



TRAFFIC CRASH REPORT

| | | |
|-----------------------------|---|--|
| LOCAL REPORT NUMBER * | CRASH SEVERITY | HITSKIP |
| L P 1 7 0 4 0 9 0 0 1 4 2 2 | 2 1 - FATAL 2 - INJURY 3 - PDO | <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED |

| | | | | | | |
|---|---|---|--------------------------------------|--|------------------------|---|
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input 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 * 0 8 3 1 6 | REPORTING AGENCY NAME * Clearcreek Twp. Police Department | NUMBER OF UNITS 0 1 | UNIT IN ERROR 0 1 98 - ANIMAL 99 - UNKNOWN |
|---|---|---|--------------------------------------|--|------------------------|---|

| | | | | | |
|-----------------|---|---|---------------------------------|--------------------------|----------------------|
| COUNTY * 8 3 | <input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP * | CITY, VILLAGE, TOWNSHIP * Clearcreek | CRASH DATE * 0 4 0 9 2 0 1 7 | TIME OF CRASH 0 5 0 5 | DAY OF WEEK S U N |
|-----------------|---|---|---------------------------------|--------------------------|----------------------|

| | | | | |
|---|-----------|----|-----------------------------|---------------------|
| DEGREES / MINUTES / SECONDS LATITUDE | LONGITUDE | OR | DECIMAL DEGREES LATITUDE | LONGITUDE |
| 0 / / | 0 / / | | 3 9 . 5 2 8 2 8 6 | - 8 4 . 1 5 0 8 1 8 |

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

| | | | | | | |
|-----------------------|-----------------------|--------------------------|--|-----------------------------|---|--|
| LOCATION ROUTE TYPE 1 | LOCATION ROUTE NUMBER | LOG PREFIX N, S, E, W | LOCATION ROAD NAME Lower Springboro | LOCATION ROAD TYPE 2 R D | ROUTE TYPES 1 IR - INTERSTATE ROUTE (I.C. TURNPIKE) US - US ROUTE SR - STATE ROUTE | CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE |
|-----------------------|-----------------------|--------------------------|--|-----------------------------|---|--|

| | | | | | | |
|--|----------------------------|------------------------|------------------------|--------------------------|--|-----------------------|
| DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> 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 #) 2350 | REFERENCE ROAD TYPE 2 |
|--|----------------------------|------------------------|------------------------|--------------------------|--|-----------------------|

| | | | | | |
|--|---|---|--|---|--|
| REFERENCE POINT USED 3 - HOUSE NUMBER | CRASH LOCATION 0 1 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDABOUT | 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS | 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN | <input type="checkbox"/> INTERSECTION RELATED | LOCATION OF FIRST HARMFUL EVENT 4 - ON ROADSIDE 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN |
|--|---|---|--|---|--|

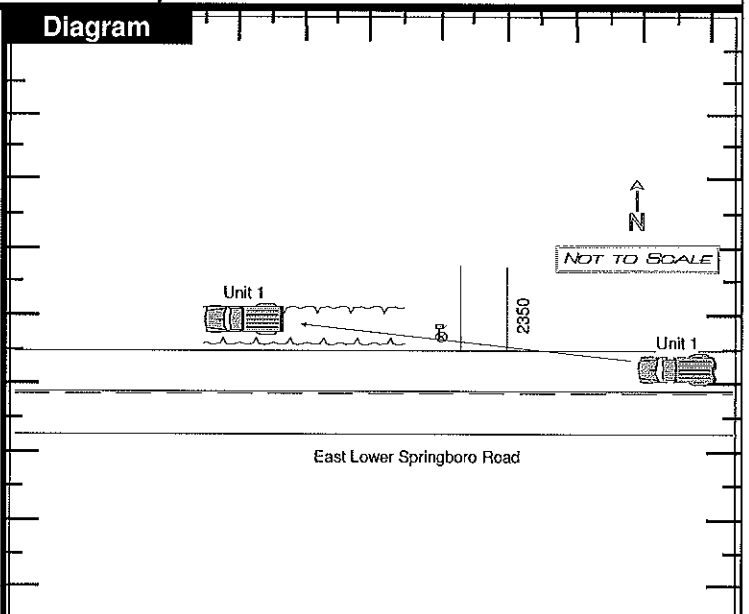
| | | | | |
|---|-----------------------------------|-----------|---|----------------------------|
| ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN | ROAD CONDITIONS PRIMARY 0 1 | SECONDARY | 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN | * SECONDARY CONDITION ONLY |
|---|-----------------------------------|-----------|---|----------------------------|

| | |
|---|---|
| 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 - 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 - OTHER/UNKNOWN |
|---|---|

| | | | |
|---|----------------------------------|--|--|
| ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER | LIGHT CONDITIONS 5 PRIMARY | SECONDARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - UNKNOW ROADWAY LIGHTING 6 - OTHER | SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
|---|----------------------------------|--|--|

| | | |
|--|---|---|
| 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 |
|--|---|---|

NARRATIVE
Unit # 1 was traveling westbound on East Lower Springboro Road when the driver lost control of the vehicle, went off the right side of the road, hit a mail box, and came to rest in the eastmost ditch.



| | | | | | | | | |
|---|---|--|--------------------------------|--------------------------|-------------------------|-------------------------|---------------------------------|--------------------------|
| 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 ODPS) | DATE CRASH REPORTED 0 4 0 9 2 0 1 7 | TIME CRASH REPORTED 0 5 0 5 | DISPATCH TIME 0 5 1 2 | ARRIVAL TIME 0 5 1 7 | TIME CLEARED 0 6 3 0 | OTHER INVESTIGATION TIME 6 0 | TOTAL MINUTES 0 1 3 3 |
|---|---|--|--------------------------------|--------------------------|-------------------------|-------------------------|---------------------------------|--------------------------|

| | | | |
|--|-----------------------------------|----------------------|-------------|
| OFFICER'S NAME * Gleeson, John - LP | OFFICER'S BADGE NUMBER 1 L 2 6 | CHECKED BY COH530 | Page 1 of 4 |
|--|-----------------------------------|----------------------|-------------|



UNIT

LOCAL REPORT NUMBER LP170409001422

UNIT NUMBER 01, OWNER NAME: Kraft, Michelle R, OWNER PHONE NUMBER: (937)478-8287

OWNER ADDRESS: 5500 Hamilton RD, Lebanon, Ohio 45036-9761

LP STATE OH, LICENSE PLATE NUMBER GZF8437, VEHICLE IDENTIFICATION NUMBER 1FTWW33F9XE94379

VEHICLE YEAR 1999, VEHICLE MAKE FORD, VEHICLE MODEL F-150, VEHICLE COLOR RED

PROOF OF INSURANCE SHOW? Motorist Mutual, POLICY NUMBER 88540669075601, TOWED BY Sandys

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

US DOT, HAZARDOUS MATERIAL, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, ACTION

SPECIAL FUNCTION, MOST DAMAGED AREA, IMPACT AREA, ACTION

PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST, OTHER MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES, PRIMARY, SECONDARY, VEHICLE DEFECTS

SEQUENCE OF EVENTS, NON-COLLISION EVENTS, COLLISION WITH FIXED OBJECT

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
L P 1 7 0 4 0 9 0 0 1 4 2 2

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

| | | | | |
|--------------------------|--|----------------------------------|------------------|--|
| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE Robinson, Zachary Edward | DATE OF BIRTH 04041998 | AGE 19 | GENDER M F - FEMALE M - MALE |
|--------------------------|--|----------------------------------|------------------|--|

| | |
|---|--|
| ADDRESS, CITY, STATE, ZIP 5500 Hamilton RD, Lebanon, Ohio 45036 | CONTACT PHONE- INCLUDE AREA CODE (937)478-8287 |
|---|--|

| | | | | | | | | | |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|
| 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 1 | EJECTION 1 | TRAPPED 1 |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|

| | | | | | | | | | | | |
|-----------------------|--|----------------------|---|--------------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|-----------------------------------|------------------------------|----------------------------|
| OL STATE OH | OPERATOR LICENSE NUMBER UF886831 | OL CLASS 4 | NO VALID OL <input type="checkbox"/> | M/C END. <input type="checkbox"/> | CONDITION 6 | ALCOHOL/DRUG SUSPECTED 5 | ALCOHOL TEST STATUS 4 | ALCOHOL TEST TYPE 4 | ALCOHOL TEST VALUE .024 | DRUG TEST STATUS 5 | DRUG TEST TYPE 3 |
|-----------------------|--|----------------------|---|--------------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|-----------------------------------|------------------------------|----------------------------|

| | | | | |
|---|--|------------------------------------|--|----------------------------------|
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.202 | OFFENSE DESCRIPTION Operation Without Reasonable Control | CITATION NUMBER LP016395 | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY 1 |
|---|--|------------------------------------|--|----------------------------------|

| | | | | |
|-------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE |
|-------------|---------------------------|---------------|-----|----------------------------------|

| | |
|---------------------------|----------------------------------|
| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE- INCLUDE AREA CODE |
|---------------------------|----------------------------------|

| | | | | | | | | | |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|
| 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 |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

| | | | | | | | | | | | |
|----------|-------------------------|----------|---|--------------------------------------|-----------|------------------------|---------------------|-------------------|--------------------|------------------|----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | NO VALID OL <input type="checkbox"/> | M/C END. <input type="checkbox"/> | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
|----------|-------------------------|----------|---|--------------------------------------|-----------|------------------------|---------------------|-------------------|--------------------|------------------|----------------|

| | | | | |
|--|---------------------|-----------------|--|----------------------|
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY |
|--|---------------------|-----------------|--|----------------------|

| | | | | | |
|---|--|---|---|---|---|
| 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 | 09 - 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 |
|---|--|---|---|---|---|

| | | | |
|---|--|---|--|
| 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 |
|---|--|---|--|

| | | | | |
|--|---|--|---|--|
| 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 - MCM/OPED 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 |
|--|---|--|---|--|

| | | | | |
|--|---|---|--|--|
| 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 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 - TEXT/IGTE/MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION |
|--|---|---|--|--|

| | | | | |
|-------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE |
|-------------|---------------------------|---------------|-----|----------------------------------|

| | |
|---------------------------|----------------------------------|
| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE- INCLUDE AREA CODE |
|---------------------------|----------------------------------|

| | | | | | | | | | |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|
| 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 |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

| | | | | |
|-------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE |
|-------------|---------------------------|---------------|-----|----------------------------------|

| | |
|---------------------------|----------------------------------|
| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE- INCLUDE AREA CODE |
|---------------------------|----------------------------------|

| | | | | | | | | | |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|
| 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 |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|



TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

| | | |
|--|--|---------------------------------------|
| LOCAL REPORT NUMBER LP170409001422 | REPORTING AGENCY Clearcreek Twp. Police Department | DATE OF ACCIDENT 04/09/2017 |
| IN COUNTY OF Warren | ACCIDENT LOCATION E Lower Springboro | |

Owner of Mailbox:

**David A Krause
2350 East Lower Springboro Road
Waynesville, OH 45068
937-903-4508**

OFFICERS SIGNATURE

BADGE NO.

1L26