



TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * | CRASH SEVERITY | HITSKIP |
| L P 1 8 0 4 1 7 0 0 1 8 6 2 | 3 1 - FATAL 2 - INJURY 3 - FDO | 1 - SOLVED 2 - UNSOLVED |

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| LOCAL INFORMATION | | REPORTING AGENCY NCIC * | REPORTING AGENCY NAME * | NUMBER OF UNITS | UNIT IN ERROR |
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-13 <input type="checkbox"/> OTHER | <input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | <input type="checkbox"/> PRIVATE PROPERTY | 0 8 3 1 6 Clearcreek Twp. Police Department | 0 2 | 0 1 99 - ANIMAL 99 - UNKNOWN |

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|----------|---|---------------------------|-----------------|---------------|-------------|
| COUNTY * | CITY * | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * | TIME OF CRASH | DAY OF WEEK |
| 8 3 | <input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP * | Clearcreek | 0 4 0 6 2 0 1 8 | 1 1 3 0 | F R I |

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

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

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

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|---|-------------------------------------|------------------------|------------|--|-----------------------|
| DISTANCE FROM REFERENCE | DIR FROM REF | REFERENCE ROUTE TYPE 1 | REF PREFIX | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) | REFERENCE ROAD TYPE 2 |
| <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS | <input type="checkbox"/> N, S, E, W | S R 7 4 1 | N, S, E, W | | |

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| REFERENCE POINT USED | CRASH LOCATION | LOCATION OF FIRST HARMFUL EVENT |
| 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | 0 2 01 - NOT AN INTERSECTION 02 - FOUR WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS | 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN |

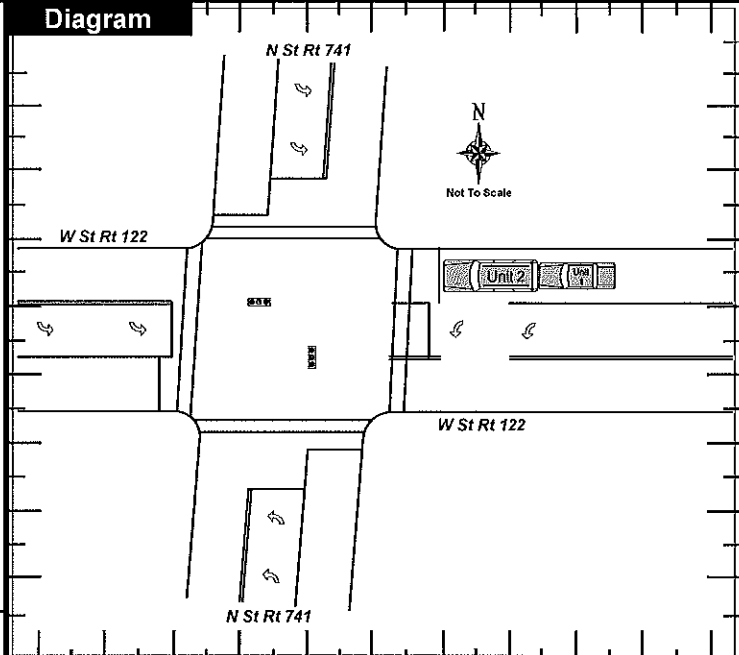
| | | |
|---|--------------------------|---|
| ROAD CONTOUR | ROAD CONDITIONS | WEATHER |
| 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN | PRIMARY 9 9 SECONDARY | 9 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN 5 - SAND, MUD, DIRT, OIL, GRAVEL 6 - WATER (STANDING, MOVING) 7 - GLARE* 8 - OTHER * SECONDARY CONDITION ONLY |

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| MANNER OF CRASH COLLISION/IMPACT | WEATHER |
| 2 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 | 9 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN |

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

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

NARRATIVE
Traffic Unit # 1 was traveling West on W St Rt 122 approaching the intersection of N St Rt 741. Traffic Unit # 2 was stopped in traffic in the Westbound lane of W St Rt 122. Traffic Unit # 1 failed to stop within assured clear distance ahead and struck Traffic Unit # 2.



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| REPORT TAKEN BY | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPSS) | DATE CRASH REPORTED | TIME CRASH REPORTED | DISPATCH TIME | ARRIVAL TIME | TIME CLEARED | OTHER INVESTIGATION TIME | TOTAL MINUTES |
| <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | <input type="checkbox"/> | 0 4 1 7 2 0 1 8 | 1 5 0 4 | 1 5 0 4 | 1 5 0 4 | 1 5 1 5 | 3 0 | 0 0 4 1 |

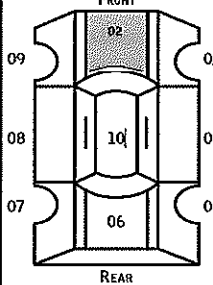
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| OFFICER'S NAME * | OFFICER'S BADGE NUMBER | CHECKED BY |
| Sweet, Charles - LP | 1 L 3 0 | COH530 |



UNIT

LOCAL REPORT NUMBER LP180417001862

UNIT NUMBER 01, OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER Bottles, Shelley A, OWNER PHONE NUMBER - INC. AREA CODE () SAME AS DRIVER, DAMAGE SCALE 2, DAMAGED AREA FRONT, OWNER ADDRESS: CITY, STATE, ZIP () SAME AS DRIVER 416 Kuntz DR, Lebanon, Ohio 45036-1232, LP STATE OH, LICENSE PLATE NUMBER ANG3876, VEHICLE IDENTIFICATION NUMBER 5Y2SL62804Z429839, # OCCUPANTS 02, VEHICLE YEAR 2004, VEHICLE MAKE PONT, VEHICLE MODEL Vibe, VEHICLE COLOR RED, INSURANCE COMPANY Allstate, POLICY NUMBER 980767418, TOWED BY, CARRIER NAME, ADDRESS, CITY, STATE, ZIP, CARRIER PHONE - INCLUDE AREA CODE



US DOT, VEHICLE WEIGHT GVWR/GVWR, 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/VAN/LMO (9 OR MORE INCLUDING DRIVER), ACTION

SPECIAL FUNCTION, MOST DAMAGED AREA, IMPACT AREA, 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

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

UNIT SPEED 25, POSTED SPEED 40, TRAFFIC CONTROL 04, UNIT DIRECTION FROM 3 TO 4, 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST, 5 - NORTHEAST, 6 - NORTHWEST, 7 - SOUTHEAST, 8 - SOUTHWEST, 9 - UNKNOWN



UNIT

LOCAL REPORT NUMBER LP180417001862

UNIT NUMBER 02, OWNER NAME: Bessey, Walter H, OWNER PHONE NUMBER: (513)685-2322

OWNER ADDRESS: 1230 Summerwood DR, Lebanon, Ohio 45036

LP STATE OH, LICENSE PLATE NUMBER GTW8889, VEHICLE IDENTIFICATION NUMBER 1FMCU9G95DUD92798

VEHICLE YEAR 2013, VEHICLE MAKE FORD, VEHICLE MODEL Escape, VEHICLE COLOR GRY

INSURANCE COMPANY Metropolitan Group, POLICY NUMBER 2813521301

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

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

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MED/HEAVY TRUCKS, BUS/VAN/LIMO

SPECIAL FUNCTION, MOST DAMAGED AREA, IMPACT AREA, ACTION

PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST

CONTRIBUTING CIRCUMSTANCES, PRIMARY, SECONDARY, 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 4 1 7 0 0 1 8 6 2

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT

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| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE Bottles, Trevor Ray | DATE OF BIRTH 05102000 | AGE 17 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 416 Kuntz DR, Lebanon, Ohio 45036 | CONTACT PHONE- INCLUDE AREA CODE (513)265-3653 |
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| INJURIES 1 | INJURED TAKEN BY | 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 UN835246 | OL CLASS 4 | NO VALID OL <input type="checkbox"/> | MC END. <input type="checkbox"/> | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE 1 | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY 1 | | | | | | |

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| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE Lawyer, Kayce Elayne | DATE OF BIRTH 06082000 | AGE 17 | GENDER F F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 1230 Summerwood DR, Lebanon, Ohio 45036 | CONTACT PHONE- INCLUDE AREA CODE (513)227-9682 |
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| INJURIES 1 | INJURED TAKEN BY | 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 UP203153 | OL CLASS 4 | NO VALID OL <input type="checkbox"/> | MC END. <input type="checkbox"/> | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE 1 | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY 1 | | | | | | |

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| INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL | INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 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 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-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 Roberts, Joshua Ray | DATE OF BIRTH 07121999 | AGE 18 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 4059 Rose Marie RD, Franklin, Ohio 45005 | CONTACT PHONE- INCLUDE AREA CODE (513)693-9549 |
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| INJURIES 1 | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION 03 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
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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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| LOCAL REPORT NUMBER LP180417001862 | REPORTING AGENCY Clearcreek Twp. Police Department | DATE OF ACCIDENT 04/06/2018 |
| IN COUNTY OF Warren | ACCIDENT LOCATION | |

On 04/17/2018, at approximately 1504 hrs, I spoke with Walter H. Bessey in the lobby of the Clearcreek Township Police Department. W. Bessey advised that his daughter Kayce Lawyer had been involved in a crash on 04/06/2018 at approximately 1130 hrs. W. Bessey advised that the second unit was driven by Trevor Bottles. W. Bessey advised that his daughter was struck in the rear of the vehicle. W. Bessey stated that the two juveniles examined the damage and decided it was not too severe and left the scene. He advised he had been out of town and did not know the extent of the damage until he returned home the following week.

W. Bessey advised that after their vehicle was taken to the mechanics shop it was determined that the repair would cost approximately \$1400.00. W. Bessey advised that he contacted Timothy Bottles the father of Trevor regarding the crash. W. Bessey stated that Tim Bottles advised that he would contact his insurance and call him back. W. Bessey advised that Tim Bottles called him back and stated that without a police report which made proceeding difficult.

Photographs were taken of W. Bessey's vehicle. There was red paint transfer on the rear of the vehicle that is consistent with the red paint of the unit being operated by Trevor. W. Bessey provided photographs of Trevor's vehicle that had been taken by K. Lawyer. I spoke with Timothy Bottles via public service and advised him of the situation. Timothy Bottles provided insurance information as well as identifying information for Trevor. Timothy Bottles advised that he had believed that he situation had been handled and that both parties were taking care of their respective damage. Timothy Bottles was provided with a report number for the crash.

I spoke with Joshua R. Roberts who had been the passenger with Trevor. J. Roberts advised that they had been driving and that Trevor had not been able to stop in time to avoid the collision.

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| OFFICERS SIGNATURE | BADGE NO. 1L30 |
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