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP 6846 Alter RD, Huber Heights, Ohio 45424	CONTACT PHONE - INCLUDE AREA CODE
--	-----------------------------------

INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
----------------------	--	------------	-----------------------------------	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

UNIT NUMBER 01	NAME LAST, FIRST, MIDDLE Hale, Devin Jordan	DATE OF BIRTH 03181999	AGE 17	GENDER M F - FEMALE M - MALE
--------------------------	---	----------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP 4334 Sarah DR, Engwood, Ohio 45322	CONTACT PHONE - INCLUDE AREA CODE
--	-----------------------------------

INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 06	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
----------------------	--	------------	-----------------------------------	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------