



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

LP170207000536

CRASH SEVERITY

3 1-FATAL  
2-INJURY  
3-PDO

HITSKIP

1-SOLVED  
2-UNSOLVED

LOCAL INFORMATION

 PHOTOS TAKEN  
 OH-2  
 OH-1P  
 OH-3  
 OTHER PDO UNDER STATE REPORTABLE DOLLAR AMOUNT  
 PRIVATE PROPERTYREPORTING AGENCY NCIC \*  
08316REPORTING AGENCY NAME \*  
Clearcreek Twp. Police DepartmentNUMBER OF UNITS  
01UNIT IN ERROR  
01 98-ANIMAL  
99-UNKNOWNCOUNTY \*  
83 CITY \*  
 VILLAGE \*  
 TOWNSHIP \*CITY, VILLAGE, TOWNSHIP \*  
ClearcreekCRASH DATE \*  
02072017TIME OF CRASH  
1235DAY OF WEEK  
TUE

DEGREES / MINUTES / SECONDS

LATITUDE 0 / // LONGITUDE 0 / //

DECIMAL DEGREES

LATITUDE 39.54414 LONGITUDE -84.19514

ROADWAY DIVISION  
 DIVIDED  
 UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL  
 N-NORTHBOUND  
 S-SOUTHBOUND  
 E-EASTBOUND  
 W-WESTBOUNDNUMBER OF THRU LANES  
02ROAD TYPES OR MILEPOST <sup>2</sup>AL-ALLEY CR-CIRCLE HE-HEIGHTS NP-MILEPOST PL-PLACE ST-STREET VA-WAY  
AV-AVENUE CT-COURT HW-HIGHWAY PK-PARKWAY RD-ROAD TE-TERACE  
BL-BOULEVARD DR-DRIVE LA-LANE PI-PIKE SQ-SQUARE TL-TRAIL

LOCATION ROUTE TYPE 1

LOCATION ROUTE NUMBER

LOC. PREFIX  
N, S,  
E, W

LOCATION ROAD NAME

Bunnell Hill

LOCATION ROAD TYPE 2  
RDROUTE TYPES <sup>1</sup>IR-INTERSTATE ROUTE (NO. TURNPIKE) CR-NUMBERED COUNTY ROUTE  
US-US ROUTE TR-NUMBERED TOWNSHIP ROUTE  
SR-STATE ROUTEDISTANCE FROM REFERENCE  
 MILES  
 FEET  
 YARDSDIR FROM REF  
N, S,  
E, W

REFERENCE ROUTE TYPE 1

REFERENCE ROUTE NUMBER

REF. PREFIX  
N, S,  
E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

Meadowview

REFERENCE ROAD TYPE 2  
CT

REFERENCE POINT USED

1-INTERSECTION  
2-MILE POST  
3-HOUSE NUMBER

CRASH LOCATION

03

01-NOT AN INTERSECTION 06-FIVE-POINT, OR MORE  
02-FOUR-WAY INTERSECTION 07-ON RAMP  
03-T-INTERSECTION 08-OFF RAMP  
04-Y-INTERSECTION 09-CROSSOVER  
05-TRAFFIC CIRCLE/ROUNDBABOUT 10-DRIVEWAY/ALLEY ACCESS11-RAILWAY GRADE CROSSING  
12-SHARED-USE PATHS OR TRAILS  
99-UNKNOWN INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT

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

ROAD CONTOUR

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

ROAD CONDITIONS

PRIMARY 02  
SECONDARY01-DRY 05-SAND, MUD, DIRT, OIL, GRAVEL 09-RUT, HOLES, BUMPS, UNEVEN PAVEMENT \*  
02-WET 06-WATER (STANDING, MOVING) 10-OTHER  
03-SNOW 07-SLUSH 99-UNKNOWN  
04-ICE 08-DEBRIS\*

\*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

4 1-CLEAR 4-RAIN 7-SEVERE CROSSWINDS  
2-CLOUDY 5-SLEET, HAIL 8-BLOWING SAND, SOIL, DIRT, SNOW  
3-FOG, SMOG, SMOKE 6-SNOW 9-OTHER/UNKNOWN

ROAD SURFACE

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

LIGHT CONDITIONS

1 PRIMARY 1-DAYLIGHT  
2-DAWN  
3-DUSK  
4-DARK - LIGHTED ROADWAY5-DARK - ROADWAY NOT LIGHTED 9-UNKNOWN  
6-DARK - UNKNOWN ROADWAY LIGHTING  
7-GLARE\*  
8-OTHER \*SECONDARY CONDITION ONLY

SCHOOL BUS RELATED

 SCHOOL ZONE 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 MEDIAN4-INTERMITTENT OR MOVING WORK  
5-OTHER

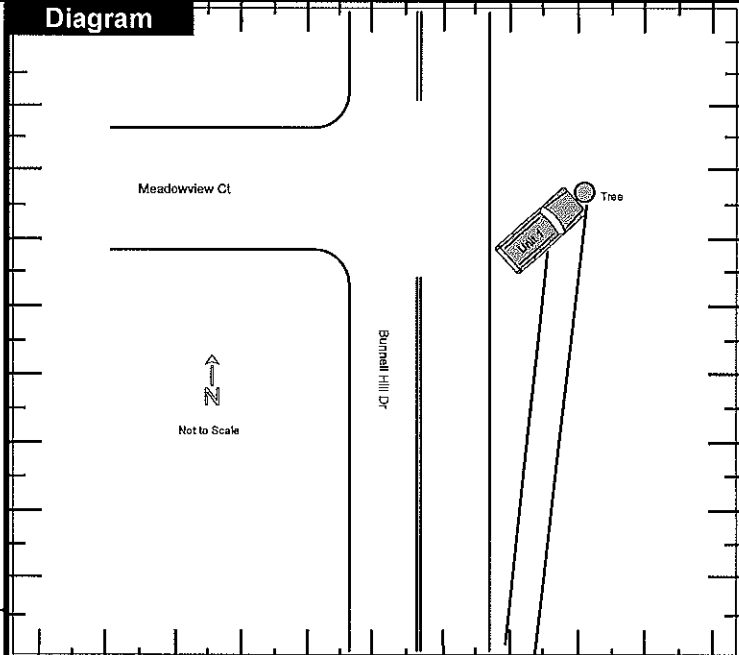
LOCATION OF CRASH IN WORK ZONE

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

NARRATIVE

Unit #1 was north bound on Bunnell Hill Road and when at Meadowview Court went off the road right and struck a tree.

Diagram



REPORT TAKEN BY

 POLICE AGENCY  MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

DATE CRASH REPORTED

02072017

TIME CRASH REPORTED

1235

DISPATCH TIME

1235

ARRIVAL TIME

1235

TIME CLEARED

1325

OTHER INVESTIGATION TIME

TOTAL MINUTES

0050

OFFICER'S NAME \*

Faulkner, Robert - LP

OFFICER'S BADGE NUMBER

1 L 2 1

CHECKED BY

WES189

Page 1 of 3



UNIT

LOCAL REPORT NUMBER LP170207000536

UNIT NUMBER 01, OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER Petruskas, Rebecca L, OWNER PHONE NUMBER - INC. AREA CODE ( ) SAME AS DRIVER (513)806-7816, DAMAGE SCALE 4, DAMAGED AREA FRONT

OWNER ADDRESS: CITY, STATE, ZIP ( ) SAME AS DRIVER 835 Weeping Willow LN, Maineville, Ohio 45039

LP STATE OH, LICENSE PLATE NUMBER GXW4922, VEHICLE IDENTIFICATION NUMBER 1J4FJ78SXTL203321, # OCCUPANTS 01

VEHICLE YEAR 1996, VEHICLE MAKE JEEP, VEHICLE MODEL Cherokee, VEHICLE COLOR WHI

PROOF OF INSURANCE SHOWN, INSURANCE COMPANY Allstate, POLICY NUMBER 980351824, TOWED BY Sandys

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

US DOT, VEHICLE WEIGHT GVWR/GCWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, HM PLACARD ID No., HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED, HIT/SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES (LESS THAN 9 PASSENGERS), MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS, BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER), ACTION

SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION, IMPACT AREA

PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST, 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS

SEQUENCE OF EVENTS, NON-COLLISION EVENTS, COLLISION WITH FIXED OBJECT, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**L P 1 7 0 2 0 7 0 0 0 5 3 6**

|                           |  |   |                  |  |
|---------------------------|--|---|------------------|--|
| UNIT NUMBER<br><b>0 1</b> | NAME: LAST, FIRST, MIDDLE<br><b>Petrauskas, Mantas Alberto</b> | DATE OF BIRTH<br><b>0 7 1 4 1 9 8 9</b> | AGE<br><b>27</b> | GENDER<br><b>M</b><br>F - FEMALE<br>M - MALE |
|---------------------------|--|---|------------------|--|

|  |  |
|--|--|
| ADDRESS, CITY, STATE, ZIP<br><b>835 Weeping Willow LN, Maineville, Ohio 45039-9819</b> | CONTACT PHONE- INCLUDE AREA CODE<br><b>(513)435-2107</b> |
|--|--|

|                      |  |            |                                   |                                     |   |                                |                           |                      |                     |
|----------------------|--|------------|-----------------------------------|-------------------------------------|---|--------------------------------|---------------------------|----------------------|---------------------|
| INJURIES<br><b>1</b> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><b>0 4</b> | DOT COMPLIANT MOTORCYCLE HELMET<br><input type="checkbox"/> | SEATING POSITION<br><b>0 1</b> | AIR BAG USAGE<br><b>2</b> | EJECTION<br><b>1</b> | TRAPPED<br><b>1</b> |
|----------------------|--|------------|-----------------------------------|-------------------------------------|---|--------------------------------|---------------------------|----------------------|---------------------|

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| OL STATE<br><b>OH</b> | OPERATOR LICENSE NUMBER<br><b>SZ234080</b> | OL CLASS<br><b>4</b> | NO VALID OL<br><input checked="" type="checkbox"/> | M/C END.<br><input type="checkbox"/> | CONDITION<br><b>1</b> | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b> | ALCOHOL TEST TYPE<br><b>1</b> | ALCOHOL TEST VALUE<br><b>0 0 0 0</b> | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
|-----------------------|--|----------------------|--|--------------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|--------------------------------------|------------------------------|----------------------------|

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| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)<br><b>4511.202</b> | OFFENSE DESCRIPTION<br><b>Operation Without Reasonable Control</b> | CITATION NUMBER<br><b>015816</b> | HANDS-FREE DEVICE USED<br><input type="checkbox"/> | DRIVER DISTRACTED BY<br><b>1</b> |
|---|--|----------------------------------|--|----------------------------------|

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

|                                      |                         |                                      |   |                                      |                                       |  |   |   |  |  |  |
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| OL STATE<br><input type="checkbox"/> | OPERATOR LICENSE NUMBER | OL CLASS<br><input type="checkbox"/> | NO VALID OL<br><input type="checkbox"/> | M/C END.<br><input type="checkbox"/> | CONDITION<br><input type="checkbox"/> | ALCOHOL/DRUG SUSPECTED<br><input type="checkbox"/> | ALCOHOL TEST STATUS<br><input type="checkbox"/> | ALCOHOL TEST TYPE<br><input type="checkbox"/> | ALCOHOL TEST VALUE<br><input type="checkbox"/> | DRUG TEST STATUS<br><input type="checkbox"/> | DRUG TEST TYPE<br><input type="checkbox"/> |
|--------------------------------------|-------------------------|--------------------------------------|---|--------------------------------------|---------------------------------------|--|---|---|--|--|--|

|  |                     |                 |  |  |
|--|---------------------|-----------------|--|--|
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED<br><input type="checkbox"/> | DRIVER DISTRACTED BY<br><input type="checkbox"/> |
|--|---------------------|-----------------|--|--|

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| INJURIES<br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL | INJURED TAKEN BY<br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | SAFETY EQUIPMENT USED<br>MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT USED | 99 - UNKNOWN SAFETY EQUIPMENT<br>05 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM - REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED | NON-MOTORIST<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER |
|--|---|--|---|--|---|

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| SEATING POSITION<br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD MIDDLE<br>09 - THIRO - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN | AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |
|--|--|---|--|

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| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | OPERATOR LICENSE CLASS<br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS 'D')<br>5 - MCM/OP ONLY | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS | 5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER | ALCOHOL/DRUG SUSPECTED<br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HIB NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |
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| ALCOHOL TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER | DRUG TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER | DRIVER DISTRACTED BY<br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/MAILING<br>4 - ELECTRONIC COMMUNICATOR DEVICE<br>5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |
|---|--|--|---|--|

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

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

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

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

|                           |                                  |
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