



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

LP180829004246

CRASH SEVERITY

3

HIT/SKIP
1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

PHOTOS TAKEN
 OH-2
 OH-1P
 OH-3
 OTHERPDO UNDER STATE REPORTABLE DOLLAR AMOUNT
 PRIVATE PROPERTYREPORTING AGENCY NCIC *
08316REPORTING AGENCY NAME *
Clearcreek Twp. Police DepartmentNUMBER OF UNITS
02UNIT IN ERROR
01
98 - ANIMAL
99 - UNKNOWNCOUNTY *
83
CITY *
 VILLAGE *
 TOWNSHIP *CITY, VILLAGE, TOWNSHIP *
ClearcreekCRASH DATE *
08292018TIME OF CRASH
1058DAY OF WEEK
WED

DEGREES / MINUTES / SECONDS

LATITUDE
0 / //

LONGITUDE

0 / //

DECIMAL DEGREES

LATITUDE
39.294821

LONGITUDE

-84.149485

ROADWAY DIVISION
 DIVIDED
 UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL
 N - NORTHBOUND
 E - EASTBOUND
 S - SOUTHBOUND
 W - WESTBOUNDNUMBER 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 - TRAILLOCATION ROUTE TYPE 1
SRLOCATION ROUTE NUMBER
741LOC PREFIX
N, S, E, W

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 ROUTEDISTANCE FROM REFERENCE
 MILES
 FEET
 YARDSDIR FROM REF
N, S, E, W

REFERENCE ROUTE TYPE 1

SR
122REF PREFIX
N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

REFERENCE ROAD TYPE 2

REFERENCE POINT USED
1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBERCRASH LOCATION
0201 - NOT AN INTERSECTION
02 - FOUR-WAY INTERSECTION
03 - T-INTERSECTION
04 - Y-INTERSECTION
05 - TRAFFIC CIRCLE/ROUNDOABOUT
06 - FIVE-POINT, OR MORE
07 - ON RAMP
08 - OFF RAMP
09 - CROSSOVER
10 - DRIVEWAY/ALLEY ACCESS

INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE5 - ON GORE
6 - OUTSIDE TRAFFICWAY
9 - UNKNOWN

ROAD CONTOUR

1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL
4 - CURVE GRADE
9 - UNKNOWN

ROAD CONDITIONS

PRIMARY
02
SECONDARY01 - DRY
02 - WET
03 - SNOW
04 - ICE
05 - SAND, MUD, DIRT, OIL, GRAVEL
06 - WATER (STANDING, MOVING)
07 - SLUSH
08 - DEBRIS*09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT *
10 - OTHER
99 - UNKNOWN

*SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT

2
1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES
N - TRANSPORT
2 - REAR-END
3 - HEAD-ON
4 - REAR-TO-REAR
5 - BACKING
6 - ANGLE
7 - SIDESWIPE, SAME DIRECTION
8 - SIDESWIPE, OPPOSITE DIRECTION
9 - UNKNOWNWEATHER
11 - 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

2
1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL, STONE
5 - DIRT
6 - OTHER

LIGHT CONDITIONS

1
PRIMARY
SECONDARY
1 - DAYLIGHT
2 - DAWN
3 - DUSK
4 - DARK - LIGHTED ROADWAY5 - DARK - ROADWAY NOT LIGHTED
6 - DARK - UNKNOWN ROADWAY LIGHTING
7 - GLARE*
8 - OTHER
9 - UNKNOWN

*SECONDARY CONDITION ONLY

SCHOOL BUS RELATED
 SCHOOL ZONE RELATED
 YES, SCHOOL BUS DIRECTLY INVOLVED
 YES, SCHOOL BUS INDIRECTLY INVOLVEDWORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
 LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

TYPE OF WORK ZONE

1 - LANE CLOSURE
2 - LANE SHIFT/CROSSOVER
3 - WORK ON SHOULDER OR MEDIAN
4 - INTERMITTENT OR MOVING WORK
5 - OTHER

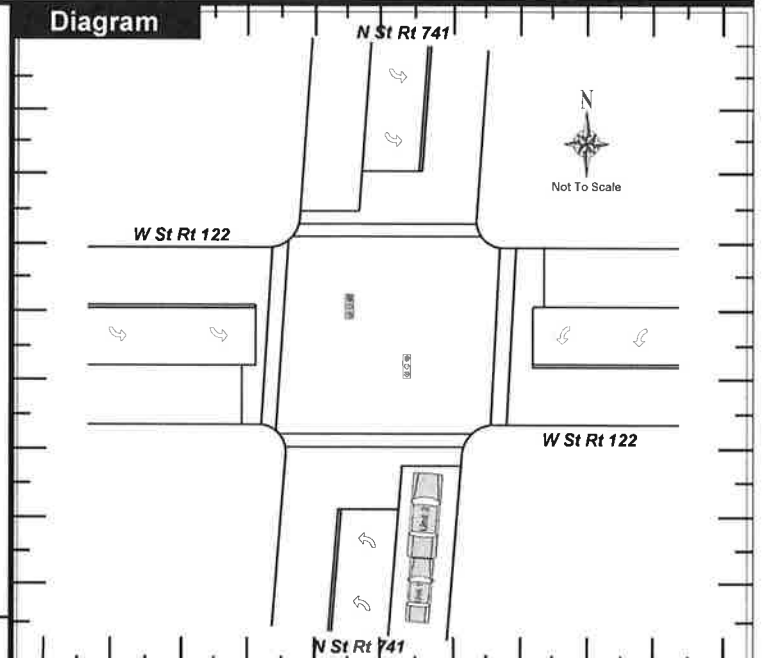
LOCATION OF CRASH IN WORK ZONE

1 - BEFORE THE FIRST WORK ZONE WARNING SIGN
2 - ADVANCE WARNING AREA
3 - TRANSITION AREA
4 - ACTIVITY AREA
5 - TERMINATION AREA

NARRATIVE

Unit # 1 and Unit # 2 were driving North on N St Rt 741 approaching the intersection of W St Rt 122. Unit # 2 stopped for the yellow light and was struck by Traffic Unit # 1.

Diagram



REPORT TAKEN BY

 POLICE AGENCY
 MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED

08292018

TIME CRASH REPORTED

1058

DISPATCH TIME

1059

ARRIVAL TIME

1114

TIME CLEARED

1147

OTHER INVESTIGATION TIME

30

TOTAL MINUTES

0063

OFFICER'S NAME *

Sweet, Charles - LP

OFFICER'S BADGE NUMBER

1 L 3 0

CHECKED BY

COH530

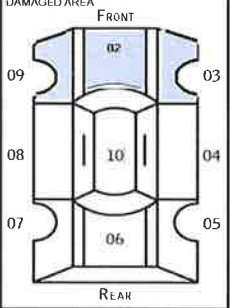
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UNIT

LOCAL REPORT NUMBER LP180829004246

UNIT NUMBER 01, OWNER NAME Wiener, Joseph, OWNER PHONE NUMBER, DAMAGE SCALE 2, DAMAGED AREA FRONT, OWNER ADDRESS 1040 Mystic LN, Vandalia, Ohio 45377-9697, LP STATE OH, LICENSE PLATE NUMBER HDD6125, VEHICLE IDENTIFICATION NUMBER 2HGES16344H614592, # OCCUPANTS 01, VEHICLE YEAR 2004, VEHICLE MAKE HOND, VEHICLE MODEL Civic, VEHICLE COLOR SIL, PROOF OF INSURANCE SHOWN, INSURANCE COMPANY Western Reserve, POLICY NUMBER WPV3401097059-9, 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, HAZARDOUS MATERIAL RELEASED

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MED/HEAVY TRUCKS OR COMBO UNITS, BUS/VAN/LIMO, ACTION

SPECIAL FUNCTION, MOST DAMAGED AREA, IMPACT AREA, ACTION

PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST

CONTRIBUTING CIRCUMSTANCES, PRIMARY, SECONDARY, NON-MOTORIST, 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

LOCAL REPORT NUMBER LP180829004246

UNIT NUMBER 02, OWNER NAME Warren, County Health, OWNER PHONE NUMBER, DAMAGE SCALE 2, DAMAGED AREA diagram

OWNER ADDRESS 416 S East ST, Lebanon, Ohio 45036

LP STATE OH, LICENSE PLATE NUMBER OF2060, VEHICLE IDENTIFICATION NUMBER 3FA6P0G78JR253941, # OCCUPANTS 01

VEHICLE YEAR 2018, VEHICLE MAKE FORD, VEHICLE MODEL Fusion, VEHICLE COLOR SIL

PROOF OF INSURANCE SHOWN, INSURANCE COMPANY USI Insurance Serv, POLICY NUMBER 102, TOWED BY

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

US DOT, HM PLACARD ID No, HM CLASS NUMBER, VEHICLE WEIGHT, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MED/HEAVY TRUCKS OR COMBO UNITS, BUS/VAN/LIMO

SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION, IMPACT AREA

PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST

CONTRIBUTING CIRCUMSTANCES, PRIMARY, SECONDARY, 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



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
L P 1 8 0 8 2 9 0 0 4 2 4 6

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER 01	NAME LAST, FIRST, MIDDLE Wiener, Joseph	DATE OF BIRTH 06151942	AGE 76	GENDER M F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 1040 Mystic LN, Vandalia, Ohio 45377-9697			CONTACT PHONE- INCLUDE AREA CODE								
INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RR655851	OL CLASS 4	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C END	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 (<input type="checkbox"/> LOCAL CODE) 4511.21A		OFFENSE DESCRIPTION Assured Clear Distance			CITATION NUMBER 017410		<input type="checkbox"/> HANDS-FREE DEVICE USED		DRIVER DISTRACTED BY 1		
UNIT NUMBER 02	NAME LAST, FIRST, MIDDLE Ginter, Benjamin M	DATE OF BIRTH 10251991	AGE 26	GENDER M F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP 5466 Whitmore DR, Cincinnati, Ohio 45238			CONTACT PHONE- INCLUDE AREA CODE (513)305-1660								
INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER TJ335497	OL CLASS 4	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C END	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 (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		<input type="checkbox"/> HANDS-FREE DEVICE USED		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 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		NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED		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 FRONT/SIDE 5 - NOT APPLICABLE 9 - 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 - 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			
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	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	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
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	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		