



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
L P 1 7 0 1 1 7 0 0 0 2 2 8	3 1 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	DDO UNDER STATE REPORTABLE DECLARATION <input type="checkbox"/>	PRIVATE PROPERTY <input type="checkbox"/>	REPORTING AGENCY NCIO * 0 8 3 1 6	REPORTING AGENCY NAME * Clearcreek Twp. Police Department	NUMBER OF UNITS 0 1	UNIT IN ERROR 0 1 08 - ANIMAL 99 - UNKNOWN
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COUNTY * 8 3	CITY * <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWNSHIP	CITY, VILLAGE, TOWNSHIP * Clearcreek	CRASH DATE * 0 1 1 7 2 0 1 7	TIME OF CRASH 1 5 1 2	DAY OF WEEK T U E
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DEGREES / MINUTES / SECONDS LATITUDE 0 / /	LONGITUDE 0 / /	DECIMAL DEGREES LATITUDE 3 9 . 5 4 1 6 8 9	LONGITUDE 8 4 . 1 9 6 7 1 2
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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 TRU LINES 0 2	ROAD TYPES OR MILEPOST * AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LAKE MP - MILEPOST PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SO - SQUARE ST - STREET TE - TERRACE VA - WAY
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LOCATION ROUTE TYPE 1 0 0	LOCATION ROUTE NUMBER 0 0 0 0 0 0 0 0	LOC PREFIX H, S, E, W	LOCATION ROAD NAME Bunnell Hill	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, E, W	REFERENCE ROUTE TYPE 1 0 0 0 0 0 0 0 0	REFERENCE ROUTE NUMBER 0 0 0 0 0 0 0 0	REF PREFIX H, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) Binkley	REFERENCE ROAD TYPE 2 L A
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 0 1 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDABOUT	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 type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 4 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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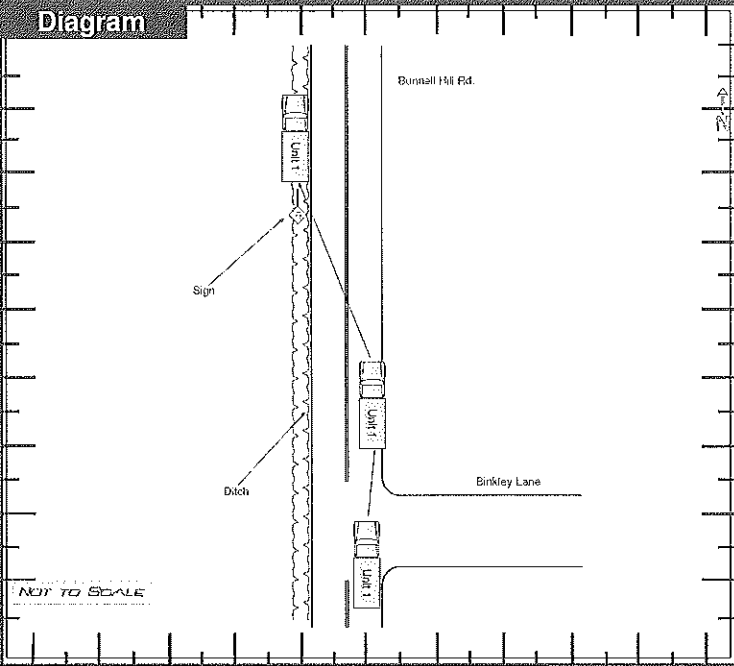
ROAD CONTOUR 2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS 0 1 PRIMARY SECONDARY	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN	*SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/IMPACT 1 1 - NOT COLLISION BETWEEN TWO MOVS OR VEHICLES IN TRANSPORT 2 - REAR-TO-REAR 3 - HEAD ON 4 - REAR-TO-REAR 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 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE 2 1 - CONCRETE 2 - BLACK TOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS 1 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 RELATED SCHOOL ZONE RELATED YES, SCHOOL BUS DIRECTLY INVOLVED YES, SCHOOL BUS INDIRECTLY INVOLVED
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<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
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**NARRATIVE**  
Unit 01 was traveling northbound on Bunnell Hill Rd. Unit 01 then ran off the road right, crossed the centerline, ran off the road left, struck a sign, then stopped in a ditch.



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 ODDS)	DATE CRASH REPORTED 0 1 1 7 2 0 1 7	TIME CRASH REPORTED 1 5 1 2	DISPATCH TIME 1 5 1 3	ARRIVAL TIME 1 5 1 5	TIME CLEARED 1 6 0 4	OTHER INVESTIGATION TIME 2 0	TOTAL MINUTES 0 0 6 9
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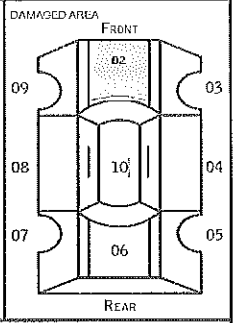
OFFICER'S NAME * Knobbe, Kevin - LP	OFFICER'S BADGE NUMBER 1 L 2 8	CHECKED BY COH530	Page 1 of 3
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UNIT

LOCAL REPORT NUMBER LP170117000228

UNIT NUMBER 01, OWNER NAME G Brothers, Incorporated, OWNER PHONE NUMBER (513)973-8591, DAMAGE SCALE 2, DAMAGED AREA FRONT, OWNER ADDRESS 3142 Parkwood LN, Hamilton, Ohio 45011, LP STATE OH, LICENSE PLATE NUMBER PJD1805, VEHICLE IDENTIFICATION NUMBER 5PVNJ8JV4G4S61923, OCCUPANTS 02, VEHICLE YEAR 2016, VEHICLE MAKE Hino, VEHICLE MODEL 268, VEHICLE COLOR WHI, G Brothers Inc. Enterprise



CARRIER NAME ADDRESS CITY STATE ZIP G Brothers Inc 3142 Parkwood LN, Hamilton, Ohio 45011, CARRIER PHONE INCLUDE AREA CODE (513)973-8591

US DOT 2376199, VEHICLE WEIGHT GVWR/GCWR 1, CARGO BODY TYPE 07, TRAFFICWAY DESCRIPTION 1, HM PLACARD ID No., HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED, NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE 2, UNIT TYPE 20, PASSENGER VEHICLES, MEDIUM HEAVY TRUCKS OR COMBO UNITS, BUS/VAN/UMV, NON-MOTORIST, SPECIAL FUNCTION 03, MOST DAMAGED AREA 02, IMPACT AREA 02, ACTION 3

PRE CRASH ACTIONS 01, MOTORIST 01 STRAIGHT AHEAD, 07 MAKING U TURN, 13 NEGOTIATING A CURVE, 15 ENTERING OR CROSSING SPECIFIED LOCATION, 21 OTHER NON MOTORIST ACTION, CONTRIBUTING CIRCUMSTANCES 17, VEHICLE DEFECTS 01 TURN SIGNALS, 02 HEAD LAMPS, 03 TAIL LAMPS, 04 BRAKES, 05 STEERING, 06 FIRE 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 08, 2 11, 3 09, 4 41, 5 44, 6, NON COLLISION EVENTS 01 OVERTURN/WRGL OVER, 02 FIRE/EXPLOSION, 03 IMMERSION, 04 JACKKNIFE, 05 CARGO/EQUIPMENT LOSS OR SHIFT, COLLISION WITH FIXED 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 35, POSTED SPEED 50, TRAFFIC CONTROL 12, UNIT DIRECTION FROM 2 TO 1, STATED, ESTIMATED

UNIT DIRECTION FROM 2 TO 1, 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  
**L P 1 7 0 1 1 7 0 0 0 2 2 8**

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>Camacho, Manuel Orozco</b>	DATE OF BIRTH <b>01031990</b>	AGE <b>27</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>6879 Windwood DR, Cincinnati, Ohio 45241</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(513)808-0857</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OH STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>UD799620</b>	OL CLASS <b>4</b>	NO VALID OL <input type="checkbox"/>	M/C END <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
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OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE ) <b>4511.202</b>	OFFENSE DESCRIPTION <b>Operation Without Reasonable Control</b>	CITATION NUMBER <b>016125</b>	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <b>1</b>
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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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OH STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL <input type="checkbox"/>	M/C END <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
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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
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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 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 99 - 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 IS 'D') 5 - MCMOPED 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 RAFFED 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 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 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>Isauro, Lopez Arellano</b>	DATE OF BIRTH <b>05101978</b>	AGE <b>38</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>617 Lendenmen DR, Mason, Ohio 45040</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(614)946-8761</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>03</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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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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