



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HITSKIP
L P 1 7 0 6 1 4 0 0 2 6 1 9	3 1-FATAL 2-SERIOUS 3-PDO	1-SOLVED 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"/> 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 98-ANIMAL 99-UNKNOWN

COUNTY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
8 3	Clearcreek	0 6 1 4 2 0 1 7	1 4 5 4	W E D

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

ROADWAY DIVISION	DIVIDED I ANE 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-CIRCLE 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-LANE PI-PIKE SQ-SQUARE TL-TRAIL

LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOC PREFIX	LOCATION ROAD NAME	LOCATION ROAD TYPE 2	ROUTE TYPES ¹	CR-NUMBERED COUNTY ROUTE
SR	4 8				IR-INTERSTATE ROUTE (INC. TURNPIKE) US-US ROUTE SR-STATE 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
<input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	<input type="checkbox"/> N, S <input type="checkbox"/> E, W			E	Lytle 5 Points	R D

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/ROUNDAABOUT	1 1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFICWAY 9-UNKNOWN

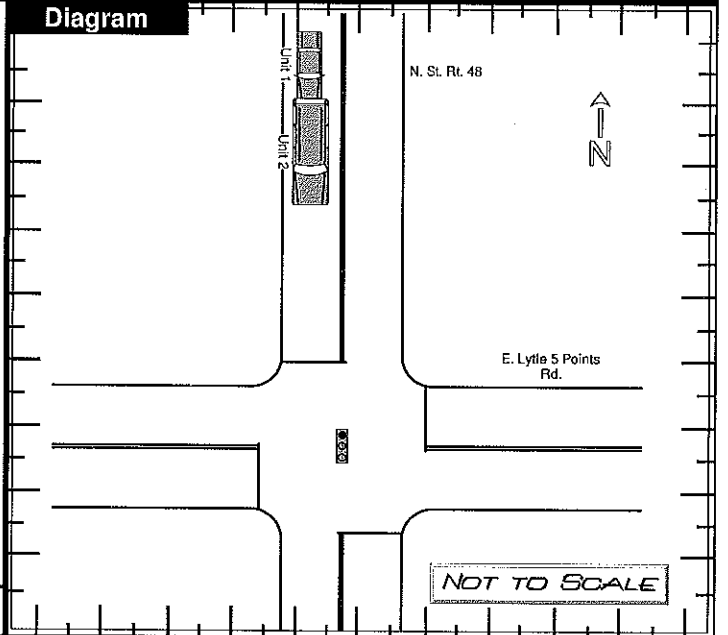
ROAD CONDITION	ROAD CONDITIONS	WEATHER
1-1-STRAIGHT LEVEL 2-2-STRAIGHT GRADE 3-3-CURVE LEVEL 4-4-CURVE GRADE 9-9-UNKNOWN	0 2 PRIMARY SECONDARY	4 1-CLEAR 2-CLOUDY 3-FOG, SMOG, SMOKE 4-RAIN 5-SLEET, HAIL 6-SNOW 7-SEVERE CROSSWINDS 8-BLOWING SAND, SOIL, DIRT, SNOW 9-OTHER/UNKNOWN

MANNER OF CRASH COLLISION/IMPACT	WEATHER
2 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES 2-REAR-END 3-HEAD-ON 4-REAR-TO-REAR 5-BACKING 6-ANGLE 7-SIDESWIPE, SAME DIRECTION 8-SIDESWIPE, OPPOSITE DIRECTION 9-UNKNOWN	4 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-BRICKBLOCK 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 ZONE 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 (OFFER/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 <input type="checkbox"/> 4-INTERMITTENT OR MOVING WORK <input type="checkbox"/> 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 <input type="checkbox"/> 4-ACTIVITY AREA <input type="checkbox"/> 5-TERMINATION AREA

NARRATIVE
Unit 02 was stopped in traffic southbound on N. St. Rt. 48 at the intersection with E. Lytle 5 Points Rd. Unit 01 was traveling southbound on N. St. Rt. 48 and failed to stop in time, striking Unit 02 in the center rear.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)					
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST						
DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
0 6 1 4 2 0 1 7	1 4 5 4	1 4 5 4	1 4 5 9	1 5 3 2	2 0	0 0 5 3
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	Page 1 of 4			
Knobbe, Kevin - LP	1 L 2 8	COH530				



UNIT

LOCAL REPORT NUMBER LP170614002619

UNIT NUMBER 01, OWNER NAME: Freas, Todd A, OWNER PHONE NUMBER: (513)828-2058, DAMAGE SCALE 4, DAMAGED AREA Front, 09, 03, 08, 10, 04, 07, 06, 05, REAR

OWNER ADDRESS: 751 Clarridge LN, Centerville, Ohio 45458, LP STATE OH, LICENSE PLATE NUMBER GKM2909, VEHICLE IDENTIFICATION NUMBER 3FAKP1131WR252308, # OCCUPANTS 011

VEHICLE YEAR 1998, VEHICLE MAKE FORD, VEHICLE MODEL Escort, VEHICLE COLOR SIL, PROOF OF INSURANCE SHOWN, INSURANCE COMPANY Progressive, POLICY NUMBER 914907440, TOWED BY Sandys

US DOT, VEHICLE WEIGHT, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, NON-MOTORIST LOCATION, TYPE OF USE, UNIT TYPE, SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION

PRE-CRASH ACTIONS, CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS

SEQUENCE OF EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOTIFIED, COLLISION WITH FIXED OBJECT

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION

UNIT SPEED 45, POSTED SPEED 55, TRAFFIC CONTROL 04, UNIT DIRECTION FROM 1 TO 2



UNIT

LOCAL REPORT NUMBER LP170614002619

UNIT NUMBER 02, OWNER NAME Kelliher, Elizabeth A, OWNER PHONE NUMBER (937)620-8094, DAMAGE SCALE 3, DAMAGED AREA FRONT, OWNER ADDRESS 1440 Stone Ash CT, Centerville, Ohio 45458, LP STATE OH, LICENSE PLATE NUMBER EBY8435, VEHICLE IDENTIFICATION NUMBER 1GKDT13S872183632, # OCCUPANTS 021, VEHICLE YEAR 2007, VEHICLE MAKE GMC, VEHICLE MODEL Envoy, VEHICLE COLOR GRY, INSURANCE COMPANY Farmers, POLICY NUMBER 190860047, 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, HIT/SKIP UNIT

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, 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 55, TRAFFIC CONTROL 04, UNIT DIRECTION FROM 1 TO 2

UNIT SPEED 0, POSTED SPEED 55, TRAFFIC CONTROL 04, UNIT DIRECTION FROM 1 TO 2, 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST, 5 - NORTHEAST, 6 - NORTHWEST, 7 - SOUTHEAST, 8 - SOUTHWEST, 9 - UNKNOWN

UNIT SPEED 0, POSTED SPEED 55, TRAFFIC CONTROL 04, UNIT DIRECTION FROM 1 TO 2



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
L P 1 7 0 6 1 4 0 0 2 6 1 9

UNIT NUMBER 0 1	NAME: LAST, FIRST, MIDDLE Freas, Daniel James	DATE OF BIRTH 0 1 1 1 1 9 9 9	AGE 18	GENDER M F - FEMALE M - MALE
---------------------------	---	---	------------------	---

ADDRESS, CITY, STATE, ZIP 751 Claredge LN, Centerville, Ohio 45458	CONTACT PHONE- INCLUDE AREA CODE (513)828-2058
--	--

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 0 4	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 0 1	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
----------------------	------------------------------	------------	-----------------------------------	-------------------------------------	---	--------------------------------	---------------------------	----------------------	---------------------

OL STATE OH	OPERATOR LICENSE NUMBER UK036404	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 (LOCAL CODE) 4511.21A	OFFENSE DESCRIPTION Assured Clear Distance	CITATION NUMBER 016531	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
---	--	----------------------------------	--	----------------------------------

UNIT NUMBER 0 2	NAME: LAST, FIRST, MIDDLE Kelliher, Elizabeth A	DATE OF BIRTH 0 6 3 0 1 9 6 5	AGE 51	GENDER F F - FEMALE M - MALE
---------------------------	---	---	------------------	---

ADDRESS, CITY, STATE, ZIP 1440 Stone Ash CT, Centerville, Ohio 45458	CONTACT PHONE- INCLUDE AREA CODE (937)620-8094
--	--

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 0 4	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
----------------------	------------------------------	------------	-----------------------------------	-------------------------------------	---	--------------------------------	---------------------------	----------------------	---------------------

OL STATE OH	OPERATOR LICENSE NUMBER RQ780970	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 (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
------------------------------	---------------------	-----------------	--	----------------------------------

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 5 - 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
--	---	--	---	--	---

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 8 - DEPLOYMENT UNKNOWN
--	--	---	---

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 - JCMOPED 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
---	--	--	---	---	---

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
---	--	--	---	---	--

UNIT NUMBER 0 2	NAME: LAST, FIRST, MIDDLE Howell, Bret	DATE OF BIRTH 1 0 1 8 2 0 0 4	AGE 12	GENDER M F - FEMALE M - MALE
---------------------------	--	---	------------------	---

ADDRESS, CITY, STATE, ZIP 1440 Stone Ash CT, Centerville, Ohio 45458	CONTACT PHONE- INCLUDE AREA CODE (937)620-8094
--	--

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 0 4	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
----------------------	------------------------------	------------	-----------------------------------	-------------------------------------	---	--------------------------------	---------------------------	----------------------	---------------------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE 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 MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---------------------------------	------------------	---------------	----------	---------