TRAFFIC CRASH REPORT	LOCAL REPORT NUMBER	2*	CRASH SEVE	1 501VED		
LOCAL BIFORMATION	L ₁ P ₁ 1 ₁ 8 ₁	0 ₁ 2 ₁ 0 ₁ 7 ₁ 0 ₁ 0 ₁ 0	0 6 1 8 3 1-F/ 2-N 3-Pi	JURY 2 - UNSOLVED		
□ PHOTOS TAKEN □ OH-1P □ OH-2 □ OH-1P □ OH-3 □ OTHER □ OTHER □ OH-3 □ OTHER □ OTHER □ OH-3 □ OTHER □ OTH	p. Police Departmen	t	NUMBER OF UNITS	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN		
COUNTY* CITY, VILLAGE, TOWNSHIP* 8 3 VILLAGE* CITY, VILLAGE, TOWNSHIP* Clearcreek		CRASH DATE * [0 2 0 7 2 0	1 8 1 0 9 5	0 DAY OF WEEK WLEID		
DEGREES / MINUTES / SECONDS LATITUDE 0 / // 0 /	DECIMAL DEGREES LATITUDE		LONGITUDE			
	R 3 9 5	2 8 7 7 6	-[8,4],[2,3]	5 ₁ 9 ₁ 0 ₁ 2 ₁		
□ DIMDED N-NORTHBOUND E-EASTBOUND S-SOUTHBOUND W-WESTBOUND L0_12 AL- NV- BL-	D TYPES OR MILEPOST 2 ALLEY CR - CIRCLE AVENUE CT - COURT BOULEVARD DR - DRIVE	HE-HEIGHTS MP-MILEPOS HW-HIGHWÄY PK-PARKWA LA-LANE PI-PIKE		ACE		
SR LOCATION ROUTE NUMBER ROUTE NUMBER ROUTE Type 1 7 4 11 L LOC PREFIX LOCATION ROAD NAME ROUTE E, W	is,	ROAD IN-INTERSTATE F US-US ROUTE SR-STATE ROUTE		IUMBERED COUNTY ROUTE IUMBERED TOWNSHIP ROUTE		
	REFERENCE NAME (ROAD, I N, S, E, W 5917	MILEPOST, HOUSE #)		REFERENCE ROAD TYPE 2		
REFERENCE POINT USED	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	INTERSECTION RELATED	2 - ON SHOULDER	ent 5 - On gore 6 - Outside Trafficway 9 - Uriknown		
1 - STRAIGHT LEVEL 4 - CURVE GRADE PRIMARY SECONDARY 02. 2 - STRAIGHT GRADE 9 - UNKNOWN 03.	- DRY 05 - SAND, MUD, D - WET 06 - WATER (STAND) - SNOW 07 - SLUSH - ICE 08 - DEBRIS*			VENT * *SECONDARY CONDITION ONLY		
MANNER OF CRASH COLLISIONMINPACT 1 - NOT COLLISION BETWEEN 2 - REAR-END 5 - BACKING 8 - SIDESWIPE, OPPOSITE 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 - FOG, SMOG, SMOG, SMOKE 6 - SNOW 9 - OTHERUNKNOWN						
ROAD SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, STONE ASPHALT 3 - BRICK/BLOCK 5 - OTHER 4 - SLAG, GRAVEL, STONE 5 - DIRT 5 - DIRT 4 - DARK - I 1 PRIMARY 2 - DAWN 3 - DUSK 4 - DARK - I		IKNOWN ROADWAY LIGHTING	B - UNKNOWN SCHOOL ZONE RELATED	SCHOOL BUS RELATED YES, SCHOOL BUS DIRECTLY INVOLVED YES, SCHOOL BUS INDIRECTLY INVOLVED		
WORKERS PRESENT WORK LAW ENFORCEMENT PRESENT (OFFICENMENCE) LAW ENFORCEMENT PRESENT (OFFICENMENCE) LAW ENFORCEMENT PRESENT (OFFICE OIL!) (PRICE OIL!) WORK ON SHOULDER OR MEDIAN	RMITTENT OR MOVING WORK	LOCATION OF CRASH IN WORK ZOI 1 - BEFORE THE FIRST V 2 - ADVANCE WARNING 3 - TRANSITION AREA	WORK ZONE WARNING SIGN	4 - ACTIVITY AREA 5 - TERMINATION AREA		
Unit One was northbound on N SR 741 when in the area of address 5917, the operator failed to maintain control of his vehicle. The vehicle left the roadway to the left, striking a mailbox and a culvert at that address. The vehicle then struck an ODOT speed limit sign before coming to final rest. Some yard damage was also done at the address. The damaged private property belongs to Raymond Williams 937-748-8508.	at	TIME CLEARED	N SR 741 NOT TO 3 OTHER INVESTIGATION TIME	TOTAL MINUTES		
$\begin{bmatrix} 0_1 2_1 0_1 7_1 2_1 0_1 1_1 8_1 & \begin{bmatrix} 1_1 1_1 3_1 5_1 & \begin{bmatrix} 1_1 2_1 2_1 0_1 \end{bmatrix} \end{bmatrix}$	12333	1 ₁ 3 ₁ 3 ₁ 0 ₁	ШШ	[0 ₁ 0 ₁ 5 ₁ 7 ₁		
officers name · Morgan, Daniel - LP	OFFICER'S BADGE NUMBER 1 L 2 3	COH530		Page 1 of 3		

OHI SAFE SOCIATION - NETWORK - PROTECT	<u>Unit</u>						LOCAL REPORT NU		7,0,0,0,6,1,8,
UNIT NUMBER CWINER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) CWINER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER)				DAMAGE SCALE	DAMAGED AREA FRONT				
OWNER ADDRESS; CITY, STATE, ZIP (SAME AS DRIVER)				1-NONE	09 5 02 03				
	Lion-Five Points RD,	<u> </u>	HICLE IDENTIFICATION NUMBER				# OCCUPANTS	2 - MINOR	
[O[H]	GLM368	ם כ	1 ₁ F ₁ T ₁ F ₁ X ₁ 1 ₁ E	F 2 E F		***************************************		3-FUNCTIONAL	08 10 04
VEHICLE YEAR	VEHICLE MAKE	ORD	VERICLE MODEL	-150	ľ	VEHICLE COLOR	wні	4 - DISABLING	o7 5 65
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY State	Farm	POLICY NUMBER 0318581 A05 35E TOWED BY			a - nuknomu	REAR		
CARRIER NAME, ADD	RESS, CITY, STATE, ZIP							CARRIER PHONE-	INCLUDE AREA CODE
US DOT HM PLACARD ID N HM CLAS:	o. 2 - 10,001 TG 3 - MORE TH	N GR EQUAL TO 10K LBS. D 26,000 LBS. JAN 26,000 LBS.	GO BODY TYPE 01 - NO CARGO BODY TYPE 02 - BUSAWN (9-15 SEA* 03 - BUS (16+ SEATS, IN 04 - VEHICLE TOWNIG/ 05 - LOGGING 06 - INTERMODAL CON 07 - CARGO VANNERG, CO 08 - GRAIN, CHIPS, CC	IS, INC DRIVER) C DRIVER) ANOTHER VEHICLE ITAINER CHASSIS DSED BOX	10 - CARGO 11 - FLAT I 12 - DUMP 13 - CONCI 14 - AUTO T 15 - GARBA	O TANK BED	2 - TWO-WA 3 - TWO-WA 4 - TWO-WA	NY, NOT DIMIDED NY, NOT DIMIDED, CONTIN NY, DIMIDED, UNPROTECTE NY, DIMIDED, POSITIVE ME NY TRAFFICWAY	ED (PAINTED OR GRASS>4 FT.) MEDIAN
031 02 03 04 05 08 07 08 09 10 11 12	DEATION PRIOR TO IMPACT INTERSECTION - MARKED CHOSSWALK INTERSECTION - NO CROSSWALK INTERSECTION - OTHER ANDBLOCK - MARKED CROSSWALK ITRAVEL LANE - OTHER LOCATION - BICYCLE LANE - SHOULDERROADSIDE - SIOEWALK MEDIANCROSSING ISLAND DRIVEWAY ACCESS - SHARED-USE PATH OR TRAIL - NON-TRAFFICWAY AREA - OTHERMINKNOWN	ALK 1 1-PERSONAL S	NIT TYPE 0 7 PASSENGER VEHICL 01 - SUB-COMP 02 - COMPACT 02 - COMPACT 03 - MID SIZE 05 - MINIVAN 06 - SPORT UTI 07 - PICKUP 08 - VAN 09 - MOTORCX 11 - SNOWACI 11 - SNOWACI	LES (LESS THAM 9 PASSEN PACT BLITY VEHICLE CLE D BICYCLE	igers) MeDa 13- 14- 15- 16- 17- 18- 19-	IMEAVY TRUCK SINGLE UNIT SINGLE UNIT SINGLE UNIT TRUCK/TRACT TRUCK/TRACT TRACTOR/JOS TRACTOR/JOS TRACTOR/JOS TRACTOR/JOS	S OR COMBO UNITS > 1 TRUCK OR VAN 2 AXLI TRUCK; 3+ AXLES TRUCK; TRAILER OR (BOBTAL) MATRAILER UBLE	10K LBS BUSMANA 1 E, 6 TIRES 21 - BUSM 22 - BUSM NON-MOT 23 - ANIM 24 - ANIM 25 - BICY 26 - PEO!	MAO (9 OR MORE INCLUDING DRIVER) VAN (9-15 SEATS, INC DRIVER) (16+ SEATS, INC DRIVER) ORIST WAL WITH RIDER VAL WITH BUGGY, WAGON, SURREY CCLEMPEDACYCLIST SETTEMARKATER ER NON-MOTORIST
SPECIAL FUNCTION	02 - TAXI 03 - RENTAL TRUCK (OVER 10X LBS 04 - BUS - SCHOOL (PUBLIC OR PRIN 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER			0 9	03 - RIG REA 04 - RIG 05 - RIG 06 - REA	NE NTER FRONT BHT FRONT SHT SIDE SHT REAR AR CENTER FT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDS 11 - UNDERCATRIAGE 12 - LOAD/TRAILER 13 - TOTAL (ALL ARE 14 - OTHER	GE	ACTION 1 - NON-COLLISION 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
PRE-CRASH ACTIONS MOTORIST 01 - STRAIGHT AHEAD 07 - MAXING U-TURN 13 - NEGOTIATING A CURVE 15 - ENTERING OR CROSSING SPECIFIED LOCATION 21 - OTHER NON-MOTORIST ACTION 22 - BACKING 08 - ENTERING TRAFFIC LANE: 14 - OTHER MOTORIST ACTION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 04 - OVERTAKING-PASSING 10 - PARKED 16 - PUSHING VEHICLE: 18 - PUSHING VEHICLE: 19 - APPROACHING OR LEAVING VEHICLE: 20 - STANDING									
CONTRIBUTING CIPPRIMARY 117 SECONOARY 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LI 03 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER	13 - STOPPED 14 - OPERATIN 15 - SWERVINK 16 - WRONG 3 17 - FAILURE 1 18 - VISION 06 ELYACDA 19 - OPERATIN 6GE 20 - LOAD SHI	R START FROM PARKED POSITION OR PARKED ILLEGALLY IG VEHICLE IN NEGLIGENT MANN B TO AVOID (DUE TO EXTERNAL CO BIDEWIRONG WAY TO CONTROL	22 22 24 24 NOTIONS) 22 26 26	N-MOTORIST NONE NONE NONE NONE NONE NONE NONE NON	OR ILLEGALLY I YIELD RIGHT E (DARK GLOT) /E OBEY TRAFFK DEFICER IE OF THE ROA	OF WAY HING) C SIGNS	02 - 03 - 04 - 05 - 03 - 07 - 06 - 09 - 10 - 10 - 10 - 10 - 10 - 10 - 10	TURN SIGNALS HEAD LAMPS TAIL LAMPS BRAKES STEERING TIRE BLOWOUT WORN OR SLICK TIRES TRAILER GOUPPAENT DEFECTIVE MOTOR TROUBLE DISABLED FROM PRIOR ACCIDENT OTHER DEFECTS
14 - PEDESTRI	MOST 3 4 7 4 NARAFUL 3 EVENT AN 4 ENGLE OR OBJECT NOTE AN 21	- PARKED MOTOR VEHICLE	<u>COLLISION WITH FIXE</u> 25 - IMPACT ATTENU 28 - BRIDGE OVERHE	LOVER ON IENT LOSS OR SHIFT DOBJECT ATORICRASH CUSHIOI (AD STRUCTURE)	(BLOWN 07 - SEPARA 08 - RAN OF 09 - RAN OF 43 - MEDIA 34 - MEDIA	MENT FAILURE ETIRE, BRAKE FAI ATION OF UNIT FF ROAD RIGH FF ROAD LEFT AN CABLE BAF IAN GUARDRA	LURE, ETC) 11 - C; IS O; HT 12 - D; I 13 - O; RRIER 41 - JL BARRIER	ROSS MEDIAN ROSS CENTER LINE PPOSITE DIRECTION OF OWNHILL RUNAWAY THER NON-COLLISION OTHER POST, POLE OR SUPPORT	48 - TREE 48 - FIRE HYDRANT
17 - ANIMAL - F. 18 - ANIMAL - D 19 - ANIMAL - C	EHICLE (TRAIN, ENGINE) 23 ARM EER	- WORK ZONE MAINTENANCE EG - STRUCK BY PALLING, SHIFTING OR ANYTHING SET IN MOTION E MOTOR VEHICLE - OTHER MOVABLE OBJECT	CARGO 28 - BRIDGE PARAPE	T CE Đ	35 - MEDI 36 - MEDI 37 - TRAF 38 - OVER 39 - LIGH	IAN CONGRETE IAN OTHER BA FIC SIGN POS RHEAD SIGN F TALUMINARIES ITY POLE	E BARRIER 42 - ARRIER 43 - IT 44 - POST 45 - S SUPPORT 46 -	- CULVERT - CURB - DITCH - EMBANKMENT - FENCE - MAILBOX	50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
UNIT SPEED 3 0 STATED ESTIMATED	POSTED SPEED TRA	FIC CONTROL 10 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHER	07 - RAILROAD CROSSBUC 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARI 25 11 - PERSON (FLAGGER, OF	14 - WAL 15 - OTH RICADE 16 - NOT	SSWALK LINES K/DON'T WALK IER REPORTED	6 _F	TO 2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 8 - UNKNOWN 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST

OHIO DI PRINCE SANCE SAN	Non-Motorist / Occ		OFT NUMBER 11 8 0 2 0 7	7,0,0,0,6,1,8,
UNIT NUMBER NAME: LAST, FIRST, MIDDLE Woods, Vernon		DAYE OF BIRTH	3 ₁ 1 ₁ 9 ₁ 4 ₁ 1 ₁	76 GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 6170 Red Lion-Five Points RD, Spring	pboro, Ohio 45066		CONTACT PHONE-INCLUDE A	3)505-6342
NUMBES INJURED TAKEN BY EMS AGENCY	l Ir	0 4 DOT COL	MPLIANT SEATING POSITION CLE 0 1	AIR BAG USAGE EJECTION TRAPPED
OL STATE OPERATOR LICENSE NUMBER OL.	LASS NO VALID CONDITION ALCOHOLIDRUG SUSPECTED 1	ALCOHOL TEST STATUS ALCOHOL TEST	TTYPE ALCOHOL TEST VALUE	DRUG TEST STATUS ORUG TEST TYPE
OFFENSE CHARGED (□ LOCAL CODE) 4511.202	OFFENSE DESCRIPTION Operation Without Reasonable Control	O16873	HANDS-F	REE DRIVER DISTRACTED BY
UNIT NUMBER NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, 2IP			CONTACT PHONE- INCLUDE AF	REA CODE
INJURIES INJURED TAXEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO SAI	FETY EQUIPMENT USED DOT COM-		AIR BAG USAGE EJECTION TRAPPED
OL STATE OPERATOR LICENSE NUMBER OLG	LASS NO CONNTION ALCOHOLORUG SUSPECTED NO CONNTION ALCOHOLORUG SUSPECTED	ALCOHOL TEST STATUS ALCOHOL TEST	TTYPE ALCOHOL TEST VALUE	DRUG TEST SYATUS DRUG TEST TYPE
OFFENSE CHARGED (TIATION NUMBER	HANDS-F	REE DRIVER DISTRACTED BY
MUTIES INJURIED TAKEN BY 1 - NO UNILITY) NONE REPORTED 1 - NOT TRANSPORTED)	MOTORIST	SAFETY EQUIPMENT	USED NON-MOTORIST	
2 - POSSIBLE TREATED AT SCENE 3 - NOH-INCAPACITATING 2 - ENS 4 - INCAPACITATING 3 - POLICE 6 - FATAL 4 - OTHER 9 - UNKNOWN			09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS (ELBOWS, KNEES, ET	
SEATING POSITION 01-FRONT-LEFT SIDE (MOTORCYCLE DOWER)		PASSENGER IN UNENCLOSED CARGO AF	5/468934684963443896555569954483969.	BAG USAGE NOT DEPLOYED
02 - FRONT - NADDLE 03 - FRONT - RIGHT BIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	09 - THIRD - RIGHT SIDE 14 - R 10 - SLEEPER SECTION OF CAB (TRUCK) 15 - R 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA 16 - C	TRALING UNIT BIDING ON VEHICLE EXTERIOR (NOHTRA) NOHLIOTORIST DITHER JAKKOWN	LINGUNIT) a- 4- 6-	DEPLOYED FRONT DEPLOYED SIDE DEPLOYED BOTH FRONT/SIDE NOT APPLICABLE
EJECTION	OFERATOR LICENSE CLASS CONDITION 1 - CLASS A 1 - APPARENTLY NORMAL 2 - CLASS B 2 - PHYSICAL INFORMATION		ALC:	DEPLOYMENT UNKNOWN OHOLORUG SUSPECTED NONE YES -ALCOHOL SUSPECTED
3 - PARTIALLY EJECTED MECHANICAL MEANS 4 - NOT APPLICABLE S - EXTRICATED BY NON-MECHANICAL MEANS	3 - CLASS C 4 - REGULAR CLASS (CHO IS 'D') 5 - MCMOPED OMY 4 - ILLNESS		DRUGS, ALCOHOL 3 - 4 -	YES - HBD NOT IMPAIRED YES - DRUGS SUSPECTED YES - ALCOHOL AND DRUGS SUSPECTED
ALCOHOL TEST STATUS 1- NONE GIVEN 2- TEST REFUSED 3- TEST GOVEN, CONTAMINATED SAMPLEAUNUSABLE 3- JU	OOD 2-TEST REFUSED	2 - BLOOD 2 - PHONE	RACTION REPORTED	6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
4 - TEST GIVEN, RESULTS KNOWN 4-BI 5 - TEST GIVEN, RESULTS UNKNOWN 5-0	REATH 4-TEST GIVEN, RESULTS KNOWN	A - OTHER A - ELECTRO 5 - OTHER E (MMGATI	NE COMMUNICATION DEVICE LECTRONIC DEVICE ON DEVICE, RADIO, DVD)	
UNIT NUMBER NAME: LAST, FIRST, MIDDLE LAST, FIRST, MIDDLE ADDRESS, CITY, STATE, ZIP		DATE OF BIRTH		AGE GENDER F - FEMALE M - MALE
NUURES INJURED TAKEN BY EMS AGENCY		,	CONTACT PHONE- INCLUDE AR	
	MEDICAL FACILITY IMJURED TAKEN TO SAFE	FETY EQUIPMENT USED DOT COM MOTORCY HELMET	PLINCKI	AIR BAG USAGE EJECTION TRAPPED
UNIT NUMBER NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE- INCLUDE AR	
INJURES INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO SAF	FETY EQUIPMENT USED DOT COM MOTORCY HELMET		AIR BAG USAGE EJECTION TRAPPED