TRAFFIC CRASH REPORT	LOCAL REPORT NUMB	ER*	CRASH SEV					
LOCAL INFORMATION	L P 1 7	0 6 0 2 0 0 2	5 8 8 2 ₂₋₁	FATAL 1 - SOLVED 2 - UNSOLVED				
□ PHOTOS TAKEN □ PDO UNDER □ STATE □ OH-1P			NUMBER OF UNITS	UNIT IN ERROR UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN				
COUNTY* CITY, VILLAGE, TOWNSHIP*	p. 1 Once Departine	CRASH DATE *	TIME OF CRASH	DAY OF WEEK				
[813] VILLAGE* Clearcreek		[0 6 0 2 2 0		į I				
DEGREES / MINUTES / SECONDS LATITUDE O / // 0 /	O EXTUDE		LONGITUDE					
	$\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$ $\frac{1}{1}$	5 ₁ 2 ₁ 1 ₁ 3 ₁ 0 ₁ 1 ₁	- _[8] 4 _{],[} 1 8	3258				
□ DIVIDED II- NORTHBOUND E-EASTBOUND AL. NV. WESTBOUND W-WESTBOUND W-WESTBOUND BL.	D TYPES OR MILEPOST 2 ALLEY GR-DRCLE AVEINE 01-COURT BOULEVARD DR+DRIVE	HE HEIGHTS UP MLEPOST IN HIGHWAY PK PARKWAY LA LANE PI PIKE	PL-PLACE ST-STF RO-ROAD TE-TEN SQ-SQUARE TL-TRA	RACE				
S R LOCATION ROUTE NUMBER LOC PREFIX LOCATION ROAD NAME N, S, E, W		LOCATION ROUTE TYPES 1 IR INTERSTATE ROU US-US ROUTE SR. STATE ROUTE		NUMBERED COUNTY ROUTE NUMBERED TOWNSHIP ROUTE				
	REFEX REFERENCE HAME (ROAD N. S. E. W 5913	, MLEPOST, HOUSE II)		REFERENCE FROAD 1YPE ²				
CRASH LOCATION	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAIL 99 - UNKNOWN	[4 1- ON ROADWAY 2- OH SHOULDER 3- IN MEDIAN 4- OH ROADSIDE	/ENT 5 - OH GORE 6 - OUTSIDE TRAFFICWAY 9 - URRNOWN				
3 - CURVE LEVEL 4 - CURVE GRADE PRIMARY SECONDARY 02. 3 - CURVE LEVEL 9 - UNKNOWN 03.	- DRY 05 - SAND, MUD, - WET 06 - WATER (STAN - SNOW 07 - SLUSH - ICE 08 - DEBRIS*			MENT * * SECONDARY CONDITION ONLY				
MANNER OF CRASH COLLISION/MPACT 1 - NOT COLLISION/MPACT 1 - NOT COLLISION/MPACT 1 - NOT COLLISION RETWEEN 2 - REAR-END 5 - BACKING 8 - SIDESWIPE, OPPOSIT TYO MOTOR VEHICLES 3 - HEAD-ON 6 - ANGLE DIRECTION INTRAISPORT 4 - REAR-TO-REAR 7 - SIDESWIPE, SAME DIRECTION 9 - UNKNOWN	2 2 - CLOUD	4 - RAIN Y 5 - SLEET, HAIL MOG, SMOKE 6 - SNOW	7 - SEVERE CROSSWINE 8 - BLOWING SAND, SOIL, 9 - OTHERWINKNOWN	os				
ROAD SURFACE 1 · CONCRETE 2 · BLACKTOP, BITUMINOUS, ASPHALT 3 · BRICKBLOCK 5 · OTHER LIGHT CONDITIONS LIGHT CONDITIONS LIGHT CONDITIONS 1 · DIGHT CONDITIONS 2 · DAWN 3 · OUSK 4 · DAWN 4 · DARK · L	·	OADWAY NOT LIGHTED 9 - 4 NKNOWN ROADWAY LIGHTING * SECONDARY DON	JINKNOWN SCHOOL ZONE RELATED DITTION ONLY	SCHOOL BUS RELATED YES, SCHOOL BUS DIRECTLY INVOLVED YES, SCHOOL BUS INDIRECTLY INVOLVED				
WORKERS PRESENT WORK LAW ENFORCEMENT PRESENT ZONE RRLATED LAW ENFORCEMENT PRESENT (MERGLE ONLY) WE INFORCEMENT PRESENT (MERGLE ONLY) WE PROTECTED THE STATE OF THE STATE OF THE STATE OF THE STATE ONLY IN THE STATE OF THE S	MITTENT OR MOVING WORK R	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WOR 2 - ADVANCE WARNING ARE 3 - TRANSITION AREA		4 - ACTIVITY AREA 5 - TERMINATION AREA				
Driver of Unit # 1 was traveling south on North State Route 48 when he drove off the right side of the roadway, struck a road sign, hit a ditch, and landed his vehicle overturned in the ditch.								
			Jun					
	,,							
	\$973		/ [2	NOT TO SCALE				
				\exists				
	Unit 1	North State Route 4g		1				
		h Side 1						
		/ / /ww						
REPORT TAKEN BY SUPPLEMENT (CORRECTION OR ADDITION TO	 							
MOTORIST AN EXISTING REPORT SENT TO COPS) DATE CRASH REPORTED DISPATCH TIME TIME CRASH REPORTED DISPATCH TIME	ARRIVAL TIME	TIME CLEARED OF	HER INVESTIGATION TIME	TOTAL MINUTES				
$\begin{bmatrix} 0 & 6 & 0 & 2 & 2 & 0 & 1 & 7 \end{bmatrix}$ $\begin{bmatrix} 0 & 5 & 2 & 7 \end{bmatrix}$ $\begin{bmatrix} 0 & 5 & 2 & 8 \end{bmatrix}$	0 ₁ 5 ₁ 3 ₁ 3 ₁	$\begin{bmatrix} 0_1 7_1 0_1 0 \end{bmatrix}$	3 0 1 1	01117				
Gleeson, John - LP	OFFICER'S BADGE NUMBER 1 L 2 6	COH530		Page 1 of 4				

OHIO DEARTICHT OF PUBLIC SAFETY	UNIT							ł	REPORT NU			
UNIT NUMBER OW	NER NAME: LAST, FIRST, MIDDLE (T comments			T						2 0 0 2 3	1818i
	ewart, Blake Albert				OWNER PHONE N		. AREA COD 479-542		PRIVER)	DAMAGE SCALE	DAMAGED AREA FRONT	$\Pi >$
1	iy, state, zip (□ sameas briver ia RD, Waynesville, (•			111111					1 - NONE	09	
LP STATE LICENSE	PLATE NUMBER GZF9660			T E K 1 9) ₁ T ₁ 5 ₁ 4 ₁ 1	1, 1, 7	0,0,		O 2 1	2 - MINOR	08 10	04
VEHICLE YEAR [2 0 0 4]	VEHICLE MAKE	····		ICLE MODEL	ierra		VEHICLE C		_!!	3 - FUNCTIONAL 4 - DISABLING	07 5 6	
PROOF OF INSURANCE SHOWN	SURANCE COMPANY		POLICYN	IUMBER	,,,	TOWED BY	_	andys		9 - UNKNOWM	REAR	
CARRIER NAME, ADDRES	S, CITY, STATE, ZIP									CARRIER PHONE	E-INCLUDE AREA CODE	
HM PLACARD ID No. HM CLASS NUMBER	VEHICLE WEICHT GWR/A 1 · LESS THAN OR 2 · 10,001 TO 26, 3 · MORE THAN 2 HAZARDOUS MATE RELEASED	EGUIAL TO 10K LBS. 0000 LBS. 16,000 LBS.		TYPE 01 - NO CARGO BODY T 02 - BUSANAN (9-15 SEAT- 03 - BUS (16+ SEATS, INC 04 - VEHICLE TOWING A 05 - LOGGING 06 - INTERMODAL, CONT 07 - CARGO VAMENCLO 08 - GRAIN, CHIPS, GRAIN	S, INC DRIVER) C DRIVER) WOTHER VELBOLE TAINER CHASSIS ISED BOX	10 - CAF 11 - FL/ 12 - DUI 13 - COI 14 - AUT	RGO TANK AT BED	XER PRIER SUSE	2 - TWO-WAY 8 - TWO-WAY 1 - YWO-WAY	(, NOT DIVIDED) (, NOT DIVIDED, CONT (, DIVIDED, UNPROTEC (, DIVIDEO, POSITIVE N (TRAFFICWAY	INUOUS LEFT TURN LANE TED (PAINTED OR GRASS>4 MEDIAN BARRIER	FT.) MEDIAN
02 - INYTE 03 - INYTE 04 - MID 05 - TYRA 06 - BIC 07 - SHC 08 - SIDIO 09 - MEE 10 - DRIV 11 - SHA 12 - NO	ERSECTION - MARKED CROSSWALK ERSECTION - NO CROSSWALK ERSECTION - OTHER BLOCK - MARKED OROSSWALK WELLANF - OTHER LOCATION YOLE LANE JULDERAYONDSIDE	1- PERSONAL	O 7	PASSENGER VEHICLE 01 - SUB-COMPACT 02 - COMPACT OWN 03 - MID SIZE 05 - MITNVAN 06 - SPORT UTIL 07 - PICKUP 08 - VAN 09 - MOTORCYCL 10 - MOTORCYCL 11 - SNOWMOR:	ES (LESS THAN 0 PASSE ACT LITY VEHICLE LIE D BICYOLE	NGERS) MI 1 1 1 1 1 1	ED/HEAVY THE SINGLE IS A SINGLE IS A SINGLE IS SINGLE IS A SINGLE	RUCKS OR COMBO UNIT TRUCK OR V UNIT TRUCK; 3+ UNIT TRUCK! TR RACTOR (BOBTALL PRISEMI-TRAILER RADOUBLE	OUNITS > 10 VAN 2 AXLE AXLES AALER)	K LBS BUSAAAV 6 TIRES 21 - BUS 22 - BUS NON-MC 23 - AN 24 - AN 25 - BIC 26 - PEI	LIMO (9 OR MORE INCLUDI SMAN (9-16 SEATS, INC DRIVER) S (16 * SEATS, INC DRIVER) STORIST IMAAL WITH RIDER IMAL WITH BUGGY, WAGC STEINANSKATER HER NON-MOTORIST	VER)
0 1 aa - 04 - 06 - 06 - 07 - 08 -	NONE TAXI RENTAL TRUCK (OVER 10K L89) BUS - SCHOOL (PUBLIC OR PRIVATE) BUS - TRANSIT BUS - CHARTER BUS - SHUTTLE BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAYMAINTEN 12 - MR.ITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMEN 16 - CONSTRUCTION EQU	18 - ANCE 19 - 20 - 21 - 22 - IT	- FARM VEHICLE - FARM EQUIPMENT - MOTORHOME - GOLF CART - TRAIN - OTHER (EXPLAIN IN MARR	1 0	03-R REA 04-R 05-R		11 - 10P A 11 - UNDE 12 - LOAD	FRONT IND WINDOV RCARRIAGE /[RAILER _(ALLAREAS	!	2 - NON-0 3 - STRIP 4 - STRU	ICK (ING/STRUCK
MOTORIST 01 - STRAIGHT AFIEAD 07 - MAKING U-TURN 13 - NEGOTIATING A CURVE 15 - ENTERING OR CROSSING SPECIFIED LOCATION 21 - OTHER NON-MOTORIST ACTION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 17 - WORKING 19 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING RIGHT TURN 12 - DRIVERLESS 20 - STANDING OR STANDING 20 - STANDING 07												
CONTRIBUTING CIRCUMS PRIMARY 1 7 SECONDARY 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - FXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 09 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/A 10 - IMPROPER LANG CHANGE /PASSING/OFF ROAD	13 - STOPPED 14 - OPERATIN 15 - SWERVING 16 - WRONG : 17 - FAILURE I 18 - VISION OF CDA 19 - OPERATIN	R START FR OR PARKET NG VEHICLE S TO AVOID SIDE/WRON TO CONTRO BSTRUCTIO NG DEFECTI	ROM PARKÉED POSITION D ILLEGALLY E IRN NEGLIGENT MANNE! (DUE TO EXTERNAL CONI NG WAY DL DI NYE EQUIPMENT LINGSFILLING	22 22 24 38 28 30 DUTIONS) 26 26 27 28	6 - FAILURE T 7 - NOT VISIBI 3 - INATTENTI	R CROSSIN OF ILLEGA O YIELD RIK LE (DARK C) IVE O OBEY TRA OFFICER IDE OF THE	VLLY IN ROADWAY GHT OF WAY LOTHING) AFFIC SIGNS ROAD		02 03 04 05 06 07 08 09	S TURN SIGNALS HEAD LAMPS TAIL LAMPS DRAKES STEERING TIRE BLOWOUT WORN OR SLICK TIRES TRAILER EQUIPMENT DE MOTOR TROUBLE DISABLED FROM PRIOR OTHER DEFECTS	FECTIVE
FIRST HARMFUL 2 COLLISION MITHER FOR THE FORM TO A PERSON TO A PE	MOST 4 EVENT 4 ON VEHICLE OR OBJECT NOT FIXED 21 - PARK 22 - WOR 23 - STRL OR AU MOTO 24 - OTHE	99 - UNKNOWN KED MOTOR VEHICLE K ZONE MAINTENANCE E- KOK BY FALLING, SHETTING NYTHING SET IN MOTION E- OR VEHICLE R MOVABLE ORJECT	CARGO	NON-COLLISION EVENTS 01 - OVERTURINROLLO 02 - FIRE-EXPILOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/ECQUIPME 25 - IMPACT ATTENIAN 25 - BRIDGE OVERHEA 27 - BRIDGE PIER OR/ 28 - BRIDGE PARAPET 29 - BRIDGE FAAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRI	OVER N ENT LOSS OR SHIFT OBJECT TORICRASH CUSHION D STRUCTURE ABUTMENT	(8L0Y) 07 - SEPAN 08 - RAN (09 - RAN (09 - RAN (01 - RAN (03 - MEI 34 - MEI 35 - MEI 36 - MEI 37 - TRA 38 - OVE 39 - L(G)	RATION OF I OFF ROAD I OFF ROAD I DIAN GABLE DIAN GUARI DIAN GONGF DIAN OTHEI FFIG SIGN I ERHEAD SIG	KEFAILURE, ETC) LINITS RIGHT LEFT BARRIER DRAIL BARRIER RETE BARRIER R BARRIER POST RIES SUPPORT	11 - GRO OPP 12 - DOW 13 - OTH 41 - O' O 42 - G 43 - C 44 - D 45 - E 46 - F			, TUNNEL
UNIT SPEED 5 5 5 X STATED ESTIMATED	POSTED SPEED TRAFFIC CO	NTROL 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHER 06 - SCHOOL ZONE	08 - 09 - 10 - 6 S 11 - P	RAILROAD CROSSBUCKS RAILROAD FLASHERS RAILROAD GATES CONSTRUCTION BARRIFERSON (FLAGGER, OFFI PAVEMENT MARKINGS	14 - WAL 15 - OTH CADE 16 - NOT	SSWALK LIME KIDON'T WA ER REPORTED	LK	UNIT DIRECTION FROM 1	то 2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 9 - I 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST	UNKNOWN

OHIO OF PRIST / NON-MOTORIST / OCCUPANT LUMBER L P 1 7 0 6 0 2 0 0 2 3 8 8							
UNIT HUMBER NAME: LAST, FIRST, MIDDLE 0 1 Goodpaster, Seth Patrick	į	ATE OF BIRTH 0 5 1 1 1 9	AGE GENDER				
ADDRESS, CITY, STATE, ZIP	ADDRESS, CITY, STATE, ZIP						
409 Miller RD, Lebanon, Ohio 45036	SAFETY EQUIPMENT USED	DOT COMPLIANT SEATING	(937)952-8838 POSITION AIR BAG USAGE EJECTION TRAPPED				
3	CLASS CONTITION IN CONCURRING SUSCEPTED	0 4	MOTORCYCLE HELMET	1 2 1 1			
O H UA520736	NO NO NO NO	ALCOHOL TEST STATUS		8 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
offense charged (☐ local code) 4511.202	OFFERSE DESCRIPTION Operation Without Reasonable Control	CITATION NUMBER	16398	INANDS-FREE ORIVER DISTRACTED BY DEVICE 1			
UNIT HUMBER NAME: LAST, FIRST, MIDDLE		Di	ATE 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 SEATING I	POSITION AIR BAG USAGE EJECTION TRAPPED			
OI.STATE OPERATOR LICENSE NUMBER OLC	LASS NO CONDITION ALCOHOLORUS SUSPECTED	ALCOHOL TEST STATUS	HELMET ALCOHOL TEST TYPE ALCOHOL TEST	EST VALUE DRUG TEST STATUS DRUG TEST TYPE			
OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER		HANDS ERFE DRIVER DISTRACTED BY			
				HANDS-FREE DRIVER DISTRACTED BY DEVICE USED			
INJURIES INJURED TAKEN BY 1 - NO INJURY / NONE REPORTED 1 - NOT TRANSPORTED / 2 - POSSIBLE TREATED AT SCENE 3 - NON-RICAPACITATING 2 - EMS	MOTORIST 91 - NONE USED - VEHICLE OCCUPANT 05 - CHILD RE	IN SAFETY EQUIPMENT STRAINT SYSTEM - FORWARD STRAINT SYSTEM - REAR FAC		GED 12 - REFLECTIVE CLOTHING			
4 - INCAPACITATING 3 - POLICE 5 - FATAL 4 - OTHER 9 - UNKNOWN	03 - LAP BELT ONLY USED 07 - BOOSTE 04 - SHOULDER AND LAP BELT USED 08 - HELMET	RSEAT	11-PROTECT	ISSUE IN STREET			
SEATING POSITION O1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) O2 - FRONT - LEFT SIDE (MOTORCYCLE SIDE CAR) O3 - FRONT - MIDDLE O4 - THIRD MIDDLE O5 - THIRD MIDLE O5 - THIRD MIDDLE O5 - THIRD MIDDLE O5 - THIRD MIDDLE O5 - THIRD MIDDLE O5 - THIRD MIDLLE O5 - THIRD MIDLLE							
03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENCER) 05 - SECOND - MIDDLE	- TRAILING UNIT - RIDING ON VEHICLE EXTERIO - NON-MOTORIST - OTHER	DR (MON-TRAILING UNIT)	2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE				
66 - SECOLID - RIGHT SIDE (NON-TRALING UNIT SUCHAS A BUS, PICK UP WITH CAP) 99 - UNKNOWN 9 - DEPLOYMENT UNKNOWN EJECTION TRAPPED OPERATOR LICENSE CLASS CONDITION 1 - NOT EJECTED 1 - NOT TRAPPED 1 - O ASS A 1 - APPROPRIEST VALCOUS.							
2 - TOTALLY EJECTED 2 - EXTRICATED BY 3 - PARTIALLY EJECTED MECHANICAL MEANS 4 - NOT APPLICABLE 3 - EXTRICATED BY NOT MECHANICAL MEANS	2 - CLASS B 2 - FHYSICAL IMPAIRMENT 3 - CLASS C 3 - EMOTIONAL (DEPRESSED, A 4 - REGULAR CLASS (OHO IS 'D') 4 - ILLNESS	6 - U. NGRY, DISTURBED) M	ELL'ASLEEP, FAINTED, FATIGUED NDER THE INFLUENCE OF EDICATIONS, DRUGS, ALCOHOL THER	1 - NOME 2 - YES - ALCOHOL SUSPECTED 3 - YES - HIBD NOT IMPAIRED 4 - YES - ORNOS SUSPECTED			
	6-MCANOPED DNLY IOL TEST TYPE DRUG TEST STATUS DNE 1-NONE GIVEN	DRUG TEST TYPE C	DRIVER DISTRACTED BY	5-YES-ALCOHOL AND DRUGS SUSPECTED			
2 - TEST REFUSED 2 - BLI 3 - TEST GAVEN, CONTAMINATED SAMPLEAUHUSABLE 3 - UR 4 - TEST GAVEN, RESULTS KNOWN 4 - BR 5 - TEST GAVEN, RESULTS UNKNOWN 5 - 0 - 0	2 - PHONE 3 - TEXTING/E-MULING 4 - ELECTRONIC COMMUNICATIO	7 - EXTERNAL DISTRACTION					
5-TEST GIVEN, RESULTS UNKNOWN 5-FOT	HER 6-TEST GIVEN, RESULTS UNKNOWN	DA	5-OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVI TE OF BIRTH	AGE GENDER			
0 1 Stewart, Blake Albert		ļ ₁ ,	0 4 0 2 1 9 9	9 6 21 M F FEMALE			
ADDRESS, CITY, STATE, ZIP				ICLUDE AREA CODE			
		SAFETY EQUIPMENT USED	CONTACT PHONE- IS	(513)479-5425			
ADDRESS, CITY, STATE, ZIP 9045 Oregonia RD, Waynesville, Ohio MJURIES INJURED TAKEN BY EMS AGENCY 2 1		SAFETY EQUIPMENT USED		(513)479-5425 OSITION AR BAG USAGE EJECTION TRAPPED			
ADDRESS, CITY, STATE, ZIP 9045 Oregonia RD, Waynesville, Ohio INJURIES INJURED TAKEN BY EMS AGENCY OHIT HUMBER NAME: LAST, FIRST, MIDDLE Stultz, Todd E		SAFETY EQUIPMENT USED OA	CONTACT PHONE: R DOT COMPLIANT SEATING P MOTORCYCLE	(513)479-5425 OSITION AIR BAG USAGE EJECTION TRAPPED AGE GENOER F. FEMALE			
ADDRESS, CITY, STATE, ZIP 9045 Oregonia RD, Waynesville, Ohio MUURIES INJURED TAKEN BY EMS AGENCY 2 1 UHIT NUMBER NAME: LAST, FIRST, MIDDLE	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED OA	DOT COMPLIANT SEATING POMOTORCYCLE HELMET 0 4	(513)479-5425 OSITION ARE BAG USAGE EJECTION TRAPPED AGE GENDER F - FEMALE M - MALE			
ADDRESS, GITY, STATE, ZIP 9045 Oregonia RD, Waynesville, Ohio **NAME** INJURED TAKEN BY EMS AGENCY OHIT NUMBER NAME** LAST, FIRST, MIDDLE Stultz, Todd E ADDRESS, GITY, STATE, ZIP	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED OA	DOT COMPLIANT SEATING POMOTORCYCLE HELMET 0 4	(513)479-5425 OSITION AR BAG USAGE EJECTION TRAPPED 1			



OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER

LP170602002388

REPORTING AGENCY

GENCY Clearcreek Twp. Police Department

DATE OF CRASH 06/02/2017

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

1,	Stultz, Todd E					
1,	(PRINTED)	HEREBY MAKE THIS VOLUNTARY STATEMENT TO				
	Gleeson, John - LP	۸۳	•			
	(OFFICERS NAME)	AT	(LOCATION)			
W	itness stated that vehicle appeared to be spee	ding and drove straight off the road	(,			
	one comment of the co	and arove straight off the road.				
	•					
		·				
ADD	PRESS		PHONE	\dashv		
WIT	oress NESS 1614 Cantebury LN, Lebanon, Ohio 450 NATURE		(513)284-3552			
OF	NESS	OFFICERS SIGNATU	JRE			
AAIL	INLOG			- 1		