

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

L P 2 0 0 2 0 6 0 0 0 6 2 3

PHOTOS TAKEN  OH-2  OH-3  
 SECONDARY CRASH  OH-1P  OTHER  
 PRIVATE PROPERTY

LOCAL INFORMATION  
 REPORTING AGENCY NAME\* CLEARCREEK TWP PD  
 NCIC\* 0 8 3 1 6

HIT/SKIP  
 1 - SOLVED  
 2 - UNSOLVED  
 NUMBER OF UNITS 0 1  
 UNIT IN ERROR  
 98 - ANIMAL  
 99 - UNKNOWN  
 0 1

COUNTY\* 8 3 LOCALITY\* 3  
 LOCATION: CITY, VILLAGE, TOWNSHIP\*  
 1 - CITY  
 2 - VILLAGE  
 3 - TOWNSHIP  
 CLEARCREEK

LOCATION ROAD NAME  
 LOWER SPRINGBORO  
 ROAD TYPE R D

CRASH DATE / TIME\* 02062020 0705  
 CRASH SEVERITY  
 1 - FATAL  
 2 - SERIOUS INJURY SUSPECTED  
 3 - MINOR INJURY SUSPECTED  
 4 - INJURY POSSIBLE  
 5 - PROPERTY DAMAGE ONLY  
 5

ROUTE TYPE ROUTE NUMBER PREFIX 4  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
 77  
 ROAD TYPE

LATITUDE DECIMAL DEGREES  
 3 9 . 5 4 3 5 8 3

ROUTE TYPE ROUTE NUMBER PREFIX  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST

REFERENCE POINT  
 1 - INTERSECTION  
 2 - MILE POST  
 3 - HOUSE #  
 3

LONGITUDE DECIMAL DEGREES  
 - 8 4 . 2 1 6 9 6 2

DIRECTION FROM REFERENCE  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 3

ROUTE TYPE  
 IR - INTERSTATE ROUTE(TP)  
 US - FEDERAL US ROUTE  
 SR - STATE ROUTE  
 CR - NUMBERED COUNTY ROUTE  
 TR - NUMBERED TOWNSHIP ROUTE

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA  
 NUMBER OF APPROACHES  
 ROADWAY  
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT  
 1 - ON ROADWAY  
 2 - ON SHOULDER  
 3 - IN MEDIAN  
 4 - ON ROADSIDE  
 5 - ON GORE  
 6 - OUTSIDE TRAFFIC WAY  
 7 - ON RAMP  
 8 - OFF RAMP  
 0 1

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 - OTHER / UNKNOWN  
 1

DIRECTION OF TRAVEL  
 1 - NORTH  
 2 - SOUTH  
 3 - EAST  
 4 - WEST  
 MEDIAN TYPE  
 1 - DIVIDED FLUSH MEDIAN (<4 FEET)  
 2 - DIVIDED FLUSH MEDIAN (≥4 FEET)  
 3 - DIVIDED, DEPRESSED MEDIAN  
 4 - DIVIDED, RAISED MEDIAN (ANY TYPE)  
 9 - OTHER/UNKNOWN

WORK ZONE RELATED   
 WORKERS PRESENT   
 LAW ENFORCEMENT PRESENT   
 ACTIVE SCHOOL ZONE

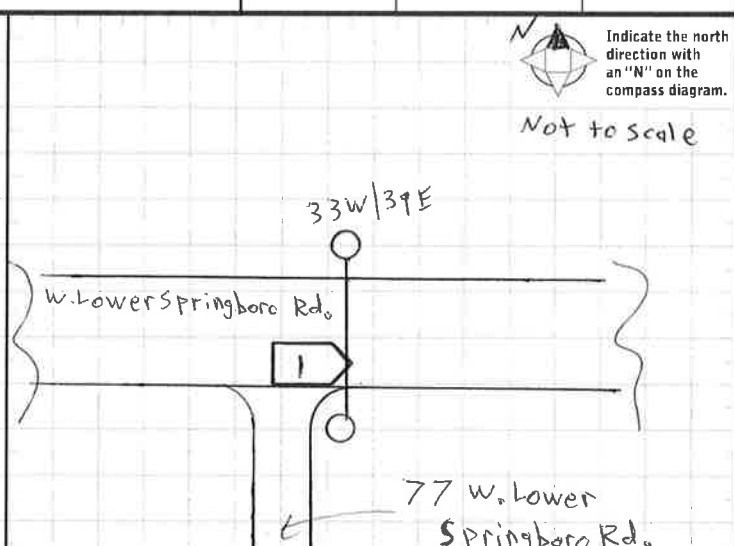
WORK ZONE TYPE  
 1 - LANE CLOSURE  
 2 - LANE SHIFT/CROSSOVER  
 3 - WORK ON SHOULDER OR MEDIAN  
 4 - INTERMITTENT OR MOVING WORK  
 5 - OTHER

CONTOUR 1  
 1 - STRAIGHT LEVEL  
 2 - STRAIGHT GRADE  
 3 - CURVE LEVEL  
 4 - CURVE GRADE  
 9 - OTHER/UNKNOWN  
 CONDITIONS 2  
 1 - DRY  
 2 - WET  
 3 - SNOW  
 4 - ICE  
 5 - SAND, MUD, DIRT, OIL, GRAVEL  
 6 - WATER (STANDING, MOVING)  
 7 - SLUSH  
 9 - OTHER/UNKNOWN  
 SURFACE 2  
 1 - CONCRETE  
 2 - BLACKTOP, BITUMINOUS, ASPHALT  
 3 - BRICK/BLOCK  
 4 - SLAG, GRAVEL, STONE  
 5 - DIRT  
 9 - OTHER/UNKNOWN

LIGHT CONDITION  
 1 - DAYLIGHT  
 2 - DAWN/DUSK  
 3 - DARK - LIGHTED ROADWAY  
 4 - DARK - ROADWAY NOT LIGHTED  
 5 - DARK - UNKNOWN ROADWAY LIGHTING  
 9 - OTHER / UNKNOWN  
 4

WEATHER  
 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 - FREEZING RAIN OR FREEZING DRIZZLE  
 99 - OTHER / UNKNOWN  
 0 2

NARRATIVE  
 UNIT 1 IS A GARBAGE TRUCK. UNIT 1 WAS DUMPING THE BUCKET ON THE FRONT OF THE TRUCK AND STRUCK AN OVERHEAD POWER LINE CAUSING THE POWER LINE TO BREAK.



CRASH REPORTED DATE / TIME 0 2 0 6 2 0 2 0 0 8 1 4	DISPATCH DATE / TIME 0 2 0 6 2 0 2 0 0 8 1 5	ARRIVAL DATE / TIME 0 2 0 6 2 0 2 0 0 8 2 1	SCENE CLEARED DATE / TIME 0 2 0 6 2 0 2 0 0 8 4 4	REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST
TOTAL TIME ROADWAY CLOSED 0 2 3	OTHER INVESTIGATION TIME 0 1 5	TOTAL MINUTES 0 4 4	OFFICER'S NAME* BRIAN MCWHORTER OFFICER'S BADGE NUMBER* 1 L 3 2	CHECKED BY OFFICER'S NAME* ERIC NEY CHECKED BY OFFICER'S BADGE NUMBER* 1 L 2 5
				<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO 2975)

OWNER UNIT # 01, OWNER NAME: WASTE MANAGEMENT OF OHIO INC, OWNER PHONE: 9376843699, OWNER ADDRESS: 1700 N BROAD ST., FAIRBORN, OH, 45324

LP STATE OH, LICENSE PLATE # PKU1236, VEHICLE IDENTIFICATION # 1M2LR7GC3LM001308, VEHICLE YEAR 2020, VEHICLE MAKE MACK

INSURANCE VERIFIED, INSURANCE COMPANY ACE AMERICAN INS CO, INSURANCE POLICY # MMT H25290008, COLOR GREEN, VEHICLE MODEL TK

TYPE OF USE COMMERCIAL, US DOT #, TOWED BY: COMPANY NAME, HAZARDOUS MATERIAL CLASS #, PLACARD ID #

UNIT TYPE 14, # OF TRAILING UNITS, WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2

SPECIAL FUNCTION 99, CARGO BODY TYPE 14, VEHICLE DEFECTS 1- TURN SIGNALS, 2- HEAD LAMPS, 3- TAIL LAMPS

NON-MOTORIST LOCATION AT IMPACT 1- INTERSECTION - MARKED CROSSWALK, ACTION 3, PRE-CRASH ACTIONS 99

CONTRIBUTING CIRCUMSTANCES 99, SEQUENCE OF EVENTS 1, 2, 3, 4, 5, 6, FIRST HARMFUL EVENT 1, MOST HARMFUL EVENT 1

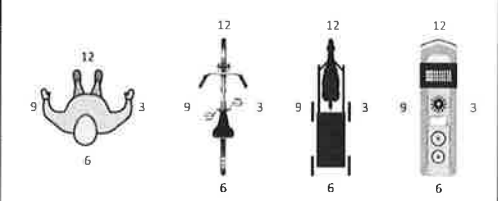
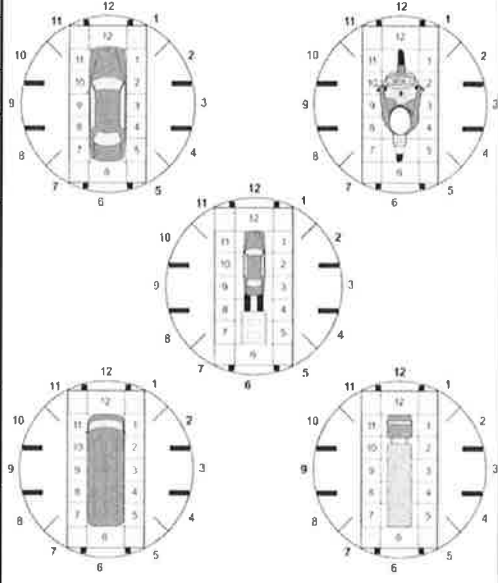
COLLISION WITH FIXED OBJECT - STRUCK 30-GUARDRAIL FACE, 31-GUARDRAIL END, 32-PORTABLE BARRIER

TRAFFICWAY FLOW 2, TRAFFIC CONTROL 6, # OF THROUGH LANES ON ROAD 2, RAIL GRADE CROSSING 3, UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3, UNIT SPEED 000, DETECTED SPEED 1, POSTED SPEED 55

LOCAL REPORT NUMBER LP200206000623

DAMAGE 1, DAMAGE SCALE 1-NONE, 2-MINOR DAMAGE, 3-FUNCTIONAL DAMAGE, 4-DISABLING DAMAGE, 9-UNKNOWN

DAMAGED AREA(S) INDICATE ALL THAT APPLY



NO DAMAGE [0], UNDERCARRIAGE [14], TOP [13], ALL AREAS [15], UNIT NOT AT SCENE [16]

INITIAL POINT OF CONTACT 00, 1-12-REFER TO UNIT DIAGRAM, 13-TOP, 14-UNDERCARRIAGE, 15-VEHICLE NOT AT SCENE, 99-UNKNOWN

TRAFFICWAY FLOW 2, TRAFFIC CONTROL 6, # OF THROUGH LANES ON ROAD 2, RAIL GRADE CROSSING 3

UNIT / NON-MOTORIST DIRECTION FROM 4 TO 3, UNIT SPEED 000, DETECTED SPEED 1, POSTED SPEED 55



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
LP200206000623

<b>UNIT #</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> BORING, JOSHUA, DEAN	<b>DATE OF BIRTH</b> 11 / 14 / 1982	<b>AGE</b> 37	<b>GENDER</b> M
<b>ADDRESS: STREET, CITY, STATE, ZIP</b> 144 ALTON AVE., DAYTON, OH, 45404		<b>CONTACT PHONE - INCLUDE AREA CODE</b> 2064982657		

<b>INJURIES</b> 5	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b> 01	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b> 03	<b>AIR BAG USAGE</b> 5	<b>EJECTION</b> 1	<b>TRAPPED</b> 1	
<b>OL STATE</b> OH	<b>OPERATOR LICENSE NUMBER</b> VB972686	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>				
<b>OL CLASS</b> 1	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b> 1	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b> 1	<b>ALCOHOL TEST</b> STATUS TYPE VALUE		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b>		

<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>	
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>				
<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS TYPE VALUE		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4	

<b>UNIT #</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b>
<b>ADDRESS: STREET, CITY, STATE, ZIP</b>		<b>CONTACT PHONE - INCLUDE AREA CODE</b>		

<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY (NAME)</b>	<b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b>	<b>SAFETY EQUIPMENT USED</b>	<input type="checkbox"/> DOT-COMPLIANT MC HELMET	<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>	<b>TRAPPED</b>	
<b>OL STATE</b>	<b>OPERATOR LICENSE NUMBER</b>	<b>OFFENSE CHARGED</b>	<b>LOCAL CODE</b> <input type="checkbox"/>	<b>OFFENSE DESCRIPTION</b>		<b>CITATION NUMBER</b>				
<b>OL CLASS</b>	<b>ENDORSEMENT</b> SELECT UP TO 2	<b>RESTRICTION</b> SELECT UP TO 3	<b>DRIVER DISTRACTED BY</b>	<b>ALCOHOL / DRUG SUSPECTED</b> <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG		<b>CONDITION</b>	<b>ALCOHOL TEST</b> STATUS TYPE VALUE		<b>DRUG TEST(S)</b> STATUS TYPE RESULT SELECT UP TO 4	

INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1-FATAL 2-SUSPECTED SERIOUS INJURY 3-SUSPECTED MINOR INJURY 4-POSSIBLE INJURY 5-NO APPARENT INJURY	1-FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 2-FRONT - MIDDLE 3-FRONT - RIGHT SIDE 4-SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 5-SECOND - MIDDLE 6-SECOND - RIGHT SIDE 7-THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 8-THIRD - MIDDLE 9-THIRD - RIGHT SIDE 10-SLEEPER SECTION OF TRUCK CAB 11-PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT, 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 99-OTHER / UNKNOWN	1-NOT DEPLOYED 2-DEPLOYED FRONT 3-DEPLOYED SIDE 4-DEPLOYED BOTH FRONT / SIDE 5-NOT APPLICABLE 9-DEPLOYMENT UNKNOWN	1-CLASS A 2-CLASS B 3-CLASS C 4-REGULAR CLASS (OHIO = D) 5-M/C MOPED ONLY 6-NO VALID OL	1-ALCOHOL INTERLOCK DEVICE 2-CDL INTRASTATE ONLY 3-CORRECTIVE LENSES 4-FARM WAIVER 5-EXCEPT CLASS A BUS 6-EXCEPT CLASS A & CLASS B BUS 7-EXCEPT TRACTOR-TRAILER 8-INTERMEDIATE LICENSE RESTRICTIONS 9-LEARNER'S PERMIT RESTRICTIONS 10-LIMITED TO DAYLIGHT ONLY 11-LIMITED TO EMPLOYMENT 12-LIMITED - OTHER 13-MECHANICAL DEVICES (SPECIAL BRAKES, HAND CONTROLS, OR OTHER ADAPTIVE DEVICES) 14-MILITARY VEHICLES ONLY 15-MOTOR VEHICLES WITHOUT AIR BRAKES 16-OUTSIDE MIRROR 17-PROSTHETIC AID 18-OTHER	1-NOT DISTRACTED 2-MANUALLY OPERATING AN ELECTRONIC COMMUNICATION DEVICE (TEXTING, TYPING, DIALING) 3-TALKING ON HANDS-FREE COMMUNICATION DEVICE 4-TALKING ON HAND-HELD COMMUNICATION DEVICE 5-OTHER ACTIVITY WITH AN ELECTRONIC DEVICE 6-PASSENGER 7-OTHER DISTRACTION INSIDE THE VEHICLE 8-OTHER DISTRACTION OUTSIDE THE VEHICLE 9-OTHER / UNKNOWN	1-NONE GIVEN 2-TEST REFUSED 3-TEST GIVEN, CONTAMINATED SAMPLE / UNUSABLE 4-TEST GIVEN, RESULTS KNOWN 5-TEST GIVEN, RESULTS UNKNOWN
<b>INJURED TAKEN BY</b> 1-NOT TRANSPORTED / TREATED AT SCENE 2-EMS 3-POLICE 9-OTHER / UNKNOWN		<b>EJECTION</b> 1-NOT EJECTED 2-PARTIALLY EJECTED 3-TOTALLY EJECTED 4-NOT APPLICABLE	<b>OL ENDORSEMENT</b> H-HAZMAT M-MOTORCYCLE P-PASSENGER N-TANKER Q-MOTOR SCOOTER R-THREE-WHEEL MOTORCYCLE S-SCHOOL BUS T-DOUBLE & TRIPLE TRAILERS X-TANKER / HAZMAT			<b>ALCOHOL TEST TYPE</b> 1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER
<b>SAFETY EQUIPMENT</b> 1-NONE USED 2-SHOULDER BELT ONLY USED 3-LAP BELT ONLY USED 4-SHOULDER & LAP BELT USED 5-CHILD RESTRAINT SYSTEM - FORWARD FACING 6-CHILD RESTRAINT SYSTEM - REAR FACING 7-BOOSTER SEAT 8-HELMET USED 9-PROTECTIVE PADS USED (ELBOW, KNEES, ETC.) 10-REFLECTIVE CLOTHING 11-LIGHTING - PEDESTRIAN / BICYCLE ONLY 99-OTHER / UNKNOWN		<b>TRAPPED</b> 1-NOT TRAPPED 2-EXTRICATED BY MECHANICAL MEANS 3-FREED BY NON-MECHANICAL MEANS			<b>CONDITION</b> 1-APPARENTLY NORMAL 2-PHYSICAL IMPAIRMENT 3-EMOTIONAL (E.G., DEPRESSED, ANGRY, DISTURBED) 4-ILLNESS 5-FELL ASLEEP, FAINTED, FATIGUED, ETC. 6-UNDER THE INFLUENCE OF MEDICATIONS / DRUGS / ALCOHOL 9-OTHER / UNKNOWN	<b>DRUG TEST TYPE</b> 1-NONE 2-BLOOD 3-URINE 4-OTHER
						<b>DRUG TEST RESULT(S)</b> 1-AMPHETAMINES 2-BARBITURATES 3-BENZODIAZEPINES 4-CANNABINOIDS 5-COCAINE 6-OPIATES / OPIOIDS 7-OTHER 8-NEGATIVE RESULTS



LOCAL REPORT NUMBER LP200206000623	REPORTING AGENCY CLEARCREEK TWP PD	DATE OF CRASH M 02   D 06   Y 2020
IN COUNTY OF WARREN	CRASH LOCATION 77 W. LOWER SPRINGBORO RD.	
<p>POWER LINE THAT WAS DAMAGED IS OWNED BY DUKE ENERGY. THE POWER LINE WENT FROM POLE NUMBER 33W   39 E ACROSS THE ROADWAY TO ANOTHER POLE. THE DRIVER STATED THAT BEFORE HE WENT TO DUMP THE BUCKET HE LOOKED UP AND SAW TREE BRANCHES BUT DID NOT SEE THE UTILITY WIRE. THE DRIVER STATED THAT IT WAS DARK OUTSIDE AND THE ROADWAY WAS NOT LIT.</p>		
OFFICER'S SIGNATURE <input checked="" type="checkbox"/> <i>A. M. [Signature]</i>		BADGE NUMBER 1632