



TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * | CRASH SEVERITY | HIT/SKIP |
| L P 1 8 0 4 0 2 0 0 1 5 1 4 | 2 1 - FATAL 2 - INJURY 3 - PDO | 1 1 - SOLVED 2 - UNSOLVED |

LOCAL INFORMATION

| | | | | | | |
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| <input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OH-1P <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 2 | UNIT IN ERROR 0 1 88 - ANIMAL 99 - UNKNOWN |
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| 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 2 2 0 1 8 | TIME OF CRASH 0 8 3 5 | DAY OF WEEK M O N |
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| DEGREES / MINUTES / SECONDS LATITUDE 0 / / | LONGITUDE 0 / / | OR | DECIMAL DEGREES LATITUDE 3 9 . 5 0 5 2 0 5 | LONGITUDE - 8 4 . 1 9 7 1 6 7 |
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| ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> 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 - VAY TL - TRAIL |
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| LOCATION ROUTE NUMBER S R 4 8 | LOC PREFIX N, S, E, W | LOCATION ROAD NAME | LOCATION ROAD TYPE 2 | ROUTE TYPES 1 IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TT - NUMBERED TOWNSHIP ROUTE |
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| DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS | DIR FROM REF <input type="checkbox"/> N, S, E, W | REFERENCE ROUTE TYPE 1 | REFERENCE ROUTE NUMBER | REF PREFIX N, S, E, W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) Bunnell Hill | REFERENCE ROAD TYPE 2 R D |
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| REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | CRASH LOCATION 0 3 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 checked="" type="checkbox"/> INTERSECTION RELATED | 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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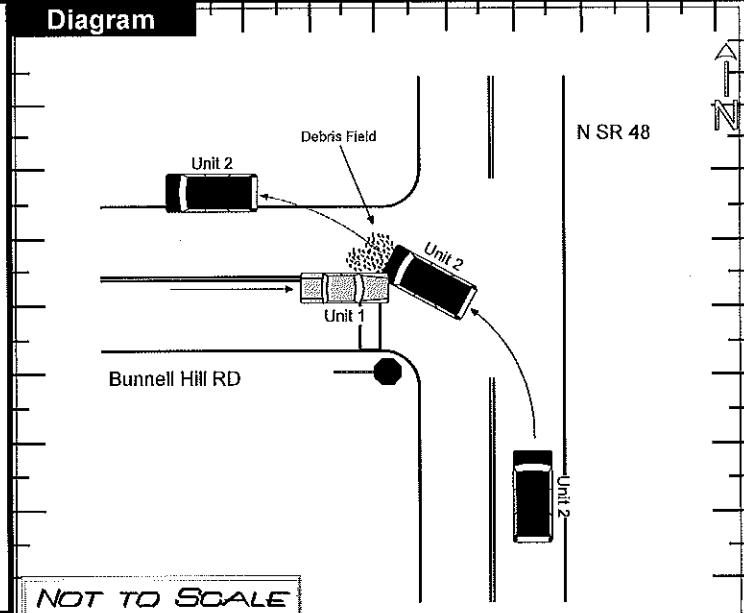
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| ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN | ROAD CONDITIONS PRIMARY 0 2 SECONDARY | 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 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 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 |
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| <input type="checkbox"/> 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 <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 | LOCATION OF CRASH IN WORK ZONE <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
Refer to OH-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 0 4 0 2 2 0 1 8 | TIME CRASH REPORTED 0 8 3 5 | DISPATCH TIME 0 8 3 6 | ARRIVAL TIME 0 8 4 1 | TIME CLEARED 1 0 0 1 | OTHER INVESTIGATION TIME | TOTAL MINUTES 0 0 8 0 |
|---|---|--|--------------------------------|--------------------------|-------------------------|-------------------------|--------------------------|--------------------------|

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| OFFICER'S NAME * Morgan, Daniel - LP | OFFICER'S BADGE NUMBER 1 L 2 3 | CHECKED BY EDN872 | Page 1 of 5 |
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UNIT

LOCAL REPORT NUMBER

LP 180402001514

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|---|--|--|--------------------------------|-----------------------------------|
| UNIT NUMBER 01 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Mendiola, Christina M | OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) (937)802-7453 | DAMAGE SCALE 4 | DAMAGED AREA |
| OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 3621 Clearview AVE, Moraine, Ohio 45439-1115 | | | | |
| LP STATE OH | LICENSE PLATE NUMBER GTA4366 | VEHICLE IDENTIFICATION NUMBER 1G4HR53L0NH502345 | # OCCUPANTS 01 | |
| VEHICLE YEAR 1992 | VEHICLE MAKE BUIC | VEHICLE MODEL LeSabre | VEHICLE COLOR GLD | |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN | INSURANCE COMPANY | POLICY NUMBER | TOWED BY Case Towing | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | | CARRIER PHONE - INCLUDE AREA CODE |

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| US DOT | VEHICLE WEIGHT GVWR/GCWR 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 NOT 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 | 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN | TRAFFICWAY DESCRIPTION 1 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 <input checked="" type="checkbox"/> HIT / SKIP UNIT |
| HM PLACARD ID No. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED | | | |
| HM CLASS NUMBER | | | | |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDDLEBLOCK - 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 03 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 99 - UNKNOWN or HIT / SKIP | 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 (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
| <input type="checkbox"/> HAS HM PLACARD | | | | |

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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/MAINTENANCE 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 09 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 | 99 - UNKNOWN | ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS 01 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN | MOTORIST 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 02 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN | MOTORIST 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | NON-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 IN 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 - WORN OR SLICK 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 00 3 00 4 00 5 00 6 00 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 (BLOWTIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT | 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - 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 5 <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED | POSTED SPEED 50 | TRAFFIC CONTROL 02 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 LINES 14 - WALK/DONT WALK 15 - OTHER 16 - NOT REPORTED | UNIT DIRECTION FROM 4 TO 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
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UNIT

LOCAL REPORT NUMBER
LP180402001514

UNIT NUMBER **02** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **Warren Co Commissioners**
 OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER) **(513)695-1546**

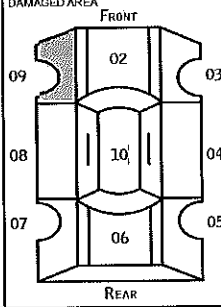
OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER)
406 Justice DR, Lebanon, Ohio 45036

UP STATE **OH** LICENSE PLATE NUMBER **691YXQ** VEHICLE IDENTIFICATION NUMBER **2A4RR5D14AR430824** # OCCUPANTS **01**

VEHICLE YEAR **2010** VEHICLE MAKE **CHRY** VEHICLE MODEL **Town & Country** VEHICLE COLOR **MAR**

PROOF OF INSURANCE SHOWN INSURANCE COMPANY **County Risk Sharing** POLICY NUMBER **CO-0920** TOWED BY **Case Towing**

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



- DAMAGE SCALE
- 1 - NONE
 - 2 - MINOR
 - 3 - FUNCTIONAL
 - 4 - DISABLING
 - 9 - UNKNOWN

US DOT _____ VEHICLE WEIGHT GVWR/GCWR
 1 - LESS THAN OR EQUAL TO 10K LBS.
 2 - 10,001 TO 28,000 LBS.
 3 - MORE THAN 28,000 LBS.
 HAZARDOUS MATERIAL RELEASED

CARGO BODY TYPE
 01 - NO CARGO BODY TYPE/NOT 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 VAN/ENCLOSED BOX
 08 - GRAIN, CHIPS, GRAVEL
 09 - POLE
 10 - CARGO TANK
 11 - FLAT BED
 12 - DUMP
 13 - CONCRETE MIXER
 14 - AUTO TRANSPORTER
 15 - GARBAGE/REFUSE
 99 - OTHER/UNKNOWN

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
 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 - PERSONAL
 2 - COMMERCIAL
 3 - GOVERNMENT
 IN EMERGENCY RESPONSE

UNIT TYPE **05**
 99 - 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 (BOBTAIL)
 17 - TRACTOR/SEMI-TRAILER
 18 - TRACTOR/DOUBLE
 19 - TRACTOR/TRIPLES
 20 - OTHER MED/HEAVY VEHICLE

BUS/VAN/LIMO (9 OR MORE, INCLUDING DRIVER)
 21 - BUS/VAN (9-15 SEATS, INC DRIVER)
 22 - BUS (16+ SEATS, INC DRIVER)
 NON-MOTORIST
 23 - ANIMAL WITH RIDER
 24 - ANIMAL WITH BUGGY, WAGON, SURREY
 25 - BICYCLE/PEDESTAL CYCLIST
 26 - PEDESTRIAN/SKATER
 27 - OTHER NON-MOTORIST

HAS HM PLACARD

SPECIAL FUNCTION **15**
 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/MAINTENANCE
 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 **09**
 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

PRE-CRASH ACTIONS **06**
 01 - STRAIGHT AHEAD
 02 - BACKING
 03 - CHANGING LANES
 04 - OVERTAKING/PASSING
 05 - MAKING RIGHT TURN
 06 - MAKING LEFT TURN
 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
 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

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/ADDA
 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD
 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 IN 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 - 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 **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 - SEPARATION OF UNITS
 08 - RAN OFF ROAD RIGHT
 09 - RAN OFF ROAD LEFT
 10 - CROSS MEDIAN
 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL
 12 - DOWNHILL RUNAWAY
 13 - 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

UNIT SPEED **15** POSTED SPEED **55** TRAFFIC CONTROL **12**
 STATED ESTIMATED

UNIT DIRECTION FROM **2** TO **4**
 1 - NORTH 5 - NORTHEAST 9 - UNKNOWN
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

LP180402001514

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| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE Alcorn, Michael Wayne | DATE OF BIRTH 09051987 | AGE 30 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 741 Deas DR, Unit B, Lebanon, Ohio 45036 | CONTACT PHONE - INCLUDE AREA CODE (937)305-5267 |
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| INJURIES 2 | 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 SS189362 | OL CLASS <input type="checkbox"/> | NO VALID OL <input checked="" type="checkbox"/> | M/C 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 |
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.43 | OFFENSE DESCRIPTION Driving in Response to Stop or Yield Sign | CITATION NUMBER 017006 | | HANDS-FREE DEVICE USED <input type="checkbox"/> | | DRIVER DISTRACTED BY 1 | | | | | |

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| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE Bowman, Thomas L | DATE OF BIRTH 07181986 | AGE 31 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 278 Ludlow CT, Lebanon, Ohio 45036 | CONTACT PHONE - INCLUDE AREA CODE (513)646-6984 |
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| INJURIES 2 | 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 SM173719 | OL CLASS 4 | NO VALID OL <input type="checkbox"/> | M/C 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 |
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | | HANDS-FREE DEVICE USED | | DRIVER DISTRACTED BY | | | | | |

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| INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-IMPACAPITATING 4 - IMPACAPITATING 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 FRONT/SIDE 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 - HBID 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 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/E-MAILING 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 01 | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE |
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| INJURIES <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED <input type="checkbox"/> | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> | EJECTION <input type="checkbox"/> | TRAPPED <input type="checkbox"/> |
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|--------------------------|---------------------------|---------------|-----|--|
| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED <input type="checkbox"/> | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> | EJECTION <input type="checkbox"/> | TRAPPED <input type="checkbox"/> |
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TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

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| LOCAL REPORT NUMBER LP180402001514 | REPORTING AGENCY Clearcreek Twp. Police Department | DATE OF ACCIDENT 04/02/2018 |
| IN COUNTY OF Warren | ACCIDENT LOCATION | |

Unit Two was making a left turn from N SR 48 onto Bunnell Hill RD when Unit One was arriving at the stop sign on Bunnell Hill RD. Unit One was reported to be operating on the center line and rolled past the stop bar by at least two feet, striking Unit Two on the left front as Unit Two turned. The operator of Unit One fled the scene upon realizing that the operator of Unit Two was calling the police. The debris field was nearly entirely in Unit Two's proper lane of travel.

There are conflicting statements from the operators involved. The operator of Unit One stated that he was stationary behind the stop bar and completely in his lane of travel when Unit Two struck his vehicle.

Aside from damage to vehicles, the debris field was the only physical evidence. Unit Two had pulled to the side of the roadway and Unit One fled the scene. It should be noted that if the operator of Unit One had remained on scene as legally required and left his vehicle in the position as it was during the crash, his statement could potentially have been verified.

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| OFFICERS SIGNATURE | BADGE NO. 1L23 |
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