



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRAH SEVERITY	HIT/SKIP
L P 1 7 0 2 2 1 0 0 0 7 3 8	3 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

LOCAL INFORMATION		REPORTING AGENCY NOID *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
<input type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	0 8 3 1 6	Clearcreek Twp. Police Department	0 1
COUNTY *	CITY, VILLAGE, TOWNSHIP *	CRAH DATE *	TIME OF CRAH	DAY OF WEEK	
8 3	Turtlecreek	0 2 2 1 2 0 1 7	1 8 4 6	TUE	

DEGREES / MINUTES / SECONDS	DECIMAL DEGREES
LATITUDE	LATITUDE
0 / /	3 9 . 4 7 9 6 8 4
LONGITUDE	LONGITUDE
0 / /	- 8 4 . 2 5 9 0 0 7

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST ?
<input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N-NORTHBOUND <input type="checkbox"/> S-SOUTHBOUND <input type="checkbox"/> E-EASTBOUND <input type="checkbox"/> W-WESTBOUND	0 2	AL - ALLEY CR - CIRCLE HE - HEIGHTS IIP - ILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE NUMBER	LOC PREFIX	LOCATION ROAD NAME	LOCATION ROAD TYPE 2	ROUTE TYPES 1
SR 741				IR - INTERSTATE ROUTE (INC TURNPIKE) US - US ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE NUMBER	REF PREFIX	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE 2
<input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	<input type="checkbox"/> N, S <input type="checkbox"/> E, W			2945	

REFERENCE POINT USED	CRAH LOCATION	05 - FIVE-POINT OR MORE	11 - RAILWAY GRADE CROSSING	INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT
3	0 1	07 - ON RAMP	12 - SHARED-USE PATHS OR TRAILS	<input type="checkbox"/>	1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE

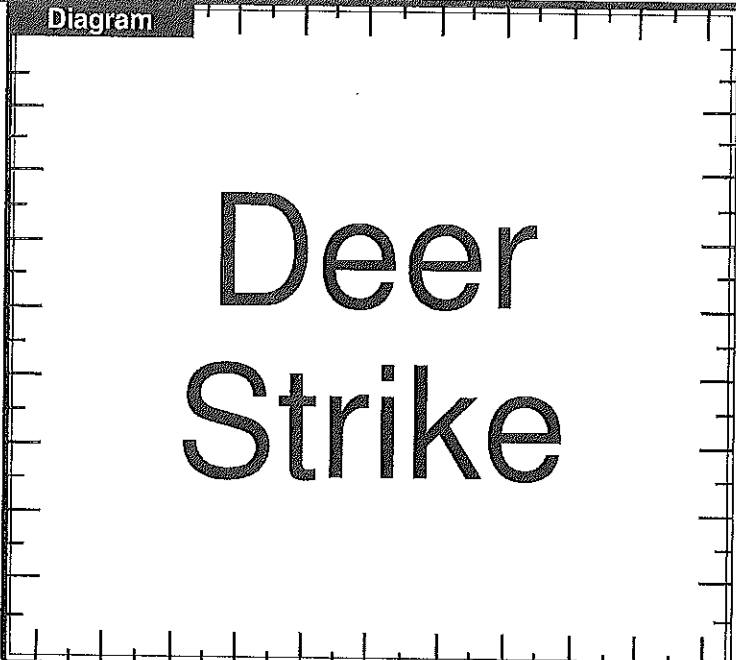
ROAD CONTOUR	ROAD CONDITIONS	01 - DRY	05 - SAND, MUD, DIRT, OIL, GRAVEL	09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT *
1	0 2	02 - WET	06 - WATER (STANDING, MOVING)	10 - OTHER

MANNER OF CRAH COLLISION/IMPACT	WEATHER
1	4

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2	5	<input type="checkbox"/>

WORK ZONE RELATED	TYPE OF WORK ZONE	LOCATION OF CRAH IN WORK ZONE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NARRATIVE:
Unit 1 while traveling north on SR 741 when near house number 2945 struck a deer in the roadway.



REPORT TAKEN BY	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)					
<input checked="" type="checkbox"/> POLICE AGENCY						
DATE CRAH REPORTED	TIME CRAH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
0 2 2 1 2 0 1 7	1 8 4 6	1 8 4 6	1 8 5 9	1 9 2 5	2 0	0 0 4 6

OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY
McWhorter, Brian - LP	1 L 5 1	COH530



UNIT

LOCAL REPORT NUMBER LP170221000738

UNIT NUMBER 01, OWNER NAME: Wedgewood, Ian Matthew, OWNER PHONE NUMBER: (937)266-2098, DAMAGE SCALE 4, DAMAGED AREA diagram, OWNER ADDRESS: 241 Triple Crown CIR, Springboro, Ohio 45066, LP STATE OH, LICENSE PLATE NUMBER GSW1854, VEHICLE IDENTIFICATION NUMBER JF2SH63669G786610, #OCCUPANTS 011, VEHICLE YEAR 2009, VEHICLE MAKE SUBU, VEHICLE MODEL Forester, VEHICLE COLOR BLU, INSURANCE COMPANY State Farm, POLICY NUMBER 4260211D1335D, TOWED BY Jacobs Towing

US DOT, VEHICLE WEIGHT, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, HM PLACARD ID No., HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED, NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MED/HEAVY TRUCKS, BUS/VAN/LIMO, NON-MOTORIST

SPECIAL FUNCTION, MOST DAMAGED AREA, IMPACT AREA, ACTION, PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST, CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS

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

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION

UNIT SPEED 40, POSTED SPEED 55, TRAFFIC CONTROL 12, UNIT DIRECTION FROM 2 TO 1

UNIT SPEED 40, POSTED SPEED 55, TRAFFIC CONTROL 12, UNIT DIRECTION FROM 2 TO 1

UNIT SPEED 40, POSTED SPEED 55, TRAFFIC CONTROL 12, UNIT DIRECTION FROM 2 TO 1



MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

LP170221000738

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Wedgewood, Ian Matthew	DATE OF BIRTH 08051992	AGE 24	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 241 Triple Crown CIR, Springboro, Ohio 45066	CONTACT PHONE - INCLUDE AREA CODE (937)266-2098
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MOTORIST/Non-MOTORIST

INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER TL636724	OL CLASS 4	NO VALID OL	M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1

OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 1
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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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MOTORIST/Non-MOTORIST

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE

OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	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 5 - 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 (NON-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 - MCM/PEO 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 IMPAIRED 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 GIVEN 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 (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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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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OCCUPANT

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER LP170221000738	REPORTING AGENCY Clearcreek Twp. Police Department	DATE OF ACCIDENT 02/21/2017
IN COUNTY OF Warren	ACCIDENT LOCATION	

Deer was struck in Turtlecreek Township. Warren County Sheriff's Office requested mutual aid for Clearcreek Township to take crash report. Deer was located in ditch and put down.

OFFICERS SIGNATURE	BADGE NO. 1L51
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