OND DEPARTMENT TRAFFIC CRASH REPORT *DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT								LOCAL REPORT NUMBER*						
PHOTOS TAKEN 0H-2 0H-3									0,1,1	115000249				
SECONDARY CRASH	REPORTING AGENCY NAME				NCIO			HIT/SKIP	NUMBER O	FUNITS	UNIT IN			
PRIVATE PROPERTY	Clearcreek .	Twp. P.	Ρ.	9	083	1,6		1 - SOLVED 1 2 - UNSOLVED	0	2, 0		- ANIMAL - UNKNOWN		
_ I-UIIY	ry, village, township*							CRASH DATE /			ASH SEVE	RITY		
3-IUWNSHIP							hondered	1,5,2,0,1,9	-3-4-1-1	2	- SERIOUS			
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	LOCATION ROAD NAME				ROA	DTYPE	1	LATITUDE DE			SUSPEC - MINOR I			
	REFERENCE ROAD NAME (R	OAD MY EDOCT	IAUGE .					1,528		1	SUSPEC	TED		
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5917	UAD, MILEPUSI, I	1005E #	F)	RUA	D TYPE		LONGITUDE		1	- INJURY - PROPER	POSSIBLE TY DAMAGE		
					حالت		18/	4.235		1	ONLY			
1 - INTERSECTION FROM REFERENCE IR	ROUTE TYPE - INTERSTATE ROUTE(TP)	AL - ALLEY		TYPE IGHWAY	RD - RO	AD	Ιп	WITHIN INTE		ION RELATE				
7 2-MILEPOST 6 0 COUTH	- FEDERAL US ROUTE	AV - AVENUE	LA - L		SQ - SQ			i			1			
4-4/21	- STATE ROUTE	CR - CIRCLE	0V - 01		ST - ST TE - TE		WITHIN INTERCHANGE AREA NUMBER OF APPROACHES							
FROM REFERENCE UNIT OF MEASURE	- NUMBERED COUNTY ROUTE - NUMBERED TOWNSHIP	CT - COURT DR - DRIVE	PK - PA	ARKWAY	TL - TR WA - WA		ROADWAY							
0,5,0, 2,2-FEET 3-YARDS	ROUTE	HE - HEIGHTS	PL - P.		VVA - VV	AY		ROADWAY DIV	/IDED					
LOCATION OF FIRST HARMFUL EVEN	т	MANNER OF CRAS	H COLL	ISION/II	MPACT		DIRE	CTION OF TRAVE	L	MEDIA	N TYPE			
1 - ON ROADWAY 9 - CROSSOVER 2 - ON SHOULDER 10 - DRIVEWAY	KALLEY ADDECO	NOT COLLISION BETWEEN	4 - REAI 5 - BACI		AR		L	1 - NORTH		1 - DIVIDED F		DIAN		
3-IN MEDIAN 11-RAILWAY G	RADE CROSSING	A PLITOPPO IIA	6 - ANGI	_E			<u> </u>	2 - SOUTH 3 - EAST		2 - DIVIDED F (≥4 FEET	FLUSH ME	DIAN		
4 - ON ROADSIDE 12-SHARED U 5 - ON GORE TRAILS	2 -				SAME DIREC OPPOSITE DI			4 - WEST		3 - DIVIDED, I	DEPRESSE			
6-OUTSIDE TRAFFIC WAY 13-BIKE LANE 7-ON RAMP 14-TOLL BOOT	J -	HEAD-ON	9 - 0T HE	ER / UNK	NOWN				1 '	4 - DIVIDED, I (ANY TYP		EDIAN		
8-OFF RAMP 99-OTHER/UN	IKNOWN								,	9 - OTHER/UN	IKNOWN			
WORK ZONE RELATED	WORK ZONE TYPE				WORK ZO		'	CONTOUR	COND	ITIONS	SU	RFACE		
I I WARKEDO ADEAENT	LANE CLOSURE LANE SHIFT/CROSSOVER		WARN	ING SIG				_2		1		2		
LAW ENFORCEMENT PRESENT 3-	WORK ON SHOULDER OR MEDIAN	III III	- ADVAN		RNING ARE REA	ΕA	1 - STRAIGHT LEVEL 1 - DRY 1 - CONCRETE 2 - STRAIGHT GRADE 2 - WET 2 - BLACKTOP							
I 🗖 I	INTERMITTENT OR MOVING WOTHER	VORK 4	- ACTIV	ITY ARE	Α		10.6	3 - CURVE LEVEL 3 - SNOW BITUMINOUS, ASPHALT						
	T =====		- IERW	INATION	AKEA		4 - CU	4 - CURVE GRADE 4 - ICE 3 - BRICK/BLOCK						
LIGHT CONDITION 1 - DAYLIGHT	1 - CLEAR	ATHER 6 - SNOW					9 - OT	9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 4 - SLAG, GRAVEL, STONE						
4 2 - DAWN/DUSK	02 2-CLOUDY	7 - SEVERE			**************************************	.,			6 - WATER (5 - DIRT	_		
3 - DARK – LIGHTED ROADWAY 4 - DARK – ROADWAY NOT LIGHTED	3 - FOG, SMOG, SM 4 - RAIN	9-FREEZI						MOVING) 7 - SLUSH 9 - OTHER/UNKN						
5 - DARK - UNKNOWN ROADWAY LIGHTING 9 - OTHER / UNKNOWN	5 - SLEET, HAIL	99 - OTHER	/ UNKN	OWN					9 - OTHER/U	INKNOWN				
NARRATIVE			() (77	1 1	T	JI.	9 1 1 1		T/V	Indica	ite the north		
							-	h	-	-40	directi	ion with "on the		
Due to a traffic										1	compa	ass diagram.		
braked heavily to	avoid str	iking	-						[2]	N SR	741	-		
braked heavily to the vehicle ahead	of it.	Unit 1.	-									<u>-</u>		
												77		
which was travelin Unit 2 Failed to	1 HOPIN DOWN	a Server	-						\forall			7.4		
						-			1					
clear distance ah				-		-				+				
the rear end of					AD	DRE	55		4-4	\perp				
area of address			-		5	917								
There was a second	lary crash i	n which	-							K DIA	GRAM			
Unit I was struck in	n the rear	Refer	-				_				r +0 5			
to Report # LLP190		13.7	-	,		10	10-1					y		
	DISPATCH DATE / TIME	AR	RIVAL D	ATE / T	ME	+	SCI	ENE CLEARED	DATE / TIME		EPORT TA			
0,1,1,5,2,0,1,9, 0,7,0,7,0,1,1,	5,201,9,070	70115	20,	19	0.7.1	20	111	5,201	1, 08	30	POLICE A			
TOTAL TIME OTHER TOTAL ROADWAY CLOSED INVESTIGATION TIME MINUT	L OFFICER'S NAME*	م الا رم	2		CHECKED	BY OFFI	CER'S	NAME*		$-\Box$	MOTORIS			
WINUL	LES Daniel C. Morgan CHECK				Cur	+12	0.	CER'S BADGE	e/	□	CORRECTION AND AND AND AND AND AND AND AND AND AN	MENT ON OR ADDITION EFERT SENT TO COPE)		
0.8	3 / L 2	5 3	,	í	1	L	or OPPL	/ Z	OMBEK"		A PART SALUTION II	- Section (UNIVER)		

OHIO DEPARTMENT MOTORIST / NON-MOTORIST									LOCAL REPORT NUMBER						
							4	LP190115000249							
UNIT #								DATE OF BIRTH AGE GENDER F							
E21	ESS: STREET, CITY, STATE, ZIP CONTACT PHONE - INCLUDE AREA COD														
67			م<						-	370			!		
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FACILITY	(NAME, CITY)	USED 0 4		-COMPLIANT	ING POSITION A	IR BAG USAGE	EJECTION	TRAPPED	
OL STATE		LICENSE NUMBER			SE CHA		LOCAL	OFFENSE DES	RIPTION CITATION NU				UMBER		
OH	UW	771594		4511.21 A CODE ACD A				4			017	601			
OL CLASS	SELECT UP TO 2	T RESTRICTION SELEC		VER TRACTED		OHOL / DRUG SUSP LCOHOL	ECTED Rijuana	CONDITION	STATUS	TYPE VA		TUS TYPE	G TEST(S RESUL) T select up to 4	
لك					0	THER DRUG		L		<u></u> •	اعالت	_11			
UNIT#		tehand.	Amy		G.									GENDER	
ADDRESS:	STREET, CITY, S	TATE, ZIP							CONTA	CONTACT PHONE - INCLUDE AREA CODE					
19	, ,	Greentree 1	RJ.	Lel	san oi	1,04	45	5036	5 1 3 8 3 6 0 6 2 3						
INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)			SAFETY EQUIPMENT USED 0 4	DOT-COMPLIANT SEATING POSITION MC HELMET			AIR BAG USAGE EJECTION TRAPPED				
OL STATE	OPERATOR	LICENSE NUMBER		OFFENS	SE CHAI	RGED	LOCAL CODE	OFFENSE DESC	CRIPTION			CITATION NUMBER			
NO H	RU	202900													
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELEC		VER TRACTED		OHOL / DRUG SUSP LCOHOL MA		CONDITION	STATUS	TYPE VA		TUS TYPE	RESUL) T SELECT UP 10-4	
				1	=	THER DRUG		ı I				111		الال	
UNIT#	NAME: LAST,	FIRST, MIDDLE								DATE OF	BIRTH		AGE	GENDER	
ADDRESS:	STREET, CITY, ST	TATE 71P							CONTAC	CT PHONE - INC	1 1 1	الث		L	
TORIE	ornee i, orr i, o								CONTAC	CI PHUNE - INCI	UDE AREA CODE				
INJURIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED	TAKEN TO	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	ПОТ	-Compliant SEAT	NG POSITION A	IR BAG USAGE	EJECTION	TRAPPED	
ON	BY								∐мс і	HELMET			J L		
OL STATE	OPERATOR L	ICENSE NUMBER		OFFENSE CHARGED LOCAL OFFE			OFFENSE DESC	DESCRIPTION			CITATION NUMBER				
OL CLASS	ENDORSEMENT	RESTRICTION SELECT		DRIVER ALCOHOL / DRUG SUSPECTED (CONDITION	ALCOHOL TEST STATUS TYPE VALUE STA			DRUG TEST(S)				
	SELECT UPTO 2		BY	TRACTED	=	_	RIJUANA		STATUS	TYPE VA	LUE STA	TUS TYPE	RESUL	SELECT UP TO 4	
INJU	RIES	SEATING POSITION	I I	IR BAG	<u></u> □ 0	THER DRUG OL CLASS	s	OL RESTRIC	TION(S)	DRIVER	ISTRACTIO		TEST STA	TIIS	
1 - FATAL		1 - FRONT - LEFT SIDE	1 - NOT DEP			1-CLASS A		1 - ALCOHOL INTER					IE GIVEN	103	
2 - SUSPECTED S 3 - SUSPECTED I	SERIOUS INJURY	(MOTORCYCLE DRIVER) 2 - FRONT – MIDDLE	2 - DEPLOYE 3 - DEPLOYE			2 - CLASS B 3 - CLASS C		2 - CDL INTRASTAT 3 - CORRECTIVE LE			Y OPERATING AN IIC COMMUNICAT:	TON	T REFUSED T GIVEN, CON	TAMINATED	
4 - POSSIBLE IN		3 - FRONT - RIGHT SIDE	4 - DEPLOYE		NT/SIDE	4 - REGULAR CLASS		4 - FARM WAIVER	.NJEJ	DEVICE (T DIALING)	EXTING, TYPING,		IPLE / UNUSA		
5 - NO APPAREN	T INJURY	4 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	5 - NOT APP	5 M/C MODED ONLY					2 INCIDITE ON INNIBOTING			4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS			
INJURED	TAKEN BY	5 - SECOND - MIDDLE	9 - DEPLOYN	AENT UNKNO	WN	6 - NO VALID OL		6 - EXCEPT CLASS & CLASS B BUS	A		N HAND-HELD		NOWN	OLIS	
1 - NOT TRANSPO		6 - SECOND - RIGHT SIDE			- 5		and the	7 - EXCEPT TRACTO	R-TRAILER	COMMUNI	CATION DEVICE	ALC	OHOL TES	ST TYPE	
2 - EMS	SUEINE	7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	1 - NOT EJEC	ECTION TED		OL ENDORSE!	MENI	8 - INTERMEDIATE RESTRICTIONS	LICENSE		TIVITY WITH AN IIC DEVICE	1 - NON	ΙE		
3 - POLICE	3 - POLICE 8 - THIRD - MIDDLE 2 - PARTIAL			ALLY EJECTED M - MOTORCYCLE 9 - LEARNER'S PE								2 - BLOOD 3 - URINE			
9 - OTHER / UNK	NOWN	9-THIRD - RIGHT SIDE 10-SLEEPER SECTION	3 - TOTALLY	10 I IMITED TO DE					7 - OTHER DISTRACTION LIGHT ONLY INSIDE THE VEHICLE			4 - BREATH			
SAFETY EC	UIPMENT	OF TRUCK CAB	4 - NOT APPI	LICABLE		N - TANKER Q - MOTOR SCOOTER		11 - LIMITED TO EMI		8 - OTHER DIS	TRACTION OUTSI				
1 - NONE USED		11 - PASSENGER IN OTHER ENCLOSED CARGO AREA		RAPPED		R - THREE-WHEEL MO	TORCYCLE	12 - LIMITED - OTHE		THE VEHIO 9 - OTHER / U		DF	UG TEST	TYPE	
2 - SHOULDER BELT ONLY USED (NON-TRAILING UNIT, BUS, 1 - NOT TRA 3 - LAP BELT ONLY USED PICK-UP WITH CAP) 2 - EXTRICA			ATED BY (SPECIAL BRAK				S, HAND			1111111	1-NONE				
4 - SHOULDER & LAP BELT USED 12 - PASSENGER IN UNENCLOSED MECHAN			NICAL MEANS 1 - DOUBLE & TRIPLE TRAILERS CONTROLS, OR X - TANKER / HAZMAT ADAPTIVE DE							2-BLOOD 3-URINE					
		3 - FREED BY NON-MEC	KY			14 - MILITARY VEHIC	CLES ONLY	2 - PHYSICAL		4- OTHER					
6-CHILD RESTRAINT SYSTEM - 14-RIDING ON VEHICLE EXTERIOR					15 - MOTOR VEHICLE AIR BRAKES				S WITHOUT 3 - EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED)			DRUG TEST RESULT(S)			
REAR FACING (NON-TRAILING UNIT)							16 - OUTSIDE MIRRO	R	·			1-AMPHETAMINES			
7 - BOOSTER SEAT 15 - NON-MOTORIST 8 - HELMET USED 99 - OTHER / UNKNOWN								17 - PROSTHETIC AII)	5 - FELL ASLEEP, FAINTED,			2 - BARBITURATES		
9 - PROTECTIVE								18 - OTHER		FATIGUED, 6 - UNDER THE	INFLUENCE		ZODIAZEPINI	ES	
(ELBOW, KNEI 10 - REFLECTIVE (OF MEDICA / ALCOHOL	TIONS / DRUGS	5 - COC	NABINOIDS AINE		
11 - LIGHTING - PI	EDESTRIAN									9 - OTHER / UN	KNOWN	6 - OP1/	ATES/OPIOID	S	
/ BICYCLE ONI 99 - OTHER / UNKN												7 - OTH	ER ATIVE RESUL	75	
												0 - NEG	WILLS WERRIT	13	

OF PUBLIC SAFETY OCCUPANT / WITNESS ADDENDUM						LOCAL REPORT NUMBER								
						LP 190115000249								
UN	UNIT # NAME: LAST, FIRST, MIDDLE							DATE OF BIRTH AGE GENDER						
	1 Breehne, Carly						06/24/2005/3							
ADI	_	STREET, CITY,	·		- 1 - 4	1	C 0 1 1	CONTACT PHONE						
ADI	6	701	N SR	48	Springboro, O	PH 4	> 066	9 3 7	60	40	6 1	2 3		
INJ	_	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	JTY (NAME, CITY)	SAFETY EQUIPMENT	DOT-COMPLIANT	SEATING POSITION	According F	EJECTION	TRAPPE		
	5	BY L					0,4	MC HELMET	03	0 1	1			
UN	IT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
										1 1 1				
DECUPAN	RESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COL	DE				
000					40						1 1	1		
S INJU	JRIES	INJURED TAKEN	EMS Agency (NAME)		INJURED TAKEN TO: MEDICAL FACIL	JTY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPE		
		ВҮ			ļ			MC HELMET			1	<u> </u>		
UN	IT#	NAME: LAS	T, FIRST, MIDDLE					DATE OF BIRTH AGE GENDER						
	h													
ADI	RESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
					10		r							
INJU	JRIES	INJURED TAKEN	EMS AGENCY (NAME)		INJURED TAKEN TO: Medical Facil	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING POSITION	AIR BAG USAG	E EJECTION	TRAPPE		
		ВУ		16								<u> </u>		
UN	IT#	NAME: LAS	T, FIRST, MIDDLE					DAT	E OF BIRTH		AGE	GENDER		
<u>_</u>]									1 1 1				
DECUPAN	RESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE						
88					T		DAFFETY FAUIDMENT		SEATING POSITION	ATD DAG HEAC	FUECTION	TRADDET		
INJU	JRIES	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED TAKEN TO: MEDICAL FACIL	ITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-COMPLIANT	SEATING PUSITION	AIK BAG USAG	E EJECTION	IKAPPEL		
			JRIES	CASSET	Y EQUIPMENT USED		SEATING POS			AIR BAG (LCACE			
1.	FATA		MILS	1 - NONE US			T – LEFT SIDE	ITTON	1 - NOT DE		JAGE			
			RIOUS INJURY		OCCUPANT	(MOT	ORCYCLE DRIV	(ER) 2 - DEPLOYED FRONT						
3 -	3 - SUSPECTED MINOR INJURY 2 - SHOULDE			PER BELT ONLY USED 2 - FRONT - MIDDLE 3 - FRONT - RIGHT SID			E 3 - DEPLOYED SIDE							
4 -	4 - POSSIBLE INJURY 3 - LAP BELT ON				4 - SECOND - LEFT SID			E 4 - DEPLOYED BOTH						
5 -	5 - NO APPARENT INJURY			ER & LAP BELT USED	ORCYCLE PASS ND – MIDDLE	5 - NOT APPLICABLE								
				ESTRAINT SYSTEM – 5 - SECOND – MIDDLE RD FACING 6 - SECOND – RIGHT SI										
1 -					ESTRAINT SYSTEM –		D - LEFT SIDE							
	/TREATED AT SCENE REAR FA						ORCYCLE SIDE D – MIDDLE	CAK)	1 NOT 5 I	EJECT	ON			
	2 - EMS 7 - B00STEI			8 - HELMET		9 - THIR	D – RIGHT SIDE		1 - NOT EJ 2 - PARTIA		CTED			
				TIVE PADS USED		PER SECTION (ENGER IN OTH		3 - TOTALL						
	, other, others			KNEES, ETC.)	CARG	O AREA (NON-T	RAILING UNIT, 4 - NOT APPLICABLE							
1	TO- NEI CEOTIVE GEOTIMA					· ·	PICK-UP WITH CA ENGER IN UNE		REAL PROPERTY.	1000				
0				11 - LIGHTIN / BICYCL	G – PEDESTRIAN E ONLY		O AREA	NCLOSED TRAPPED 1 - NOTTRAPPED						
99 - OTHER / UNKNOWN						LING UNIT NG ON VEHICLE	EXTERIOR		ATED BY MECHANICAL					
							TRAILING UNIT)	EXTENION	MEANS		COLLANIO			
							MOTORIST R/UNKNOWN		3 - FREED MEANS		ECHANIC	AL		
NAN	AE.IAC	T, FIRST, MIDD	15			77 - UTHE	.K / UNKNOWN	DAT	E OF BIRTH		AGE	GENDER		
	IL. LAG	1, 11131, 11100							1 1 1	E 7 7	1			
ADD	RESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE		DE		1		
\$									15 15	<u> </u>	E F			
NPS	IE: LAS	T, FIRST, M1DD	LE					DAT	E OF BIRTH		AGE	GENDER		
NES									1 1 1	0 1 3		1		
ADD	RESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA COI	DE				
									E OF PIDT"		605	Loeuse		
NAN ESS	TE: LAS	T, FIRST, MIDD	LE					DATE OF BIRTH AGE				GENDER		
	RESS:	STREET, CITY,	STATE, ZIP					CONTACT PHONE	- INCLUDE AREA CO	DE DE		1		
3		,,							1 1					
HSV 838	5 OH1	P 1/19 [760-1	5001				_				PAGE C	OF C		