



TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * | CRASH SEVERITY | 1 HIT/SKIP |
| L P 1 8 0 3 2 2 0 0 1 3 3 3 | 2 1 - FATAL 2 - INJURY 3 - PDO | 1 - SOLVED 2 - UNSOLVED |

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| PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | PRIVATE PROPERTY | REPORTING AGENCY NCIC * 0 8 3 1 6 | REPORTING AGENCY NAME * Clearcreek Twp. Police Department | NUMBER OF UNITS 0 2 | UNIT IN ERROR 0 1 | 98 - ANIMAL 99 - UNKNOWN |
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| COUNTY * 8 3 | CITY * Clearcreek | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * 0 3 2 2 2 0 1 8 | TIME OF CRASH 1 4 1 4 | DAY OF WEEK T H U |
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| DEGREES / MINUTES / SECONDS LATITUDE 0 / // LONGITUDE 0 / // | OR | DECIMAL DEGREES LATITUDE 3 9 . 4 8 5 4 2 6 LONGITUDE - 8 4 . 1 9 4 3 8 5 |
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| ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND | NUMBER OF THRU LANES 0 2 | ROAD TYPES OR MILEPOST * AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LAKE P1 - PIKE SQ - SQUARE TL - TRAIL |
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| LOCATION ROUTE NUMBER Old St Rt 122 | LOC PREFIX N, S, E, W | LOCATION ROAD NAME Old St Rt 122 | LOCATION ROAD TYPE 2 R D | ROUTE TYPES * IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE | CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE |
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| DISTANCE FROM REFERENCE MILES FEET YARDS | DIR FROM REF N, S, E, W | REFERENCE ROUTE TYPE 1 | REFERENCE ROUTE NUMBER | REF PREFIX N, S, E, W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 298 | REFERENCE ROAD TYPE 2 |
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| REFERENCE POINT USED 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | CRASH LOCATION 0 1 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUNT 06 - FIVE-POINT, OR MORE 07 - ONRAMP 08 - OFF-RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS | 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN | INTERSECTION RELATED <input type="checkbox"/> | LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN |
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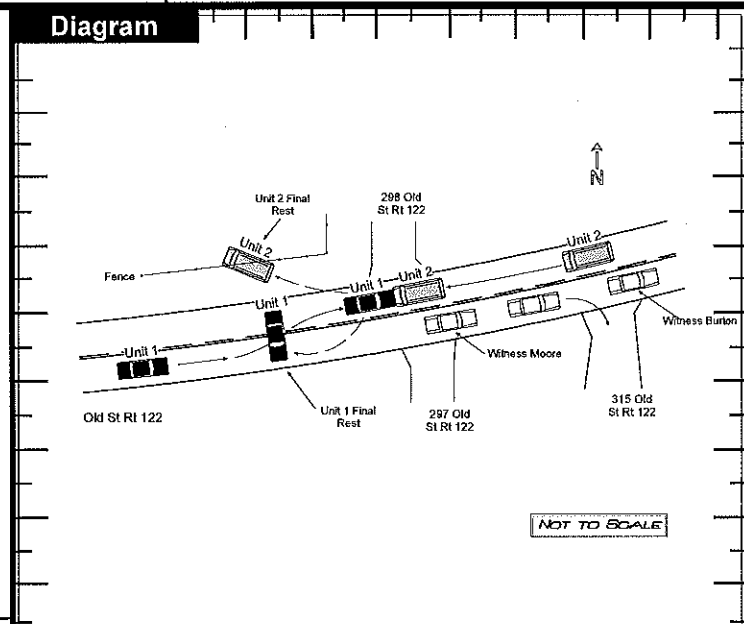
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| ROAD CONTOUR 3 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN | ROAD CONDITIONS PRIMARY 0 1 SECONDARY | 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT * 10 - OTHER 99 - UNKNOWN | *SECONDARY CONDITION ONLY |
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| MANNER OF CRASH COLLISION/IMPACT 3 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 - UNKNOWN | WEATHER 1 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 - OTHER/UNKNOWN |
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| ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER | LIGHT CONDITIONS 1 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 | SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
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| WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | TYPE OF WORK ZONE 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 FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA |
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NARRATIVE
Refer to OH-2 supplement.



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| 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 ODP) | DATE CRASH REPORTED 0 3 2 2 2 0 1 8 | TIME CRASH REPORTED 1 4 1 4 | DISPATCH TIME 1 4 1 5 | ARRIVAL TIME 1 4 1 7 | TIME CLEARED 1 5 3 3 | OTHER INVESTIGATION TIME 1 2 0 | TOTAL MINUTES 0 1 9 6 |
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| OFFICER'S NAME * Morgan, Daniel - LP | OFFICER'S BADGE NUMBER 1 L 2 3 | CHECKED BY JLB705 | Page 1 of 6 |
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UNIT

LOCAL REPORT NUMBER LP180322001333

UNIT NUMBER 01, OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER) McCarter, Karla J, OWNER PHONE NUMBER - INC. AREA CODE () SAME AS DRIVER) (513)240-2625, DAMAGE SCALE 4, DAMAGED AREA FRONT

OWNER ADDRESS: CITY, STATE, ZIP () SAME AS DRIVER) 508 Miller ST, Lebanon, Ohio 45036

LP STATE OH, LICENSE PLATE NUMBER HHL3228, VEHICLE IDENTIFICATION NUMBER 2T1CF22P4XC232036, # OCCUPANTS 031

VEHICLE YEAR 1999, VEHICLE MAKE Toyota, VEHICLE MODEL Solara, VEHICLE COLOR RED

PROOF OF INSURANCE SHOWN (X), INSURANCE COMPANY Progressive, POLICY NUMBER 901372062, TOWED BY Sandys

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

US DOT, VEHICLE WEIGHT GVWR/GCWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, HM PLACARD ID No., HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES (LESS THAN 9 PASSENGERS), MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS, BUS/MANILIMO (9 OR MORE INCLUDING DRIVER)

SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION, IMPACT AREA

PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST

CONTRIBUTING CIRCUMSTANCES, PRIMARY, SECONDARY, NON-MOTORIST, VEHICLE DEFECTS

SEQUENCE OF EVENTS, NON-COLLISION EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION



UNIT

LOCAL REPORT NUMBER LP180322001333

UNIT NUMBER 02, OWNER NAME: Eber, Amy Jo, OWNER PHONE NUMBER: (937)543-6312, DAMAGE SCALE 4, DAMAGED AREA FRONT, OWNER ADDRESS: 943 Greengate DR, Lebanon, Ohio 45036, LP STATE OH, LICENSE PLATE NUMBER HFH9129, VEHICLE IDENTIFICATION NUMBER 1D4GP24373B230091, #OCCUPANTS 02, VEHICLE YEAR 2003, VEHICLE MAKE Dodge, VEHICLE MODEL Grand Caravan, VEHICLE COLOR LGR, INSURANCE COMPANY Progressive, POLICY NUMBER 916092421, TOWED BY Sandys

US DOT, VEHICLE WEIGHT, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, HM PLACARD ID No., HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS, BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER), ACTION

SPECIAL FUNCTION, MOST DAMAGED AREA, IMPACT AREA, ACTION

PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST

CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS

SEQUENCE OF EVENTS, NON-COLLISION EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
L P 1 8 0 3 2 2 0 0 1 3 3 3

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| UNIT NUMBER 0 1 | NAME: LAST, FIRST, MIDDLE Whitt, Austin James | DATE OF BIRTH 0 7 0 9 2 0 0 0 | AGE 17 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 508 Miller ST, Lebanon, Ohio 45036 | CONTACT PHONE- INCLUDE AREA CODE (513)633-0049 |
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| INJURIES 3 | INJURED TAKEN BY 2 | EMS AGENCY MEDIC23 | MEDICAL FACILITY INJURED TAKEN TO Atrium | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 2 | EJECTION 1 | TRAPPED 1 |
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| OL STATE OH | OPERATOR LICENSE NUMBER UP887920 | OL CLASS 4 | <input type="checkbox"/> NO VALID OL | <input type="checkbox"/> M/C END. | 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 (<input type="checkbox"/> LOCAL CODE) 4511.29 | OFFENSE DESCRIPTION Driving Left of Center in Passing | CITATION NUMBER 017003 | <input type="checkbox"/> HANDS-FREE DEVICE USED | DRIVER DISTRACTED BY 1 |
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| UNIT NUMBER 0 2 | NAME: LAST, FIRST, MIDDLE Eber, Amy Jo | DATE OF BIRTH 1 1 1 9 1 9 6 5 | AGE 52 | GENDER F F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 943 Greengate DR, Lebanon, Ohio 45036 | CONTACT PHONE- INCLUDE AREA CODE (937)543-6312 |
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| INJURIES 3 | INJURED TAKEN BY 2 | EMS AGENCY MEDIC21 | MEDICAL FACILITY INJURED TAKEN TO Atrium | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION 0 1 | AIR BAG USAGE 2 | EJECTION 1 | TRAPPED 2 |
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| OL STATE OH | OPERATOR LICENSE NUMBER RU370861 | OL CLASS 4 | <input type="checkbox"/> NO VALID OL | <input type="checkbox"/> M/C END. | 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 (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | <input type="checkbox"/> HANDS-FREE DEVICE USED | DRIVER DISTRACTED BY |
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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 9 - UNKNOWN | SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED | 99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - 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 99 - UNKNOWN | AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONTSIDE 5 - NOT APPLICABLE 9 - 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 - MCMOPED 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 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | DRUG TEST STATUS 1 - NONE 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 0 2 | NAME: LAST, FIRST, MIDDLE Eber, Aviemdha | DATE OF BIRTH 1 2 2 3 2 0 0 9 | AGE 8 | GENDER F F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 943 Greengate DR, Lebanon, Ohio 45036 | CONTACT PHONE- INCLUDE AREA CODE (937)543-6312 |
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| INJURIES 3 | INJURED TAKEN BY 2 | EMS AGENCY MEDIC22 | MEDICAL FACILITY INJURED TAKEN TO Atrium | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION 0 5 | AIR BAG USAGE 5 | EJECTION 1 | TRAPPED 1 |
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| UNIT NUMBER 0 1 | NAME: LAST, FIRST, MIDDLE Faulkner, Dylan A | DATE OF BIRTH 0 6 2 4 2 0 0 2 | AGE 15 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 435 E Silver ST, Lebanon, Ohio 45036 | CONTACT PHONE- INCLUDE AREA CODE (513)502-5099 |
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| INJURIES 3 | INJURED TAKEN BY 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 0 4 | <input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET | SEATING POSITION 0 3 | AIR BAG USAGE 2 | EJECTION 1 | TRAPPED 1 |
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
L P 1 8 0 3 2 2 0 0 1 3 3 3

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| UNIT NUMBER 0 1 | NAME: LAST, FIRST, MIDDLE White, Tim | DATE OF BIRTH 0 3 2 8 2 0 0 2 | AGE 15 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 8220 Russet ST, Unit F, Maineville, Ohio 45039 | CONTACT PHONE - INCLUDE AREA CODE (513)304-7649 |
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| INJURIES 3 | INJURED TAKEN BY 2 | EMS AGENCY MEDIC23 | MEDICAL FACILITY INJURED TAKEN TO Atrium | SAFETY EQUIPMENT USED 0 4 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION 0 4 | AIR BAG USAGE 5 | EJECTION 1 | TRAPPED 1 |
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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE Burton, David C | DATE OF BIRTH 0 3 1 3 2 0 0 0 | AGE 18 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 6568 Winding Way, Maineville, Ohio 45039 | CONTACT PHONE - INCLUDE AREA CODE (513)340-5715 |
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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 Moore, Jacob William | DATE OF BIRTH 0 6 0 3 1 9 9 9 | AGE 18 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 5567 Gard RD, Waynesville, Ohio 45068 | CONTACT PHONE - INCLUDE AREA CODE (513)932-0809 |
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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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| 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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| 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 9 - UNKNOWN | SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED | 99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - 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 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 99 - UNKNOWN | AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN | 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 |
|--|--|---|--|---|



TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

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|---------------------------------------|---|--------------------------------|
| 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.

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| OFFICERS SIGNATURE | BADGE NO. 1L23 |
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