



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
L P 1 7 0 1 0 4 0 0 0 0 3 8	3 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

PHOTOS TAKEN <input type="checkbox"/> OH-12 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPAIRABLE DOLLAR AMOUNT	PRIVATE PROPERTY	REPORTING AGENCY NCR: * 0 8 3 1 6	REPORTING AGENCY NAME * Clearcreek Twp. Police Department	NUMBER OF UNITS 0 2	UNIT IN ERROR 0 1 98 - ANIMAL 99 - UNKNOWN
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COUNTY * 8 3	CITY * Clearcreek	CITY, VILLAGE, TOWNSHIP * Clearcreek	CRASH DATE * 0 1 0 4 2 0 1 7	TIME OF CRASH 1 7 5 1	DAY OF WEEK W E D
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DEGREES / MINUTES / SECONDS LATITUDE 0 / 0 //	LONGITUDE 0 / 0 //	DECIMAL DEGREES LATITUDE 3 9 . 5 2 5 4 1 9	LONGITUDE - 8 4 . 1 3 8 7 5 9
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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 0 2	ROAD TYPES OR MILEPOST 2 AL - ALLEY CR - CIRCLE HE - HEIGHTS IP - MILEPOST PL - PLACE ST - STREET VA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LAIE PI - PIKE SQ - SQUARE TL - TRAIL
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LOCATION ROUTE NUMBER ROUTE TYPE 1	LOCATION ROUTE NUMBER ROUTE TYPE 2	LOC PREFIX H, S, E, W	LOCATION ROAD NAME Township Line	LOCATION ROAD TYPE 2 R D	ROUTE TYPES 1 IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE
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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 H, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) Lower Springboro	REFERENCE ROAD TYPE 2 R D
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 0 3 01 - NOT AN INTERSECTION 02 - FOUR WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDAABOUT	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	<input checked="" type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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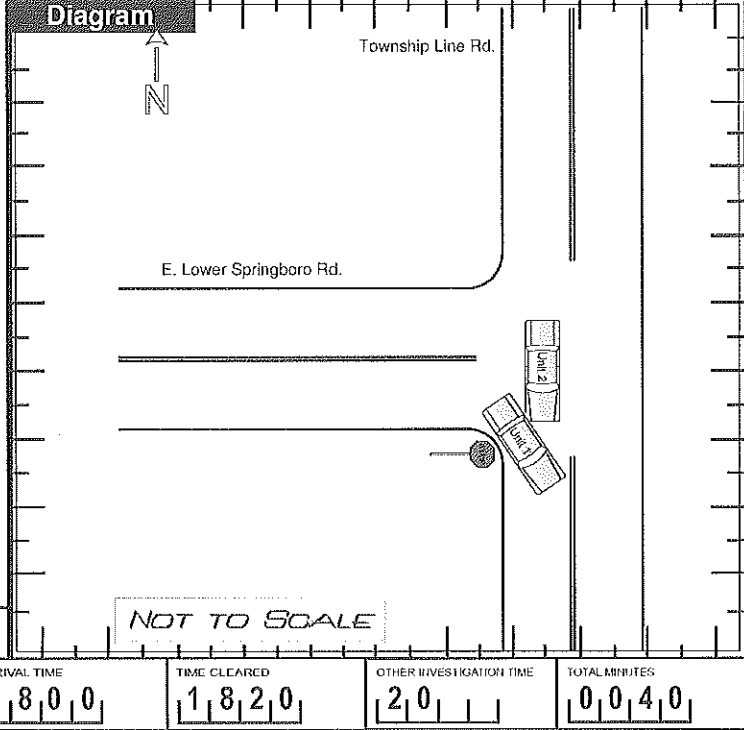
ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 0 1 SECONDARY	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN	* SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/IMPACT 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES 2 - REAR-TO-REAR 3 - HEAD-ON 4 - REAR-TO-HEAD 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 2 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - FLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS 4 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	<input type="checkbox"/> SCHOOL BUS RELATED YES, SCHOOL BUS DIRECTLY INVOLVED YES, SCHOOL BUS INDIRECTLY INVOLVED
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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 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
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NARRATIVE
Unit 02 was traveling southbound on Township Line Rd. Unit 01 was stopped eastbound at the stop sign on E. Lower Springboro Rd. at the intersection with Township Line Rd. Unit 01 then attempted to turn right, causing Unit 02 to strike it in the left side.



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 0 1 0 4 2 0 1 7	TIME CRASH REPORTED 1 7 5 1	DISPATCH TIME 1 7 5 1	ARRIVAL TIME 1 8 0 0	TIME CLEARED 1 8 2 0	OTHER INVESTIGATION TIME 2 0	TOTAL MINUTES 0 0 4 0
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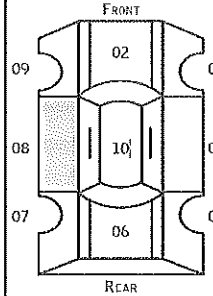
OFFICER'S NAME * Knobbe, Kevin - LP	OFFICER'S BADGE NUMBER 1 L 2 8	CHECKED BY COH530	Page 1 of 4
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UNIT

LOCAL REPORT NUMBER LP170104000038

UNIT NUMBER 01, OWNER NAME: Russell, Travis A, OWNER PHONE NUMBER: (513)288-6186, DAMAGE SCALE 2, DAMAGED AREA FRONT, OWNER ADDRESS: 2060 Jacob LN, Lebanon, Ohio 45036, LP STATE OH, LICENSE PLATE NUMBER FWU8234, VEHICLE IDENTIFICATION NUMBER 5XXGW4L23GG077617, OCCUPANTS 011, VEHICLE YEAR 2016, VEHICLE MAKE KIA, VEHICLE MODEL Optima, VEHICLE COLOR BLK, INSURANCE COMPANY Progressive, POLICY NUMBER 910824353, TOWED BY, CARRIER NAME, ADDRESS, CITY, STATE, ZIP, CARRIER PHONE- INCLUDE AREA CODE



US DOT, VEHICLE WEIGHT, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, HM PLACARD, HAZARDOUS MATERIAL, NON-MOTORIST LOCATION, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MED/HEAVY TRUCKS, BUS/VAN/IMO

SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION, IMPACT AREA, PRE-CRASH ACTIONS, MOTORIST, NON MOTORIST, CONTRIBUTING CIRCUMSTANCES, MOTORIST, NON MOTORIST, VEHICLE DEFECTS

SEQUENCE OF EVENTS, NON-COLLISION EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT, UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION

SEQUENCE OF EVENTS (continued), COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED (continued), COLLISION WITH FIXED OBJECT (continued), UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION

SEQUENCE OF EVENTS (continued), COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED (continued), COLLISION WITH FIXED OBJECT (continued), UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION

SEQUENCE OF EVENTS (continued), COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED (continued), COLLISION WITH FIXED OBJECT (continued), UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION

SEQUENCE OF EVENTS (continued), COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED (continued), COLLISION WITH FIXED OBJECT (continued), UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION

SEQUENCE OF EVENTS (continued), COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED (continued), COLLISION WITH FIXED OBJECT (continued), UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION



UNIT

LOCAL REPORT NUMBER LP170104000038

UNIT NUMBER 02, OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER Martin, Linda A, OWNER PHONE NUMBER - INC AREA CODE (X) SAME AS DRIVER (513)374-3607, DAMAGE SCALE 2, DAMAGED AREA FRONT

OWNER ADDRESS: CITY, STATE, ZIP (X) SAME AS DRIVER 2775 Quail Field DR, Lebanon, Ohio 45036

LP STATE OH, LICENSE PLATE NUMBER FZB3340, VEHICLE IDENTIFICATION NUMBER 1FADP3F23DL380467, # OCCUPANTS 011

VEHICLE YEAR 2013, VEHICLE MAKE FORD, VEHICLE MODEL Focus, VEHICLE COLOR SIL

PROOF OF INSURANCE SHOWN (X), INSURANCE COMPANY Motorists Mutual Ins, POLICY NUMBER 476806823203, TOWED BY

CARRIER NAME, ADDRESS, CITY, STATE, ZIP, CARRIER PHONE - INCLUDE AREA CODE

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

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

SPECIAL FUNCTION, MOST DAMAGED AREA, IMPACT AREA, ACTION

PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST

CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS

SEQUENCE OF EVENTS, TYPE OF COLLISION, COLLISION WITH PERSON, VEHICLE OR OBJECT NOTICED

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
L P 1 7 0 1 0 4 0 0 0 0 3 8

MOTORIST-NON-MOTORIST

UNIT NUMBER 01	NAME LAST, FIRST, MIDDLE Russell, Travis A	DATE OF BIRTH 01301990	AGE 26	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2060 Jacob LN, Lebanon, Ohio 45036	CONTACT PHONE - INCLUDE AREA CODE (513)288-6186
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INJURIES 1	INJURED TAKEN BY 1	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
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OL STATE OH	OPERATOR LICENSE NUMBER TA045516	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	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.43	OFFENSE DESCRIPTION Driving in Response to Stop or Yield Sign	CITATION NUMBER 016124	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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MOTORIST-NON-MOTORIST

UNIT NUMBER 02	NAME LAST, FIRST, MIDDLE Martin, Linda A	DATE OF BIRTH 11141951	AGE 65	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2775 Quail Field DR, Lebanon, Ohio 45036	CONTACT PHONE - INCLUDE AREA CODE (513)374-3607
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INJURIES 1	INJURED TAKEN BY 1	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
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OL STATE OH	OPERATOR LICENSE NUMBER RG478184	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	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT 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	NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONTSIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO'S 'D') 5 - MOPED 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 - HBB NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/MAILING 4 - ELECTRONIC COMMUNICATION DEVICE (NAVIGATION DEVICE, RADIO, DVD) 5 - OTHER ELECTRONIC DEVICE 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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OCCUPANT

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