Description Continue Contin	TRAFFIC CRASH REPORT	LOCAL REPORT NUMBER	T 0 4 0 0 0 4	CRASH SEVERIT	1 - SOLVED
Clearcreek Twp. Polica Dapartment			15 2 1 1 0 0 2 4	3-PDO	
	DOH-2 DOH-1P STATE REPORTABLE PROPERTY , 0,8,3,1,6, Clearcreek Two			0 12 UNITS	0 1 99 - UNKNOWN
Security Control	S. 3. DALLAGE, Cloarcrook	į		I	ا بمصادا
MINISTRATION OF THE PROPERTY O	LATITUDE LONGITUDE				
Security		لئاء لئلنا	4 5 5 4 4	- <u>8 4 , 1 7 , 9</u>	3 ₁ 6 ₁ 8 ₁ 0 ₁
Section Sect	IN NORTHBOUND E-EASTSOUND 1012 AL-AL-AL-AL-AL-AL-AL-AL-AL-AL-AL-AL-AL-A	LEY CR-CIRCLE CT-COURT	HW-HIGHWAY PK-PARKWAY	RO - ROAD TE - TERRACI	CONTRACTOR
MATES C. S. D.	SR ROUTE 7.3	1	ROAD IN: IN: INTERSTATE ROUTE (US-US ROUTE		Vigitarion para (il proposition della control della contro
1	☐ MILES N. S. O REFERENCE ROUTE N. S. PET TOPE J. J. PET TOPE J. PET J.	S,	LEPOST, HOUSE #)		ROAD
PART TO CHARGE 1976	REFERENCE POINT USED	2 - SHARED-USE PATHS OR TRAILS	I) INTERSECTION 1	1 - ON ROADWAY 5 - 2 - ON SHOULDER 6 - 3 - IN MEDIAN 9 -	- ON GORE - OUTSIDE TRAFFICWAY
INDICATIONS IN PROPERTY IN PRO	2 1 - STRAIGHT LEVEL	WET 06 - WATER (STANOI SNOW 07 - SLUSH	NG, MOVING) 10 - OTHER		
COMPAND PART SUBJECT STATE PROPERTY SUBJECT STATE PROPERTY SUBJECT STATE SUBJECT	1 - HOT COLLISION BETWEEN 2 - REAR-END 5 - BACKING 8 - SIDESWIPE, OPPOSITE TWO MOTOR VEHICLES 3 - HEAD-ON 6 - ANGLE DIRECTION	1 - CLEAR 2 - CLOUDY	5 - SLEET, HAIL	8-BLOWING SAND, SOIL, D	
WORKEN WASHER PRESENT 1-1-ME CONSIDER 1-	2 - BLACKTOP, BITUMINOUS, STONE ASPHALT 5 - DIRT SECONDARY 1 - DAYUGH PRIMARY SECONDARY 1 - DAYUGH 2 - DAWN 3 - DUSK	6 - DARK - UN 7 - GLARE*	KNOWN ROADWAY LIGHTING	ZONE RELATED	YES, SCHOOL BUS DIRECTLY INVOLVED YES, SCHOOL BUS
Diagram Dia	WORK LAW ENFORCEMENT PRESENT ZONE OFFICERAPHICLE) RELATED LAW ENFORCEMENT PRESENT 2 - LANE SHIFTICROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 3 - WORK ON SHOULDER OR MEDIAN		1 - BEFORE THE FIRST WORK 2 - ADVANCE WARNING AREA	ZONE WARNING SIGN	
REPORT TAKEN BY SUPPLEMENT (CORRECTION OR ADDITION TO AN EXIST IN T73 EAST ST RT 73 B OFFICIER'S BADGE NUMBER OFFIC	Unit 1 was traveling eastbound on East State Route 73 and Unit 2 wa traveling westbound. Unit 1 crossed the center line causing Unit 2 to drive off right side of roadway. Unit 1 struck Unit 2 on driver's side of	S			
REPORT TAXEN BY Supplement (correction or addition to an existing report sent to odes) DATE CRASH REPORTED J 5 2 1 2 0 1 8 0 9 4 6 0 9 4 7 0 9 5 3 1 0 3 0 3 0 1 0 0 6 7 DEFICIENTS MANGE: DISPATCH TIME DISPATCH T					
REPORT TAXEN BY Supplement (Correction or addition to an existing report sent to cope) Time crash reported Dispatch time Dispatch tim				Aug. ac.	NOT TO SCALE
REPORT TWEN BY Supplement (correction or addition to an existing report sent to odds)				Greenesta Commission	
REPORT TAXEN BY Supplement (correction or addition to an existing report sent to copy) Supplement (correction or addition to an existing report sent to copy) Supplement (correction or addition to an existing report sent to copy) Supplement (correction or addition to an existing report sent to copy) Supplement (correction or addition to an existing report sent to copy) Supplement (correction or addition to an existing report sent to copy) Supplement (correction or addition to an existing report sent to copy) Supplement (correction or addition to an existing report sent to copy) Supplement (correction or addition to an existing report sent to copy) Supplement (correction or addition t			-		
REPORT TAXEN BY Supplement (correction or addition to An existing report sent to odds) Date crash reported Time crash reported Dispatch time Dispat			RT 73	60	
DATE CRASH REPORTED U 5 2 1 2 0 1 8				90	-
DATE CRASH REPORTED U 5 2 1 2 0 1 8		<u></u>			
DATE CRASH REPORTED U 5 2 1 2 0 1 8					-
DATE CRASH REPORTED O 5 2 1 2 0 1 8			1.1.1.1	, . .	-
OFFICER'S NAME OFFICER'S BADGE NUMBER CHECKED BY Page 1 of 5	DATE CRASH REPORTED TIME CRASH REPORTED DISPATCH TIME		1		
				<u></u>	

OHIO DOUBLES OF SAFETY UNIT			LIP 11 18	3 0 5 2 1 0 0 2 4 7 0
UNIT NUMBER OWNER NAME: LAST, FIRST, MIDDLE (X SAME A:	S DRIVER)	OWNER PHONE NUMBER - INC. AR	REA CODE (X SAME AS DRIVER)	DAMAGE SCALE DAMAGED AREA FRONT
Mayes, Matthew Tyler OWNER ADDRESS: CITY, STATE, ZIP (12) SAME AS DRIVER)		(937)72	23-1984	4 NONE 09 02 03
129 Pleasant AVE, Dayton, Ohio 45403-2				
LP STATE LICENSE PLATE NUMBER GZB4582	VEHICLE IDENTIFICATION NUMBER	K ₁ 8 ₁ 2 ₁ U ₁ 1 ₁ 5 ₁ 7	7,2,5,2, 0,2,	2-MINOR 08 10 10 04
VEHICLE YEAR VEHICLE MAKE	VEHICLE MODEL		VEHICLE COLOR SIL	3-FUNCTIONAL 07 05
BUIC PROOF OF INSURANCE COMPANY	POLICY NUMBER	TOWED BY		4-DISABLING 06
DISURANCE Progressive CARRIER NAME, ADDRESS, CITY, STATE, ZIP	9151045	47	Sandys	9 - UNKNOWN REAR CARRIER PHONE-INCLUDE AREA CODE
US DOT VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 2 - 10,001 TO 25,000 LBS.	CARGO BODY TYPE O1 - NO CARGO BODY 1 O2 - BUSNAN (9-15 SEAT		TANK 1-TWO-WAY	IPTION , NOT DIVIDED , NOT DIVIDED, CONTINUOUS LEFT TURN LANE
HM PLACARD ID No. 3 - MORE THAN 26,000 LBS.	03 - BUS (16+ SEATS, IN 04 - VEHICLE TOWING / 05 - LOGGING	ANOTHER VEHICLE 12 - DUMP	3 - TWO-WAY	DIMDED, UNPROTECTED (PAINTED OR GRASS>4 FT.) MEDIAN DIVIDED, POSITIVE MEDIAN BARRIER
HM CLASS HAZARDOUS MAYERIAL RELEASED	06 - INTERMODAL CON 07 - CARGO VANÆNCIC 08 - GRAIN, CHIPS, GRU	DSED BÓX 15 - GARE	TRANSPORTER 5-ONE-WAY AGE/REFUSE PRUNKNOWN HIT/ SKIP UNIT	TRAFFICWAY
NON-MOTORIST LOCATION PRIOR TO IMPACT 15 - INTERSECTION - MARKED CROSSWALK	USE UNIT TYPE		DAHEAVY TRUCKS OR COMBO UNITS > 10	
02-INTERSECTION - NO GROSSWALK 03-INTERSECTION - OTHER	01 - SUB-COME 01 - SUB-COME 02 - COME 99 - UNKNOWN 03 - MID SIZE	14	 SINGLE UNIT TRUCK OR VAN 2 AXLE SINGLE UNIT TRUCK; 3+AXLES SINGLE UNIT TRUCK/ TRAILER 	, 6 TIRES 21 - BUSAVAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST
1	SONAL MERCIAL OF HIT / SKIP 04 - FULL SIZE FERNMENT 05 - MINIVAN	16 17	- TRUCK/TRACTOR (BOBTAIL) - TRACTOR/SEMI-TRAILER - TRACTOR/DOUBLE	23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY
07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND	96 - SPORT UT 07 - PICKUP 08 - VAN	19	- TRACTOR/TRIPLES - OTHER MED/HEAVY VEHICLE	25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
10 - DRIVEWAY ACCESS IN EM. 11 - SHARED-USE PATH OR TRAIL RESP	MERGENCY 09 - MOTORCY: PONSE 10 - MOTORIZE 11 - SNOWMO	ED BICYCLE	T.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>
12 - NON-TRAFFICWAY AREA 99 - OTHERUNKNOWN	1	SSENGER VEHICLE MOST DAMAGED AREA	HAS HM PLACARD	ACTION
02 - TAXI 10 - FIRE 03 - RENTAL TRUCK (OVER 10K LBS) 11 - HIGH	18 - FARM EQUIPMENT WAY/MAINTENANCE 19 - MOTORHOME	1 1 1	INTER FRONT 09 - LEFT FRONT	99 - UNKNOWN 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING
04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 12 - MILIT 05 - BUS - TRANSIT 13 - POLI 06 - BUS - CHARTER 14 - PUBL		IMPACT AREA 04 - RIG	GHT FRONT 10 - TOP AND WINDO GHT SIDE 11 - UNDERCARRIAG GHT REAR 12 - LOAD/TRA/LER	E 4 - STRUCK 5 - STRUKING/STRUCK
	ER GOVERNMENT STRUCTION EQUIP.		EAR CENTER 13 - TOTAL (ALLAREA FT REAR 14 - OTHER	S) S- DIAMOTA
MOTORIST 01 - STRAIGHT AHEAD 07 - MAKE	ING U-TURN 13 - NEGOTIATII		RIST NG OR CROSSING SPECIFIED LOCATION NG, RUNNING, JOGGING, PLAYING, CY	
	ERING TRAFFIC LANE 14 - OTHER MOT I'NG TRAFFIC LANE KED	17 - WORK 18 - PUSHII	NG VEHICLE	
05 - MAKING RIGHT TURN 11 - SLOW 06 - MAKING LEFT TURN 12 - DRIVI	VING OR STOPPED IN TRAFFIC VERLESS	19 - APPRO 20 - STAND	ACHING OR LEAVING VEHICLE DING	
CONTRIBUTING CIRCUMSTANCES PRIMARY MOTORIST		NON-MOTORIST	т	VEHICLE DEFECTS 01 - TURN SIGNALS
0 8 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY	22 - NONE N 23 - IMPROPER 24 - DARTING	R CROSSING	02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES
04 - RAN STOP SIGN SECONDARY 05 - EXCEEDED SPEED LIMIT	14 - OPERATING VEHICLE IN NEGLIGENT MANI 15 - SWERVING TO AVOID (DUE TO EXTERNAL CO 16 - WRONG SIDE/WRONG WAY	NER 25 - LYING AND ONDITIONS) 26 - FAILURE TO	OR ILLEGALLY IN ROADWAY O YIELD RIGHT OF WAY	05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES
06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER	17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION	28 - INATTENTI 29 - FAILURE TO	O OBEY TRAFFIC SIGNS	08 - TRAILER ECUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT
99 - UNKNOWN 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION		OFFICER DE OF THE ROAD N-MOTORISTACTION	11 - OTHER DEFECTS
SEQUENCE OF EVENTS NON-COLLISION EVENTS 1				
02 - FIRE-EXPLOSION (ROWNTIRE, BRAKE FAILURE, ETC) 11 - CROSS CENTER LINE 03 - IMMERSION 07 - SEPARATION OF UNITS OPPOSITE DIRECTION OF TRAVEL 03 - IMMERSION 08 - BAN OFF ROAD RIGHT 12 - OWNNHLL RUNAWAY				
HARMFUL 2 HARMFUL 2 99 - UNKNOWN 05 - CARGO/EQUIPMENT LOSS OR SHIFT 09 - RAN OFF ROAD LEFT 13 - OTHER NON-COLLISION COLLISION WITH FIXED OBJECT				
COLLISION WITH PERSON VEHICLE OR OBJECT NOT. EIXED 25 - IMPACT ATTENUATOR/CRASH CUSHION 31 - MEDIAN CABLE BARRIER 41 - OTHER POST, POLE 48 - TREE 49 - FIRE HYDRANT 45 - PEDALCYCLE 27 - BRIDGE OVERHEAD STRUCTURE 35 - MEDIAN CONCRETE BARRIER 41 - OTHER POST, POLE 48 - TREE 49 - FIRE HYDRANT 49 - FIRE HYDRANT 35 - MEDIAN CONCRETE BARRIER 42 - CULVERT 50 - WORK ZONE MAINTENANCE				
16 - RAILWAY VEHICLE (TRAIN, ENGINE) 23 - STRUCK BY FA 17 - ANIMAL - FARM OR ANYTHING	ALLING, SHIFTING CARGO 28 - BRIDGE PARAP S SET IN MOTION BY A 29 - BRIDGE RAIL	26 - MET 36 - MET 37 - TRA	DIAN OTHER BARRIER 43 AFFIC SIGN POST 44	- CURB EQUIPMENT - DITCH 51 - WALL, BUILDING, TUNNEL
18 - ANIMAL - DEER MOTOR VEHICL 19 - ANIMAL - OTHER 24 - OTHER MOVAB 20 - MOTOR VEHICLE IN TRANSPORT		ND 39 - LIG	HT/LUMINARIES SUPPORT 46	EMBANKMENT 52 - OTHER FIXED OBJECT FENCE - MAILBOX
UNIT SPEED POSTED SPEED TRAFFIC CONTROL	NO CONTROLS 07 - RAILROAD CROSSBU			1-NORTH 5-NORTHEAST 9-UNKNOWN
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	STOP SIGN 08 - RAILROAD FLASHER YIELD SIGN 09 - RAILROAD GATES TRAFFIC SIGNAL 10 - CONSTRUCTION BAI	15 - OTHER	^{LK} [4] [2 - SOUTH 6 - NORTHWEST 7 - SOUTHEAST 4 - WEST 8 - SOUTHWEST
XI STATEO 05-T	TRAFFIC FLASHERS 11 - PERSON (FLAGGER C SCHOOL ZONE 12 - PAVEMENT MARKING	OFFICER)		Page 2 of 5

OHIO OFFICIAL MOTORIST /	Non-Motorist / Oc	CUPANT LOCAL REPORT NO.	8 ₁ 0 ₁ 5 ₁ 2 ₁ 1 ₁ 0 ₁ 0 ₁ 2 ₁ 4 ₁ 7 ₁ 0 ₁	
UNIT NUMBER NAME: LAST, FIRST, MIDDLE 0 1 Mayes, Matthew Tyler		DATE OF BIRTH	119921 AGE GENORR F-FEMALE M-MALE	
ADDRESS, CITY, STATE, ZIP			TAGT PHONE-INCLUDE AREA CODE	
129 Pleasant AVE, Dayton, Ohio 45403		SAFETY EQUIPMENT USED DOT COMPLIA	(937)723-1984 seating position Air Bag Usage EJECTION TRAPPED	
		0 1 MOTORCYCLE HELMET		
OLSTATE OPERATOR LICENSE NUMBER OLCI TN215663	ASS NO UVALID OL D MAD OCHOITION ALCOHOLORUG SUSPECTED	ALCOHOL TEST STATUS ALCOHOL TEST TYPE	1 1	
, -	DEFENSE DESCRIPTION Marked Lanes	LLP017154	HANDS-FREE DEVICE USED DEVICE USED	
UNIT NUMBER NAME: LAST, FIRST, MIDDLE 10121 Fedders, Charles		DATE OF BIRTH	1197131 AGE GENDER F-FEMALE M-MALE	
ADDRESS, CITY, STATE, ZIP		<u> </u>	17ACTPHONE-INCLUDE AREA CODE (513)284-2676	
6461 Gorsuch ST, Franklin, Ohio 45005	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED DOT COMPLIA	NT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED	
	ASS CONDITION ALCOHOLDRUG SUSPECTED	0 4 MOTORCYCLE HELMET	DRUG TEST VALUE DRUG TEST STATUS DRUG TEST TYPE	
OL STATE OPERATOR LIGENSE NUMBER OL CL RU208976	ASS NO DVALID OL END. 1	1	1 1	
OFFENSE CHARGED (LOCAL CODE)	OFFEINSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DRIVER DISTRACTED BY DEVICE 1	
INJURIES INJURED TAKEN BY 1 - NO INJURY / NONE REPORTED 1 - NOT TRANSPORTED / 2 - POSSIBLE TREATED AT SCENE 3 - NON-INCAPACITATING 2 - EMS	MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 05 - CHILD R	WN SAFETY EQUIPMENT ESTRAINT SYSTEM - FORWARD FACING ESTRAINT SYSTEM - REAR FACING OF SEAT	NON-MOTORIST 09 - NONE USED 12 - REFLECTIVE CLOTHING 10 - HELMET USED 13 - LIGHTING 11 - PROTECTIVE PADS USED 14 - OTHER	
4 - INCAPACITATINS 3 - POLICE 5 - FATAL 4 - CITHER 5 - UNKNOWN	04 - SHOULDER AND LAP BELT USED 09 - HELMET		(ELBOWS, KNEES, ETC)	
SEATING POSITION 01 - FRONT - LEFT SIDE (MOTOROYCLE DRIVER) 02 - FRONT - RIGHT SIDE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	09 - THIRO MIDDLE 09 - THIRO - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA	2 - PASSENGER IN UNENCLOSED CARGO AREA 3 - TRAILUNG UNIT 4 - RIDING ON VEHICLE EXTERIOR (NON-TRAILUNG 5 - NON-MOTORIST 6 - O'THER 9 - UNKNOWN	AIR ANG USAGE 1. NOT DEPLOYED 2. DEPLOYED FRONT 3. DEPLOYED SIDE 4. DEPLOYED BOTH FRONT/SIDE 5. NOT APPLICABLE 9. DEPLOYMENT UNKNOWN	
EJECTION TRAPPED 1 - NOT EJECTED 1 - NOT TRAPPED 2 - TOTALLY EJECTED 2 - EXTRICATED BY MECHANICAL MEANS 4 - NOT APPLICABLE 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 · CLASS A 2 · CLASS B 3 · CLASS C 4 · REQULAR CLASS (CHIO IS 'D') 5 · MCMOPED ONLY. CONDITION 1 · APPARENTLY NORMAL 2 · PHYSICAL IMPAREMENT 3 · EMOTIONAL (DEPRESSED 4 · LILINESS	5- FELL ASLEEP, FAIN 6- UNDER THE INFLUE MEDICATIONS, DRU 7- OTHER	NCE OF 2 - YES - ALGOHOL SUSPECTED	
1 - NONE GIVEN 1 - NO. 2 - TEST REFUSED 2 - BL 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 3 - UF	OOD 2 - TEST REFUSED RINE 3 - TEST GIVEN, CONTAMINATED SAMPLETUNUSAB REATH 4 - TEST GIVEN, RESULTS KNOWN	2 - BLOOD 2 - PHOME LE 3 - UPENE 3 - TEXTINGE-N 4 - OTHER 4 - ELECTRONIC 5 - OTHER ELEC	NON REPORTED 6 - OTHER WISIDE THE VEHICLE 7 - EXTERNAL DISTRACTION ALLING GOMMUNICATION DEVICE	
UNIT NUMBER NAME: LAST, FIRST, MIDDLE O 1 1 Campbell, David Charles O 9 1 1 3 1 1 9 9 8 19 O 1 1 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
ADDRESS, CITY, STATE, ZIP 144 E North ST, Springboro, Ohio 45066 (937)321-9346				
INJURIES RIJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED DOT COMPLIED MOTORCYCLE HELMET	ANT 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			ONTACT PHONE: INCLUDE AREA CODE	
AJURESS, CITY, STATE, ZIP	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED DOT COMPL	ANT SEATING POSITION AIR BAG USAGE EJECTION TRAPPED	
		MOTORCYCLE HELMET	Page 4 of 5	

OHIO SPANIE TRAFFIC ACCIDE TRAFFIC ACCIDE	NT - DIAGRAM/NARRATIVE CONTINUATION	OH-2 (REV. 1/8
LP180521002470 NUMBER	REPORTING AGENCY Clearcreek Twp. Police Department	DATE OF ACCIDENT 05/21/2018
IN COUNTY OF Warren	ACCIDENT LOCATION	
Trailer :		
OH Registration : TQY2314 VIN : 1UYVS245XJ6240402 Mike Albert LTD 10340 Evendale Dr Cincinnati, OH 45241		

OFFICERS SIGNATURE BADGE NO.
1L26

Minor damage to left side tire and rim.