TRAFFIC CRASH REPORT	LOCAL REPORT NUMBER	ι*	CRASH SEVE	· · — ·				
EXECUTION SERVICE - PROFILEMENT LOCAL INFORMATION	L ₁ P ₁ 1 ₁ 7 ₁	L ₁ P ₁ 1 ₁ 7 ₁ 0 ₁ 3 ₁ 0 ₁ 1 ₁ 0 ₁ 0 ₁ 0 ₁ 8 ₁ 4 ₁ 6 ₁ 3 2-MARY 3-PBO 2-UNSOLVED						
PHOTOS TAKEN POO UNDER PRAATE REPORTING AGENCY NOIC * REPORTING AGENCY NAME REPORTING AGENCY NAME	<u> </u>		NUMBER OF UNITS	UNIT IN ERROR				
□ OH-2 □ OH-1P STATE REPORTABLE DOLLARAMONNI PROPERTY 0 8 3 1 6 Clearcreek Twp	. Police Departmen	t	[0 1]	9 9 9 98 - ANEMAL 99 - UNKNOWN				
COUNTY* CITY OITY OITY OITY VILLAGE, TOWNSHIP * Clearcreek Clearcreek		0 3 0 1 2 0	117 014 4	9 WED				
DEGREES / MINUTES / SECONDS LATITUDE LONGITUDE	OECIMAL DEGREES	,	LONGITUDE					
	" R 3 9 5	3 5 0 2	- <mark>8₁4₁,1₁9</mark>	0 8 0 1				
□ DIVIDED □ N-NORTHBOUND E-EASTBOUND □ 0 2 □ AL-A AV-A BL-B	TYPES OR MILEPOST 2 LIEY CR-CRCLE VENUE CT-COURT OULEVARD DR-DRIVE	HE-HEIGHTS MP-MLEPO HW-HEIGHWAY PK-PARKWA LA-LANE PI-PIKE	Y RD-ROAD TE-TERR SQ-SQUARE TE-TRAI	ACE				
LOCATION ROUTE NUMBER ROUTE TYPE! LOCATION ROAD NAME LOC PREFIX LOCATION ROAD NAME LOC PREFIX LOCATION ROAD NAME	R D	LOCATION ROUTE TYPES IN - INVERSTATE US - US ROUTE SR : STATE ROUTE	ROUTE (INC. TURNPIKE) CR - A	IUMBERED COUNTY ROUTE IUMBERED TOWNSHIP ROUTE				
	REFERENCE NAME (ROAD, s, s, 			REFERENCE ROAD TYPE ²				
3 2-MILE POST 01 1 02-FOUR-WAY INTERSECTION 07-ON RAMP	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRALS 99 - UNIKNOWN	INTERSECTION RELATED	2 - ON SHOULDER	ENT 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - URKKNOWN				
1 - STRAIGHT LEVEL 4 - CURVE GRADE PRIMARY SECONDARY 02 -	DRY 05 - SAND, MUD, D WET 06 - WATER (STAND SNOW 07 - SLUSH ICE 08 - DEBRIS*	ING, MOVING) 10 - OT	T, HOLES, BUMPS, UNEVEN PAVEM HER IKNOWN	TENT * * SECONDARY CONDITION OWLY				
MANNER OF CRASH COLLISIONAMPACT 1 - NOT COLLISION BETWEEN 2 - REAR-END 5 - BACKING 8 - SIDESWIPE, OPPOSITE 1 - NOT COLLISION BETWEEN 2 - REAR-END 5 - BACKING 8 - SIDESWIPE, OPPOSITE 1 - NOT COLLISION BETWEEN 2 - REAR-TO-REAR 7 - SIDESWIPE, SAME DIRECTION 9 - UNKNOWN	4 2-GLOUDY	4 - RAIN 7 5 - SLEET, HA MOG, SMOKE 8 - SNOW	7 - SEVERE CROSSWINE 8 - BLOWING SAND, SOIL, 9 - OTHERUNKNOWN					
ROAD SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, STONE ASPHALT 3 - BRICKBLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 5 - DIRT 4 - DANK - LI 5 - DANK 4 - DANK - LI 5 - DANK - LI 6 - OTHER		NKNOWN ROADWAY LIGHTING	9 - UNKNOWN SCHOOL ZONE RELATED	SCHOOL BUS RELATED YES, SCHOOL BUS DIRECTLY INVOLVED YES, SCHOOL BUS INDIRECTLY INVOLVED				
WORKERS PRESENT WORK ZONE RELATED LAW ENFORCEMENT PRESENT (OFFICER/WORK) LAW ENFORCEMENT PRESENT (OFFICER/WORK) A - INTERM 2 - LANE SHIFTCROSSOVER 3 - WORK ON SHOULDER OR MEDIAN (OFFICER/WORK) 3 - WORK ON SHOULDER OR MEDIAN	MITTENT OR MOVING WORK	LOCATION OF CRASH IN WORK ZO 1 - BEFORE THE FIRST 2 - ADVANCE WARNING 3 - TRANSITION AREA	WORK ZONE WARNING SIGN	4 - ACTIVITY AREA 5 - TERMINATION AREA				
NARRATIVE	Diagram							
Unit #1 was westbound on E Lower Springboro Road and when at 21 E Lower Springboro Road struck a tree limb that had fallen across th road.	e –	210 E Lower St	: !					
		ower Springbora Rd		Not to Scale				
			,					
	E Lower Springbore	-						
			ree Limb					
	-			<u> </u>				
	 -							
				\ \				
REPORT TAKEN BY SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO COPS)								
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	0 ₁ 8 ₁ 1 ₁ 7 ₁	TIME CLEARED 0 8 4 9	OTHER INVESTIGATION TIME	10101612				
Faulkner, Robert - LP	OFFICER'S BADGE NUMBER	COH530		Page 1 of 3				

OHIO DO ANDRE OF PULLE. SAFETY UNIT					LOCAL REPOR		1.0.0.0.8.4.6.		
UNIT NUMBER: OWNER NAME: LAST, FIRST, MIDDLE (Crockett, Frank J	M SAME AS DRIVER)		OWNER PHONE NUMBER - INC. AREA CODE (12) SAME AS DRIVER) (937)416-6486				3 FRONT		
owner address: city, state, zip (🔯 salie as driver 5461 Hathaway RD, Lebanon, Ohi				+-NONE	09 02 03				
LICENSE PLATE NUMBER LICENSE PLATE NUMBER EF82YL		ICLE IDENTIFICATION NUMBER	C 4 Y U				08		
VEHICLE MAKE TOY			enna	VEHICLE	LBL	4 - DISABLING	07 06 05		
PROOF OF INSURANCE COMPANY Progress CARRIER NAME, ADDRESS, CITY, STATE, ZIP		9029724	OWED BY		9 - UNKNOWN REAR CARRIER PHONE- INCLUDE AREA CODE				
US DOT VEHICLE WEIGHT GVWR	LEQUAL TO 10K LBS. 000 LBS. 26,000 LBS.	O BODYTYPE 01 - NO CARGO BODY TO 22 - BUSANN (9-15 SEAT). 03 - BUS (16+ SEATS, IN 04 - VEHICLE TOWING A 05 - LOGGING 06 - INTERMODAL CON 07 - CARGO VAN/ENCLC	IS, INC DRIVER) IC DRIVER) ANOTHER VEHICLE ITAINER CHASSIS DSED BOX	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE M 14 - AUTO TRANSE 15 - GARBAGERE	2-TW 3-TW 4-TW 4-TW FUSE	DESCRIPTION O-WAY, NOT DIVIDED O-WAY, NOT DIVIDED, CONTIN D-WAY, DIVIDED, UNPROTECTI D-WAY, DIVIDED, POSITIVE MI E-WAY TRAFFICWAY	RUOUS LEFT TURN LANE ED (PAINTED OR GRASS>4 FT.) MEDIAN		
NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - O CROSSWALK 03 - INTERSECTION - O THER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIANCROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHERAUNKNOWN	1- PERSONAL 99	01 - SUB-COMP 02 - COMPACT 03 - MID SIZE HIT / SKIP 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UT 07 - PICKUP 08 - VAN 09 - MOTORCY 10 - MOTORIZE 11 - SNOWMOI	LES (LESS THAN 9 PASSENGE PACT ILITY VEHICLE CLE D BICYCLE	13 - SINGL 14 - SINGL 15 - SINGL 16 - TRUCK 17 - TRACT 18 - TRACT 19 - TRACT 20 - OTHE	TRUCKS OR COMBO UNIT E UNIT TRUCK OR VAN 2 E UNIT TRUCK; 3+AXLE E UNIT TRUCK; 3+AXLE E UNIT TRUCK; TRAILE TRACTOR (BOBTAIL) TOR/SEMI-TRAILER ORADOUBLE TOR/TRIPLES R MED/HEAVY VEHICLE AS HM PLACAR	S > 10K LBS BUSWANAL AXLE, 6 TIRES 21 - BUS' S 22 - BUS R NON-MOT 23 - ANII 24 - ANII 25 - BICY 26 - PED 27 - OTH	10K LBS BUSWAN/LIMO (9 OR MORE INCLUDING DRIVER)		
SPECIAL FUNCTION 01 - NONE 02 - TAXI 03 - REMYAL TRUCK (OVER 10K LBS) 04 - 8US - SCHOOL (PUBLIC OR PRIVATE) 05 - 8US - CHARTER 07 - 8US - SHUTTLE 08 - 8US - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAYMAINTENAN 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP	20 - GOLF CARY 21 - TRAIN 22 - OTHER (EXPLAIN IN NAF	MOST DAMAC 0 3 IMPACT AREA 0 3	01 - NONE 02 - CENTER F	ONT 10 - TOP AND V E 11 - UNDERCAR AR 12 - LOAD/TRA ITER 13 - TOTAL (ALL	nt Vindows Rriage Iler	N 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN		
PRE-CRASH ACTIONS MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKINGPASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LAN 09 - LEAVING TRAFFIC LAN 10 - PARKED 11 - SLOWING OR STOPPED 12 - DRIVERLESS	ŧÉ	AG A CURVE ORIST ACTION	16 - WALKING, RUN 17 - WORKING 18 - PUSHING VEH	ROSSING SPECIFIED LOC NING, JOGGING, PLAYIN ICLE OR LEAVING VEHICLE		NON-MOTORIST ACTION		
CONTRIBUTING CIRCUMSTANCES PRIMARY 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN SECONDARY 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 99 - UNKNOWN 10 - IMPROPER LANE CHANGE (PASSING/OFF ROAD	13 - STOPPED C 14 - OPERATINI 15 - SWERVING 16 - WRONG SI 17 - FAILURE TO 18 - VISION OB ACDA 19 - OPERATINO 20 - LOAD SHIF	START FROM PARKED POSITION OR PARKED ILLEGALLY OR PARKED ILLEGALLY TO AVOID (DUE TO EXTERNAL CO IDERWRONG WAY O CONTROL	22 - 1 23 - 1 24 - 1 IER 25 - 1 INDITIONS) 28 - 27 - 1 28 - 1 29 - 1	MOTORIST VONE MPROPER CROSS JARTING JYING ANDJOR ILLE FAILURE TO YIELD NOT VISIBLE (DAIN NATTENTIVE FAILURE TO OBEY SIGNAL SVOFFICE WRONG SIDE OF TID THER NON-MOTOS	GALLY IN ROADWAY RIGHT OF WAY CLOTHING) TRAFFIC SIGNS R HE ROAD	02 03 04 05 06 07 08 09	TURN SIGNALS - HEAD LAMPS - HEAD LAMPS - BRAKES - BREENING - TIRE BLOWOUT WORN OR SLICK TIRES - TRAILER EQUIPMENT DEFECTIVE MOTOR TROUBLE - DISABLED FROM PRIOR ACCIDENT - OTHER DEFECTS		
SEQUENCE OF EVENTS 1 4 8 2 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	6 6 8	NON-COLLISION EVEN 01 - OVERTURIVIROL 02 - FIRE-EXPLOSIC 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPA GOLLISION WITH FIXE	LOVER DN KENT LOSS OR SHIFT	06 - EQUIPMENT F (BLOWNTRE, B 07 - SEPARATION (08 - RAN OFF ROA 09 - RAN OFF ROA	RAKE FAILURE, ETC) 1: DF UNITS AD RIGHT 1:	3 - CROSS MEDIAN 1 - CROSS CENTER LINE OPPOSITE DIRECTION O 2 - DOWNFILL RUNAWAY 3 - OTHER NON-COLLISION	F TRAVEL		
15 - PEDALCYCLE 22 - WO 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 23 - STE 17 - ANIMAL - FARM OR 18 - ANIMAL - DEER MO	RKED MOTOR VEHICLE RK ZONE MAINTENANCE EQ RUCK BY FALLING, SHIFTING (ANYTHING SET IN MOTION BY TOR VEHICLE RER MOVABLE OBJECT	26 - BRIDGE OVERHE UIPMENT 27 - BRIDGE PIER OF CARGO 28 - BRIDGE PARAPE	R ABUTMENT IT CE ID	35 - MEDIAN COI 36 - MEDIAN OTI 37 - TRAFFIC SIG 38 - OVERHEAD	ARDRAIL BARRIER NORETE BARRIER HER BARRIER 3N POST SIGN POST NARIES SUPPORT	41 - OTHER POST, POLE OR SUPPORT 42 - OULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX	48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL, 52 - OTHER FIXED OBJECT		
UNIT SPEED 3 0 5 5 1 2 X STATED	CONTROL 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC FIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE	07 - RAILROAD CROSSBUC 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BAR 11 - PERSON (FLAGGER, OF	14 - WALK/ 15 - OTHER RICADE 16 - NOT RI FFICER)		UNIT DIRECTION FROM 3	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 9 - UNKNOWN 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST		

		OHIO PARIMAN PUBLIC AFETY STREETHAN	OTORIST	<u>/ N</u>	<mark>Л-ИС</mark>	Л от	ORI	<u>st / O</u>	CC	CUPANT	LOCAL REPO		0 3 0 1		0 8 4 6	
	UNIT NUMBER	NAME: LAST, FIF Crockett	FIRST, MIDDLE tt, Frank J								DATE OF BIRTH		9 6 4	AGE	GENDER F - FEMALE M - MALE	
RIST	ADDRESS, CITY, STATE, ZIP 5461 Hathaway RD, Lebanon, Ohio 45036 CONTACT PHONE: INCLUGE AREA CODE (937)416-6486												86			
T/NON-MOTO	MJURIES INJ	JURED TAKEN BY	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO					 		D HOTOPOYCIE		SEATING POSITION AIR BAG USAGE EJECTION TRAPPER		
MOTORIS		PERATOR LICENSE		OLCLASS	NO □VALID OL	_ wo 1 =	1	ALCOHOL/DRUG SUSPE	CTED	ALCOHOL TEST STATU	s ALCOHOL TEST	TYPE AL	COHOL TEST VALUE	DRUG TEST S	TATUS DRUG TEST TYPE	
	OFFENSE CHA	RGED (LOCA	L CODE)	OFFENSE DESCRIPTION					C	CITATION NUMBER			HANDS-FREE DRIVER DISTRACTED BY DEVICE USED			
	UNIT NUMBER	NUMBER NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH AGE GENDER F - FEMALE M - MALE				
											PHONE-INCLUDE A	REA CODE				
ST/NON-MOTORIST	INJURIES INJ	URED TAKEN BY	EMS AGENCY			MEDICAL FA	CILITY INJI	URED TAKEN TO	sA	FETY EQUIPMENT USE	D DOT COM	PLIANT	SEATING POSITION	AIR BAG USAC	E EJECTION TRAPPED	
MOTOR	OLSTATE O	DPERATOR LICENSE	NUMBER	OL CLASS	Ol □wrid [M/C CO	NOITION	ALCOHOL/DRUG SUSPE	стев	ALCOHOL TEST STATUS	ALCOHOL TEST	TYPE AL	COHOL TEST VALUE	DRUG TEST S	TATUS DRUG TEST TYPE	
	OFFENSE CHA	RGED (LOCA	E CODE)	OFFE	ISE DESCRIPTIO	NC.			c	TATION NUMBER			HANDS-I DEVICE	FREE ORIV	ER DISTRACTED BY	
Ì	INJURIES 1 - NO INJURY 2 - POSSIBLE	//NONE REPORTES	INJURED TAKEN BY 1 - NOT TRANSPOR TREATED AT SCE		MOTORIST	NPMENT USEC		1 10 0 0 0 0 0		SAFETY EQUIPMENT	VARD FACING	C-000000000000000000000000000000000000	MOTORIST NONE USED	12	- REFLECTIVE CLOTHING	
	3 - NON-INCAP 4 - INCAPACITA 6 - FATAL	ANG GROSSING CONTRACTOR	2 EMS 3 - POLICE 4 - OTHER 5 - UNKNOWN		02 - SHOUL 03 - LAP BE	DER BELT ONL ELT ONLY USEI DER AND LAP I	YUSED)	06 - CH 07 - BO		TRAINT SYSTEM - REAI SEAT		10 - 11 -	HELMET USED PROTECTIVE PADS (ELBOWS, KNEES, EI	13 USED 14	LIGHTING -OTHER	
	SEATING POSI 01 - FRONT - L 02 - FRONT - N 03 - FRONT - F	EFT SIDE (MOTORC MIDDLE	YGLE DRIVER)	08 -	THIRD - LEFT S THIRD MIDDLE THIRD - RIGHT		CLE SIDE	CAR)	19 -	PASSENGER IN UNENC TRAILING UNIT RIDING ON VEHICLE EX			1 2	BAG USAGE NOT DEPLOYED DEPLOYED FRO DEPLOYED SIDE	NT	
		LEFT SIDE (MOTOR MIDDLE	CYCLE PASSENGER)	11 -	PASSENGER IN	ION OF CAB (TI I OTHER ENCL INIT SUCH AS A I	SED CAR	500 (cc 6004)	15 - I	NON-MOTORIST OTHER UNKNOWN			4 - 5 -	DEPLOYED BOT NOT APPLICABL DEPLOYMENT (H FRONT/SIDE E	
	EJECTION 1-NOT EJECT 2-TOTALLY E 3-PARTIALLY	TED -	IAPPED I NOT TRAPPED - EXTRICATED BY MECHANICAL MEANS	1-6 2-6	IATOR LICENS CLASS A CLASS B CLASS C	SE CLASS	1 2	NOTION - APPARENTLY NORM - PHYSICAL IMPAIRME - EMOTIONAL (DEPRES	:NT		5 - FELL ASLEEP, F 6 - Under the Inf MEDICATIONS, I	LUENCE C	ATIGUED 1	OHOL/DRUG SL NONE YES - ALCOHOL YES - HBD NOT	SUSPECTED	
	4-NOTAPPLI		- EXTRICATED BY NON-MECHANIGAL MEANS		ACAMOPED <u>ON</u>	S (OHIO IS "D") LY. RUG TEST ST/	4	- ALNESS			7 - OTHER DRIVER DISTE		4 5	YES - DRUGS SI YES - ALCOHOL	JSPECTED AND DRUGS SUSPECTED	
	1 - NONE GIVE 2 - TEST REFU 3 - TEST GIVE 4 - TEST GIVE	EN JSED	SAMPLE/UNUSABLE YN	1-NONE 2-BLOOD 3-URINE 4-BREATH 5-OTHER		1 - NONE GIVE 2 - TEST REFU	N SED I, CONTAL I, RESULTI		SABLE	1-NONE 2-BLOOD 3-URINE 4-OTHER	1 - NO DISTE 2 - PHONE 3 - TEXTING 4 - ELECTRO 5 - OTHER EL	E-MAILING E-MAILING NIG COMM ECTRONK	EPORTED LUNICATION DEVICE DEVICE	7 - EXTER	RINSIDE THE VEHICLE INAL DISTRACTION	
	UNIT NUMBER	NAME: LAST, FIR	ST, MIDDLE			1					DATE OF BIRTH	I I	RADIO, EVO)	AGE	GENDER F-FEMALE M-MALE	
OCCUPANT	ADDRESS, CITY, STATE, ZIP CONTACT PHONE-INCLUDE AREA CODE															
	INJURIES INJ	URED TAKEN BY	EMS AGENCY			MEDICAL FA	CILITY INJ	URED TAKEN TO	SA	FETY EQUIPMENT USE	DOT COM MOTORCY HELMET	LEIMIN	SEATING POSITION	AIR BAG USAG	E EJECTION TRAPPED	
	UNIT NUMBER	NAME: LAST, FIR	ST, MIDDLE								DATE OF BIRTH			AGE	GENDER F - FEMALE M - MALE	
OCCUPANT	ADDRESS, CITY,	STATE, ZIP										CONTACT	PHONE-INCLUDE AF	REA CODE	'	
	INJURIES INJU	URED TAKEN BY	EMS AGENCY			MEDICAL FA	CILITY INJI	URED TAKEN TO	SA	FETY EQUIPMENT USE	D DOT COM MOTORCYN HELMET	L-CIMITAL 1	SEATING POSITION	AIR BAG USAG	E EJECTION TRAPPED	

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