



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER*	CRASH SEVERITY	HITSKIP
L P 1 7 0 8 3 0 0 0 4 0 7 9	2 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

LOCAL INFORMATION		REPORTING AGENCY NICK*	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 F <input type="checkbox"/> PRIVATE PROPERTY	0 8 3 1 6	Clearcreek Twp. Police Department	0 1	0 1 88 - ANIMAL 89 - UNKNOWN

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

DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	DECIMAL DEGREES LATITUDE	LONGITUDE
0 / /	0 / /	3 9 . 3 0 2 0	- 8 4 . 8 3 6

ROADWAY DIVISION	DIVIDED LAINE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST <sup>2</sup>
<input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N-NORTHBOUND <input type="checkbox"/> S-SOUTHBOUND	0 2	AL-ALLEY CR-CIRCLE HE-HEIGHTS MP-MILEPOST PL-PLACE ST-STREET VA-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 <sup>1</sup>	LOCATION ROUTE NUMBER	LOC PREFIX N, S, E, W	LOCATION ROAD NAME	LOCATION ROAD TYPE <sup>2</sup>	ROUTE TYPES <sup>1</sup>	CR-NUMBERED COUNTY ROUTE	TR-NUMBERED TOWNSHIP ROUTE
			TOWNSHIP LINE	R D	IR-INTERSTATE ROUTE (IHC TURNPIKE) US-US ROUTE SR-STATE ROUTE		

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE TYPE <sup>1</sup>	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE <sup>2</sup>
<input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	<input type="checkbox"/> N, S, E, W		PEKIN	R D

REFERENCE POINT USED	CRASH LOCATION	06-FIVE POINT OR MORE	11-RAILWAY GRADE CROSSING	<input checked="" type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT
1-INTERSECTION 2-MILE POST 3-HOUSE NUMBER	0 3 01-HOT AN INTERSECTION 02-FOUR-WAY INTERSECTION 03-T-INTERSECTION 04-Y INTERSECTION 05-TRAFFIC CIRCLE/ROUNDABOUT	07-ON RAMP 08-OFF RAMP 09-CROSSOVER 10-DRIVEWAY/ALLEY ACCESS	12-SHARED-USE PATHS OR TRAILS 99-UNKNOWN		1-ON ROADWAY 2-ON SHOULDER 3-IN MEDIAN 4-ON ROADSIDE 5-ON GORE 6-OUTSIDE TRAFFICWAY 9-UNKNOWN

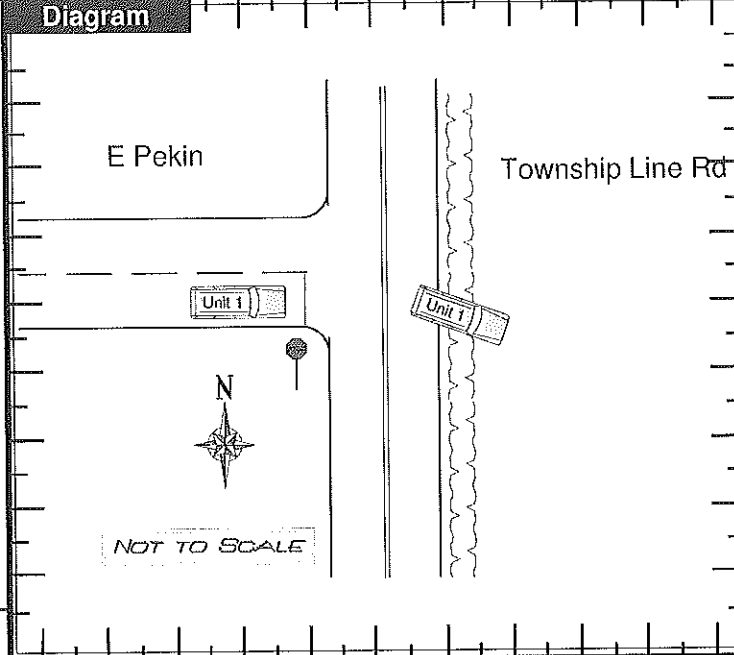
ROAD CONTOUR	ROAD CONDITIONS	01-DRY	05-SAND, MUD, DIRT, OIL, GRAVEL	09-RUT, HOLES, BUMPS, UNEVEN PAVEMENT*
1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-UNKNOWN	0 1 PRIMARY SECONDARY	02-WET 03-SNOW 04-ICE	06-WATER (STANDING, MOVING) 07-SLUSH 08-DEBRIS*	10-OTHER 99-UNKNOWN

MANNER OF CRASH COLLISION IMPACT	WEATHER
1-NOT COLLISION BETWEEN 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	3 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	5-DARK - ROADWAY NOT LIGHTED	9-UNKNOWN	SCHOOL BUS RELATED
2 1-CONCRETE 2-BLACK TOP, BITUMINOUS, ASPHALT 3-BRICK/ROCK 4-SLAG, GRAVEL, STONE 5-DIRT 6-OTHER	2 PRIMARY SECONDARY	1-DAYLIGHT 2-DAWN 3-DUSK 4-DARK - LIGHTED ROADWAY	6-DARK - UNLIGHTED ROADWAY LIGHTING 7-GLARE* 8-OTHER	<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 (OFFICER/POLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	<input type="checkbox"/> 1-LANE CLOSURE 2-LANE SHIFT/CROSSOVER 3-WORK ON SHOULDER OR MEDIAN 4-INTERMITTENT OR MOVING WORK 5-OTHER	<input type="checkbox"/> 1-BEFORE THE FIRST WORK ZONE WARNING SIGN 2-ADVANCE WARNING AREA 3-TRANSITION AREA 4-ACTIVITY AREA 5-TERMINATION AREA

**NARRATIVE**  
Unit 1 was traveling eastbound on Pekin Rd approaching Township Line Rd. Due to heavy fog Unit 1 failed to stop at the stop sign and drove across the center line of Township Line Rd striking the ditch line head on.



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 CDPS)	DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
		0 8 3 0 2 0 1 7	0 7 5 7	0 7 5 7	0 8 0 8	0 9 0 2	3 0	0 0 8 4

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



UNIT

LOCAL REPORT NUMBER LP170830004079

UNIT NUMBER 01, OWNER NAME: Lamb, Stephen P, OWNER PHONE NUMBER: (937)572-2418, DAMAGE SCALE 4, DAMAGED AREA diagram, LP STATE OH, LICENSE PLATE NUMBER EGD5205, VEHICLE IDENTIFICATION NUMBER 1GNEC16Z76J156068, OCCUPANTS 011, VEHICLE YEAR 2006, VEHICLE MAKE CHEV, VEHICLE MODEL Suburban, VEHICLE COLOR BLU, INSURANCE COMPANY State Farm, POLICY NUMBER 4758922E0735A, TOWED BY Sandys

CARRIER NAME, ADDRESS, CITY, STATE, ZIP, CARRIER PHONE, INCLUDE AREA CODE, US DOT, VEHICLE WEIGHT GVWR/GVWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, HM PLACARD ID No., HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MED HEAVY TRUCKS OR COMBO UNITS, BUS/VAN/IMO, NON-MOTORIST

NON-MOTORIST LOCATION PRIOR TO IMPACT, 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, COLLISION WITH OTHER VEHICLE

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION

UNIT SPEED 45, POSTED SPEED 55, TRAFFIC CONTROL 02, UNIT DIRECTION FROM 4 TO 3

UNIT SPEED 45, POSTED SPEED 55, TRAFFIC CONTROL 02, UNIT DIRECTION FROM 4 TO 3, SEVERE DAMAGE, COLLISION WITH OTHER VEHICLE



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**L P 1 1 7 0 8 3 0 0 0 4 0 7 9**

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>Lamb, Stephen P</b>	DATE OF BIRTH <b>06 26 1965</b>	AGE <b>52</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>522 E Pekin RD, Lebanon, Ohio 45036-8191</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(937)572-2418</b>
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INJURIES <b>4</b>	INJURED TAKEN BY <b>2</b>	EMS AGENCY <b>MEDIC22</b>	MEDICAL FACILITY INJURED TAKEN TO <b>Atrium</b>	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>3</b>		
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RR610291</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 <b>0.000</b>	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 <input type="checkbox"/>	DRIVER DISTRACTED BY <b>1</b>						

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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INJURIES	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		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL <input type="checkbox"/>	M/C END <input type="checkbox"/>	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 <input type="checkbox"/>	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 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 NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER (ELBOWS, KNEES, ETC)
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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 CAB) 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 - MOPED 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/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (BARGAINING DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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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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INJURIES	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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