



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

LP170911004272

CRASH SEVERITY

2 1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

☒ PHOTOS TAKEN
☐ OH-2 ☐ OH-1P
☒ OH-3 ☐ OTHER☐ PDO UNDER
STATE
REPORTABLE
DOLLAR AMOUNT☐ PRIVATE
PROPERTYREPORTING AGENCY NCIC *
08316REPORTING AGENCY NAME *
Clearcreek Twp. Police DepartmentNUMBER OF
UNITS
03UNIT IN ERROR
01 98 - ANIMAL
99 - UNKNOWNCOUNTY *
83☐ CITY *
☐ VILLAGE *
☒ TOWNSHIP *CITY, VILLAGE, TOWNSHIP *
Clearcreek

CRASH DATE *

09112017

TIME OF CRASH

1033

DAY OF WEEK

MON

DEGREES / MINUTES / SECONDS

LATITUDE
0 / //

LONGITUDE

0 / //

DECIMAL DEGREES

LATITUDE
39.545612

LONGITUDE

-84.166196

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
AV - AVENUE CT - COURT HW - HIGHWAY
BL - BOULEVARD DR - DRIVE LA - LANEMP - MILEPOST PL - PLACE ST - STREET
PK - PARKWAY RD - ROAD TE - TERRACE
PI - PIKE SQ - SQUARE TL - TRAILLOCATION ROUTE NUMBER
SR 48LOC PREFIX
N, S, E, W

LOCATION ROAD NAME

LOCATION
ROAD
TYPE 2

ROUTE TYPES 1

IR - INTERSTATE ROUTE (INC. TURNPIKE)
US - US ROUTE
SR - STATE ROUTECR - NUMBERED COUNTY ROUTE
TR - NUMBERED TOWNSHIP ROUTEDISTANCE FROM REFERENCE
☐ MILES
☐ FEET
☐ YARDSDIR FROM REF
N, S, E, WREFERENCE
ROUTE
TYPE 1REFERENCE ROUTE NUMBER
73REF PREFIX
N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

REFERENCE
ROAD
TYPE 2REFERENCE 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 ACCESS11 - RAILWAY GRADE CROSSING
12 - SHARED-USE PATHS OR TRAILS
99 - UNKNOWN☒ INTERSECTION
RELATEDLOCATION OF FIRST HARMFUL EVENT
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE TRAFFICWAY
9 - UNKNOWNROAD CONTOUR
1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL
4 - CURVE GRADE
9 - UNKNOWNROAD CONDITIONS
PRIMARY
01

SECONDARY

01 - 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

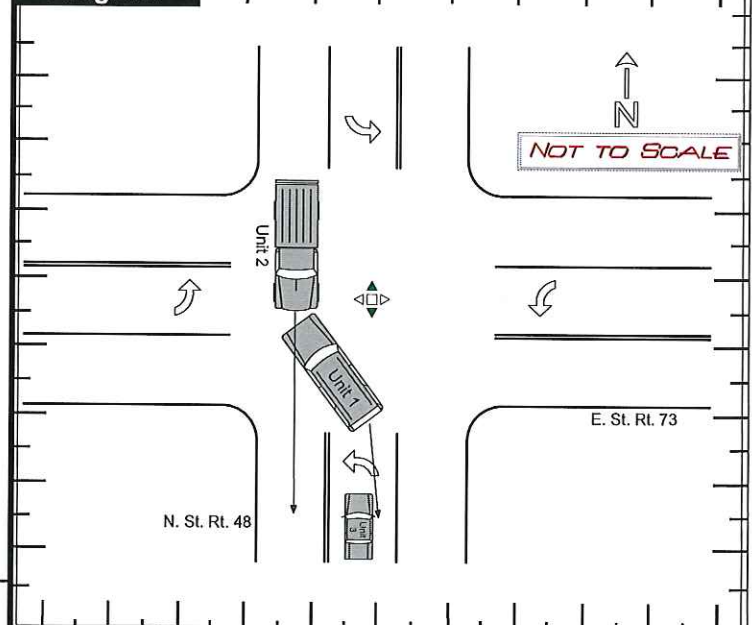
* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT
6 1 - NOT COLLISION BETWEEN
TWO MOTOR VEHICLES
IN 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
2 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/UNKNOWNROAD SURFACE
2 1 - CONCRETE
2 - BLACKTOP, BITUMINOUS,
ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL,
STONE
5 - DIRT
6 - OTHERLIGHT CONDITIONS
1 PRIMARY
1 2 - DAWN
3 - DUSK
4 - DARK - LIGHTED ROADWAY
5 - DARK - ROADWAY NOT LIGHTED
6 - DARK - UNKNOWN ROADWAY LIGHTING
7 - GLARE*
8 - OTHER
9 - UNKNOWNSCHOOL BUS RELATED
☐ SCHOOL
ZONE
RELATED
☐ YES, SCHOOL BUS
DIRECTLY INVOLVED
☐ YES, SCHOOL BUS
INDIRECTLY INVOLVED☐ WORK
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 - OTHERLOCATION 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

Units 1 & 3 were traveling northbound on N. St. Rt. 48 approaching the intersection of E. St. Rt. 73 (unit 3 directly behind unit 1). Unit 2 was traveling southbound on N. St. Rt. 48 approaching the intersection with E. St. Rt. 73. While attempting to make a left turn, unit 1 failed to yield to the right of way to unit 2. Unit 2 collided with unit 1 causing unit 1 to push back and collide with unit 3.

Diagram



REPORT TAKEN BY

☒ POLICE AGENCY ☐ MOTORIST☐ SUPPLEMENT (CORRECTION OR ADDITION TO
AN EXISTING REPORT SENT TO OOPS)

DATE CRASH REPORTED

09112017

TIME CRASH REPORTED

1033

DISPATCH TIME

1035

ARRIVAL TIME

1037

TIME CLEARED

1130

OTHER INVESTIGATION TIME

60

TOTAL MINUTES

0113

OFFICER'S NAME *

Holbrook, Carl - LP

OFFICER'S BADGE NUMBER

1 L 5 2

CHECKED BY

LBC651

Page 1 of 6



UNIT

LOCAL REPORT NUMBER

LP170911004272

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Brunie, Jason C	OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) (937)266-4737	DAMAGE SCALE 4	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 2441 Utica RD, Lebanon, Ohio 45036-9706				
LP STATE OH	LICENSE PLATE NUMBER 183YXG	VEHICLE IDENTIFICATION NUMBER 5N1AR2MM8FC664634	# OCCUPANTS 02	
VEHICLE YEAR 2015	VEHICLE MAKE NISS	VEHICLE MODEL Pathfinder	VEHICLE COLOR GRY	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY State Farm	POLICY NUMBER 8937842D1535	TOWED BY Sandys	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE - INCLUDE AREA CODE
US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000 LBS. <input type="checkbox"/> 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <input type="checkbox"/> 01 - NO CARGO BODY TYPE/NOT APPLICABLE <input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE <input type="checkbox"/> 05 - LOGGING <input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL <input type="checkbox"/> 09 - POLE <input type="checkbox"/> 10 - CARGO TANK <input type="checkbox"/> 11 - FLAT BED <input type="checkbox"/> 12 - DUMP <input type="checkbox"/> 13 - CONCRETE MIXER <input type="checkbox"/> 14 - AUTO TRANSPORTER <input type="checkbox"/> 15 - GARBAGE/REFUSE <input type="checkbox"/> 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION <input type="checkbox"/> 1 - TWO-WAY, NOT DIVIDED <input type="checkbox"/> 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS>4 FT) MEDIAN <input type="checkbox"/> 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> RT/ SKIP UNIT	
HM PLACARD ID No. <input type="checkbox"/>	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>	UNIT TYPE <input type="checkbox"/> 01 - SUB-COMPACT <input type="checkbox"/> 02 - COMPACT <input type="checkbox"/> 03 - MID SIZE <input type="checkbox"/> 04 - FULL SIZE <input type="checkbox"/> 05 - MINIVAN <input type="checkbox"/> 06 - SPORT UTILITY VEHICLE <input type="checkbox"/> 07 - PICKUP <input type="checkbox"/> 08 - VAN <input type="checkbox"/> 09 - MOTORCYCLE <input type="checkbox"/> 10 - MOTORIZED BICYCLE <input type="checkbox"/> 11 - SNOWMOBILE/ATV <input type="checkbox"/> 12 - OTHER PASSENGER VEHICLE <input type="checkbox"/> 99 - UNKNOWN or HIT / SKIP	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS <input type="checkbox"/> 13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 6 TIRES <input type="checkbox"/> 14 - SINGLE UNIT TRUCK; 3+ AXLES <input type="checkbox"/> 15 - SINGLE UNIT TRUCK/ TRAILER <input type="checkbox"/> 16 - TRUCK/TRACTOR (POSTAL) <input type="checkbox"/> 17 - TRACTOR/SEMI-TRAILER <input type="checkbox"/> 18 - TRACTOR/DOUBLE <input type="checkbox"/> 19 - TRACTOR/TRIPLES <input type="checkbox"/> 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) <input type="checkbox"/> 21 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 22 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> NON-MOTORIST <input type="checkbox"/> 23 - ANIMAL WITH RIDER <input type="checkbox"/> 24 - ANIMAL WITH BUGGY, WAGON, SURREY <input type="checkbox"/> 25 - BICYCLE/PEDACYCLIST <input type="checkbox"/> 26 - PEDESTRIAN/SKATER <input type="checkbox"/> 27 - OTHER NON-MOTORIST
NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK <input type="checkbox"/> 03 - INTERSECTION - OTHER <input type="checkbox"/> 04 - MIDBLOCK - MARKED CROSSWALK <input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 06 - BICYCLE LANE <input type="checkbox"/> 07 - SHOULDER/ROADSIDE <input type="checkbox"/> 08 - SIDEWALK <input type="checkbox"/> 09 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL <input type="checkbox"/> 12 - NON-TRAFFICWAY AREA <input type="checkbox"/> 99 - OTHER/UNKNOWN	TYPE OF USE <input type="checkbox"/> 1 - PERSONAL <input type="checkbox"/> 2 - COMMERCIAL <input type="checkbox"/> 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	<input type="checkbox"/> HAS HM PLACARD		
SPECIAL FUNCTION <input type="checkbox"/> 01 - NONE <input type="checkbox"/> 02 - TAXI <input type="checkbox"/> 03 - RENTAL TRUCK (OVER 10K LBS) <input type="checkbox"/> 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) <input type="checkbox"/> 05 - BUS - TRANSIT <input type="checkbox"/> 06 - BUS - CHARTER <input type="checkbox"/> 07 - BUS - SHUTTLE <input type="checkbox"/> 08 - BUS - OTHER	<input type="checkbox"/> 09 - AMBULANCE <input type="checkbox"/> 10 - FIRE <input type="checkbox"/> 11 - HIGHWAY/MAINTENANCE <input type="checkbox"/> 12 - MILITARY <input type="checkbox"/> 13 - POLICE <input type="checkbox"/> 14 - PUBLIC UTILITY <input type="checkbox"/> 15 - OTHER GOVERNMENT <input type="checkbox"/> 16 - CONSTRUCTION EQUIP.	<input type="checkbox"/> 17 - FARM VEHICLE <input type="checkbox"/> 18 - FARM EQUIPMENT <input type="checkbox"/> 19 - MOTORHOME <input type="checkbox"/> 20 - GOLF CART <input type="checkbox"/> 21 - TRAIN <input type="checkbox"/> 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA <input type="checkbox"/> 01 - NONE <input type="checkbox"/> 02 - CENTER FRONT <input type="checkbox"/> 03 - RIGHT FRONT <input type="checkbox"/> 04 - RIGHT SIDE <input type="checkbox"/> 05 - RIGHT REAR <input type="checkbox"/> 06 - REAR CENTER <input type="checkbox"/> 07 - LEFT REAR	<input type="checkbox"/> 08 - LEFT SIDE <input type="checkbox"/> 09 - LEFT FRONT <input type="checkbox"/> 10 - TOP AND WINDOWS <input type="checkbox"/> 11 - UNDERCARRIAGE <input type="checkbox"/> 12 - LOAD/TRAILER <input type="checkbox"/> 13 - TOTAL (ALL AREAS) <input type="checkbox"/> 14 - OTHER
ACTION <input type="checkbox"/> 1 - NON-CONTACT <input type="checkbox"/> 2 - NON-COLLISION <input type="checkbox"/> 3 - STRIKING <input type="checkbox"/> 4 - STRUCK <input type="checkbox"/> 5 - STRIKING/STRUCK <input type="checkbox"/> 9 - UNKNOWN				
PRE-CRASH ACTIONS <input type="checkbox"/> 01 - STRAIGHT AHEAD <input type="checkbox"/> 02 - BACKING <input type="checkbox"/> 03 - CHANGING LANES <input type="checkbox"/> 04 - OVERTAKING/PASSING <input type="checkbox"/> 05 - MAKING RIGHT TURN <input type="checkbox"/> 06 - MAKING LEFT TURN <input type="checkbox"/> 99 - UNKNOWN	<input type="checkbox"/> 07 - MAKING U-TURN <input type="checkbox"/> 08 - ENTERING TRAFFIC LANE <input type="checkbox"/> 09 - LEAVING TRAFFIC LANE <input type="checkbox"/> 10 - PARKED <input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC <input type="checkbox"/> 12 - DRIVERLESS	<input type="checkbox"/> 13 - NEGOTIATING A CURVE <input type="checkbox"/> 14 - OTHER MOTORIST ACTION	NON-MOTORIST <input type="checkbox"/> 15 - ENTERING OR CROSSING SPECIFIED LOCATION <input type="checkbox"/> 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING <input type="checkbox"/> 17 - WORKING <input type="checkbox"/> 18 - PUSHING VEHICLE <input type="checkbox"/> 19 - APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> 20 - STANDING <input type="checkbox"/> 21 - OTHER NON-MOTORIST ACTION	
CONTRIBUTING CIRCUMSTANCES PRIMARY <input type="checkbox"/> 01 - NONE <input type="checkbox"/> 02 - FAILURE TO YIELD <input type="checkbox"/> 03 - RAN RED LIGHT <input type="checkbox"/> 04 - RAN STOP SIGN <input type="checkbox"/> 05 - EXCEEDED SPEED LIMIT <input type="checkbox"/> 06 - UNSAFE SPEED <input type="checkbox"/> 07 - IMPROPER TURN <input type="checkbox"/> 08 - LEFT OF CENTER <input type="checkbox"/> 09 - FOLLOWED TOO CLOSELY/ACDA <input type="checkbox"/> 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD <input type="checkbox"/> 99 - UNKNOWN	MOTORIST <input type="checkbox"/> 01 - NONE <input type="checkbox"/> 02 - FAILURE TO YIELD <input type="checkbox"/> 03 - RAN RED LIGHT <input type="checkbox"/> 04 - RAN STOP SIGN <input type="checkbox"/> 05 - EXCEEDED SPEED LIMIT <input type="checkbox"/> 06 - UNSAFE SPEED <input type="checkbox"/> 07 - IMPROPER TURN <input type="checkbox"/> 08 - LEFT OF CENTER <input type="checkbox"/> 09 - FOLLOWED TOO CLOSELY/ACDA <input type="checkbox"/> 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD <input type="checkbox"/> 99 - UNKNOWN	NON-MOTORIST <input type="checkbox"/> 11 - IMPROPER BACKING <input type="checkbox"/> 12 - IMPROPER START FROM PARKED POSITION <input type="checkbox"/> 13 - STOPPED OR PARKED ILLEGALLY <input type="checkbox"/> 14 - OPERATING VEHICLE IN NEGLIGENT MANNER <input type="checkbox"/> 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) <input type="checkbox"/> 16 - WRONG SIDE/WRONG WAY <input type="checkbox"/> 17 - FAILURE TO CONTROL <input type="checkbox"/> 18 - VISION OBSTRUCTION <input type="checkbox"/> 19 - OPERATING DEFECTIVE EQUIPMENT <input type="checkbox"/> 20 - LOAD SHIFTING/FALLING/SPILLING <input type="checkbox"/> 21 - OTHER IMPROPER ACTION	VEHICLE DEFECTS <input type="checkbox"/> 01 - TURN SIGNALS <input type="checkbox"/> 02 - HEAD LAMPS <input type="checkbox"/> 03 - TAIL LAMPS <input type="checkbox"/> 04 - BRAKES <input type="checkbox"/> 05 - STEERING <input type="checkbox"/> 06 - TIRE BLOWOUT <input type="checkbox"/> 07 - WORN OR SLICK TIRES <input type="checkbox"/> 08 - TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/> 09 - MOTOR TROUBLE <input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT <input type="checkbox"/> 11 - OTHER DEFECTS	
SEQUENCE OF EVENTS 1 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS <input type="checkbox"/> 01 - OVERTURN/ROLLOVER <input type="checkbox"/> 02 - FIRE/EXPLOSION <input type="checkbox"/> 03 - IMMERSION <input type="checkbox"/> 04 - JACKKNIFE <input type="checkbox"/> 05 - CARGO/EQUIPMENT LOSS OR SHIFT <input type="checkbox"/> 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) <input type="checkbox"/> 07 - SEPARATION OF UNITS <input type="checkbox"/> 08 - RAN OFF ROAD RIGHT <input type="checkbox"/> 09 - RAN OFF ROAD LEFT <input type="checkbox"/> 10 - CROSS MEDIAN <input type="checkbox"/> 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL <input type="checkbox"/> 12 - DOWNHILL RUNAWAY <input type="checkbox"/> 13 - OTHER NON-COLLISION			
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED <input type="checkbox"/> 14 - PEDESTRIAN <input type="checkbox"/> 15 - PEDALCYCLE <input type="checkbox"/> 16 - RAILWAY VEHICLE (TRAIN, ENGINE) <input type="checkbox"/> 17 - ANIMAL - FARM <input type="checkbox"/> 18 - ANIMAL - DEER <input type="checkbox"/> 19 - ANIMAL - OTHER <input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT <input type="checkbox"/> 21 - PARKED MOTOR VEHICLE <input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE <input type="checkbox"/> 24 - OTHER MOVABLE OBJECT <input type="checkbox"/> 25 - IMPACT ATTENUATOR/CRASH CUSHION <input type="checkbox"/> 26 - BRIDGE OVERHEAD STRUCTURE <input type="checkbox"/> 27 - BRIDGE PIER OR ABUTMENT <input type="checkbox"/> 28 - BRIDGE PARAPET <input type="checkbox"/> 29 - BRIDGE RAIL <input type="checkbox"/> 30 - GUARDRAIL FACE <input type="checkbox"/> 31 - GUARDRAIL END <input type="checkbox"/> 32 - PORTABLE BARRIER <input type="checkbox"/> 33 - MEDIAN CABLE BARRIER <input type="checkbox"/> 34 - MEDIAN GUARDRAIL BARRIER <input type="checkbox"/> 35 - MEDIAN CONCRETE BARRIER <input type="checkbox"/> 36 - MEDIAN OTHER BARRIER <input type="checkbox"/> 37 - TRAFFIC SIGN POST <input type="checkbox"/> 38 - OVERHEAD SIGN POST <input type="checkbox"/> 39 - LIGHT/LUMINARIES SUPPORT <input type="checkbox"/> 40 - UTILITY POLE <input type="checkbox"/> 41 - OTHER POST, POLE OR SUPPORT <input type="checkbox"/> 42 - CULVERT <input type="checkbox"/> 43 - CURB <input type="checkbox"/> 44 - DITCH <input type="checkbox"/> 45 - EMBANKMENT <input type="checkbox"/> 46 - FENCE <input type="checkbox"/> 47 - MAILBOX <input type="checkbox"/> 48 - TREE <input type="checkbox"/> 49 - FIRE HYDRANT <input type="checkbox"/> 50 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 51 - WALL, BUILDING, TUNNEL <input type="checkbox"/> 52 - OTHER FIXED OBJECT				
UNIT SPEED 15 <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED	POSTED SPEED 55	TRAFFIC CONTROL <input type="checkbox"/> 01 - NO CONTROLS <input type="checkbox"/> 02 - STOP SIGN <input type="checkbox"/> 03 - YIELD SIGN <input type="checkbox"/> 04 - TRAFFIC SIGNAL <input type="checkbox"/> 05 - TRAFFIC FLASHERS <input type="checkbox"/> 06 - SCHOOL ZONE <input type="checkbox"/> 07 - RAILROAD CROSSBUCKS <input type="checkbox"/> 08 - RAILROAD FLASHERS <input type="checkbox"/> 09 - RAILROAD GATES <input type="checkbox"/> 10 - CONSTRUCTION BARRICADE <input type="checkbox"/> 11 - PERSON (FLAGGER, OFFICER) <input type="checkbox"/> 12 - PAVEMENT MARKINGS <input type="checkbox"/> 13 - CROSSWALK LINES <input type="checkbox"/> 14 - WALK/DONT WALK <input type="checkbox"/> 15 - OTHER <input type="checkbox"/> 16 - NOT REPORTED	UNIT DIRECTION FROM 2 TO 4 <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST <input type="checkbox"/> 5 - NORTHEAST <input type="checkbox"/> 6 - NORTHWEST <input type="checkbox"/> 7 - SOUTHEAST <input type="checkbox"/> 8 - SOUTHWEST <input type="checkbox"/> 9 - UNKNOWN	



UNIT

LOCAL REPORT NUMBER

LP 170911004272

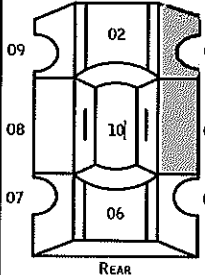
UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) Shelton, Tyler J	OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) (937)974-9050	DAMAGE SCALE 4	DAMAGED AREA 					
OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 210 Christina WAY, Carlisle, Ohio 45005			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN						
LP STATE OH	LICENSE PLATE NUMBER FPE8068	VEHICLE IDENTIFICATION NUMBER 2GCEK19K3S1152677	# OCCUPANTS 01						
VEHICLE YEAR 1995	VEHICLE MAKE CHEV	VEHICLE MODEL 1500	VEHICLE COLOR TAN						
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Utica National	POLICY NUMBER 4778148	TOWED BY Sandys						
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 1 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"/> IUT SKIP UNIT						
HM PLACARD ID No. 1	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>	UNIT TYPE 07 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 99 - UNKNOWN or HIT / SKIP	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 8 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/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST						
NON-MOTORIST LOCATION PRIOR TO IMPACT 1 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN		TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	<input type="checkbox"/> HAS HM PLACARD						
SPECIAL FUNCTION 01 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 02 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 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									
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COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 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 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 04 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 1 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN						



UNIT

LOCAL REPORT NUMBER

LP170911004272

UNIT NUMBER 03	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) Berrey, Joseph M, SR	OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) (937)681-8841	DAMAGE SCALE 2	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 390 Mcdaniels LN, Springboro, Ohio 45066-8519			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE OH	LICENSE PLATE NUMBER FHB9903	VEHICLE IDENTIFICATION NUMBER 1FAHP3F22CL104667	# OCCUPANTS 01	
VEHICLE YEAR 2012	VEHICLE MAKE FORD	VEHICLE MODEL Focus	VEHICLE COLOR SIL	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Encompass	POLICY NUMBER 282043681	TOWED BY	
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/AVAN (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 - GRAB, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, HOT DIVIDED 2 - TWO-WAY, HOT 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. 1	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 02 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 99 - UNKNOWN or HIT / SKIP	
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SPECIAL FUNCTION 01 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		MOST DAMAGED AREA 03 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		ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
PRE-CRASH ACTIONS 11 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				
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

LP170911004272

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Brunie, Leah Nicole		DATE OF BIRTH 03181979		AGE 38	GENDER F F - FEMALE M - MALE												
ADDRESS, CITY, STATE, ZIP 2441 Utica RD, Lebanon, Ohio 45036					CONTACT PHONE - INCLUDE AREA CODE (937)266-4737													
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY MEDIC23	MEDICAL FACILITY INJURED TAKEN TO Atrium		SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1								
OL STATE OH	OPERATOR LICENSE NUMBER RT284466		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 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1						
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.42		OFFENSE DESCRIPTION Right of Way When Turning Left				CITATION NUMBER 016260		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY 1								
UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Shelton, Tyler J		DATE OF BIRTH 03131984		AGE 33	GENDER M F - FEMALE M - MALE												
ADDRESS, CITY, STATE, ZIP 210 Christina WAY, Carlisle, Ohio 45005					CONTACT PHONE - INCLUDE AREA CODE													
INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY MEDIC21	MEDICAL FACILITY INJURED TAKEN TO Atrium		SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1								
OL STATE OH	OPERATOR LICENSE NUMBER SA946572		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 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1						
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION				CITATION NUMBER		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY 1								
<table border="0"><tr><td>INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL</td><td>INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN</td><td>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</td><td>99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED</td><td>NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)</td><td>12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER</td></tr></table>													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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UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Brunie, Alexander James		DATE OF BIRTH 08182014		AGE 3	GENDER M F - FEMALE M - MALE												
ADDRESS, CITY, STATE, ZIP 2441 Utica RD, Lebanon, Ohio 45036					CONTACT PHONE - INCLUDE AREA CODE													
INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY Medic 23	MEDICAL FACILITY INJURED TAKEN TO Atrium		SAFETY EQUIPMENT USED 05	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 06	AIR BAG USAGE 4	EJECTION 1	TRAPPED 1								
UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE		DATE OF BIRTH		AGE	GENDER F F - FEMALE M - MALE												
ADDRESS, CITY, STATE, ZIP					CONTACT PHONE - INCLUDE AREA CODE													
INJURIES 01	INJURED TAKEN BY 01	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED 01	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 01	EJECTION 01	TRAPPED 01								



MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER

LP170911004272

UNIT NUMBER 03		NAME: LAST, FIRST, MIDDLE Berrey, Joseph M, SR		DATE OF BIRTH 04041948		AGE 69		GENDER M F - FEMALE M - MALE													
ADDRESS, CITY, STATE, ZIP 390 Mcdaniels LN, Springboro, Ohio 45066-8519						CONTACT PHONE - INCLUDE AREA CODE (937)681-8841															
INJURIES 1		INJURED TAKEN BY 1		EMS AGENCY		MEDICAL FACILITY INJURED TAKEN TO		SAFETY EQUIPMENT USED 04		DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET		SEATING POSITION 01		AIR BAG USAGE 1		EJECTION 1		TRAPPED 1			
OL STATE OH		OPERATOR LICENSE NUMBER RQ733695		OL CLASS 1		<input type="checkbox"/> NO VALID OL <input checked="" 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				HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY 1							

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		DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET		SEATING POSITION		AIR BAG USAGE		EJECTION		TRAPPED			
OL STATE		OPERATOR LICENSE NUMBER		OL CLASS		<input type="checkbox"/> NO VALID OL <input type="checkbox"/> 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 <input type="checkbox"/> 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 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 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			
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 FRONTSIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN					
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