TRAFFIC CRASH REPORT	LOCAL REPORT NUMBER *	CRASH SEVERITY HIT/SKIP  1.4.3. 3 1-FATAL 1-SOLVED 2-UNSOLVED 2-UNSOLVED
LOCAL INFORMATION  LOCAL INFORMATION  REPORTING AGENCY NOIC * REPORTING AGENCY NAME *	L <sub>1</sub> P <sub>1</sub> 1 <sub>1</sub> 8 <sub>1</sub> 0 <sub>1</sub> 3 <sub>1</sub> 1 <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 0 <sub>1</sub> 1 <sub>1</sub>	1 4 3 3 2 - J. FRAICH.  1 4 3 2 - J. FRAICH.  3 - PDO 2 - UNIT IN ERROR
OH-3 OTHER OCCURACIONED OCCURACION OCCUPANT OCCU		0   1   9   8   96 - ANIMAI.   99 - UNKRIOWN   1   1   1   1   1   1   1   1   1
COUNTY* CITY, VILLAGE, TOWNSHIP.*  CITY, VILLAGE, TOWNSHIP.*  CITY, VILLAGE, TOWNSHIP.*  CITY, VILLAGE, TOWNSHIP.*	10131101210	
DEGREES/MINUTES/SECONDS LATITUDE O / // CONSTIDE O / //		LONGITUDE
	3 9 5 4 6 2 3 5 OR MILEPOST 2	- <u>[8,4],[1,8,7,5,6,8]</u>
□ DMDED □ N- NORTHBOUND E-EASTBOUND S-SOUTHBOUND W-VESTBOUND □ 0 2 □ AL-ALLEY AV-AVENUE BL-BOULEVA		PL - PLACE ST - STREET WA - YAY RD - ROAD TE - TERRACE SQ - SQUARE TI TRAIL
SR LOCATION ROUTE NUMBER LOC FREFIX LOCATION ROAD NAME  TYPE1 7 3	LOCATION ROAD RUITE TYPES 1 R INTERSTALE RO 15-US ROUTE St. STATE ROUTE	JTE (INC. TURNPIKE) OR - NUMBERED COUNTY ROUTE TR : NUMBERED TOWNSMP ROUTE
DISTANCE FROM REFERENCE  DIR FROM REF  DIR FROM REF  REFERENCE ROUTE NUMBER  REF PREFIX  R	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE <sup>2</sup>
REFERENCE POINT USED CRASH LOCATION OF FIVE POINT, OR MORE 11 - RAIL	WAY GRADE CROSSING RED.USE PATHS OR TRAILS RELATED	OCATION OF FIRST HARMFUL EVENT  1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - HIN MEDIAN 9 - URMNOWN 4 - ON ROADSIDE
ROAD CONTOUR  1 - STRAIGHT LEVEL 4 - CURVE GRADE 2 - STRAIGHT GRADE 0 - UNKNOWN 3 - CURVE LEVEL 4 - CURVE GRADE 0 - UNKNOWN 04 - ICE	05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, I 06 - WATER (STANDING, MOVING) 10 - OTHER 07 - SLUSH 99 - UNKN 08 - DEBRIS*	
MANNER OF CRASH COLLISIONIMPACT  1 - NOT COLLISIONIMETIVEEN 2 - REAR-END 5 - BACKING 8 - SIDESWIPE, OPPOSITE TWO INTO IN TRANSPORT 4 - REAR-TO REAR 7 - SIDESWIPE, SAME DIRECTION 9 - UNKNOWN	WEATHER  1 - CLEAR 2 - CLOUDY 5 - SLEET, HAIL 3 - FOG, SMOG, SMOKE 6 - SNOW	7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHERZUNKNOWN
ROAD SURFACE  1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, STONE ASPHALT 3 - BRICK/BLOCK 5 - OTHER  UGHT CONDITIONS  2 - DAYLIGHT 2 - DAYLIGHT 3 - DRICK/BLOCK 5 - OTHER  UGHT CONDITIONS  2 - DAYNI 3 - DRICK/BLOCK 4 - DARK - LIGHTED	6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE*	SCHOOL BUS RELATED  VINKNOWN SCHOOL ZONE RELATED PRECTLY INVOLVED INDITION ONLY  SCHOOL BUS PRELATED SCHOOL BUS NDITION ONLY
WORKERS PRESENT  LAW ENFORCEMENT PRESENT OFFICERAPECLE  RELATED  LAW ENFORCEMENT PRESENT OFFICERAPECLE  LAW ENFORCEMENT PRESENT OFFICERAPECLE  1- LANE CLOSURE 2 - LANE SHIPTICROSSOVER 3 - WORK ON SHOULDER OR MEDIAN OFFICERAPECLE ONLY)	LOCATION OF CRASH IN WORK ZONE  1 - BEFORE THE FIRST W. 2 - ADVANCE WARNING AN 3 - TRANSITION AREA	DRK ZONE WARNING SIGN 4 - ACTIVITY AREA
Unit One was traveling east on E SR 73 when it struck a deer that ran into the roadway in the 300 block. No injuries were reported.	Diagram	Strike
IXI POLICE AGENCY MOTORIST AN EXISTING REPORT SENT TO COPS)  DATE CRASH REPORTED TIME CRASH REPORTED DISPATCH TIME ARRIV		OTHER INVESTIGATION TIME TOTAL MINUTES
$\begin{bmatrix} 0 & 3 & 1 & 0 & 2 & 0 & 1 & 8 \end{bmatrix}  \begin{bmatrix} 0 & 7 & 0 & 2 \end{bmatrix}  \begin{bmatrix} 0 & 7 & 0 & 3 \end{bmatrix}  \begin{bmatrix} 0 \end{bmatrix}$	7 0 8 0 7 5 1 CHECKED BY	0 <sub>1</sub> 0 <sub>1</sub> 4 <sub>1</sub> 3 <sub>1</sub>
	L 2 3 GAG200	Page 1 of 3

OHIO DUATHUM OF PUBLIC SAFETY	Unit					LOCAL REPORT NU		10101111413				
	R NAME: LAST, FIRST, M	(XX) SAME AS DRIVER)	DAMAGE SCALE	DAMAGED AREA Front								
OWNER ADDRESS: CITY,	erts, James R	S DRIVER)		(937)307-7999			4	09 03				
9330 Bennington WAY, Dayton, Ohio 45458												
LP STATE LICENSE P	ATE NUMBER  GAH7	)77	Y V 4 9 0 2 F	R <sub>1</sub> P <sub>1</sub> 3 <sub>1</sub> F <sub>1</sub> 2 <sub>1</sub>	6 <sub>1</sub> 7 <sub>1</sub> 3 <sub>1</sub> 6 <sub>1</sub> 9	9 8 0 2 1	2 - MINOR ( 3 - FUNCTIONAL	08 10 04				
<u> 2   0   1   5   </u>	VEHICLE MAKE	Volv		90 T6	VEHICLE C	SIL	4 - DISABLING	05 06				
PROOF OF INSU INSURANCE SHOWN	RANCE COMPANY Nati	onwide	9234P463		омео ву <b>S</b> a	ndys	9 - UNKNOWN REAR					
CARRIER NAME, ADDRESS, CITY, STATE, 20P  CARRIER PHONE- INCLUDE AREA CODE												
HMPLACARD ID No. HM CLASS NUMBER	2 - 10,00 3 - MORI	THAN OR EQUAL TO 10X LBS. 1 TO 26,000 LBS. E THAN 26,000 LBS. OUS MATERIAL	OARGO BODY TYPE  01 - NO CARGO BODY 02 - BUSYAN (9-15 SEA 03 - BUS (16+ SEATS, II 04 - VEHICL, E TOWING 05 - LOGGING 06 - INTERMODAL, COI 07 - CARGO VAIVENCL 08 - GRAIN, CHBPS, GR	(C DRIVER) ANOTHER VEHICLE NTAINER CHASSIS OSED BOX	2 - TWO-WA 3 - TWO-WA 4 - TWO-WA	L-WAY, NOT DIVIDED L-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE L-WAY, DIVIDED, UNPROTECTED (PARITED OR GRASS>4 FT.) MEDIAN L-WAY, DIVIDED, POSITIVE MEDIAN BARRIER L-WAY TRAFFICWAY						
02-INTEF 03-INTEF 04-MIDB 05-TRAV 06-BICV 07-SHOU 08-SIDE 09-MEDI 10-DRIV 11-SHAF 11-SHAF	ISECTION - MARKED CROI ISECTION - NO CROSSWA ISECTION - OTHER JOCK - MARKED CROSSW EL LANE - OTHER LOCATI CLE LANE ILDERWOADSIDE	IK 1- PERSONAL	01 - SUB-COM 02 - COMPACT 99 - UNKNOWH) 03 - MID SIZE 07 - HIT / SKIP 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UI 07 - PICKUP 08 - VAN 09 - MOTORGY 10 - MOTORGY 11 - SNOWMC	CLE CLE ED BICYCLE	13 - SINGLE 14 - SINGLE 15 - SINGLE 16 - TRUCK/I 17 - TRACTO 18 - TRACTO 20 - OTHER		•					
03 - 04 - 1 05 - 1 06 - 1 08 - 1	NONE TAXI RENTAL TRUCK (OVER 10K 8US - SCHOOL (PUBLIC OR 8US - TRANSIT BUS - CHARTER 8US - SHUTTLE 8US - OTHER		20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NA MENT	MOST DAMAC 0 2 IMPACT AREA 0 2	01 - NONE 02 - CENTER FRO	10 - TOP AND WIND 11 - UNDERCARRIAG R 12 - LOAD/TRAILER	SE	ACTION  1 2 NON-CONTACT 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 STRIKINGSTRUCK 9 - UNKNOWN				
PRE-CRASH ACTIONS  0 1  09 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKINGPASSI 05 - MAKING RIGHT TU 06 - MAKING LEFT TUR	RN 11-SLOWING OR STO	FIC LANE 14 - OTHER MO C LANE	NG A CURVE FORIST ACTION				NON-MOTORIST ACTION				
CONTRIBUTING CIRCUMS PRIMARY  0 1  SECONBARY  99 - UNKNOWN	TANCES  MOTORIST  01 - NONE  02 - FAILURE TO YIELI  03 - RAN RED LIGHT  04 - RAN STOP SIGN  05 - EXCEEDED SPEE  06 - UNSAFE SPEED  07 - IMPROPER TURN  09 - LEFT OF CENTER  09 - FOLLOWED TOO C  10 - IMPROPER LANE  (PASSING/OFF R	D 12 - IMPRO 13 - STOP 14 - OPER 15 - SWER 16 - SWER 17 - FALL 10 - VISIO SLOSELYACDA 19 - OPER 33-ANAGE 20 - LOAG	OPER BACKING DPER STANT FROM PARKED POSITION PPED OR PARKED ILLEGALLY DATING VEHICLE IN NEGLIGENT MANI WING TO AVOID (DUE TO EXTERNAL OR OR SIDEAWRONG WAY RE TO CONTROL N OBSTRUCTION OR STRUCTION OR SHOULD	22 - i 33 - 24 - I DER 25 - I DIDITIONS) 26 - i 27 - I 28 - i 29 - I	MOTORIST  NOME  IMPROPER CROSS)  DARTING  LYING AND/OR ILLEG  FAILURE TO YIELD &  NOT VISBLE (DARK &  INATTENTIVE  FAILURE TO OBEY IT  SIGNAL SOFFICER  WRONG SIDE OF THI  OTHER NON-MOTORI	ALLY IN ROADWAY IGHIT OF WAY SLOTHING) VAFFIC SIGNS EROAD	VEHICLE DEFECTS  01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS					
SEQUENCE OF EVENTS  1 1 8 2  FIRST HARMFUL 1 EVENT	AMOST HARMFUL 1	4 5 5 UNKNOW	05 - CARGOÆQUIP	LLOVER ON MENT LOSS OR SHIFT	06 - EQUIPMENT FA (BLOWN TIRE, BR/ 07 - SEPARATION OI 08 - RAN OFF ROAL 09 - RAN OFF ROAL	WEFAILURE, ETC) 11 - C = UNITS 0 DRIGHT 12 - D	ROSS MEDIAN ROSS CENTER LINE PPOSITE DIRECTION OF OWNHILL RUNAWAY THER NON-COLLISION	F TRAVEL				
	on. Vehicle or object.ii (Train, Engine)	OTEIXED  21 - PARKED MOTOR VEHICLE  22 - WORK ZONE MAINTENANC  23 - STRUCK BY FALLING, SHIF- OR ANYTHING SET IN MOTO MOTOR VEHICLE  24 - OTHER MOVABLE OBJECT	26 - BRIDGE OVERI- DE EQUIPMENT 27 - BRIDGE PIER C TING CARGO 28 - BRIDGE PARAP	JATOR/CRASH CUSHION LEAD STRUCTURE LIRABUTMENT ET LICE ND	33 - MEDIAN CABL 34 - MEDIAN GUA 35 - MEDIAN OTH 36 - MEDIAN OTH 37 - TRAFFIC SIGI 38 - OVERHEAD S 39 - LIGHTALUMIN 40 - UTILITY POL	RORAIL BARRIER CRETE BARRIER 42 ER BARRIER 43 N POST 44 IGN POST 45 ARIES SUPPORT 46	OTHER POST, POLE OR SUPPORT - CULVERT - CURB - DITCH - EMBANKMENT - FENCE - MAILBOX	48 - TREE  49 - FIRE HYDRANT  60 - WORK ZONE MAINTENANCE EQUIPMENT  51 - WALL, BUILDING, TUNNEL  52 - OTHER FIXED OBJECT				
UNIT SPEED  5 2   STATED  ESTIMATED	POSTED SPEED	IRAFFIC CONTROL  11 2 01 - NO CONTROL 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGN 05 - TRAFFIC FLAS 06 - SCHOOL ZON	08 - RAILROAD FLASHER 09 - RAILROAD GATES NAL 10 - CONSTRUCTION BAI SHERS 11 - PERSON (FLAGGER, C	S 14 - WALK/ 15 - OTHES RRICADE 16 - NOT R IFFICER)		UNIT DIRECTION FROM 4		5 - NORTHEAST 9 - UNKNOWN 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST				

	DUCATION - SERVICE	OHIO DO PRIBLIC SAFETY	OTORIST	<u> </u>	<b>l</b> on	<u>-N</u>	10	FORI	st / <b>O</b>	CC	UPANT	LOCAL REPO		<sup>™</sup>  0 3 1 0	0101011	114131		
	UNIT NUMBER											DATE OF BIRTH	<sub> </sub> 1 <sub> </sub> 1	1 9 6 6	<sup>AGE</sup> 51	GENDER F - FEMALE M - MALE		
RIST		ry, state, zip ennington \	WAY, Dayton, C	hio 4	45458								CONTACT PHONE-INCLUDE AREA CODE (937)307-7999					
TWON-WOTO	NJURIES 1	INJURED TAKEN BY	EMS AGENCY				i			SAFETY EQUIPMENT USED DOT CO		IPLIANT CLE	SEATING POSITION	AIR BAG USAG	E EJECTION TRAPPED			
MOTORIS	OLSTATE	OPERATOR LICENSE		OL. CL/	ASS NC		M/G END.	соноттон	ALCOHOL/DRUG SUSPE	ECTED	ALCOHOL TEST STATUS	ALCOHOL TEST	TTYPE A	LCOHOL TEST VALUE	DRUG TEST S	TATUS DRUG TEST TYPE		
	OFFENSE C	HARGED ( LOCA	I. CODE)	0	PFFERSE DESC	RIPTION	ON CITATION NUMBER					HAN						
ľ	UNIT NUMBER	MBER NAME: LAST, FIRST, MIDDLE										DATE OF BIRTH AGE GENDER F-FEMALE M-MALE						
ADDRESS, CITY, STATE, ZIP  CONTACT PHONE- INCLUDE AREA CODE										REA GODE								
IST/NON-MOT	MURIES I	NJURED TAKEN BY	EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USER						D DOT COMPLIANT SEATING POSITION AIR BAG USAG MOTORCYCLE HELMET			SE EJECTION TRAPPED				
MOTOR	DLSTATE	OPERATOR LICENSE	NUMBER	OL CL	NSS NO □VAL OL	10 0	CONDITION ALCOHOLORUG SUSPECTED ALCOHOL TEST STATUS					ALCOHOL TEST TYPE ALCOHOL TEST VALUE ORUG TEST STAT				TATUS DRUG TEST TYPE		
ľ	OFFENSE C	FENSE CHARGED (										1		HANDS- DEVICE USED	FREE DRIVI	ER DISTRACTED 8Y		
İ	INJURIES INJURED TAKEN BY SAFETY EQUIPMENT USED 99 - UNKNOWN SAFETY EQUIPMENT 1 - NO INJURY / NONE REPORTED 1 - NOT TRANSPORTED / MOTORIST NON-MOTORIST										- REFLECTIVE GLOTHING							
	3 - NON-IN 4 - INCAPA 5 - FATAL	CAPACATATING CITATING	2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN		03-1	AP BELI	TONLYU	ONLY USED SED AP BELT USED	07 - 80	ILD RES IOSTER! LMET US		FACING		HELMET USED PROTECTIVE PADS (ELBOWS, KHEES, ET	USEO 14	- Lighting - Other		
l	02 - FROM	- LEFT SIDE (MOTOR) - MIDDLE	YCLEORIYER)		08 - THIRD M	DDLE		RCYCLE SIDE I	CAR)	13 -	PASSENGER IN UNENCL TRAILING UNIT			1 2	EAG USAGE NOT DEPLOYED DEPLOYED FRO	93066343068900909000000000000000000000000000000		
	04 - SECON 05 - SECON										NON-MOTORIST OTHER	TERIOR (NON-TRAILING UNIT)  3 - DEPLOYED SIDE  4 - DEPLOYED SIDE  5 - NOT APPLICABLE  9 - DEPLOYMENT UNKNOWN						
		ECTED Y EJECTED LY EJECTED	1-CLASSA 2-CLASSB	2 - CLASS B 2 - PHYSICAL IMPAIRMENT 6					5 - FELL ASLEEP, FAINTED, FATIQUED 5 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL			LCOHOLDRUG SUSPECTED 1-NONE 2-YES-ALCOHOLSUSPECTED						
ŀ	4 - NOT AP	4 - REGULAR 5 - MC/MOPE	REQUIAR CLASS (OHO IS 'D') 4 - ILLNESS 7 - MCAMOPED ONLY					-OTHER		5	YES - HBD NOT IMPAIRED YES - DRUGS SUSPECTED YES - ALCOHOL AND DRUGS SUSPECTED							
	1 - NONE G 2 - TEST RI 3 - TEST G	EFUSED IVEN, CONTAMINATEI	) SAMPLE/UNUSABLE	1 - NON 2 - BLO 3 - URII	OD NE	1 2 3	DRUG TEST STATUS  1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLEAUNUSABLE 3 - URINE 4 - TEST CREATER DESIGNED SAMPLEAUNUSABLE 5 - TEST CREATER DESIGNED SAMPLEAUNUS SAMPLEA					DRIVER DISTRACTED BY  1. NO DISTRACTION REPORTED  6. OTHER INSIDE THE VEHICLE  2. PHONE  7. EXTERNAL DISTRACTION  3. TEXTORE MALLING  4. SECTEMBER COMMUNICATION DEVICE						
4 - TEST GIVEN, RESULTS KNOWN 4 - BREATH 5 - OTHER 6 - TEST GIVEN, RESULTS LINKNOWN 5 - TEST GIVEN, RESULTS LINKNOWN 4 - SLECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE PUMMARINO REVICE, RADIO, BIVD)  UNIT NUMBER NAME: LAST, FIRST, MIDDLE  OATE OF BIRTH AGE GENDER										1								
											F - FEMALE M - MALE							
inoco -	9330 Bennington WAY, Centerville, Ohio 45458    NUMBER   INJURED TAKEN BY   EMS AGENCY   MEDICAL FACILITY INJURED TAKEN TO   SAFETY EQUIPMENT USED   DOT COMPILIATE   SEATING POSITION   AIR BAG USAGE   EJECTION TO																	
-	UNIT NUMBER	NAME: LAST, FIF	RST, MIDDLE								0 4	MOTORCY HELMET DATE OF BIRTH	CLE	0 3	1 AGE	GENDER		
<u></u>	ADDRESS, CI	TY, STATE, ZIP											СОНТАС	T PHONE-INCLUDE A	REA GODE	F - FEMALE M - MALE		
OCCUPA	NJURIES :	NJURED TAKEN BY	EMS AGENCY			- 1	MEDICAL	FACILITY INJ	URED TAKEN TO	5/	FETY EQUIPMENT USEL			SEATING POSITION		E EJECTION TRAPPED		
										]		DOT COM MOTORCY HELMET						

HSY8306 OH1M (REV 01/12)