



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HITSKIP
L P 1 7 0 3 3 1 0 0 1 2 9 1	2 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH 12 <input type="checkbox"/> OH 1P <input checked="" type="checkbox"/> OH 3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
			0 8 3 1 6	Clearcreek Twp. Police Department	0 2	0 1 99 - ANIMAL 99 - UNKNOWN

COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
8 3	<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWNSHIP	Clearcreek	0 3 3 1 2 0 1 7	1 5 1 1	F R I

DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	DECIMAL DEGREES LATITUDE	LONGITUDE
0 / /	0 / /	3 9 . 3 3 7 6 1 3	- 8 4 . 1 1 5 9 9 5

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF TRUCK LANES	ROAD TYPES OR MILEPOST 2
<input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N-NORTHBOUND <input type="checkbox"/> S-SOUTHBOUND	0 2	AL - ALLEY CR - CIRCLE AV - AVENUE CT - COURT BL - BOULEVARD DR - DRIVE HW - HIGHWAY LA - LANE PK - PARKWAY RD - ROAD PI - PIKE SQ - SQUARE ST - STREET TE - TERRACE VA - WAY TL - TRAIL

LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOC. PREFIX H, S, F, W	LOCATION ROAD NAME	LOCATION ROAD TYPE 2	ROUTE TYPES 1
			Bunnell Hill	R D	IR - INTERSTATE ROUTE (I.C. TURNPIKE) US - US ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE	DIR. FROM REF.	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF. PREFIX H, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE 2
					Patton	D R

REFERENCE POINT USED	CRASH LOCATION	INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	0 3 01 - NOT AN INTERSECTION 02 - FOUR WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDABOUT	<input checked="" type="checkbox"/> INTERSECTION RELATED	1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIATE 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

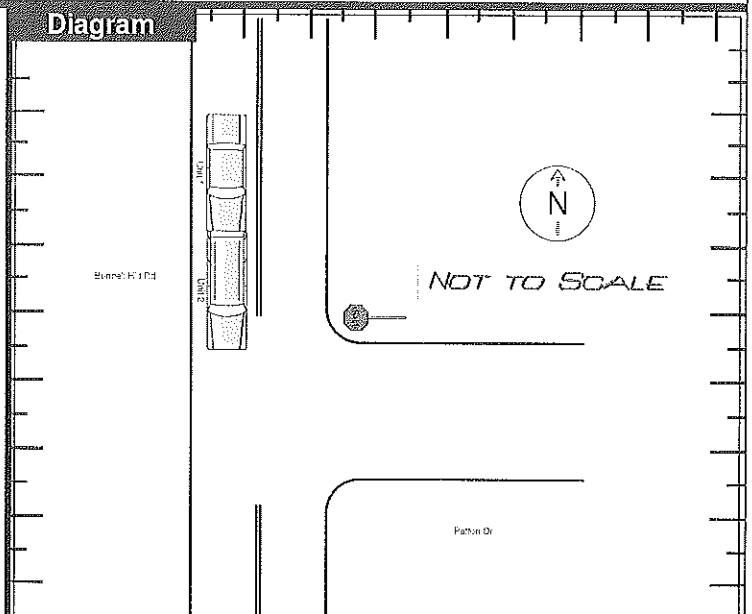
ROAD CONDITION	ROAD CONDITIONS	WEATHER
2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	0 2 PRIMARY SECONDARY	4 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - RAIN/WIND/SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN

MAINER OF CRASH COLLISION/IMPACT	WEATHER
2 1 - FRONT COLLISION BETWEEN TWO MOTOR VEHICLES 2 - REAR END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	4 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - RAIN/WIND/SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG GRAVEL, STONE 5 - DIRT 6 - OTHER	1 PRIMARY SECONDARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER 9 - UNKNOWN	<input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFF-FRAVARIABLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	<input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER	<input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA

NARRATIVE
Traffic Unit # 1 was traveling South on Bunnell Hill Rd. Traffic Unit # 2 was stopped in traffic on Bunnell Hill Rd preparing to make a left hand turn onto Patton Dr. Traffic Unit # 1 failed to stop within assured clear distance ahead and struck Traffic Unit # 2.



REPORT TAKEN BY	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)				
DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
0 3 3 1 2 0 1 7	1 5 1 1	1 5 1 2	1 5 1 3	1 5 5 1	3 0	0 0 6 8

OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY
Sweet, Charles - LP	1 L 3 0	COH530



UNIT

LOCAL REPORT NUMBER

L P 1 7 0 3 3 1 0 0 1 2 9 1

UNIT NUMBER: **01** OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER: **Evert, Donna Lynn** OWNER PHONE NUMBER - INC. AREA CODE (X) SAME AS DRIVER: **(714)227-5210**

DAMAGE SCALE: **4** DAMAGED AREA: **FRONT**

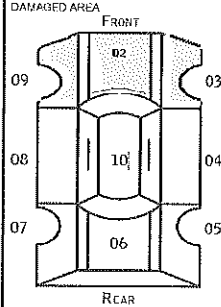
OWNER ADDRESS: CITY, STATE, ZIP (X) SAME AS DRIVER: **1204 Lakemont DR, Springboro, Ohio 45066**

IP STATE: **OH** LICENSE PLATE NUMBER: **GYQ7339** VEHICLE IDENTIFICATION NUMBER: **1G6AR5S39E0152917** # OCCUPANTS: **01**

VEHICLE YEAR: **2014** VEHICLE MAKE: **CADI** VEHICLE MODEL: **CTS** VEHICLE COLOR: **GRY**

PROOF OF INSURANCE SHOWN: INSURANCE COMPANY: **State Farm** POLICY NUMBER: **9241781D2935** TOWED BY: **Waynesville Auto**

CARRIER NAME, ADDRESS, CITY, STATE, ZIP: CARRIER PHONE - INCLUDE AREA CODE:



US DOT: VEHICLE WEIGHT (GVWR/GCWR): **1 - LESS THAN OR EQUAL TO 10K LBS.** CARGO BODY TYPE: **01 - NO CARGO BODY TYPE (NOT APPLICABLE)** TRAFFICWAY DESCRIPTION: **1 - TWO-WAY, NOT DIVIDED**

HM PLACARD ID No.: HAZARDOUS MATERIAL REFERENCE: TYPE OF USE: **1 - PERSONAL** UNIT TYPE: **04 - PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)** MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS: TRUCK/SEMI TRAILER

HM CLASS NUMBER: IN EMERGENCY RESPONSE: HAS HM PLACARD:

NON-MOTORIST LOCATION PRIOR TO IMPACT: **01 - INTERSECTION - MARKED CROSSWALK** TYPE OF USE: **1 - PERSONAL** UNIT TYPE: **04 - PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)**

SPECIAL FUNCTION: **01 - NONE** MOST DAMAGED AREA: **02 - CENTER FRONT** ACTION: **3 - NON CONTACT**

PRE-CRASH ACTIONS: **01 - STRAIGHT AHEAD** CONTRIBUTING CIRCUMSTANCES: **09 - FAILURE TO YIELD** VEHICLE DEFECTS: **01 - TURN SIGNALS**

SEQUENCE OF EVENTS: **1 - 20** NON-COLLISION EVENTS: **01 - OVERTURN/ROLLOVER** COLLISION WITH FIXED OBJECT: **25 - IMPACT AT TEEN/TUTOR/CRASH CUSHION**

COLLISION WITH PERSON, VEHICLE OR OBJECT (NOT FIXED): **14 - PEDESTRIAN** UNIT SPEED: **50** POSTED SPEED: **50** TRAFFIC CONTROL: **12 - NO CONTROLS** UNIT DIRECTION: **1 - NORTH**

UNIT SPEED: **50** POSTED SPEED: **50** TRAFFIC CONTROL: **12 - NO CONTROLS** UNIT DIRECTION: **1 - NORTH**

STATED: ESTIMATED:

HSY8304 OHIO (REV 01/12)



UNIT

LOCAL REPORT NUMBER
LP170331001291

UNIT NUMBER 02	OWNER NAME - LAST, FIRST, MIDDLE (X SAME AS DRIVER) Schneider, Michael A	OWNER PHONE NUMBER - INC. AREA CODE (X SAME AS DRIVER) (937)219-3289	DAMAGE SCALE 2	DAMAGED AREA FRONT
OWNER ADDRESS - CITY, STATE, ZIP (X SAME AS DRIVER) 305 Patton DR, Springboro, Ohio 45066				
LP STATE OH	LICENSE PLATE NUMBER FWG1952	VEHICLE IDENTIFICATION NUMBER 1GNLRLG3E1472071		
VEHICLE YEAR 2010	VEHICLE MAKE CHEV	VEHICLE MODEL Traverse LT	VEHICLE COLOR MAR	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Erie	POLICY NUMBER Q017906711	TOWED BY	

CARRIER NAME, ADDRESS - CITY, STATE, ZIP	CARRIER PHONE - INCLUDE AREA CODE
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US DOT	VEHICLE WEIGHT GVWR/GVWRN 1 - LESS THAN OR EQUAL TO 10K LBS 2 - 10,001 TO 26,000 LBS 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 01 - NO CARGO BODY TYPE (KIT APPLICABLE) 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VEHICLE/ENCLOSED BOX 08 - GRAIN CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 - TWO WAY, NOT DIVIDED 2 - TWO WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS-4 FT) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID No.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - CARRIAGE/SEMI USE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT/SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 06 09 - UNKNOWN or HIT/SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK, 3+ AXLES 15 - SINGLE UNIT TRUCK/ TRAILER 16 - TRUCK/TRACTOR (BORTAL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/IMO (9 OR MORE SEATING DRIVERS) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH RUGGY, WAGON, SURREY 25 - BICYCLE/PEDESTAL CYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
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SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAIN TENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 06 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 11 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	07 - MAKING U TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY 01 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/PDCA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY BY ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS 01 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORK OR SLIP TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 20 2 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - BRIDGE OVERHEAD STRUCTURE 08 - BRIDGE PIER OR ABUTMENT 09 - BRIDGE PARAPET 10 - BRIDGE RAIL 11 - GUARDRAIL FACE 12 - GUARDRAIL END 13 - PORTABLE BARRIER 14 - CROSS MEDIAN 15 - CROSS CENTER LINE 16 - SEPARATION OF UNITS 17 - DOWNHILL RUNAWAY 18 - OTHER NON-COLLISION	COLLISION WITH FIXED OBJECT 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, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED 0	POSTED SPEED 50	TRAFFIC CONTROL 12 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK STRIPES 14 - WALK/DOWNY WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
L P 1 1 7 0 3 3 1 0 0 1 2 9 1

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Evert, Donna Lynn	DATE OF BIRTH 02 28 19 48	AGE 69	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 1204 Lakemont DR, Springboro, Ohio 45066	CONTACT PHONE - INCLUDE AREA CODE (714)227-5210
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INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER UR464283	OL CLASS 4	NO VALID OL <input type="checkbox"/>	MVC END. <input type="checkbox"/>	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
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OFFENSE CHARGED (LOCAL CODE) 4511.21A	OFFENSE DESCRIPTION Assured Clear Distance	CITATION NUMBER 016551	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Schneider, Michael A	DATE OF BIRTH 05 15 19 75	AGE 41	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 305 Patton DR, Springboro, Ohio 45066	CONTACT PHONE - INCLUDE AREA CODE (937)219-3289
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INJURIES 2	INJURED TAKEN BY 4	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO Franklin ER	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RQ786981	OL CLASS 4	NO VALID OL <input type="checkbox"/>	MVC END. <input type="checkbox"/>	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
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OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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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 DELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 05 - UNKNOWN SAFETY EQUIPMENT 06 - CHILD RESTRAINT SYSTEM - FORWARD FACING 07 - CHILD RESTRAINT SYSTEM - REAR FACING 08 - BOOSTER SEAT 09 - 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 17 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 6 - 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 - MOPED 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 - BLOOD 2 - URINE 3 - BREATH 4 - 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/EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC 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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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	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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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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