



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
L P 1 7 0 5 1 8 0 0 2 1 1 0	3 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

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-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-1R <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	0 1 08 - ANIMAL 09 - UNKNOWN

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 5 1 8 2 0 1 7	1 6 5 0	T H U

DEGREES / MINUTES / SECONDS	LONGITUDE	DECIMAL DEGREES	LONGITUDE
LATITUDE		LATITUDE	
0 / /	0 / /	3 9 . 5 4 6 0 5 0	- 8 4 . 1 4 1 7 1

ROADWAY DIVISION	DIVIDED LANE 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"/> S - SOUTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> W - WESTBOUND	0 2	AL - ALLEY CR - CURVE 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 PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE NUMBER	LOC. PREFIX	LOCATION ROAD NAME	LOCATION ROUTE TYPE 1	LOCATION ROAD TYPE 2	ROUTE TYPES 1
7 3	N, S, E, W				IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF. PREFIX	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE 2
200	<input type="checkbox"/> MILES <input checked="" type="checkbox"/> FEET <input type="checkbox"/> YARDS	E		N, S, E, W	2734	

REFERENCE POINT USED	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	0 1 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDOABOUT	1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 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

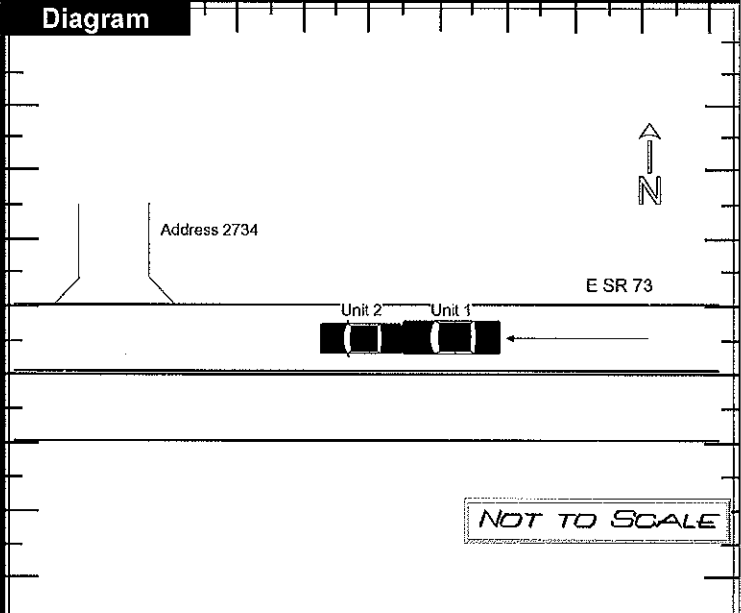
ROAD CONDITION	ROAD CONDITIONS	WEATHER
2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	0 1 PRIMARY SECONDARY	1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN

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	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

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	<input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

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 <input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	<input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

**NARRATIVE**  
Unit One was westbound on E SR 73 when, in the area of address 2734, it struck Unit Two, which was stopped in traffic, in the rear end. No injuries were reported.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	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 5 1 8 2 0 1 7	1 6 5 0	1 6 5 0	1 7 0 0	1 7 3 1		0 0 3 1

OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	Page 1 of 6
Morgan, Daniel - LP	1 L 2 3	COH530	



# UNIT

LOCAL REPORT NUMBER  
**L P 1 7 0 5 1 8 0 0 2 1 1 0**

UNIT NUMBER <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>Naegele, Stephanie A</b>	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) <b>(937)366-9975</b>	DAMAGE SCALE <b>2</b>	DAMAGED AREA FRONT  09 03 08 04 07 05 REAR
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>2004 Still Water LN, Unit 6, Milford, Ohio 45150</b>				
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>HCR8273</b>	VEHICLE IDENTIFICATION NUMBER <b>Y S 3 F H 4 9 Y 1 4 1 0 4 5 2 4 8</b>	# OCCUPANTS <b>03</b>	
VEHICLE YEAR <b>2004</b>	VEHICLE MAKE <b>Saa</b>	VEHICLE MODEL <b>9-3</b>	VEHICLE COLOR <b>BLK</b>	
<input type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>Geico</b>	POLICY NUMBER <b>4435305869</b>	TOWED BY	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP	CARRIER PHONE - INCLUDE AREA CODE
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US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000 LBS. <input type="checkbox"/> 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <input type="checkbox"/> 01 - NO CARGO BODY TYPE (NOT APPLICABLE) <input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE <input type="checkbox"/> 05 - LOGGING <input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION <b>1</b> 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
HM PLACARD ID No. <input type="checkbox"/>	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	<input type="checkbox"/> HIT SKIP UNIT	

NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK <input type="checkbox"/> 03 - INTERSECTION - OTHER <input type="checkbox"/> 04 - MIDDLEBLOCK - MARKED CROSSWALK <input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 06 - BICYCLE LANE <input type="checkbox"/> 07 - SHOULDER/ROADSIDE <input type="checkbox"/> 08 - SIDEWALK <input type="checkbox"/> 09 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL <input type="checkbox"/> 12 - NON-TRAFFICWAY AREA <input type="checkbox"/> 99 - OTHER/UNKNOWN	TYPE OF USE <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>03</b> 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/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
<input type="checkbox"/> HAS HM PLACARD					

SPECIAL FUNCTION <b>01</b> 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 <b>02</b> 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 <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <b>01</b> 99 - UNKNOWN	MOTORIST 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	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 <b>09</b> 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/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 99 - UNKNOWN	MOTORIST 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/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	NON-MOTORIST 01 - NONE 02 - IMPROPER CROSSING 03 - DARTING 04 - LYING AND/OR ILLEGALLY IN ROADWAY 05 - FAILURE TO YIELD RIGHT OF WAY 06 - NOT VISIBLE (DARK CLOTHING) 07 - INATTENTIVE 08 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 09 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/> 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 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 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 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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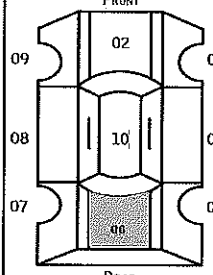
UNIT SPEED <b>20</b> <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED	POSTED SPEED <b>50</b>	TRAFFIC CONTROL <b>12</b> 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM <b>3</b> TO <b>4</b> 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 LP170518002110

UNIT NUMBER 02, OWNER NAME: Mount, Haxton Alison, OWNER PHONE NUMBER: (513)518-8951, DAMAGE SCALE 2, DAMAGED AREA FRONT, OWNER ADDRESS: 421 Silverwood Farms DR, Lebanon, Ohio 45036-8315, LP STATE OH, LICENSE PLATE NUMBER 015YZJ, VEHICLE IDENTIFICATION NUMBER 3N1CE2CP5EL410065, OCCUPANTS 02, VEHICLE YEAR 2014, VEHICLE MAKE Niss, VEHICLE MODEL Versa, VEHICLE COLOR BLK, INSURANCE COMPANY USAA, POLICY NUMBER 00796 81 09C, TOWED BY



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

US DOT, HM PLACARD ID No, HM CLASS NUMBER, VEHICLE WEIGHT GVWR/GCWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, PASSENGER VEHICLES (LESS THAN 9 PASSENGERS), MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS, BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER), NON-MOTORIST

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION, PRE-CRASH ACTIONS, 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 SPEED 0, POSTED SPEED 50, TRAFFIC CONTROL 12, UNIT DIRECTION FROM 3 TO 4

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

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

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



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**L P 1 7 0 5 1 8 0 0 2 1 1 0**

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>Naegele, Morgan M</b>	DATE OF BIRTH <b>09/04/1998</b>	AGE <b>18</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>367 N Main ST, Waynesville, Ohio 45068</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(937)454-4544</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>UH857628</b>	OL CLASS <b>4</b>	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> MAC END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE -	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
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OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) <b>4511.21A</b>	OFFENSE DESCRIPTION <b>Assured Clear Distance</b>	CITATION NUMBER <b>016417</b>	<input type="checkbox"/> HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY <b>1</b>
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UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>Mount, Zachary Frederic</b>	DATE OF BIRTH <b>03/09/1997</b>	AGE <b>20</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>421 Silverwood Farms DR, Lebanon, Ohio 45036</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(513)518-8951</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>UC431562</b>	OL CLASS <b>4</b>	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> MAC END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE -	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
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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 <b>1</b>
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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 6 - 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 <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>Mount, Alexander Christian</b>	DATE OF BIRTH <b>07/24/1994</b>	AGE <b>22</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>421 Silverwood Farms DR, Lebanon, Ohio 45036</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(513)502-7946</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>03</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>Larkin, Tyler Dakota</b>	DATE OF BIRTH <b>05/17/1998</b>	AGE <b>19</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>2064 Oxford AVE, Unit 6, Cincinnati, Ohio 45230</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(513)344-4116</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>03</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

LP170518002110

<b>UNIT NUMBER</b> 01	<b>NAME: LAST, FIRST, MIDDLE</b> Duerson, Torrie Isaac	<b>DATE OF BIRTH</b> 03161997	<b>AGE</b> 20	<b>GENDER</b> M F - FEMALE M - MALE
<b>ADDRESS, CITY, STATE, ZIP</b> 11646 High Grass, Indianapolis, Indiana 42535			<b>CONTACT PHONE - INCLUDE AREA CODE</b> (513)290-4227	
<b>INJURIES</b> 1	<b>INJURED TAKEN BY</b> 1	<b>EMS AGENCY</b>	<b>MEDICAL FACILITY INJURED TAKEN TO</b>	<b>SAFETY EQUIPMENT USED</b> 04
<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET		<b>SEATING POSITION</b> 06	<b>AIR BAG USAGE</b> 1	<b>EJECTION</b> 1
<b>TRAPPED</b> 1				

<b>UNIT NUMBER</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b> F - FEMALE M - MALE
<b>ADDRESS, CITY, STATE, ZIP</b>			<b>CONTACT PHONE - INCLUDE AREA CODE</b>	
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY</b>	<b>MEDICAL FACILITY INJURED TAKEN TO</b>	<b>SAFETY EQUIPMENT USED</b>
<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET		<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>
<b>TRAPPED</b>				

<b>UNIT NUMBER</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b> F - FEMALE M - MALE
<b>ADDRESS, CITY, STATE, ZIP</b>			<b>CONTACT PHONE - INCLUDE AREA CODE</b>	
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY</b>	<b>MEDICAL FACILITY INJURED TAKEN TO</b>	<b>SAFETY EQUIPMENT USED</b>
<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET		<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>
<b>TRAPPED</b>				

<b>UNIT NUMBER</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b> F - FEMALE M - MALE
<b>ADDRESS, CITY, STATE, ZIP</b>			<b>CONTACT PHONE - INCLUDE AREA CODE</b>	
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY</b>	<b>MEDICAL FACILITY INJURED TAKEN TO</b>	<b>SAFETY EQUIPMENT USED</b>
<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET		<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>
<b>TRAPPED</b>				

<b>UNIT NUMBER</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b> F - FEMALE M - MALE
<b>ADDRESS, CITY, STATE, ZIP</b>			<b>CONTACT PHONE - INCLUDE AREA CODE</b>	
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY</b>	<b>MEDICAL FACILITY INJURED TAKEN TO</b>	<b>SAFETY EQUIPMENT USED</b>
<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET		<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>
<b>TRAPPED</b>				

<b>UNIT NUMBER</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b> F - FEMALE M - MALE
<b>ADDRESS, CITY, STATE, ZIP</b>			<b>CONTACT PHONE - INCLUDE AREA CODE</b>	
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY</b>	<b>MEDICAL FACILITY INJURED TAKEN TO</b>	<b>SAFETY EQUIPMENT USED</b>
<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET		<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>
<b>TRAPPED</b>				

<b>UNIT NUMBER</b>	<b>NAME: LAST, FIRST, MIDDLE</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>	<b>GENDER</b> F - FEMALE M - MALE
<b>ADDRESS, CITY, STATE, ZIP</b>			<b>CONTACT PHONE - INCLUDE AREA CODE</b>	
<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>EMS AGENCY</b>	<b>MEDICAL FACILITY INJURED TAKEN TO</b>	<b>SAFETY EQUIPMENT USED</b>
<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET		<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>	<b>EJECTION</b>
<b>TRAPPED</b>				

<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 5 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	<b>99 - UNKNOWN SAFETY EQUIPMENT</b> 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	<b>NON-MOTORIST</b> 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	<b>12 - REFLECTIVE CLOTHING</b> <b>13 - LIGHTING</b> <b>14 - OTHER</b>
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<b>SEATING POSITION</b> 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)	<b>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP)</b> <b>12 - PASSENGER IN UNENCLOSED CARGO AREA</b> 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONTSIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
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