TRAFFIC CRASH REPORT	LOCAL REPORT NUMBER *	CRASH SEVERITY HIT/SKIP
LOCAL INFORMATION	L ₁ P ₁ 1 ₁ 8 ₁ 0 ₁ 3 ₁ 2 ₁ 2 ₁ 0 ₁ 0 ₁	1 3 3 3 2 2 1. FATAL 2. INARY 3 - PDO
☑ PHOTOS TAKEN ☐ POO UNDER STATE ☐ PRIMATE PROPERTY REPORTING AGENCY NOIC* REPORTING AGENCY NAME* ☑ OH-2 ☐ OH-1P STATE BEPORTABLE DOLLAR AMOUNT DOLLAR AMOUNT 0 8 3 1 1 6 Clearcreek Twp.	Police Department	NUMBER OF UNIT IN ERROR 99 - ANIMAL 0 1 99 - UNKNOWN
COUNTY* CITY, VILLAGE, TOWNSHIP* 8 3	CRASH DATE 1	0 1 8 1 1 4 1 4 1 T H U
DEGREES / MINUTES / SECONDS LATITUDE O / // O / //	DECIMAL DEGREES LATITUDE	LONGRUDE
	8 3 9 4 8 5 4 2 6	- <u>814119141318151</u>
DIVIDED N. NORTHBOUND E. EASTBOUND V. WESTBOUND N. NORTHBOUND W. WESTBOUND W. WESTBOUND N. NORTHBOUND W. WESTBOUND W. WE	IUE CT-COURT HW-HIGHWAY PK-PARK LEVARD DR-DRIVE LA-LANE PI-PIKE	WAY RD - ROAD TE - TERRACE SQ - SQUARE TL - TRAL
LOCATION ROUTE NUMBER ROUTE TYPE¹ LOCATION ROUTE NUMBER N, S, E,VY Old St Rt 122	R D ROAD ROAD IS A STATE ROAD STATE ROAD STATE ROAD	TE ROUTE (INC. TURNIPIKE) CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE
OISTANCE FROM REFERENCE DIR FROM REF REFERENCE ROUTE NUMBER REF PREFI ROUTE ROUTE TYPE 1 REF PREFI REF RENCE ROUTE NUMBER REF PREFI R. S. R. S		REFERENCE ROAD TVFE ²
3 NITERSECTION 02-FOUR-WAY INTERSECTION 07-GNRAMP 12	RAILWAY GRADE CROSSING SHARED-USE PATHS OR TRAILS UNKNOWN	LOCATION OF FIRST HARWFUL EVENT 1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIAN 9 - UNKNOVAN 4 - ON ROADSIDE
ROAD CONITIONS 1 - STRAIGHT LEVEL. 4 - CURVE GRADE 2 - STRAIGHT GRADE 9 - UNKNOWN 3 - CURVE LEVEL 9 - UNKNOWN 01 - DI 01 - DI 02 - W 03 - SN 04 - IC	ET 06 - WATER (STANDING, MOVING) 10 - 0 IOW 07 - SLUSH 99 -	RUT, HOLES, BUMPS, UNEVEN PAVEMENT * OTHER UNKNOWN * SECONDARY CONDITION ONLY
MANWER OF CITASH COLLISION/MPACT 1 - NOT COLLISION/MPACT 1 - NOT COLLISION BETWEEN 2 - REAR-END 5 - BACKING 8 - SIDESWIPE, OPPOSITE DIVENTION 3 - HEAD-ON 6 - ANGLE DIRECTION 9 - UNKNOWN	WEATHER 1 - CLEAR 4 - RAIN 2 - CLOUDY 5 - SLEET, 3 - FOG, SMOG, SMOKE 6 - SNOW	7 - SEVERE CROSSWINDS HAIL 8 - BLOWING SAND, SOIL, DRY, SNOW 9 - OTHERAUNKNOWN
ROAD SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, STORE ASPHALT 3 - BRICK/BLOCK 5 - DIRT 5 - DIRT 4 - SLAG, GRAVEL, STORE 5 - DIRT 4 - DAYLIGHT 2 - DAYLIGHT 2 - DAYLIGHT 3 - DOUSK 4 - DARK - LIGHT 4 - DAYLIGHT	5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 1TED ROADWAY 8 - OTHER 1 SECONDA	9 - UNKNOWN SCHOOL BUS RELATED 9 - UNKNOWN SCHOOL ZONE RELATED RELATED YES, SCHOOL BUS BIDIRECTLY INVOLVED
WORKERS PRESENT WORK LAW ENFORCEMENT PRESENT (OFFICENAMICLE) RELATED LAW ENFORCEMENT PRESENT (OFFICENAMICLE) LAW ENFORCEMENT PRESENT (OFFICENAMICLE) A - INTERMIT 2 - LANE SHIFT ICROSSOVER 3 - WORK ON SHOULDER OR MEDIAN (WHOLE ONLY)	LOCATION OF CRASH IN WORK 1 - DEFORE THE FIR 2 - ADVANCE WARN 3 - TRANSITION ARE	SY WORK ZONE WARNING SIGN 4 - ACTIVITY AREA 10 SAREA 5 - TERMINATION AREA
Refer to OH-2 supplement.	Diagram	
Training of a supplement	_	
	-	â T
	Unit 2 Final Rest	298 Old St Rt 122
	Unit2	unit 2
	Fence	Unit Juni 2 Witness Burlon
		Visitness Moore
,	Old St Rt 122 Unit 1	Final 297 Old St Rt 122
	 	
	—	NOT TO SOALE
REPORT TAKEN BY SUPPLEMENT (CORRECTION OR ADDITION TO	- $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$ $+$	
		OTHER INVESTIGATION TIME YOTAL MINUTES
	FFICER'S BADGE NUMBER CHECKED BY	1 2 0 0 1 9 6 Page 1 of 6
	1 L 2 3 JLB705	rage rolo

OHIO DOMANDO OFFICIAL SAFETY SECRETARIA SECR					LOCAL REPORT		2 0 0 1 3 3 3
UNIT NUMBER OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER) OWNER PHONE NUMBER - INC. AREA CODE (X SAME AS DRIVER)				E (XX) SAME AS DRIVER)	DAMAGE SCALE	DAMAGED AREA FRONT	
0 2 Eber, Amy Jo (937)543-6312			12	4			
OWNER ADDRESS: CITY, STATE, ZIP (13) SAME AS DRIVER) 943 Greengate DR, Lebanon, Ohio 45036					1 - NONE	9	
O H HFH9129		CLE IDENTIFICATION NUMBER D 4 GP 2 4	3,7,3,B	2,3,0,0,	9 1 1 1 0 2	.	08 10 04
VEHICLE YEAR 12 0 0 3 DOC		VEHICLE MODEL	Caravan	VEHICLE		3 - FUNCTIONAL 4 - DISABLING	07
PROOF OF INSURANCE COMPANY Progress SHOWN				rowed by	ındys	э - инкиожи	06 REAR
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			I			CARRIER PHONE-	INCLUDE AREA CODE
HM PLACARD ID No. 2 - 10,001 TO 26 3 - MORE THAN HM CLASS	REQUAL TO 10K LBS. ,000 LBS. 26,000 LBS.	O BODY TYPE 01 - NO CARGO BODY T 02 - BUSWAN (9-15 SEAT: 03 - BUS (16+ SEATS, INC. 04 - VEHICLE TOWNING A 05 - LOGGING 06 - INTERMODAL CONT 07 - CARGO VARIENCLO	S, INC DRIVER) DRIVER) NOTHER VEHICLE FAINER CHASSIS	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MI 14 - AUTO TRANSPC	XER 2- TWO 3- TWO 5- ONE	WAY, NOT DIVIDED WAY, NOT DIVIDED, CONTIN WAY, DIVIDED, UNPROTECT WAY, DIVIDED, POSITIVE MI WAY TRAFFICWAY	ED (PAINTED OR GRASS>4 FT.) MEDIAN
NON-MOTORIST LOCATION PRIOR TO IMPACT	TYPE OF USE UNIT	08 - GRAIN, CHIPS, GRAIT T TYPE	VEL	99 - OTHERJUNKNO	DWN HIY/SKIP I	TNIT	
01-INTERSECTION - MARKED CROSSWALK 02-INTERSECTION - NO CROSSWALK 03-INTERSECTION - OTHER 04-MIDBLOCK - MARKED CROSSWALK 05-TRAVEL LANE - OTHER LOCATION 06-BICYCLE LANE 07-SHOULDEWIROADSIDE 08-SIDEWALK 09-MEDIANCROSSING ISLAND 10-DRIVEWAY ACCESS 11-SHARED-USE PATH OR TRAIL 12-NON-TRAFFICWAY AREA 99-OTHERUMKNOWN	1 0 0 99	01 - SUB-COMP, 02 - GOMPACT - UNKNOWN 03 - MID SIZE 03 - MID SIZE 05 - MINIVAN 06 - SPORT UTIL 07 - PICKUP 08 - VAN 09 - MOTORCYC 10 - MOTORIZEE 11 - SNOWMOB	LITY VEHICLE LE D BICYCLE	13 - SINGLE 14 - SINGLE 15 - SINGLE 16 - TRUCKI 17 - TRACTO 18 - TRACTO 20 - OTHER		XLE, 6 TIRES 21 - BUSI: 22 - BUSI: 22 - BUSI: NON-MOT 23 - ANII 24 - ANII 25 - BIG: 26 - PEO 27 - OTH	IMO (\$ OR MORE INCLUDING DRIVER) (16+ SEATS, INC DRIVER) (16+ SEATS, INC DRIVER) (16+ SEATS, INC DRIVER) (TORIST MAL WITH RIDER MAL WITH BUGGY, WAGON, SURREY YOLEFEDACYOLIST ESTRIAWSKATER HER NON-MOTORIST
SPECIAL FUNCTION 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - ONTARTER 07 - BUS - SHITTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAYMAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT CE 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN HARI	MOST DAMA 0 2 IMPACT ARE 0 2	01 - NONE 02 - GENTER FRO	10 - TOP AND WI 11 - URDERCARE R 12 - LOAD/TRAIL ER 13 - TOTAL (ALL/	NDOWS BAGE ER	N 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
PRECRASH ACTIONS 1 3							
CONTRIBUTING CIRCUMSTANCES FRIMARY MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN SECONDARY 05 - EXCEEDED SPEED LIMIT 06 - UNISAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - UNKNOWN 10 - IMPROPER LANE CIANGE //PASSING/OFF ROAD	13 - STOPPED OI 14 - OPERATING 15 - SWERVING 1 16 - WRONG SIE 17 - FALLURE TO 18 - VISION OBS ACDA 19 - OPERATING	START FROM PARKED POSITION R R PARKED ILLEGALLY I VEHICLE, IN NEGLIGENT MANNE (O AVOID (QUE TO EXTERNAL CO) DEWRONG WAY CONTROL TRUCTION DEFECTIVE EQUIPMENT INGFALLING/SPILLING	22 - 23 - 24 - 25 - 101TIONS) 26 - 27 - 28 - 29 -	L-MOTORIST NONE IMPROPER CROSSI DARTING LYING AND/OR ILLEG FAILURE TO YIELD R NOT VISIBLE (DARK O INATTENTIVE FAILURE TO OBEY TF ASIGNAL S/OFFICE WRONG SIDE OF THE OTHER NON-MOTORI	ALLY IN ROADWAY IGHT OF WAY SLOTHING) RAFFIC SIGNS E ROAD	02 03 04 05 06 07 08 09	S - YURN SIGNALS - HEAD LAMPS - HEAD LAMPS - BRAKES - BRAKES - STEERING - TIRE BLOWOUT - WORN OR SIJCK TIRES - TRAILER EQUIPMENT DEFECTIVE - MOTOR TROUBLE - DISABLED FROM PRIOR ACCIDENT
15 - PEDALGYCLE 22 - WC 16 - FALIWAY VEHICLE (TRAIN, ENGINE) 23 - STI 17 - ANIMAL - FARM CR 18 - ANIMAL - DEER MC	99 - UNKNOWN RKED MOTOR VEHICLE RK ZONE MAINTENANCE EQU RUCK BY FALLING, SHIFTING O ANYTHING SET IN MOTION BY TOR VEHICLE HER MOVABLE OBJECT	26 - BRIDGE OVERHEA JIPMENT 27 - BRIDGE PIER OR ARGO 28 - BRIDGE PARAPET	OVER N ENTLOSS OR SHIFT DEBLECT TOPPOSTRASH CUSHION ADDITION ABUTIMENT F. E.E.	06 - EQUIPMENT FA (BLOWNTIRE, BIV 07 - SEPARATION OF 08 - RAN OFF ROAD 09 - RAN OFF ROAD 33 - MEDIAN CABL 34 - MEDIAN GUA 35 - MEDIAN GUA 36 - MEDIAN OTH 37 - TRAFFIC SIGN 38 - OVERTIEAD S 39 - LIGHTALUMIN 40 - UTILITY POL	KE FAILURE, ETC) 11 **UNITS** **PICHT** 13 **E BARRIER **RORAIL BARRIER **RETE BARRIER **PETE BARRIER **IPOST** **GIN POST** **ARIES SUPPORT**	CROSS MEDIAN CROSS CENTER LINE OPPOSITE DIRECTION O TOWNHILL RUNAWAY OTHER NON-COLLISION 11 - OTHER POST, POLE OR SUPPORT 12 - CULVERT 13 - CURB 14 - OTTCH 15 - EMBANIMMENT 16 - FENCE 17 - MAILBOX	F TRAVEL 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 61 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
UNIT SPEED 14 5	CONTROL 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FI ASHERS 06 - SCHOOL ZONE	07 - RAILROAD CROSSBUCK 08 - RAILROAD ELASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARR 11 - PERSON (FLAGGER, OFI 12 - PAVEMENT MARKINGS	14 - WALK 15 - OTHE RICADE 16 - NOT F	SWALK LINES /DON'T WALK R REPORTED	UNIT DIRECTION FROM 3	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 9 - UNKNOWN 6 - NORTHWEST 7 - SOUTHWEST Page 3 of 6

UNIT NUMBER U	3,2,2,0,0,1,3,3,3 0,0,0,17 M F-FEMALE					
508 Miller ST, Lebanon, Ohio 45036						
Atrium O 4	(513)633-0049					
O H UP887920	POSITION AIR BAG USAGE EJECTION TRAPPED 1 1 1					
4511.29 Driving Left of Center in Passing O17003 UNIT HUMBER INAME: LAST, FIRST, MIDDLE Eber, Amy Jo ADRESS, CITY, STATE, 2IP O43 Greengate DR, Lebanon, Ohio 45036 WEDIC21 MEDIC21 Atrium O	EST VALUE ORUG TEST STATUS ORUG TEST TYPE					
DIZ Eber, Amy Jo Address, CITY, STATE, 2P 943 Greengate DR, Lebanon, Ohio 45036 MEDIC21 MEDIC21 MEDIC21 Atrium OLASS NO LIMAN CONDITION RU370861 OFFENSE CHARGED (LOCAL CODE) INJURED TAKEN BY LOCAL CODE) OFFENSE CHARGED (LOCAL CODE) INJURED TAKEN BY LOCAL CODE) OFFENSE CHARGED (LOCAL CODE) INJURED TAKEN BY LOCAL CODE) OFFENSE CHARGED (LOCAL CODE) INJURED TAKEN BY LOCAL CODE) OFFENSE CHARGED (LOCAL CODE) OFFENSE CHARGED (LOCAL CODE) OFFENSE CHARGED (LOCAL CODE) INJURED TAKEN BY LOCAL CODE) SAFETY COULPMENT USED OLASS NO. LOCAL CODE) OFFENSE CHARGED (LOC	HANDS-FREE DRIVER DISTRACTED BY DEVICE 1					
ADDRESS, CITY, STATE, ZIP 943 Greengate DR, Lebanon, Ohio 45036 INJURED TAKEN BY EMS AGENCY MEDIC 21 MEDIC 21 Afrium D DOT COMPLIANT SEATING D HELMET	6 5 52 F F-FEMALE					
MEDIC 21 Atrium O 4 MEDIC 21 Atrium O 5 Atrium O 5 Atrium O 6 O 6 O 6 O 7 O 7 O 7 O 7 O 7	(937)543-6312					
OFFENSE CHARGED (COAL CODE) OFFENSE DESCRIPTION OFFENSE CHARGED (COAL CODE) OFFENSE DESCRIPTION OFFENSE CHARGED (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	POSITION AIR BAG USAGE EJECTION TRAPPED 1 2 1 2					
INJURIED TAKEN BY 1. NO INJURY / NOIR REPORTED 2. POSSIBLE 3. NON-INCAPACITATING 2. EMS 3. POLICE 4. OTHER 9. UNKNOWN SAFETY EQUIPMENT USED 99. UNKNOWN SAFETY EQUIPMENT MOTORIST 101. NOIR USED. VEHICLE OCCUPANT 102. SHOULDER BELT ONLY USED. 103. LAP BELT ONLY USED. 103. LAP BELT ONLY USED. 104. SHOULDER AND LAP BELT USED. 105. CHILD RESTRAINT SYSTEM. FORWARD FACING. 105. CHILD RESTRAINT SYSTEM. FEAR FACING. 105. CHILD RESTRAINT SYSTEM. FEAR FACING. 106. CHILD RESTRAINT SYSTEM. FEAR FACING. 107. HELMET 108. HELMET USED. 109. UNKNOWN SAFETY EQUIPMENT. NON-MOTORIST 109. NON-WOTORIST 109. HELMET USED. 109. HELME	EST VALUE DRUG TEST STATUS DRUG TEST TYPE					
1 - NO INJURY / NORE REPORTED 2 - POSSIBLE 3 - POSSIBLE 3 - POSSIBLE 4 - TREATED AT SCENE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FRAIL 6 - FRAIL 6 - FRAIL 7 - THIRD - LEFT SIDE (MOTORCYCLE BRIVER) 7 - THIRD - LIEFT	MANDS-FREE DRIVER DISTRACTED BY DEVICE 1					
4 - INCAPACITATING 5 - FATAL 4 - OTHER 9 - UNIXNOWN 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 07 - BOOSTER SEAT 11 - PROTECT (\$ELBOWS) SEATING POSITION 11 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 07 - THIRD - LEFT SIDE (MOTORCYCLE DRIVER) 08 - THIRD MIDDLE 13 - TRAILING UNIT	1 - NO INJURY / NONE REPORTED 1 - NOT TRANSPORTED / MOTORIST NON-MOTORIST 2 - POSSIBLE TREATED AT SCENE 01 - NONE USED - VEHICLE OCCUPANT 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 09 - NONE USED 12 - REFLECTIVE CLOTHING					
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 12 - PASSENGER IN UNENCLOSED CARGO AREA 02 - FRONT - MIDDLE 08 - THIRD MIDDLE 13 - TRAILING UNIT	3 - NON-INCAPACITATING 2 - EMS 92 - SHOULDER BELT ONLY USED 96 - CHILD RESTRAINT SYSTEM - REAR FACING 10 - HELMET USED 13 - LIGHTING 4 - INCAPACITATING 3 - POLICE 93 - LAP BELT ONLY USED 97 - BOOSTER SEAT 11 - PROTECTIVE PADS USED 14 - OTHER 5 - FATAL 4 - OTHER 94 - SHOULDER AND LAP BELT USED 96 - HELMET USED (ELBOWS, KNEES, ETC)					
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 10 - SLEEPER SECTION OF CAB (TRUCK) 15 - NON-MOTORIST 06 - SECOND - MIDDLE 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA 16 - OTHER	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE					
66 - SECOND - RIGHT SIDE RIGHT SUCH AS A BUS, POK-UP WITH CAP) 99 - UTKNOWN 9 - DEPLOYMENT UNKNOWN EJECTION TRAPPED OPERATOR LICENSE CLASS CONDITION 11-NOT EJECTED 1- NOT TRAPPED 1 - CLASS A 1 - APPARENTLY NORMAL 5 - FELL ASLEEP, FAINTED, FATIGUED 1 - NORE						
2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE 3 - EXTRICATED BY NOT-APPLICABLE 3 - EXTRICATED BY NOT-APPLICABLE 3 - EXTRICATED BY NOT-APPLICABLE 5 - MCARDED DILLY 1 - REGULAR CLASS (DIRO IS TD) 1 - MCARDED DILLY 5						
ALCOHOL TEST TYPE 1 - NONE GIVEN 1 - NONE 2 - PRIORE 7 - EXTERNAL DISTRACTION 5 - TEST GIVEN, CONTAMINATED SAMPLEAURUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS WINKNOWN 5 - TEST GIVEN, RESULTS WINKNOWN 5 - TEST GIVEN, RESULTS WINKNOWN 5 - OTHER 5 - OTHER BISIDE THE VER 2 - BLOOD 2 - PRIORE 3 - VERINE 3 - VERINE 3 - VERINE 4 - OTHER 4 - OTHER 5 - OTHER BISIDE THE VER 5 - OTHER BISIDE THE VER 7 - EXTERNAL DISTRACTION 5 - OTHER BISIDE THE VER 7 - EXTERNAL DISTRACTION 4 - ELECTRONIC COMMUNICATION DEVICE (NAMAGATION DEVICE, RAND, DVID)						
UNIT NUMBER NAME: LAST, FIRST, MIDDLE 0 2 Eber, Aviemdha 1 2 2 3 2 0 0 9 8 F M-MALE						
ADDRESS, CITY, STATE, ZIP 943 Greengate DR, Lebanon, Ohio 45036 (937)543-6312						
MINURES MINURED TAKEN BY EMS AGENCY MEDIC 22 MEDIC 22 MEDIC 24 MEDIC 25 MEDIC 26 MEDIC 26 MEDIC 26 MEDIC 27	5 SPOSITION AR BAG USAGE EJECTION TRAPPED 1					
UNIT NUMBER NAME: LAST, FIRST, MIDDLE LO L1 Faulkner, Dylan A DATE OF BIRTH LO L6 L2 L4 L2 L0 LO L6 L4						
ADDRESS, CITY, STATE, ZIP CONTACT PHONE-INCLUDE AREA CODE (513)502-5099 (513)502-5099						
MEDICAL FACILITY INJURED TAKEN TO SAFETY EQUIPMENT USED DOT COMPLIANT MOTORCYCLE HELINET DOT DOT DOT DOT DOT DOT DOT D	POSITION AIR BAG USAGE EJECTION TRAPPED					

	OCCUPANT / WITNESS ADDENDUM					1	L_P ₁ 1 8 0 3 2 2 0 0 1 3 3 3				
	UNIT NUMBER NAME: LAST, FIRST, MIDDLE 10 11 White, Tim				DATE OF BIRTH	8 2 0 0 2	AGE	GENDER F-FEMALE M-MALE			
Į.	ADDRESS, CITY, STATE, ZIP						CONTACT PHONE- INCLUDE A				
			nit F, Maineville, Ohio 4503				· · ·	3)304-764			
	3	1 NJUREO TAKEN BY	EMS AGENCY MEDIC23	MEDICAL FACILITY INJURED TAKEN TO Atrium	SAFETY EQUIPMENT USEC	DOT COME MOTORCYC HELMET		AIR BAGUSAG	E EJECTION TRAPPED		
	UNIT NUMB:	ER NAME: LAST, FIF Burton, I				0 3 1	3 2 0 0 0	age 18	GENDER F.FEMALE M.MALE		
-		CITY, STATE, ZIP				<u> </u>	CONTACT PHONE - INCLUDE		I		
3			, Maineville, Ohio 45039					3)340-57 [,]			
	INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USEC	DOT COM MOTORCYC HELMET		AIR BAG USAG	E EJECTION TRAPPED		
	IBMUM YINU		rst, MIDDLE acob William			0 6 0	3 1 9 9 9	^{AGE} 18	GENDER F - FEMALE M - MALE		
I NE		GITY, STATE, ZIP				<u> </u>	CONTACT PHONE- INC.UDE				
			/nesville, Ohio 45068				`	13)932-080			
	INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEH TO	SAFETY EQUIPMENT USE	D DOT COM MOTORCYS HELMET		AIR BAG USAG	E EJECTION TRAPPED		
Ì	UNIT NUMB	ER NAME: LAST, FII	RST, MIDDLE			DATE OF BIRTH	1 1 1 1 1	AGE	GENDER F-FEMALE M-MALE		
į	ADDRESS, CITY, STATE, ZIP CONTACT PHONE- INCLUDE AREA CODE										
2000											
	INJURIES	INJUREO TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USE	DOT COM MOTORCY HELMEY		AIR BAG USAG	E EJECTION TRAPPED		
l	UNIT NUMBER NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GENDER F - FEMALE										
	<u>Ш</u>	J	.,						M- MALE		
L L	ADDRESS, CITY, STATE, ZIP CONTACT PHONE- INCLUDE AREA CODE										
ð	INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USE	D DOT COM		AIR BAG USAG	SE EJECTION TRAPPED		
	UNIT NUME	BER NAME: LAST, FI	RST, MIDDLE			DATE OF BIRTH		AGE	GENDER		
	F-FEMALE M-MAILE										
ADDRESS, GITY, STATE, ZIP CONTACT PHONE-INCLUDE AREA GODE											
	INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USE	D BOT COM	CLE	AIR BAG USAC	BE EJECTION TRAPPED		
	2 - POS! 3 - NON	JURY / NONE REPORTE SIBLE HNCAPACITATING PACITATING	D 1 - NOT TRANSPORTED / MG TREATED AT SCENE 0 2 - EMS 0 3 - POLICE 0	TORIST 1 - NONE USED - VEHICLE OCCUPANT 05 - CH 2 - SHOULDER BELT ONLY USED 06 - CH 3 - LAP BELT ONLY USED 07 - 80	KNOWN SAFETY EQUIPMENT ILD RESTRAINT SYSTEM - FOR ILD RESTRAINT SYSTEM - REA OSTER SEAT LIMET USED		NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PAL (ELBOWS, KNEES,	13 S USED 14	: REFLECTIVE CLOTHING - LUSHTING - OTHER		
	01 - FRO 02 - FRO 03 - FRO 04 - SEC 05 - SEC 06 - SEC 07 - THII 08 - THII 09 - THII	POSITION NIT - LEFT SIDE (MOTOR NIT - MIGHT SIDE NOND - LEFT SIDE (MOTO OND - RIGHT SIDE OND - RIGHT SIDE OND - RIGHT SIDE (MOTOR RD - LEFT SIDE (MOTOR RD - RIGHT SIDE RD - RIGHT SIDE	PON-T	ON VEHICLE EXTERIOR (NON-TRAILING UNIT) IOTORIST I	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FF 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKN	ROMI/SIDE	EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	2-EXTR MECI 3-EXTR	TRAPPED TRAPPED HANDAL MEANS HIGHED BY MECHANICAL MEANS		



OH-2 (REV. 1/82)

LOCAL REPORT NUMBER	LP180322001333	REPORTING AGENCY Clearcreek Twp. Police Department	DATE OF ACCIDENT 03/22/2018
IN COUNTY OF	Warren	ACCIDENT LOCATION Old St Rt 122	

Crash Narrative:

Unit One was traveling eastbound on Old St Rt 122 when it encountered eastbound traffic that was slowing as a vehicle was making a right turn into the address of 315. The operator of Unit One attempted to slow down, but later reported that his brakes malfunctioned. Unit One then crossed to the left of the center line in an attempt to not strike the slower vehicle ahead of it. In doing so, Unit One unsafely drove fully into the oncoming lane. Unit Two was westbound in its proper lane of travel and Unit One struck it head-on at the address of 298. Unit One came to final rest in the roadway and Unit Two left the roadway to the right, coming to final rest in the front yard of the address of 298, destroying part of a fence.

Verbal Statements:

The operator of Unit One, Austin Whitt, stated to me at the hospital that "the brake pedal went all the way to the floor." He advised that he knew the braking system in that vehicle has been malfunctioning, but not to this degree. He stated that he believes a brake line broke. The vehicle's engine bay area sustained heavy damage in the crash.

The rear seat passenger of Unit One, Tim White, stated that Austin Whitt later reported to him that the brake pedal had gone all the way to the floor. He stated that the vehicle swerved right and then left before crashing into Unit Two.

The operator of Unit Two stated that she had just sped up from passing through the Emmanuel Baptist school zone and was traveling approximately 45 mph when a semi was going by eastbound. She stated that immediately after that, Unit One suddenly entered her lane of travel and she had no time to react to the lane intrusion.

Additional Information:

The two uninvolved witnesses, David Burton and Jacob Moore, were both traveling in eastbound vehicles and their approximate positions on the roadway are marked on the diagram. Both completed an OH-3.

The owner of the destroyed fence at 298 Old St Rt 122, Dorothy Hopkins, was notified of the property damage, 513-932-4864.

Austin Whitt was issued a traffic citation for operating an unsafe vehicle and left of center.

OFFICERS SIGNATURE	BADGE NO.
	1L23