



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

LP180831004293

CRASH SEVERITY

3

1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

 PHOTOS TAKEN
 OH-2
 OH-3
 OH-1P
 OTHER

 PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

 PRIVATE PROPERTY

 REPORTING AGENCY NCIC *
 08316

 REPORTING AGENCY NAME *
 Clearcreek Twp. Police Department

 NUMBER OF UNITS
 02

 UNIT IN ERROR
 01
 98 - ANIMAL
 99 - UNKNOWN

 COUNTY *
 83
 CITY *
 VILLAGE *
 TOWNSHIP *

 CITY, VILLAGE, TOWNSHIP *
 Clearcreek

 CRASH DATE *
 08312018

 TIME OF CRASH
 1232

 DAY OF WEEK
 FRI

 DEGREES / MINUTES / SECONDS
 LATITUDE
 0 / /

 LONGITUDE
 0 / /

 DECIMAL DEGREES
 LATITUDE
 39.546471

 LONGITUDE
 -84.156349

 DIVIDED
 UNDIVIDED

 DIVIDED LANE DIRECTION OF TRAVEL
 N - NORTHBOUND
 S - SOUTHBOUND
 E - EASTBOUND
 W - WESTBOUND

 NUMBER OF THRU LANES
 02

 ROAD TYPES OR MILEPOST 2
 AL - ALLEY
 AV - AVENUE
 BL - BOULEVARD
 CR - CIRCLE
 CT - COURT
 DR - DRIVE
 HE - HEIGHTS
 HW - HIGHWAY
 LA - LANE

 MP - MILEPOST
 PK - PARKWAY
 PI - PIKE

 PL - PLACE
 RD - ROAD
 SQ - SQUARE

 ST - STREET
 TE - TERRACE
 TL - TRAIL

WA - WAY

 LOCATION ROUTE TYPE 1
 SR 73

 LOCATION ROUTE NUMBER
 73

 LOC 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 ROUTE

 CR - NUMBERED COUNTY ROUTE
 TR - NUMBERED TOWNSHIP ROUTE

 DISTANCE FROM REFERENCE
 MILES
 FEET
 YARDS

 DIR FROM REF
 N, S
 E, W

REFERENCE ROUTE TYPE 1

 REFERENCE ROUTE NUMBER
 2028

 REF PREFIX
 N, S
 E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

REFERENCE ROAD TYPE 2

 REFERENCE POINT USED
 3
 1 - INTERSECTION
 2 - MILE POST
 3 - HOUSE NUMBER

 CRASH LOCATION
 01

 01 - NOT AN INTERSECTION
 02 - FOUR-WAY INTERSECTION
 03 - T-INTERSECTION
 04 - Y-INTERSECTION
 05 - TRAFFIC CIRCLE/ROUNDBOUT
 06 - FIVE-POINT, OR MORE
 07 - ON RAMP
 08 - OFF RAMP
 09 - CROSSOVER
 10 - DRIVEWAY/ALLEY ACCESS

 11 - RAILWAY GRADE CROSSING
 12 - SHARED-USE PATHS OR TRAILS
 99 - UNKNOWN

 INTERSECTION RELATED

 LOCATION OF FIRST HARMFUL EVENT
 1
 1 - ON ROADWAY
 2 - ON SHOULDER
 3 - IN MEDIAN
 4 - ON ROADSIDE

 5 - ON GORE
 6 - OUTSIDE TRAFFICWAY
 9 - UNKNOWN

 ROAD CONTOUR
 1
 1 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL

 4 - CURVE GRADE
 9 - UNKNOWN

 ROAD 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 - UNKNOWN

 WEATHER
 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/UNKNOWN

 ROAD SURFACE
 2
 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK

 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 6 - OTHER

 LIGHT CONDITIONS
 PRIMARY
 1

 SECONDARY
 1 - DAYLIGHT
 2 - DAWN
 3 - DUSK
 4 - DARK - LIGHTED ROADWAY

 5 - DARK - ROADWAY NOT LIGHTED
 6 - DARK - UNKNOWN ROADWAY LIGHTING
 7 - GLARE*
 8 - OTHER
 9 - UNKNOWN

*SECONDARY CONDITION ONLY

 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 - OTHER

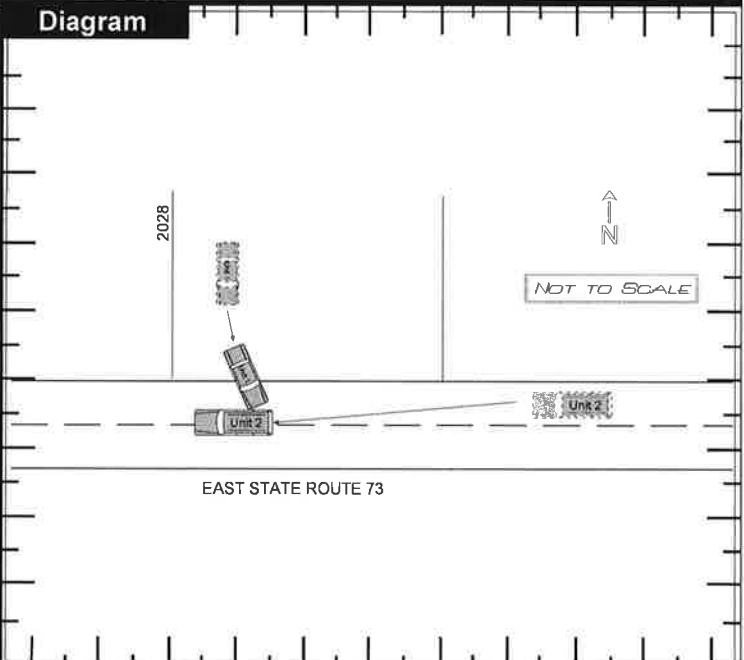
LOCATION OF CRASH IN WORK ZONE

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

NARRATIVE

Unit # 1 was entering the roadway from 2028 E St Rt 73 when he failed to see Unit # 2 that was traveling westbound on E St Rt 73 and pulled into the roadway causing Unit # 2 to drive left of center to attempt to avoid Unit # 1 and get struck by Unit # 1 on the passenger side rear tire.

Diagram



REPORT TAKEN BY

 POLICE AGENCY
 MOTORIST

 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

 DATE CRASH REPORTED
 08312018

 TIME CRASH REPORTED
 1232

 DISPATCH TIME
 1240

 ARRIVAL TIME
 1255

 TIME CLEARED
 1315

 OTHER INVESTIGATION TIME
 30

 TOTAL MINUTES
 0050

OFFICER'S NAME *

Gleeson, John - LP

OFFICER'S BADGE NUMBER

1 L 2 6

CHECKED BY

WES189

Page 1 of 4



UNIT

LOCAL REPORT NUMBER LP180831004293

UNIT NUMBER 01, OWNER NAME: Schwartz, David Michael, OWNER PHONE NUMBER: (937)477-7221, DAMAGE SCALE 3, DAMAGED AREA FRONT

OWNER ADDRESS: 311 Carters Grove RD, Centerville, Ohio 45459

LP STATE OH, LICENSE PLATE NUMBER GIV3655, VEHICLE IDENTIFICATION NUMBER 19XFB2E55EE037211, # OCCUPANTS 02

VEHICLE YEAR 2014, VEHICLE MAKE HOND, VEHICLE MODEL Civic, VEHICLE COLOR BLU

PROOF OF INSURANCE SHOWN, INSURANCE COMPANY Geico, POLICY NUMBER 4505664914, 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

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS, BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)

SPECIAL FUNCTION, MOST DAMAGED AREA, IMPACT AREA, ACTION

PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST

CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS

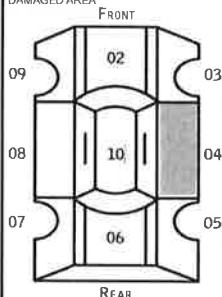
SEQUENCE OF EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION




UNIT

LOCAL REPORT NUMBER
LP 1 8 0 8 3 1 0 0 4 2 9 3


UNIT NUMBER 02	OWNER NAME - LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) Smith, Brian D	OWNER PHONE NUMBER - INC AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) (513)465-3741	DAMAGE SCALE 4	DAMAGED AREA FRONT 
OWNER ADDRESS - CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 971 Stokes Reserve CT, Lebanon, Ohio 45036-7822				
LP STATE OH	LICENSE PLATE NUMBER FMN7394	VEHICLE IDENTIFICATION NUMBER 1GYKNFRS6HZ157678	# OCCUPANTS 01	
VEHICLE YEAR 2017	VEHICLE MAKE CADI	VEHICLE MODEL XT5	VEHICLE COLOR BLK	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Travelers	POLICY NUMBER 9845312051011	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 25,000 LBS 3 - MORE THAN 25,000 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
HM PLACARD ID No	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	<input type="checkbox"/> HIT/SKIP UNIT		

NON-MOTORIST LOCATION PRIOR TO IMPACT 	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 06 99 - UNKNOWN or HIT / SKIP	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) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDESTAL CYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
<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 04 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	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 01 99 - UNKNOWN	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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CONTRIBUTING CIRCUMSTANCES 01	PRIMARY 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	MOTORIST 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
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SEQUENCE OF EVENTS 1 20 2 3 4 5 6	FIRST HARMFUL EVENT 1	MOST HARMFUL EVENT 1	99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLL-OVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 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 - 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 AT 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 50	POSTED SPEED 55	TRAFFIC CONTROL 12 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	UNIT DIRECTION FROM 3 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
<input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED			



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
L P 1 8 0 8 3 1 0 0 4 2 9 3

UNIT NUMBER 0 1	NAME: LAST, FIRST, MIDDLE Schwartz, David Michael	DATE OF BIRTH 0 8 0 8 1 9 9 5	AGE 23	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 311 Carters Grove RD, Centerville, Ohio 45459	CONTACT PHONE - INCLUDE AREA CODE (937)477-7221
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INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 0 4	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE O H	OPERATOR LICENSE NUMBER TY548266	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) 4511.42	OFFENSE DESCRIPTION Right of Way When Turning Left	CITATION NUMBER LLP017160	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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UNIT NUMBER 0 2	NAME: LAST, FIRST, MIDDLE Smith, Brian D	DATE OF BIRTH 1 2 0 8 1 9 5 4	AGE 63	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 971 Stokes Reserve CT, Lebanon, Ohio 45036-7822	CONTACT PHONE - INCLUDE AREA CODE (513)465-3741
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INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 0 4	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE O H	OPERATOR LICENSE NUMBER RM350025	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	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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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	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 GAP)	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 - MC/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 (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 0 1	NAME: LAST, FIRST, MIDDLE Shaneyfelt, Joshua E	DATE OF BIRTH 0 5 1 6 1 9 8 6	AGE 32	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 234 S Main ST, Waynesville, Ohio 45068	CONTACT PHONE - INCLUDE AREA CODE (513)392-1063
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INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 0 4	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 0 3	AIR BAG USAGE 1	EJECTION 1	TRAPPED 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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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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