



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

LP170702002994

CRASH SEVERITY

2 1 - FATAL  
2 - MURRY  
3 - PDO

HIT/SKIP

1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DECLARATION	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 08316	REPORTING AGENCY NAME * Clearcreek Twp. Police Department	NUMBER OF UNITS 02	UNIT IN ERROR 01 98 - ANIMAL 99 - UNKNOWN
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COUNTY * 83	<input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * Clearcreek	CRASH DATE * 07022017	TIME OF CRASH 1620	DAY OF WEEK SUN
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DEGREES / MINUTES / SECONDS LATITUDE 0 / 0	LONGITUDE 0 / 0	DECIMAL DEGREES LATITUDE 39.296141	LONGITUDE -84.148859
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ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N-NORTHBOUND <input type="checkbox"/> E-EASTBOUND <input type="checkbox"/> S-SOUTHBOUND <input type="checkbox"/> W-WESTBOUND	NUMBER OF THRU LANES 02	ROAD TYPES OR MILEPOST 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
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LOCATION ROUTE TYPE 1 SR 741	LOC PREFIX N, S, E, W	LOCATION ROAD NAME	LOCATION ROAD TYPE 2	ROUTE TYPES 1 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 <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF <input type="checkbox"/> N, S, E, W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 3616	REFERENCE ROAD TYPE 2
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REFERENCE POINT USED 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 01 01 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE 11 - RAILWAY GRADE CROSSING 02 - FOUR-WAY INTERSECTION 07 - ON RAMP 12 - SHARED-USE PATHS OR TRAILS 03 - T-INTERSECTION 08 - OFF RAMP 09 - UNKNOWN 04 - Y-INTERSECTION 09 - CROSSOVER 05 - TRAFFIC CIRCLE/ROUNDBOUT 10 - DRIVEWAY/ALLEY ACCESS	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 1 1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIAN 9 - UNKNOWN 4 - ON ROADSIDE
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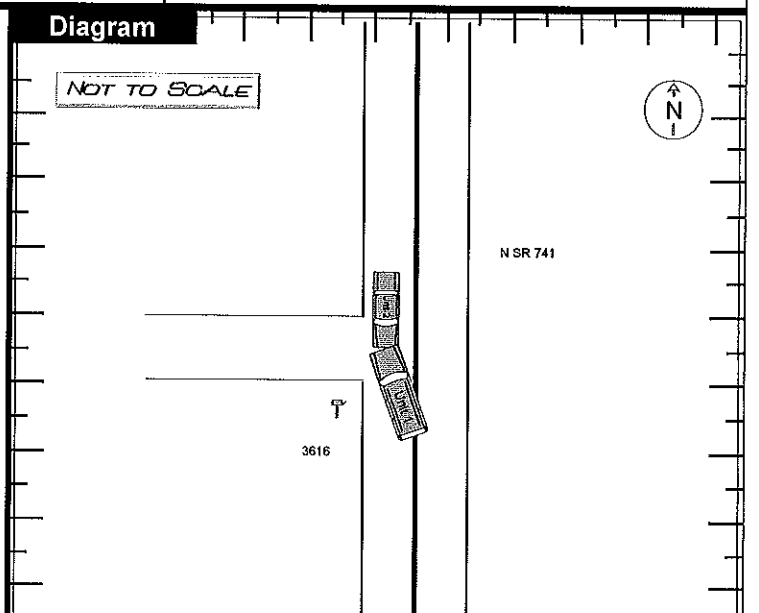
ROAD CONTOUR 1 1 - STRAIGHT LEVEL 4 - CURVE GRADE 2 - STRAIGHT GRADE 9 - UNKNOWN 3 - CURVE LEVEL	ROAD CONDITIONS PRIMARY 01 SECONDARY	01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT * 02 - WET 06 - WATER (STANDING, MOVING) 10 - OTHER 03 - SNOW 07 - SLUSH 99 - UNKNOWN 04 - ICE 08 - DEBRIS*	* SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/IMPACT 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 5 - BACKING 8 - SIDESWIPE, OPPOSITE DIRECTION 3 - HEAD-ON 4 - REAR-TO-REAR 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 9 - UNKNOWN	WEATHER 1 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 2 1 - CONCRETE 4 - SLAG, GRAVEL, STONE 2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT 3 - BRICK/BLOCK 6 - OTHER	LIGHT CONDITIONS 1 1 - DAYLIGHT 5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN 2 - DAWN 6 - DARK - UNKNOWN ROADWAY LIGHTING 3 - DUSK 7 - GLARE* 4 - DARK - LIGHTED ROADWAY 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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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE <input type="checkbox"/> 1 - LANE CLOSURE 4 - INTERMITTENT OR MOVING WORK 2 - LANE SHIFT/CROSSOVER 5 - OTHER 3 - WORK ON SHOULDER OR MEDIAN	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA 2 - ADVANCE WARNING AREA 5 - TERMINATION AREA 3 - TRANSITION AREA
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**NARRATIVE**  
Traffic Unit # 1 was traveling North on N SR 741. Traffic Unit # 2 was traveling south on N SR 741. Traffic Unit # 1 was slowing in traffic preparing to make a left turn into 3616 N SR 741. Traffic Unit # 1 stated that he looked down at his GPS unit and then made the left turn. Traffic Unit # 2 struck Traffic Unit # 1.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)
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DATE CRASH REPORTED 07022017	TIME CRASH REPORTED 1620	DISPATCH TIME 1620	ARRIVAL TIME 1620	TIME CLEARED 1737	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 0107
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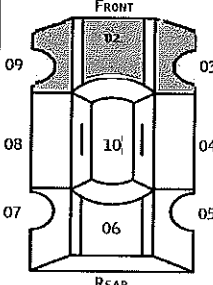
OFFICER'S NAME * Sweet, Charles - LP	OFFICER'S BADGE NUMBER 1 L 3 0	CHECKED BY WES189	Page 1 of 6
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# UNIT

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

UNIT NUMBER <b>02</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER ) <b>Hayes, Maggie Elizabeth</b>	OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER ) <b>(513)255-8189</b>	DAMAGE SCALE <b>4</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER ) <b>3064 Lynn DR, Franklin, Ohio 45005</b>				
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>HBV2385</b>	VEHICLE IDENTIFICATION NUMBER <b>5 Y 2 S P 6 7 8 2 9 Z 4 4 8 0 7 3</b>	# OCCUPANTS <b>05</b>	
VEHICLE YEAR <b>2009</b>	VEHICLE MAKE <b>PONT</b>	VEHICLE MODEL <b>Vibe</b>	VEHICLE COLOR <b>BLU</b>	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>Alfa</b>	POLICY NUMBER <b>1134007169915</b>	TOWED BY <b>Sandys</b>	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE- INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	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 <input type="checkbox"/> HIT / SKIP UNIT
HM PLACARD ID No	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED			
HM CLASS NUMBER				

NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/>	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 8 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>09</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	99 - UNKNOWN	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>	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	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>01</b>	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 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - 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
SECONDARY <input type="checkbox"/>					
99 - UNKNOWN					

SEQUENCE OF EVENTS 1 <b>20</b> 2 <b>08</b> 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 OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION																																																																					
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UNIT SPEED <b>45</b>	POSTED SPEED <b>45</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/DONT WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM <b>1</b> TO <b>2</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
<input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED			



# MOTORIST / NON-MOTORIST / OCCUPANT

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

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>Durkin, Roger</b>	DATE OF BIRTH <b>08191993</b>	AGE <b>23</b>	GENDER <b>M</b> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <b>7711 Kaye DR, Carlisle, Ohio 45005</b>			CONTACT PHONE- INCLUDE AREA CODE <b>(513)915-3805</b>	

INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>2</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>		
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>TT180664</b>	OL CLASS <b>4</b>	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	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>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) <b>4511.42</b>		OFFENSE DESCRIPTION <b>Right of Way When Turning Left</b>			CITATION NUMBER <b>016676</b>		HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY <b>5</b>		

UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>Hayes, Maggie Elizabeth</b>	DATE OF BIRTH <b>11121994</b>	AGE <b>22</b>	GENDER <b>F</b> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <b>3064 Lynn DR, Franklin, Ohio 45005</b>			CONTACT PHONE- INCLUDE AREA CODE <b>(513)255-8189</b>	

INJURIES <b>3</b>	INJURED TAKEN BY <b>2</b>	EMS AGENCY <b>Clearcreek EMS</b>	MEDICAL FACILITY INJURED TAKEN TO <b>Atrium Medical Cente</b>	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>4</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>		
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>TU283937</b>	OL CLASS <b>4</b>	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	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>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY		

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 FRONT/SIDE 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	6 - FELL ASLEEP, FAINTED, FATIGUED 7 - 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 <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>Biehl, Alexandra Lauren</b>	DATE OF BIRTH <b>07211998</b>	AGE <b>18</b>	GENDER <b>F</b> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <b>5738 Boomer RD, Cincinnati, Ohio 45247</b>			CONTACT PHONE- INCLUDE AREA CODE <b>(513)254-6909</b>	

INJURIES <b>3</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>03</b>	AIR BAG USAGE <b>2</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY		

UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>Hayes, Jordan Annmarie</b>	DATE OF BIRTH <b>03161996</b>	AGE <b>21</b>	GENDER <b>F</b> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <b>3064 Lynn DR, Franklin, Ohio 45005</b>			CONTACT PHONE- INCLUDE AREA CODE <b>(513)306-2014</b>	

INJURIES <b>2</b>	INJURED TAKEN BY <b>2</b>	EMS AGENCY <b>Clearcreek EMS</b>	MEDICAL FACILITY INJURED TAKEN TO <b>Atrium Medical Cente</b>	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>03</b>	AIR BAG USAGE <b>4</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
LP170702002994

OCCUPANT

UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>Stemple, Jessica Annmarie</b>	DATE OF BIRTH <b>06181997</b>	AGE <b>20</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>967 Franklin Commons CIR, Franklin, Ohio 45005-1867</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(513)883-8879</b>
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INJURIES <b>2</b>	INJURED TAKEN BY <b>2</b>	EMS AGENCY <b>Clearcreek EMS</b>	MEDICAL FACILITY INJURED TAKEN TO <b>Atrium Medical Cente</b>	SAFETY EQUIPMENT USED <b>04</b>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>04</b>	AIR BAG USAGE <b>4</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OCCUPANT

UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>Hayes, Dylann</b>	DATE OF BIRTH <b>04212017</b>	AGE <b>0</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>3064 Lynn DR, Franklin, Ohio 45005</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(513)255-8189</b>
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INJURIES <b>2</b>	INJURED TAKEN BY <b>2</b>	EMS AGENCY <b>Clearcreek EMS</b>	MEDICAL FACILITY INJURED TAKEN TO <b>Atrium Medical Cente</b>	SAFETY EQUIPMENT USED <b>05</b>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>05</b>	AIR BAG USAGE <b>4</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OCCUPANT

UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>Aarone, Daquan</b>	DATE OF BIRTH <b>02122017</b>	AGE <b>0</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>967 Franklin Commons CIR, Franklin, Ohio 45005</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(513)883-8879</b>
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INJURIES <b>2</b>	INJURED TAKEN BY <b>2</b>	EMS AGENCY <b>Clearcreek EMS</b>	MEDICAL FACILITY INJURED TAKEN TO <b>Atrium Medical Cente</b>	SAFETY EQUIPMENT USED <b>05</b>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>06</b>	AIR BAG USAGE <b>4</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OCCUPANT

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

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

UNIT NUMBER <b>  </b>	NAME: LAST, FIRST, MIDDLE <b>  </b>	DATE OF BIRTH <b>  </b>	AGE <b>  </b>	GENDER <b>  </b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>  </b>	CONTACT PHONE - INCLUDE AREA CODE <b>  </b>
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INJURIES <b>  </b>	INJURED TAKEN BY <b>  </b>	EMS AGENCY <b>  </b>	MEDICAL FACILITY INJURED TAKEN TO <b>  </b>	SAFETY EQUIPMENT USED <b>  </b>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>  </b>	AIR BAG USAGE <b>  </b>	EJECTION <b>  </b>	TRAPPED <b>  </b>
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<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 9 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 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)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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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)	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	<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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