

# TRAFFIC CRASH REPORT

\*DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT

LOCAL REPORT NUMBER\*

L P 2 0 0 3 0 9 0 0 1 1 0 9

PHOTOS TAKEN  
 SECONDARY CRASH

OH-2  
 OH-1P  
 PRIVATE PROPERTY

OH-3  
 OTHER

LOCAL INFORMATION

REPORTING AGENCY NAME\*  
CLEARCREEK TWP PD

NCIC\*  
0 8 3 1 6

HIT/SKIP  
1 - SOLVED  
2 - UNSOLVED

NUMBER OF UNITS  
0 2

UNIT IN ERROR  
98 - ANIMAL  
99 - UNKNOWN

COUNTY\*  
8 3

LOCALITY\*  
3

LOCATION: CITY, VILLAGE, TOWNSHIP\*  
CLEARCREEK

CRASH DATE / TIME\*  
03092020 0728

CRASH SEVERITY  
5

CRASH SEVERITY  
1 - FATAL  
2 - SERIOUS INJURY SUSPECTED  
3 - MINOR INJURY SUSPECTED  
4 - INJURY POSSIBLE  
5 - PROPERTY DAMAGE ONLY

ROUTE TYPE  
1 - CITY  
2 - VILLAGE  
3 - TOWNSHIP

ROUTE NUMBER  
3

PREFIX  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

LOCATION ROAD NAME  
BUNNELL HILL

ROAD TYPE  
R D

LATITUDE DECIMAL DEGREES  
3 9 . 5 3 6 0 6 9

CRASH SEVERITY  
1 - FATAL  
2 - SERIOUS INJURY SUSPECTED  
3 - MINOR INJURY SUSPECTED  
4 - INJURY POSSIBLE  
5 - PROPERTY DAMAGE ONLY

ROUTE TYPE  
1 - CITY  
2 - VILLAGE  
3 - TOWNSHIP

ROUTE NUMBER  
4

PREFIX  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)  
LOWER SPRINGBORO

ROAD TYPE  
R D

LONGITUDE DECIMAL DEGREES  
- 8 4 . 1 9 5 9 4 1

CRASH SEVERITY  
1 - FATAL  
2 - SERIOUS INJURY SUSPECTED  
3 - MINOR INJURY SUSPECTED  
4 - INJURY POSSIBLE  
5 - PROPERTY DAMAGE ONLY

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

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

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

ROAD TYPE  
AL - ALLEY  
AV - AVENUE  
BL - BOULEVARD  
CR - CIRCLE  
CT - COURT  
DR - DRIVE  
HE - HEIGHTS

ROAD TYPE  
HW - HIGHWAY  
LA - LANE  
MP - MILEPOST  
OV - OVAL  
PK - PARKWAY  
PI - PIKE  
PL - PLACE

INTERSECTION RELATED  
 WITHIN INTERSECTION OR ON APPROACH  
 WITHIN INTERCHANGE AREA

NUMBER OF APPROACHES  
4

DISTANCE FROM REFERENCE  
1 - MILES  
2 - FEET  
3 - YARDS

DISTANCE UNIT OF MEASURE  
1 - MILES  
2 - FEET  
3 - YARDS

ROADWAY DIVIDED

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

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

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

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 (ANYTYPE)  
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

LOCATION OF CRASH IN WORK ZONE  
1 - BEFORE THE 1ST WORK ZONE WARNING SIGN  
2 - ADVANCE WARNING AREA  
3 - TRANSITION AREA  
4 - ACTIVITY AREA  
5 - TERMINATION AREA

CONTOUR  
2

CONDITIONS  
1

SURFACE  
2

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

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

CONTOUR  
1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL  
4 - CURVE GRADE  
9 - OTHER/UNKNOWN

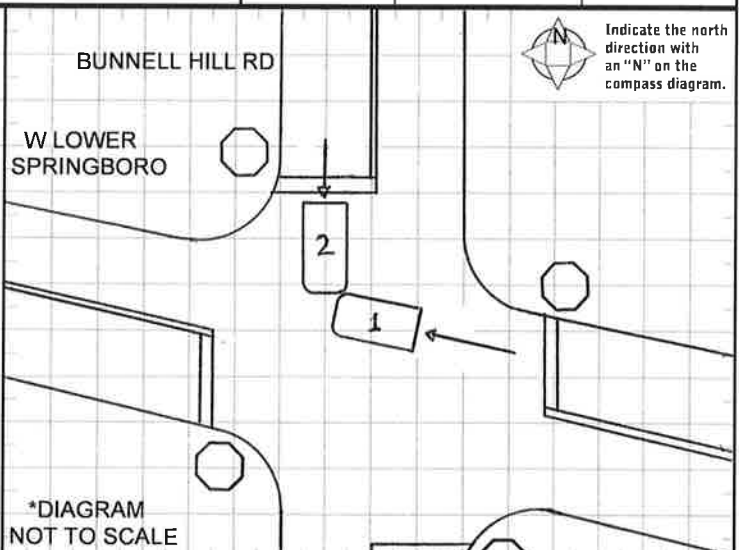
CONDITIONS  
1 - DRY  
2 - WET  
3 - SNOW  
4 - ICE  
5 - SAND, MUD, DIRT, OIL, GRAVEL  
6 - WATER (STANDING, MOVING)  
7 - SLUSH  
9 - OTHER/UNKNOWN

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

NARRATIVE

UNIT 1 WAS WESTBOUND ON E LOWER SPRINGBORO RD AND UNIT 2 WAS SOUTHBOUND ON BUNNELL HILL RD. BOTH UNITS ARRIVED AT THE STOP SIGN; EACH DRIVER STATED THAT THEY HAD ARRIVED BEFORE THE OTHER UNIT. BOTH UNITS ENTERED THE INTERSECTION AND COLLIDED WITH EACH OTHER.

REFER TO OH-2 FOR FURTHER.



CRASH REPORTED DATE / TIME  
0 3 0 9 2 0 2 0 0 7 2 8

TOTAL TIME ROADWAY CLOSED  
0 4 3

OTHER INVESTIGATION TIME  
0 3 0

DISPATCH DATE / TIME  
0 3 0 9 2 0 2 0 0 7 2 8

TOTAL MINUTES  
0 8 3

ARRIVAL DATE / TIME  
0 3 0 9 2 0 2 0 0 7 3 7

OFFICER'S NAME\*  
DANIEL C MORGAN

OFFICER'S BADGE NUMBER\*  
1 L 2 3

SCENE CLEARED DATE / TIME  
0 3 0 9 2 0 2 0 0 8 2 1

CHECKED BY OFFICER'S NAME\*  
ERIC NEY

CHECKED BY OFFICER'S BADGE NUMBER\*  
1 L 2 5

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)

**OWNER**

UNIT # 01 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) \_\_\_\_\_ OWNER PHONE: INCLUDE AREA CODE (SAME AS DRIVER) \_\_\_\_\_

OWNER ADDRESS: STREET, CITY, STATE, ZIP (SAME AS DRIVER) \_\_\_\_\_

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ COMMERCIAL CARRIER PHONE: INCLUDE AREA CODE \_\_\_\_\_

**DAMAGE**

**DAMAGE SCALE**

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

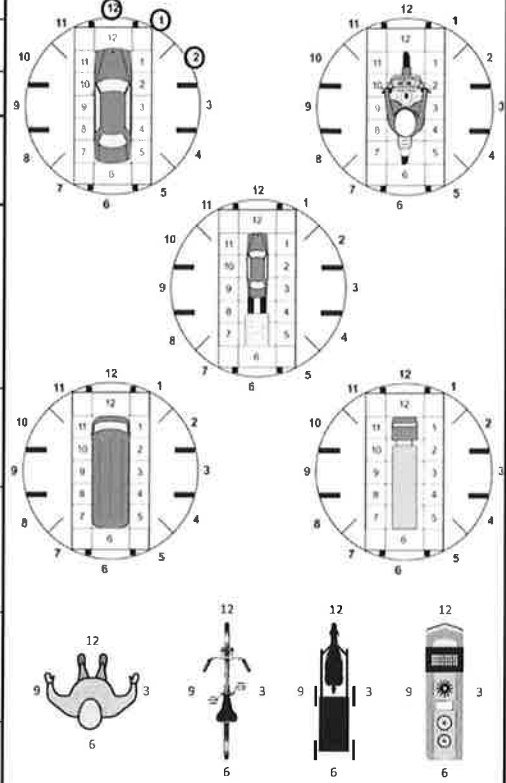
**VEHICLE**

LP STATE OH LICENSE PLATE # EM62ML VEHICLE IDENTIFICATION # 2LMDJ8JC1ABJ32481 VEHICLE YEAR 2010 VEHICLE MAKE LINCOLN

INSURANCE VERIFIED INSURANCE COMPANY LIBERTY MUTUAL INSURANCE POLICY # A0S288105858709B COLOR RED VEHICLE MODEL MKX

COMMERCIAL  GOVERNMENT  IN EMERGENCY RESPONSE TYPE OF USE US DOT # TOWED BY: COMPANY NAME SANDY'S

**DAMAGED AREA(S)**  
 INDICATE ALL THAT APPLY



INTERLOCK DEVICE EQUIPPED  HIT/SKIP UNIT #OCCUPANTS 01 VEHICLE WEIGHT GVWR/GCWR 1 - <10K LBS. 2 - 10,001 - 26K LBS. 3 - >26K LBS. HAZARDOUS MATERIAL  MATERIAL RELEASED  PLACARD CLASS # PLACARD ID #

UNIT TYPE: 1 - PASSENGER CAR 2 - PASSENGER VAN (MINIVAN) 3 - SPORT UTILITY VEHICLE 4 - PICK UP 5 - CARGO VAN 6 - VAN (9-15 SEATS) 7 - MOTORCYCLE 2-WHEELED 8 - MOTORCYCLE 3-WHEELED 9 - AUTOCYCLE 10 - MOPED OR MOTORIZED BICYCLE 11 - ALL TERRAIN VEHICLE (ATV / UTV) 12 - GOLF CART 13 - SNOWMOBILE 14 - SINGLE UNIT TRUCK 15 - SEMI-TRACTOR 16 - FARM EQUIPMENT 17 - MOTORHOME 18 - LIMO (LIVERY VEHICLE) 19 - BUS (16+ PASSENGERS) 20 - OTHER VEHICLE 21 - HEAVY EQUIPMENT 22 - ANIMAL WITH RIDER OR ANIMAL-DRAWN VEHICLE 23 - PEDESTRIAN / SKATER 24 - WHEELCHAIR (ANY TYPE) 25 - OTHER NON-MOTORIST 26 - BICYCLE 27 - TRAIN 99 - UNKNOWN OR HIT/SKIP

# of TRAILING UNITS \_\_\_\_\_

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

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 2 1 - YES 2 - NO 9 - OTHER / UNKNOWN AUTONOMOUS MODE LEVEL 0 - NO AUTOMATION 1 - DRIVER ASSISTANCE 2 - PARTIAL AUTOMATION 3 - CONDITIONAL AUTOMATION 4 - HIGH AUTOMATION 5 - FULL AUTOMATION 9 - UNKNOWN

SPECIAL FUNCTION: 1 - NONE 2 - TAXI 3 - ELECTRONIC RIDE SHARING 4 - SCHOOL TRANSPORT 5 - BUS - TRANSIT/COMMUTER 6 - BUS - CHARTER/TOUR 7 - BUS - INTERCITY 8 - BUS - SHUTTLE 9 - BUS - OTHER 10 - AMBULANCE 11 - FIRE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - CONSTRUCTION EQUIPMENT 16 - FARM 17 - MOWING 18 - SNOW REMOVAL 19 - TOWING 20 - SAFETY SERVICE PATROL 21 - MAIL CARRIER 99 - OTHER / UNKNOWN

CARGO BODY TYPE: 1 - NO CARGO BODY TYPE / NOT APPLICABLE 2 - BUS 3 - VEHICLE TOWING ANOTHER MOTOR VEHICLE 4 - LOGGING 5 - INTERMODAL CONTAINER CHASSIS 6 - CARGO VAN/ENCLOSED BOX 7 - GRAIN/CHIPS/GRAVEL 8 - POLE 9 - CARGO TANK 10 - FLAT BED 11 - DUMP 12 - CONCRETE MIXER 13 - AUTO TRANSPORTER 14 - GARBAGE/REFUSE 99 - OTHER / UNKNOWN

VEHICLE DEFECTS: 1 - TURN SIGNALS 2 - HEAD LAMPS 3 - TAIL LAMPS 4 - BRAKES 5 - STEERING 6 - TIRE BLOWOUT 7 - WORN OR SLICK TIRES 8 - TRAILER EQUIPMENT DEFECTIVE 9 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 99 - OTHER / UNKNOWN

NON-MOTORIST LOCATION AT IMPACT: 1 - INTERSECTION - MARKED CROSSWALK 2 - INTERSECTION - UNMARKED CROSSWALK 3 - INTERSECTION - OTHER 4 - MIDDLEBLOCK - MARKED CROSSWALK 5 - TRAVEL LANE - OTHER LOCATION 6 - BICYCLE LANE 7 - SHOULDER / ROADSIDE 8 - SIDEWALK 9 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED USE PATHS OR TRAILS 12 - FIRST RESPONDER AT INCIDENT SCENE 99 - OTHER / UNKNOWN

ACTION: 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - BOTH STRIKING & STRUCK 9 - OTHER / UNKNOWN PRE-CRASH ACTIONS: 1 - STRAIGHT AHEAD 2 - BACKING 3 - CHANGING LANES 4 - OVERTAKING/PASSING 5 - MAKING RIGHT TURN 6 - MAKING LEFT TURN 7 - MAKING U-TURN 8 - ENTERING TRAFFIC LANE 9 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - ENTERING OR CROSSING SPECIFIED LOCATION 15 - WALKING, RUNNING, JOGGING, PLAYING 16 - WORKING 17 - PUSHING VEHICLE 18 - APPROACHING OR LEAVING VEHICLE 19 - STANDING 20 - OTHER NON-MOTORIST 21 - STANDING OUTSIDE DISABLED VEHICLE 99 - OTHER / UNKNOWN

**INITIAL POINT OF CONTACT**

01 0 - NO DAMAGE 1-12 - REFER TO UNIT DIAGRAM 13 - TOP 14 - UNDERCARRIAGE 15 - VEHICLE NOT AT SCENE 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES: 1 - NONE 2 - FAILURE TO YIELD 3 - RAN RED LIGHT 4 - RAN STOP SIGN 5 - UNSAFE SPEED 6 - IMPROPER TURN 7 - LEFT OF CENTER 8 - FOLLOWING TOO CLOSE / ACDA 9 - IMPROPER LANE CHANGE 10 - IMPROPER PASSING 11 - DROVE OFF ROAD 12 - IMPROPER BACKING 13 - IMPROPER START FROM A PARKED POSITION 14 - STOPPED OR PARKED ILLEGALLY 15 - SWERVING TO AVOID 16 - WRONG WAY 17 - VISION OBSTRUCTION 18 - OPERATING DEFECTIVE EQUIPMENT 19 - LOAD SHIFTING/FALLING/ SPILLING 20 - IMPROPER CROSSING 21 - LYING IN ROADWAY 22 - NOT DISCERNIBLE 23 - OPENING DOOR INTO ROADWAY 99 - OTHER IMPROPER ACTION

**TRAFFIC**

TRAFFICWAY FLOW: 2 1 - ONE-WAY 2 - TWO-WAY

TRAFFIC CONTROL: 4 1 - ROUNDABOUT 2 - SIGNAL 3 - FLASHER 4 - STOP SIGN 5 - YIELD SIGN 6 - NO CONTROL

SEQUENCE OF EVENTS: 20 1 - OVERTURN/ROLLOVER 2 - FIRE/EXPLOSION 3 - IMMERSION 4 - JACKKNIFE 5 - CARGO /EQUIPMENT LOSS OR SHIFT 6 - EQUIPMENT FAILURE 7 - SEPARATION OF UNITS 8 - RAN OFF ROAD RIGHT 9 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTERLINE - OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT

# OF THROUGH LANES ON ROAD: 2

RAIL GRADE CROSSING: 1 - NOT INVOLVED 2 - INVOLVED-ACTIVE CROSSING 3 - INVOLVED-PASSIVE CROSSING

**COLLISION WITH FIXED OBJECT - STRUCK**

25 - IMPACT ATTENUATOR / CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT / LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL 52 - BUILDING 53 - TUNNEL 54 - OTHER FIXED OBJECT 99 - OTHER / UNKNOWN

FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1

**UNIT / NON-MOTORIST DIRECTION**

FROM 3 TO 4

1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - OTHER / UNKNOWN

UNIT SPEED: 005

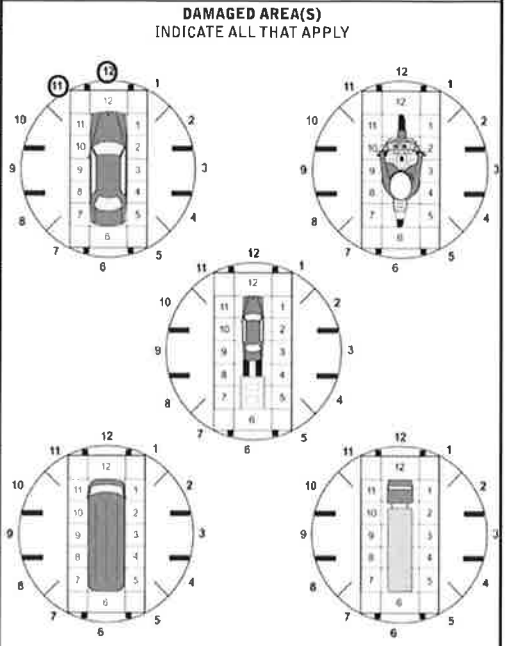
POSTED SPEED: 55

DETECTED SPEED: 1 1 - STATED / ESTIMATED SPEED 2 - CALCULATED / EDR 3 - UNDETERMINED

|   |  |   |  |  |                                 |  |
|---|--|---|--|--|---------------------------------|--|
| <b>OWNER</b>                            | <b>UNIT #</b><br>02  | <b>OWNER NAME:</b> LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) | <b>OWNER PHONE:</b> INCLUDE AREA CODE (☐ SAME AS DRIVER) |  |                                 |  |
|   | <b>OWNER ADDRESS:</b> STREET, CITY, STATE, ZIP (☐ SAME AS DRIVER)    |   |  |  |                                 |  |
|   | <b>COMMERCIAL CARRIER:</b> NAME, ADDRESS, CITY, STATE, ZIP           |   | <b>COMMERCIAL CARRIER PHONE:</b> INCLUDE AREA CODE       |  |                                 |  |
| <b>VEHICLE</b>                          | <b>LP STATE</b><br>OH  | <b>LICENSE PLATE #</b><br>CS98TU                          | <b>VEHICLE IDENTIFICATION #</b><br>JTJEBU5J1R5G5356976   | <b>VEHICLE YEAR</b><br>2016  | <b>VEHICLE MAKE</b><br>TOYOTA   |  |
|   | <input checked="" type="checkbox"/> <b>INSURANCE VERIFIED</b>        | <b>INSURANCE COMPANY</b><br>FARMER'S INSURANCE            | <b>INSURANCE POLICY #</b><br>183967726                   | <b>COLOR</b><br>GRAY   | <b>VEHICLE MODEL</b><br>4RUNNER |  |
|   | <input type="checkbox"/> <b>COMMERCIAL</b>                           | <input type="checkbox"/> <b>GOVERNMENT</b>                | <input type="checkbox"/> <b>IN EMERGENCY RESPONSE</b>    | <b>US DOT #</b>  |                                 |  |
|   | <input type="checkbox"/> <b>INTERLOCK DEVICE EQUIPPED</b>            | <input type="checkbox"/> <b>HIT/SKIP UNIT</b>             | <b>#OCCUPANTS</b><br>01                                  | <b>VEHICLE WEIGHT GVWR/GCWR</b><br>1 - ≤10K LBS.<br>2 - 10,001 - 26K LBS.<br>3 - >26K LBS. |                                 |  |
|   | <b>TYPE OF USE</b>   |   |  | <b>TOWED BY:</b> COMPANY NAME  |                                 |  |
|   | <b>HAZARDOUS MATERIAL</b>  |   |  | <b>CLASS #</b> <b>PLACARD ID #</b>   |                                 |  |
|   | <b>UNIT TYPE</b><br>03   |   |  | <b>HAZARDOUS MATERIAL</b>  |                                 |  |
|   | <b># OF TRAILING UNITS</b>   |   |  | <b>HAZARDOUS MATERIAL</b>  |                                 |  |
|   | <b>WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED?</b> |   |  | <b>AUTONOMOUS MODE LEVEL</b>   |                                 |  |
|   | <b>SPECIAL FUNCTION</b><br>01  |   |  | <b>HAZARDOUS MATERIAL</b>  |                                 |  |
| <b>CARGO BODY TYPE</b><br>01            |  |   | <b>HAZARDOUS MATERIAL</b>                                |  |                                 |  |
| <b>VEHICLE DEFECTS</b>                  |  |   | <b>HAZARDOUS MATERIAL</b>                                |  |                                 |  |
| <b>NON-MOTORIST LOCATION AT IMPACT</b>  |  |   | <b>HAZARDOUS MATERIAL</b>                                |  |                                 |  |
| <b>ACTION</b><br>09                     |  |   | <b>HAZARDOUS MATERIAL</b>                                |  |                                 |  |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br>22 |  |   | <b>HAZARDOUS MATERIAL</b>                                |  |                                 |  |
| <b>SEQUENCE OF EVENTS</b>               |  |   | <b>HAZARDOUS MATERIAL</b>                                |  |                                 |  |
| <b>FIRST HARMFUL EVENT</b><br>1         |  |   | <b>HAZARDOUS MATERIAL</b>                                |  |                                 |  |
| <b>MOST HARMFUL EVENT</b><br>1          |  |   | <b>HAZARDOUS MATERIAL</b>                                |  |                                 |  |

**LOCAL REPORT NUMBER**  
LP200309001109

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



**NO DAMAGE** (0)  **UNDERCARRIAGE** (14)  
 **TOP** (13)  **ALL AREAS** (15)  
 **UNIT NOT AT SCENE** (16)

**INITIAL POINT OF CONTACT**  
0 - NO DAMAGE 14 - UNDERCARRIAGE  
1-12 - REFER TO UNIT DIAGRAM 15 - VEHICLE NOT AT SCENE  
13 - TOP 99 - UNKNOWN

**TRAFFIC**  
**TRAFFICWAY FLOW**  
2 1 - ONE-WAY  
2 - TWO-WAY  
**TRAFFIC CONTROL**  
4 1 - ROUNDABOUT 4 - STOP SIGN  
2 - SIGNAL 5 - YIELD SIGN  
3 - FLASHER 6 - NO CONTROL

**# OF THROUGH LANES ON ROAD**  
2  
**RAIL GRADE CROSSING**  
3 1 - NOT INVOLVED  
2 - INVOLVED-ACTIVE CROSSING  
3 - INVOLVED-PASSIVE CROSSING

**UNIT / NON-MOTORIST DIRECTION**  
FROM 1 TO 2  
1 - NORTH 5 - NORTHEAST  
2 - SOUTH 6 - NORTHWEST  
3 - EAST 7 - SOUTHEAST  
4 - WEST 8 - SOUTHWEST  
9 - OTHER / UNKNOWN

**UNIT SPEED**  
005  
**DETECTED SPEED**  
1 1 - STATED / ESTIMATED SPEED  
2 - CALCULATED / EDR  
3 - UNDETERMINED  
**POSTED SPEED**  
50



# MOTORIST / Non-MOTORIST

LOCAL REPORT NUMBER  
L P 2 0 0 3 0 9 0 0 1 1 0 9

|  |   |  |   |   |  |                                |  |                      |  |  |
|--|---|--|---|---|--|--------------------------------|--|----------------------|--|--|
| <b>UNIT #</b><br>0 1   | <b>NAME: LAST, FIRST, MIDDLE</b><br>GOOD, BARBARA P |  | <b>DATE OF BIRTH</b><br>0 2 / 2 8 / 1 9 5 1 |   | <b>AGE</b><br>6 9                                | <b>GENDER</b><br>F             |  |                      |  |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>877 COBBLER CT LEBANON, OH 45036 |   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>5 1 3 5 2 0 6 8 2 5   |  |                                |  |                      |  |  |
| <b>INJURIES TAKEN BY</b><br>5  | <b>EMS AGENCY (NAME)</b>                            | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>0 1 | <b>AIR BAG USAGE</b><br>1                | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1                                      |  |
| <b>OL STATE</b><br>O H   | <b>OPERATOR LICENSE NUMBER</b><br>RQ554030          | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                                | <b>CITATION NUMBER</b>                   |                      |  |  |
| <b>OL CLASS</b><br>4   | <b>ENDORSEMENT</b><br>SELECT UP TO 2                | <b>RESTRICTION</b> SELECT UP TO 3                      | <b>DRIVER DISTRACTED BY</b><br>1            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1          | <b>ALCOHOL TEST</b><br>STATUS TYPE VALUE |                      | <b>DRUG TEST(S)</b><br>STATUS TYPE RESULT SELECT UP TO 4 |  |

|   |   |  |   |   |  |                                |  |                      |  |  |
|---|---|--|---|---|--|--------------------------------|--|----------------------|--|--|
| <b>UNIT #</b><br>0 2  | <b>NAME: LAST, FIRST, MIDDLE</b><br>BENGEL, JEFFREY J |  | <b>DATE OF BIRTH</b><br>0 9 / 0 6 / 1 9 5 5 |   | <b>AGE</b><br>6 4                                | <b>GENDER</b><br>M             |  |                      |  |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b><br>510 ARBOR HILLS DR SPRINGBORO, OH 45066 |   |  |   | <b>CONTACT PHONE - INCLUDE AREA CODE</b><br>9 3 7 6 2 3 1 4 5 8   |  |                                |  |                      |  |  |
| <b>INJURIES TAKEN BY</b><br>5   | <b>EMS AGENCY (NAME)</b>                              | <b>INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)</b> |   | <b>SAFETY EQUIPMENT USED</b><br>0 4   | <input type="checkbox"/> DOT-COMPLIANT MC HELMET | <b>SEATING POSITION</b><br>0 1 | <b>AIR BAG USAGE</b><br>1                | <b>EJECTION</b><br>1 | <b>TRAPPED</b><br>1                                      |  |
| <b>OL STATE</b><br>O H  | <b>OPERATOR LICENSE NUMBER</b><br>RP261716            | <b>OFFENSE CHARGED</b>                                 |   | <b>LOCAL CODE</b><br><input type="checkbox"/>   | <b>OFFENSE DESCRIPTION</b>                       |                                | <b>CITATION NUMBER</b>                   |                      |  |  |
| <b>OL CLASS</b><br>4  | <b>ENDORSEMENT</b><br>SELECT UP TO 2                  | <b>RESTRICTION</b> SELECT UP TO 3<br>0 3               | <b>DRIVER DISTRACTED BY</b><br>1            | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b><br>1          | <b>ALCOHOL TEST</b><br>STATUS TYPE VALUE |                      | <b>DRUG TEST(S)</b><br>STATUS TYPE RESULT SELECT UP TO 4 |  |

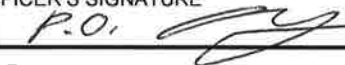
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|--|--------------------------------------|--|-----------------------------|---|--|-------------------------|--|-----------------|--|--|
| <b>UNIT #</b>                            | <b>NAME: LAST, FIRST, MIDDLE</b>     |  | <b>DATE OF BIRTH</b>        |   | <b>AGE</b>                                       | <b>GENDER</b>           |  |                 |  |  |
| <b>ADDRESS: STREET, CITY, STATE, ZIP</b> |                                      |  |                             | <b>CONTACT PHONE - INCLUDE AREA CODE</b>  |  |                         |  |                 |  |  |
| <b>INJURIES 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>   | <b>OFFENSE DESCRIPTION</b>                       |                         | <b>CITATION NUMBER</b>                   |                 |  |  |
| <b>OL CLASS</b>                          | <b>ENDORSEMENT</b><br>SELECT UP TO 2 | <b>RESTRICTION</b> SELECT UP TO 3                      | <b>DRIVER DISTRACTED BY</b> | <b>ALCOHOL / DRUG SUSPECTED</b><br><input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA<br><input type="checkbox"/> OTHER DRUG |  | <b>CONDITION</b>        | <b>ALCOHOL TEST</b><br>STATUS TYPE VALUE |                 | <b>DRUG TEST(S)</b><br>STATUS TYPE RESULT SELECT UP TO 4 |  |

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

|                                       |   |                                       |
|---------------------------------------|---|---------------------------------------|
| LOCAL REPORT NUMBER<br>LP200309001109 | REPORTING AGENCY<br>CLEARCREEK TWP PD                     | DATE OF CRASH<br>M 03   D 09   Y 2020 |
| IN COUNTY OF<br>WARREN                | CRASH LOCATION<br>BUNNELL HILL RD @ W LOWER SPRINGBORO RD |                                       |

THE DRIVERS OF BOTH UNITS EACH INDICATED, BOTH VERBALLY AND IN THEIR WRITTEN STATEMENTS, THAT THEY HAD ARRIVED AND STOPPED AT THE STOP SIGN FIRST AND BOTH BELIEVED THAT THEY HAD RIGHT OF WAY OVER THE OTHER DRIVER. BOTH DRIVERS ACKNOWLEDGED THAT THE OTHER DRIVER HAD STOPPED AT THE STOP SIGN. IT WAS FURTHER REPORTED THAT THERE WERE OTHER DRIVERS IN THE AREA AT THE TIME WHO HAD POTENTIALLY WITNESSED THE CRASH BUT NONE STOPPED OR PROVIDED ANY CONTACT INFORMATION.

ON EXAMINING THE CRASH SCENE, I NOTED THAT THE POINT OF IMPACT WAS APPROXIMATELY EQUIDISTANT TO EACH STOP BAR. EACH VEHICLE HAD DAMAGE CONSISTENT WITH A LOWER IMPACT SPEED AND EACH SUSTAINED DAMAGE TO THE FRONT END. DUE TO THE CONFLICTING STATEMENTS AND WITHOUT AN INDEPENDENT WITNESS, I WAS UNABLE TO DETERMINE FAULT.

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| OFFICER'S SIGNATURE<br>X P.O.  | BADGE NUMBER<br>1623 |
|--|----------------------|