TRAFFIC CRASH REPORT	LOCAL REPORT NUMBER * CRASH SEVERITY HIT/SKIP				
BOCALTION - ABRICAL - PROTECTION LOGAL INFORMATION	L_P_1_8_0_6_2_1_0_0_3_0_2_6_3 3 - PDO 2 - UNSOLVED				
PHOTOS TAKEN OH-2 OH-1P STATE PROPERTY OH-3 OH-19 OH-3 OH-18 DOLLAR AMOUNT PROPERTY OH-3 OH-19 OH-3 OH-19 OH					
COUNTY * CITY * CITY NILLAGE TOWNSHIP * Clearcreek	CRASH DATE * LO 6 2 1 1 2 0 1 1 8 LO 1 3 0 LO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
DEGREES / MINUTES / SECONDS LATITUDE 0 /	DECIMAL DEGREES LATITUDE LONGITUDE 2 0 5 1 6 5 0 6 9 4 1 6 9 6 1 0				
ROADWAY DIVISION DIVIDED LANE DIRECTION OF TRAVEL NUMBER OF THRU LANES ROAD TYPES	OR MILEPOST 2				
DIVIDED N-NORTHBOUND E-EASTBOUND S-SOUTHBOUND W-WESTBOUND 0 0 AL-ALLEY AV-AWENUE BL-BOULEVAR	CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE				
LOCATION ROUTE NUMBER ROUTE TYPE1 LOCATION ROUTE NUMBER LOC PREFIX LOCATION ROAD NAME E.W Hathaway	R D LOCATION ROAD IS INC. INTERSTATE ROUTE (INC. TURNPIKE) CRNUMBERED COUNTY ROUTE US-US ROUTE SRSTATE ROUTE				
DISTANCE FROM REFERENCE MILES FEET YARDS DIR FROM REF REFERENCE ROUTE TYPE 1 N. S. E. W 5	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 551				
	WAY GRADE CROSSING RED-USE PATHS OR TRAILS NOWN INTERSECTION RELATED INTERSECTION RELATED INTERSECTION RELATED INTERSECTION RELATED INTERSECTION RELATED INTERSECTION RELATED ION ROADWAY S-ON GORE S-ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIAN 9 - UNKNOWN 4 - ON ROADSIDE				
ROAD CONTOUR 1 - STRAIGHT LEVEL. 4 - CURVE GRADE 2 - STRAIGHT GRADE 3 - CURVE LEVEL ROAD CONDITIONS PRIMARY PRIMARY SECONDARY 02 - WET 03 - SNOW 04 - ICE	05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT * 06 - WATER (STANDING, MOVING) 10 - OTHER 07 - SLUSH 99 - UNKNOWN 08 - DEBRIS* * *SECONDARY CONDITION ONLY				
1.NOT COLLISION RETWEEN 2. REAR-END 5. BACKING 8. SIDESWIPE OPPOSITE	VEATHER				
ROAD SURFACE 1 - CONCRETE 4 - SLAG, GRAVEL, 2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT 3 - BRICK/BLOCK 6 - OTHER LIGHT CONDITIONS LIGHT CONDITIONS SECONDARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED R	5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN SCHOOL BUS RELATED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* ROADWAY 8 - OTHER * SECONDARY CONDITION ONLY SCHOOL BUS PELATED YES, SCHOOL BUS DIRECTLY INVOLVED NDIRECTLY INVOLVED				
WORKERS PRESENT WORK LAW ENFORCEMENT PRESENT (OFFICE/EVER/HIGLE) LAW ENFORCEMENT PRESENT (OFFICE/EVER/HIGLE) LAW ENFORCEMENT PRESENT (OFFICE/EVER/HIGLE) 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN (WHIGLE ONLY)	OR MOVING WORK 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA 2 - ADVANCE WARNING AREA 5 - TERMINATION AREA 3 - TRANSITION AREA				
Unit 1 was traveing southbound on Hathaway Road in front of 5551	Diagram				
and was struck by a deer.					
	DEER STRIKE				
	-				
	-				
	-				
REPORT TAKEN BY SUPPLEMENT (CORRECTION OR ADDITION TO					
IXI POLICE AGENCY MOTORIST AN EXISTING REPORT SENT TO ODPS) DATE CRASH REPORTED TIME CRASH REPORTED DISPATCH TIME ARRIVAL					
OFFICER'S NAME * OFFICER	2 2 2 2 2 3 1				
Blaha, Wendi - LP	L 5 6 COH530				

OHIO COMMINIST OF PUBLIC OF SAFETY EUCATION - REPORT OF PUBLIC OF SAFETY					L P 1 8 0 6 2 1 0 0 3 0 2 6			
OWNER NAME: LAST, FIRST, MIDDLE (same as DRIVER) Coltrane, Nicholas B OWNER PHONE NUMBER - INC. AREA CODE ((513)695-1289)				ME AS DRIVER)	DAMAGE SCALE DAM	FRONT 02		
OWNER ADDRESS: CITY, STATE, ZIP (X SAME AS DRIVER) 4767 Hathaway RD, Lebanon, Ohio 45036						1- NONE 09		
LP STATE LICENSI	GHS2560		$ \left[\begin{array}{c c} \text{Vehicle identification number} \\ \underline{15}_{1}Y_{1}2_{1}S_{1}L_{1}6_{1}3_{1}8_{1}X_{1}5_{1}Z_{1}4_{1}0_{1}5_{1}0_{1}0_{1}1_{1} \end{array} \right] \stackrel{\text{\#occupants}}{=} \left[\begin{array}{c c} \text{\#occupants} \\ \underline{10}_{1}1_{1} \end{array} \right] $			2 - MINOR 08 3 - FUNCTIONAL	10 04	
2 0 0 5	PONT PONT		VEHICLE MODEL VEHICLE COLOR SIL			4 DISABLING	06 05	
PROOF OF INSURANCE SHOWN CARRIER NAME, ADDRESS	Grange ss, city, state, zip	PA17827	775 TOWED	D BY		9 - UNKNOWN CARRIER PHONE- INCL	REAR UDE AREA CODE	
US DOT	VEHICLE WEIGHT GVWR/GCWR	CARGO BODY TYPE		I T	RAFFICWAY DESCRI	IPTION		
HM PLACARD ID No.	1 - LESS THAN OR EQUAL TO 2 - 10,001 TO 28,000 LBS. 3 - MORE THAN 26,000 LBS HAZARDOUS MATERIAL RELEASED	02 - BUS/VAN (9-15 SEA	TS, INC DRIVER) 10 - NC DRIVER) 11 - ANOTHER VEHICLE 12 - 13 - NTAINER CHASSIS 14 - 1	POLE CARGO TANK FLAT BED DUMP CONCRETE MIXER AUTO TRANSPORTER GARBAGE/REFUSE	1 - TWO-WAY, 2 - TWO-WAY, 3 - TWO-WAY,	NOT DIVIDED NOT DIVIDED, CONTINUOU DIVIDED, UNPROTECTED (P DIVIDED, POSITIVE MEDIAI	PAINTED OR GRASS>4 FT.) MEDIAN	
NUMBER NON-MOTORIST LOCA	TION PRIOR TO IMPACT TYPE OF	08 - GRAIN, CHIPS, GR			HIT/ SKIP UNIT			
02 - IN 03 - IN 04 - MI 05 - TR 06 - BI 07 - SI- 08 - SI 09 - MI 10 - DF 11 - SF	TERSECTION - MARKED CROSSWALK TERSECTION - NO CROSSWALK TERSECTION - OTHER DBLOCK - MARKED CROSSWALK TAVEL LANE - OTHER LOCATION CYCLE LANE GOULDER/ROADSIDE DEWALK DEIDIAN/CROSSING ISLAND RIVEWAY ACCESS	D	TILITY VEHICLE TOLE ED BICYCLE	MED/HEAVY TRUCKS OR 13 - SINGLE UNIT TRUC 14 - SINGLE UNIT TRUC 15 - SINGLE UNIT TRUC 16 - TRUCK/TRACTOR (I 17 - TRACTOR/SEMI-TF 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAV HAS HM	CK OR VAN 2 AXLE, JCK; 3+AXLES JCK/ TRAILER BOBTAIL) RAILER E	6 TIRES 21 - BUS/VAN 22 - BUS (16+ NON-MOTORI: 23 - ANIMAL 24 - ANIMAL 25 - BICYCLE 26 - PEDESTI	9 OR MORE INCLUDING DRIVER) (9-15 SEATS, INC DRIVER) SEATS, INC DRIVER) ST WITH RIDER WITH BUGGY, WAGON, SURREY PEDACYCLIST RIAN/SKATER NON-MOTORIST	
0 1 00 00 00 00 00 00 00 00 00 00 00 00	2 - TAXI 10 - FIRE 3 - RENTAL TRUCK (OVER 10K LBS) 11 - HIGH 4 - BUS - SCHOOL (PUBLIC OR PRIVATE) 12 - MILI' 5 - BUS - TRANSIT 13 - POL 6 - BUS - CHARTER 14 - PUB 7 - BUS - SHUTTLE 15 - OTHE	IWAY/MAINTENANCE 19 - MOTORHOME TARY 20 - GOLF CART	RRATIVE) U 9 0.	1 - NONE 01 2 - CENTER FRONT 05 3 - RIGHT FRONT 11 4 - RIGHT SIDE 11 5 - RIGHT REAR 12 6 - REAR CENTER 13	8 - LEFT SIDE 9 - LEFT FRONT 0 - TOP AND WINDOV 1 - UNDERGARRIAGE 2 - LOAD/TRAILER 3 - TOTAL (ALL AREAS 4 - OTHER		1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN	
PRECRASH ACTIONS MOTORIST 01 - STRAIGHT A HEAD 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 17 - WORKING 17 - WORKING 18 - PUSHING RIGHT TURN 11 - SLOWING OR STOPPED IN TRAFFIC 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING								
CONTRIBUTING CIRCU. PRIMARY 0 1 SECONDARY 99 - UNKNOWN	MSTANCES 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	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANI 15 - SWERVING TO AVOID (DUE TO EXTERNAL OF 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FAILING/SPILLING 21 - OTHER IMPROPER ACTION	24 - DARTI NER 25 - LYING DODITIONS) 26 - FAILU 27 - NOT 28 - INATT 29 - FAILU /SIGN 30 - WRO!	EOPER CROSSING ING SAND/OR ILLEGALLY IN ROPE IRE TO YIELD RIGHT OF VISIBLE (DARK CLOTHING	WAY B) GNS	02 - HE 03 - TA 04 - BR 05 - STI 06 - TIR 07 - WC 08 - TR/ 09 - MO 10 - DIS	RN SIGNALS AND LAMPS LI LAMPS EAKES EERING RE BLOWOUT INN OR SLICK TIRES ALER EQUIPMENT DEFECTIVE TOR TROUBLE ABLED FROM PRIOR ACCIDENT HER DEFECTS	
14 - PEDESTRIAN 15 - PEDALCYCLE	MOST HARMFUL 19 RSON VEHICLE OR OBJECT NOT FIXED 21 - PARKED MOTO 22 - WORK ZONE M 23 - STRUCK BY FA OR ANYTHING R MOTO VEHICL ER 24 - OTHER MOVAB	COLUSION WITH FIXE 25 - IMPACT ATTENN OR VEHICLE 26 - BRIDGE OVERH AMINTENANCE EQUIPMENT 27 - BRIDGE PIERA LLING, SHIFTING CARGO 28 - BRIDGE PARAP SET IN MOTION BY A 29 - BRIDGE RAIL LE 30 - GUARDRAIL FA	LLOVER 06 - E ON	EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE SEPARATION OF UNITS RAN OFF ROAD RIGHT RAN OFF ROAD LEFT - MEDIAN CABLE BARRIEF - MEDIAN GUARDRAIL BA - MEDIAN CONCRETE BA - MEDIAN OTHER BARRI - TRAFFIC SIGN POST - OVERHEAD SIGN POST - UICHTILUMINARIES SU - UTILITY POLE	E, ETC) 11 - CRC OPP 12 - DOX 13 - OTH R 41 - C ARRIER 42 - C ARRIER 43 - C EER 43 - C 44 - I I 45 - E EPPORT 46 - I	OR SUPPORT 4 CULVERT 5 CURB DITCH 5	B - TREE 9 - FIRE HYDRANT 0 - WORK ZONE MAINTENANCE EQUIPMENT 1 - WALL, BUILDING, TUNNEL 2 - OTHER FIXED OBJECT	
UNIT SPEED 4 5 STATED ESTIMATED	5 5 5 2 1 2 02 - S 03 - Y 04 - TI 05 - TI	O CONTROLS 07 - RAILROAD CROSSBU 08 - RAILROAD FLASHER (FIELD SIGN 09 - RAILROAD GATES RAFFIC SIGNAL 10 - CONSTRUCTION BAF RAFFIC FLASHERS 11 - PERSON (FLAGGER, O CHOOL ZONE 12 - PAVEMENT MARKING	S 14 - WALK/DON' 15 - OTHER RRICADE 16 - NOT REPOR PFFICER)	K LINES FROM T WALK	REGTION TO	2 south 6- 3-EAST 7-	NORTHEAST 9-UNKNOWN NORTHWEST SOUTHEAST SOUTHWEST	

MOTORIST / NON-MOTORIST / OCCUPANT L P 1 8 0 6 2 1 1 0 0 3 0 2 6								
UNIT NUMBER NAME-LAST, FIRST, MIDDLE Coltrane, Nicholas B		DATE OF BIRTH	4 1 9 8 4 33 GENDER F - FEMALE M - MALE					
ADDRESS, CITY, STATE, ZIP 4767 Hathaway RD, Lebanon, Ohio 45036								
INJURES INJURED TAKEN BY EMS AGENCY	MEDIGAL FACILITY INJURED TAKEN TO	DOT COMP O 4 DOT COMP MOTORCYC HELMET						
OLSTATE OPERATOR LICENSE NUMBER OLCL OLH SC068872	ASS NO VALID OL END, 1 1 1 1	ALCOHOL TEST STATUS ALCOHOL TEST	YPE ALCOHOL TEST VALUE DRUG TEST STATUS DRUG TEST TYPE					
OFFENSE CHARGED (LOCAL CODE)	DEFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DRIVER DISTRACTED BY DEVICE USE0 DRIVER DISTRACTED BY					
UNIT NUMBER NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	DATE OF BIRTH AGE GENDER F - FEMALE M - MALE						
ADDRESS, CITY, STATE, ZIP CONTACT PHONE-INCLUDE AREA CODE								
INJURIES INJURIED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	DOT COMP MOTORCYCI HELMET						
OL STATE OPERATOR LICENSE NUMBER OL CL/	ASS NO VALID OL MIC END. CONDITION ALCOHOLDRUG SUSPECTED	ALCOHOL TEST STATUS ALCOHOL TEST TO	YPE ALCOHOL TEST VALUE DRUG TEST STATUS DRUG TEST TYPE					
OFFENSE CHARGED (☐ LOCAL CODE)	PFERSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DRIVER DISTRACTED BY DEVICE USED					
INJURIES INJURED TAKEN BY SAFETY EQUIPMENT USED 99 - UNKNOWN SAFETY EQUIPMENT 1 - NO INJURY / NONE REPORTED 1 - NOT TRANSPORTED / MOTORIST 2 - POSSIBLE TREATED AT SCENE 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 4 - INCAPACITATING 3 - POLICE 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 05 - HELMET USED 07 - BOOSTER SEAT 11 - PROTECTIVE PADS USED 14 - OTHER 9 - UNKNOWN								
SEATING POSITION D1 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 12 - PASSENGER IN UNENCLOSED CARGO AREA 1 - NOT DEPLOYED 13 - TRAILING UNIT 2 - DEPLOYED FRONT 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 15 - NON MOTORIST 16 - NON MOTORIST 17 - NON MOTORIST 18 - NON APPLICABLE 19 - SECOND - MIDDLE 19 - SECOND - MIDDLE 11 - PASSENGER IN UNENCLOSED CARGO AREA 16 - OTHER 5 - NOT APPLICABLE 17 - NOT APPLICABLE 18 - DEPLOYED FRONT SIDE 18 - OTHER 19 - DEPLOYMENT UNKNOWN								
EJECTION TRAPPED 1 - NOT EJECTED 1 - NOT TRAPPED 2 - TOTALLY EJECTED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 · CLASS A 2 · CLASS B 3 · CLASS C 4 · REGULAR CLASS (OHIO IS "D") 5 · MCMOPED QNLY CONDITION 1 · APPARENTLY NORMAL 2 · PHYSICAL IMPAIRMENT 3 · EMOTIONAL (DEPRESSED, A 4 · ILLNESS	5-FELL ASLEEP, FA 6-UNDER THE INFL MEDICATIONS, D 7-OTHER	UENCE OF 2 - YES - ALCOHOL SUSPECTED					
ALCOHOL TEST STATUS ALCOHOL TEST TYPE DRUG TEST TYPE 1 - NONE 1 - NO NE 1 - NO NE 1 - NO DISTRACTION REPORTED 6 - OTHER INSIDE THE VEHICLE 2 - PHONE 7 - EXTERNAL DISTRACTION 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 3 - URINE 3 - TEST GIVEN, RESULTS KNOWN 4 - BEATH 4 - TEST GIVEN, RESULTS KNOWN 5 - OTHER 5 - TEST GIVEN, RESULTS UNKNOWN 5 - OTHER 5 - TEST GIVEN, RESULTS UNKNOWN 5 - OTHER 5 - OTHER DRUG TEST TYPE DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION 3 - TEXTING/5-MAILING 4 - OTHER 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (MANGARION DEVICE, RADIO, 000)								
UNIT NUMBER NAME LAST, FIRST, MIDDLE ADDRESS, CITY, STATE, ZIP AGE GENDER F - FEMALE M - MALE CONTACT PHONE- INCLUDE AREA CODE								
INJURIES INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED DOT COMP						
UNIT NUMBER NAME: LAST, FIRST, MIDDLE DATE OF BIRTH AGE GENDER F - FEMALE								
ADDRESS, CITY, STATE, ZIP CONTACT PHONE- INCLUDE AREA CODE								
INJURIES INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED DOT COMP MOTORCYC HELMET						