



TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * | CRASH SEVERITY | HIT/SKIP |
| LP170828004025 | 3 1-FATAL 2-INJURY 3-PDO | 1 1-SOLVED 2-UNSOLVED |

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|---|--|--------------------------|-----------------------------------|-----------------|-------------------------------|
| LOCAL INFORMATION | | REPORTING AGENCY ICAIC * | REPORTING AGENCY NAME * | NUMBER OF UNITS | UNIT IN ERROR |
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | <input type="checkbox"/> PDO UNDER STATE REPORTABLE <input type="checkbox"/> PRIVATE PROPERTY | 08316 | Clearcreek Twp. Police Department | 01 | 01 88-ANIMAL 99-UNKNOWN |

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|----------|---|---------------------------|--------------|---------------|-------------|
| COUNTY * | CITY * | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * | TIME OF CRASH | DAY OF WEEK |
| 83 | <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWNSHIP | Clearcreek | 08282017 | 0611 | MON |

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|---|-----------|-----------------------------|------------|
| DEGREES / MINUTES / SECONDS LATITUDE | LONGITUDE | DECIMAL DEGREES LATITUDE | LONGITUDE |
| 0 / 0 | 0 | 39.565756 | -84.163111 |

| | | | | | | | | |
|---|--|----------------------|--|---------------------------------------|---------------------------|--------------------------|----------------------------|----------|
| ROADWAY DIVISION | DIVIDED LANE DIRECTION OF TRAVEL | NUMBER OF THRU LANES | ROAD TYPES OR MILEPOST ² | HE - HEIGHTS | MP - MILEPOST | PL - PLACE | ST - STREET | WA - WAY |
| <input checked="" type="checkbox"/> UNDIVIDED | <input type="checkbox"/> N-NORTHBOUND <input type="checkbox"/> E-EASTBOUND <input type="checkbox"/> S-SOUTHBOUND <input type="checkbox"/> W-WESTBOUND | 02 | AL - ALLEY CR - CIRCLE AV - AVENUE BL - BOULEVARD | CT - COURT DR - DRIVE LA - LANE | PK - PARKWAY PI - PIKE | RD - ROAD SQ - SQUARE | TE - TERRACE TL - TRAIL | |

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| LOCATION ROUTE TYPE 1 | LOCATION ROUTE NUMBER | LOC PREFIX | LOCATION ROAD NAME | LOCATION ROAD TYPE 2 | ROUTE TYPES ¹ | CR - NUMBERED COUNTY ROUTE |
| SR | 48 | | | | IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE | TR - NUMBERED TOWNSHIP ROUTE |

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|---|--|------------------------|------------------------|------------|--|-----------------------|
| 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 | | | | 8864 | |

| | | | | | | |
|---|----------------|--------------------------------|----------------------------|---------------------------------|---|--|
| REFERENCE POINT USED | CRASH LOCATION | 01 - NOT AN INTERSECTION | 06 - FIVE-POINT, OR MORE | 11 - RAILWAY GRADE CROSSING | <input type="checkbox"/> INTERSECTION RELATED | LOCATION OF FIRST HARMFUL EVENT |
| 3 1- INTERSECTION 2- MILE POST 3- HOUSE NUMBER | 01 | 02 - FOUR-WAY INTERSECTION | 07 - ON RAMP | 12 - SHARED-USE PATHS OR TRAILS | | 6 1- ON ROADWAY 2- ON SHOULDER 3- IN MEDIAN 4- ON ROADSIDE |
| | | 03 - T-INTERSECTION | 08 - OFF RAMP | 99 - UNKNOWN | | 5- ON GORE 6- OUTSIDE TRAFFICWAY 9- UNKNOWN |
| | | 04 - Y-INTERSECTION | 09 - CROSSOVER | | | |
| | | 05 - TRAFFIC CIRCLE/ROUNDABOUT | 10 - DRIVEWAY/ALLEY ACCESS | | | |

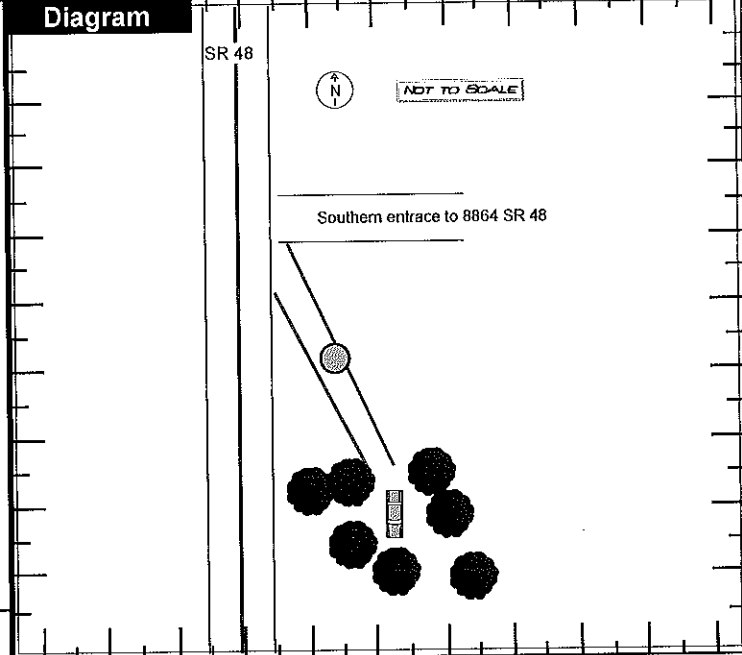
| | | | | |
|---|-----------------|-----------|-----------------------------------|---|
| ROAD CONTOUR | ROAD CONDITIONS | 01 - DRY | 05 - SAND, MUD, DIRT, OIL, GRAVEL | 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT * |
| 1 1- STRAIGHT LEVEL 2- STRAIGHT GRADE 3- CURVE LEVEL | 01 PRIMARY | 02 - WET | 06 - WATER (STANDING, MOVING) | 10 - OTHER |
| | | 03 - SNOW | 07 - SLUSH | 99 - UNKNOWN |
| | | 04 - ICE | 08 - DEBRIS* | |

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| MANNER OF CRASH COLLISION/IMPACT | WEATHER |
| 1 1- NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2- REAR-END 3- HEAD-ON 4- REAR-TO-REAR | 2 1- CLEAR 2- CLOUDY 3- FOG, SMOG, SMOKE |
| 5- BACKING 6- ANGLE 7- SIDESWIPE, SAME DIRECTION | 4- RAIN 5- SLEET, HAIL 6- SNOW |
| 8- SIDESWIPE, OPPOSITE DIRECTION 9- UNKNOWN | 7- SEVERE CROSSWINDS 8- BLOWING SAND, SOIL, DIRT, SHOW 9- OTHER/UNKNOWN |

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| ROAD SURFACE | LIGHT CONDITIONS | 5- DARK - ROADWAY NOT LIGHTED | 9- UNKNOWN | SCHOOL BUS RELATED |
| 2 1- CONCRETE 2- BLACKTOP, BITUMINOUS, ASPHALT 3- BRICK/BLOCK | 5 PRIMARY | 6- DARK - UNKNOWN ROADWAY LIGHTING | | <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
| 4- SLAG, GRAVEL, STONE 5- DIRT 6- OTHER | | 7- GLARE* | | |
| | | 8- DARK - LIGHTED ROADWAY | | |

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| WORK ZONE RELATED | TYPE OF WORK ZONE | LOCATION OF CRASH IN WORK ZONE |
| <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | 1- LANE CLOSURE 2- LANE SHIFT/CROSSOVER 3- WORK ON SHOULDER OR MEDIAN | 1- BEFORE THE FIRST WORK ZONE WARNING SIGN 2- ADVANCE WARNING AREA 3- TRANSITION AREA |
| | 4- INTERMITTENT OR MOVING WORK 5- OTHER | 4- ACTIVITY AREA 5- TERMINATION AREA |

NARRATIVE
Unit 1 was traveling south on SR 48 when near house number 8864 Unit 1 went off the left side of the roadway, struck a utility pole, and came to rest in a wooded area.



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| REPORT TAKEN BY | <input checked="" type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS) | | | | | |
| <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 |
| 08282017 | 0611 | 0611 | 0616 | 0752 | 210 | 0306 |

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| OFFICER'S NAME * | OFFICER'S BADGE NUMBER | CHECKED BY | Page 1 of 4 |
| McWhorter, Brian - LP | 1 L 3 2 | COH530 | |



UNIT

LOCAL REPORT NUMBER

LP170828004025

UNIT NUMBER: 01 OWNER NAME: LAST, FIRST, MIDDLE () SAME AS DRIVER: Head, Mark Gregory OWNER PHONE NUMBER - INC. AREA CODE () SAME AS DRIVER: (937)475-1430

DAMAGE SCALE: 4 DAMAGED AREA: FRONT

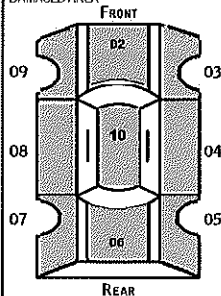
OWNER ADDRESS: CITY, STATE, ZIP () SAME AS DRIVER: 132 High ST, Unit 5, Waynesville, Ohio 45068

LP STATE: OH LICENSE PLATE NUMBER: HDE1020 VEHICLE IDENTIFICATION NUMBER: 1G1JC5SH5C4203340 # OCCUPANTS: 01

VEHICLE YEAR: 2012 VEHICLE MAKE: CHEV VEHICLE MODEL: Sonic VEHICLE COLOR: SIL

PROOF OF INSURANCE SHOWN: [] INSURANCE COMPANY: Sandys POLICY NUMBER: [] TOWED BY: Sandys

CARRIER NAME, ADDRESS, CITY, STATE, ZIP: [] CARRIER PHONE - INCLUDE AREA CODE: []



US DOT: [] VEHICLE WEIGHT GVWR/GCWR: [] CARGO BODY TYPE: [] TRAFFICWAY DESCRIPTION: 1

HM PLACARD ID No.: [] HAZARDOUS MATERIAL RELEASED: []

HM CLASS NUMBER: []

TRAFFICWAY DESCRIPTION: 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

HIT/SKIP UNIT: [X]

NON-MOTORIST LOCATION PRIOR TO IMPACT: [] TYPE OF USE: 1

UNIT TYPE: 03

PASSENGER VEHICLES (LESS THAN 9 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); 23 - ANIMAL WITH RIDER; 24 - ANIMAL WITH BUGGY, WAGON, SURREY; 25 - BICYCLE/PEDESTAL CYCLIST; 26 - PEDESTRIAN/SKATER; 27 - OTHER NON-MOTORIST

HAS HM PLACARD: []

SPECIAL FUNCTION: 01

MOST DAMAGED AREA: 02

ACTION: 3

IMPACT AREA: 02

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); 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; 1 - NON CONTACT; 2 - NON-COLLISION; 3 - STRIKING; 4 - STRUCK; 5 - STRIKING/STUCK; 9 - UNKNOWN

PRE-CRASH ACTIONS: 01

MOTORIST: 01 - STRAIGHT AHEAD; 02 - BACKING; 03 - CHANGING LANES; 04 - OVERTAKING/PASSING; 05 - MAKING RIGHT TURN; 06 - MAKING LEFT TURN; 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

CONTRIBUTING CIRCUMSTANCES: PRIMARY 17; SECONDARY []

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/ADDA; 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 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: 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

SEQUENCE OF EVENTS: 1 09; 2 40; 3 48; 4 []; 5 []; 6 []

FIRST HARMFUL EVENT: 2; MOST HARMFUL EVENT: 3

NON-COLLISION EVENTS: 01 - OVERTURN/ROLL-OVER; 02 - FIRE/EXPLOSION; 03 - IMMERSION; 04 - JACKKNIFE; 05 - CARGO/EQUIPMENT LOSS OR SHFT; 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

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED

14 - PEDESTRIAN; 15 - PEDAL CYCLE; 16 - RAILWAY VEHICLE (TRAIN, ENGINE); 17 - ANIMAL - FARM; 18 - ANIMAL - DEER; 19 - ANIMAL - OTHER; 20 - MOTOR VEHICLE IN TRANSPORT; 21 - PARKED MOTOR VEHICLE; 22 - WORK ZONE MAINTENANCE EQUIPMENT; 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE; 24 - OTHER MOVABLE OBJECT; 25 - IMPACT ATTENUATOR/CRASH CUSHION; 26 - BRIDGE OVERHEAD STRUCTURE; 27 - BRIDGE PIER OR ABUTMENT; 28 - BRIDGE PARAPET; 29 - BRIDGE RAIL; 30 - GUARDRAIL FACE; 31 - GUARDRAIL END; 32 - PORTABLE BARRIER; 33 - MEDIAN CABLE BARRIER; 34 - MEDIAN GUARDRAIL BARRIER OR SUPPORT; 35 - MEDIAN CONCRETE BARRIER; 36 - MEDIAN OTHER BARRIER; 37 - TRAFFIC SIGN POST; 38 - OVERHEAD SIGN POST; 39 - LIGHT/LUMINARIES SUPPORT; 40 - UTILITY POLE; 41 - OTHER POST, POLE OR SUPPORT; 42 - CULVERT; 43 - CURB; 44 - DITCH; 45 - EMBANKMENT; 46 - FENCE; 47 - MAILBOX; 48 - TREE; 49 - FIRE HYDRANT; 50 - WORK ZONE MAINTENANCE EQUIPMENT; 51 - WALL, BUILDING, TUNNEL; 52 - OTHER FIXED OBJECT

UNIT SPEED: 55; POSTED SPEED: 55; TRAFFIC CONTROL: 12

UNIT DIRECTION: FROM 1 TO 2

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/DON'T WALK; 15 - OTHER; 16 - NOT REPORTED; 1 - NORTH; 2 - SOUTH; 3 - EAST; 4 - WEST; 5 - NORTHEAST; 6 - NORTHWEST; 7 - SOUTHEAST; 8 - SOUTHWEST; 9 - UNKNOWN



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
L P 1 7 0 8 2 8 0 0 4 0 2 5

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT

| | | | | |
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| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE Palmer, Sergei Samuel | DATE OF BIRTH 10211994 | AGE 22 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 3120 Washington Mill RD, Bellbrook, Ohio 45305 | CONTACT PHONE - INCLUDE AREA CODE (937)929-9375 |
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| INJURES 1 | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION 01 | AIR BAG USAGE 4 | EJECTION 1 | TRAPPED 1 |
|---------------------|------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|

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| OL STATE OH | OPERATOR LICENSE NUMBER TX852887 | OL CLASS 4 | NO VALID OL <input type="checkbox"/> | MAC END. <input type="checkbox"/> | CONDITION 7 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
|-----------------------|--|----------------------|---|--------------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|--------------------|------------------------------|----------------------------|

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| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.202 | OFFENSE DESCRIPTION Operation Without Reasonable Control | CITATION NUMBER 016595 | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY 1 |
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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|---------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

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| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | NO VALID OL <input type="checkbox"/> | MAC END. <input type="checkbox"/> | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
|----------|-------------------------|----------|---|--------------------------------------|-----------|------------------------|---------------------|-------------------|--------------------|------------------|----------------|

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|--|---------------------|-----------------|--|----------------------|
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY |
|--|---------------------|-----------------|--|----------------------|

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| INJURES 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 | 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 |
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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 | NAME: LAST, FIRST, MIDDLE Hale, Jason M | DATE OF BIRTH 08181987 | AGE 30 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 2392 Featherston CT, Miamisburg, Ohio 45342 | CONTACT PHONE - INCLUDE AREA CODE (937)478-2946 |
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| INJURES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|---------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

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|-------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE |
|-------------|---------------------------|---------------|-----|----------------------------------|

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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
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TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

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| LOCAL REPORT NUMBER LP170828004025 | REPORTING AGENCY Clearcreek Twp. Police Department | DATE OF ACCIDENT 08/28/2017 |
| IN COUNTY OF Warren | ACCIDENT LOCATION | |

Utility pole that was damaged owned by AT&T.

| | |
|--------------------|--------------------------|
| OFFICERS SIGNATURE | BADGE NO. 1L32 |
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