



TRAFFIC CRASH REPORT

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

LOCAL INFORMATION		REPORTING AGENCY IHCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
<input type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> POO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	0 8 3 1 6 Clearcreek Twp. Police Department	0 2	0 1 99 - ANIMAL 99 - UNKNOWN

COUNTY *	CITY * <input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
8 3		Clearcreek	0 9 1 4 2 0 1 7	0 7 3 2	T H U

DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	DECIMAL DEGREES LATITUDE	LONGITUDE
0 / /	0 / /	3 9 1 5 4 5 2 9 1	- 8 4 1 1 7 3 5 9 0

ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N-NORTHBOUND <input type="checkbox"/> S-SOUTHBOUND <input type="checkbox"/> E-EASTBOUND <input type="checkbox"/> W-WESTBOUND	NUMBER OF THRU LANES 0 2	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 PL-PLACE RD-ROAD SQ-SQUARE ST-STREET TE-TERRACE TL-TRAIL VA-VA
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LOCATION ROUTE TYPE 1 S R	LOCATION ROUTE NUMBER 7 3	LOG PREFIX <input type="checkbox"/> N, S <input type="checkbox"/> E, W	LOCATION ROAD NAME	LOCATION ROAD TYPE 2	ROUTE TYPES 1 IR-INTERSTATE ROUTE (INC. TURNPIKE) US-US ROUTE SR-STATE ROUTE	OR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE
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DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF <input type="checkbox"/> N, S <input type="checkbox"/> E, W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX <input type="checkbox"/> N, S <input type="checkbox"/> E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 1122	REFERENCE ROAD TYPE 2
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REFERENCE POINT USED 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 0 1 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUT	05 - 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	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIUM 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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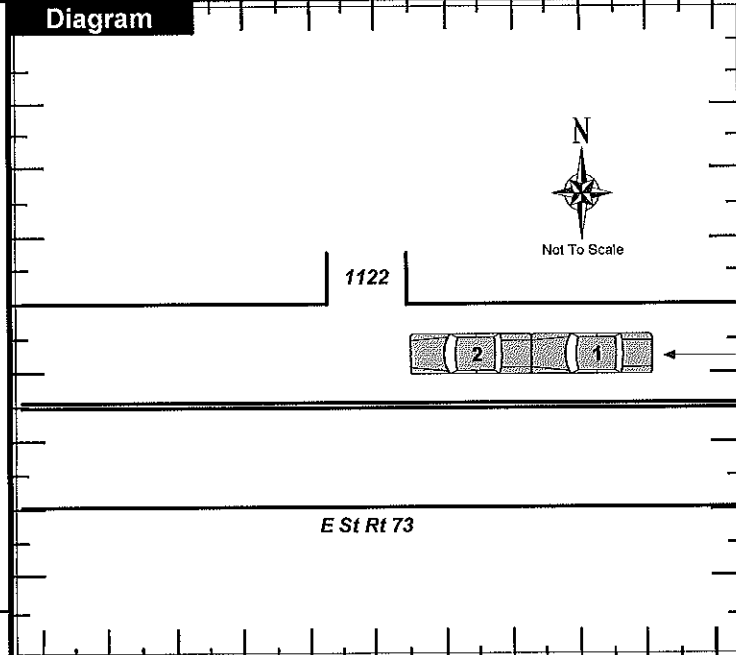
ROAD CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 0 2	SECONDARY	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT * 10 - OTHER 99 - UNKNOWN	* SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/IMPACT 2 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
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ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAC, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS 2 PRIMARY	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	<input type="checkbox"/> SCHOOL ZONE RELATED	SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIUM 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
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NARRATIVE
Unit 1 was traveling behind Unit 2 westbound on E St Rt 73 when, near the address of 1122, Unit 1 failed to assure clear distance ahead. As a result, Unit 1 struck Unit 2 to the rear.



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 OOPS)	DATE CRASH REPORTED 0 9 1 4 2 0 1 7	TIME CRASH REPORTED 0 7 3 2	DISPATCH TIME 0 7 3 2	ARRIVAL TIME 0 7 3 6	TIME CLEARED 0 8 1 3	OTHER INVESTIGATION TIME 6 0	TOTAL MINUTES 0 0 9 7
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OFFICER'S NAME * Bates, Jason - LP	OFFICER'S BADGE NUMBER 1 L 2 2	CHECKED BY COH530	Page 1 of 4
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UNIT

LOCAL REPORT NUMBER LP 170914004314

UNIT NUMBER 01, OWNER NAME: Spencer, Brandon Edwin, OWNER PHONE NUMBER: (513)262-3820, DAMAGE SCALE 2, DAMAGED AREA FRONT, 09, 08, 10, 07, 06, 05, 04, 03

OWNER ADDRESS: 448 N Mulberry ST, Wilmington, Ohio 45177, LP STATE OH, LICENSE PLATE NUMBER S61216, VEHICLE IDENTIFICATION NUMBER 1N4AL2AP5CN405142, # OCCUPANTS 011

VEHICLE YEAR 2012, VEHICLE MAKE Niss, VEHICLE MODEL Altima, VEHICLE COLOR BLK, INSURANCE COMPANY Allstate, POLICY NUMBER 992116300, 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

SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION, IMPACT AREA, 01-NONE, 02-TAXI, 03-RENTAL TRUCK, 04-BUS-SCHOOL, 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, 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, 21-OTHER NON-MOTORIST ACTION, 22-OTHER NON-MOTORIST ACTION, 23-OTHER NON-MOTORIST ACTION, 24-OTHER NON-MOTORIST ACTION, 25-OTHER NON-MOTORIST ACTION, 26-OTHER NON-MOTORIST ACTION, 27-OTHER NON-MOTORIST ACTION, 28-OTHER NON-MOTORIST ACTION, 29-OTHER NON-MOTORIST ACTION, 30-OTHER NON-MOTORIST ACTION, 31-OTHER NON-MOTORIST ACTION, 32-OTHER NON-MOTORIST ACTION, 33-OTHER NON-MOTORIST ACTION, 34-OTHER NON-MOTORIST ACTION, 35-OTHER NON-MOTORIST ACTION, 36-OTHER NON-MOTORIST ACTION, 37-OTHER NON-MOTORIST ACTION, 38-OTHER NON-MOTORIST ACTION, 39-OTHER NON-MOTORIST ACTION, 40-OTHER NON-MOTORIST ACTION, 41-OTHER NON-MOTORIST ACTION, 42-OTHER NON-MOTORIST ACTION, 43-OTHER NON-MOTORIST ACTION, 44-OTHER NON-MOTORIST ACTION, 45-OTHER NON-MOTORIST ACTION, 46-OTHER NON-MOTORIST ACTION, 47-OTHER NON-MOTORIST ACTION, 48-OTHER NON-MOTORIST ACTION, 49-OTHER NON-MOTORIST ACTION, 50-OTHER NON-MOTORIST ACTION, 51-OTHER NON-MOTORIST ACTION, 52-OTHER NON-MOTORIST ACTION, 53-OTHER NON-MOTORIST ACTION, 54-OTHER NON-MOTORIST ACTION, 55-OTHER NON-MOTORIST ACTION, 56-OTHER NON-MOTORIST ACTION, 57-OTHER NON-MOTORIST ACTION, 58-OTHER NON-MOTORIST ACTION, 59-OTHER NON-MOTORIST ACTION, 60-OTHER NON-MOTORIST ACTION, 61-OTHER NON-MOTORIST ACTION, 62-OTHER NON-MOTORIST ACTION, 63-OTHER NON-MOTORIST ACTION, 64-OTHER NON-MOTORIST ACTION, 65-OTHER NON-MOTORIST ACTION, 66-OTHER NON-MOTORIST ACTION, 67-OTHER NON-MOTORIST ACTION, 68-OTHER NON-MOTORIST ACTION, 69-OTHER NON-MOTORIST ACTION, 70-OTHER NON-MOTORIST ACTION, 71-OTHER NON-MOTORIST ACTION, 72-OTHER NON-MOTORIST ACTION, 73-OTHER NON-MOTORIST ACTION, 74-OTHER NON-MOTORIST ACTION, 75-OTHER NON-MOTORIST ACTION, 76-OTHER NON-MOTORIST ACTION, 77-OTHER NON-MOTORIST ACTION, 78-OTHER NON-MOTORIST ACTION, 79-OTHER NON-MOTORIST ACTION, 80-OTHER NON-MOTORIST ACTION, 81-OTHER NON-MOTORIST ACTION, 82-OTHER NON-MOTORIST ACTION, 83-OTHER NON-MOTORIST ACTION, 84-OTHER NON-MOTORIST ACTION, 85-OTHER NON-MOTORIST ACTION, 86-OTHER NON-MOTORIST ACTION, 87-OTHER NON-MOTORIST ACTION, 88-OTHER NON-MOTORIST ACTION, 89-OTHER NON-MOTORIST ACTION, 90-OTHER NON-MOTORIST ACTION, 91-OTHER NON-MOTORIST ACTION, 92-OTHER NON-MOTORIST ACTION, 93-OTHER NON-MOTORIST ACTION, 94-OTHER NON-MOTORIST ACTION, 95-OTHER NON-MOTORIST ACTION, 96-OTHER NON-MOTORIST ACTION, 97-OTHER NON-MOTORIST ACTION, 98-OTHER NON-MOTORIST ACTION, 99-OTHER NON-MOTORIST ACTION

PRE-CRASH ACTIONS, MOTORIST, NON-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, 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, VEHICLE DEFECTS, PRIMARY, SECONDARY, 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/ACOA, 10-IMPROPER LANE CHANGE, 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, 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, 30-WRONG SIDE OF THE ROAD, 31-OTHER NON-MOTORIST ACTION, 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, COLLISION WITH FIXED OBJECT, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, 1-20, 21-32, 33-47, 48-52, 53-60, 61-67, 68-74, 75-81, 82-88, 89-94, 95-99, 01-OVERTURN/ROLLOVER, 02-FIRE/EXPLOSION, 03-IMMERSION, 04-JACKKNIFE, 05-CARGO/EQUIPMENT LOSS OR SHIFT, 06-EQUIPMENT FAILURE, 07-SEPARATION OF UNITS, 08-RAN OFF ROAD RIGHT, 09-RAN OFF ROAD LEFT, 10-CROSS MEDIAN, 11-CROSS CENTER LINE, 12-DOWNHILL RUNAWAY, 13-OTHER NON-COLLISION, 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 45, POSTED SPEED 55, TRAFFIC CONTROL 12, UNIT DIRECTION FROM 3 TO 4, 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, 1-NORTH, 2-SOUTH, 3-EAST, 4-WEST, 5-NORTHEAST, 6-NORTHWEST, 7-SOUTHEAST, 8-SOUTHWEST, 9-UNKNOWN



UNIT

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

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) Grismer, Morgan Ashlea	OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) (513)885-7419	DAMAGE SCALE 2	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) 248 Brimstone RD, Wilmington, Ohio 45177-8530			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE OH	LICENSE PLATE NUMBER GFW7716	VEHICLE IDENTIFICATION NUMBER K M H D H 4 A E 7 C U 2 4 6 5 3 3	# OCCUPANTS 0 2	
VEHICLE YEAR 2012	VEHICLE MAKE Hyun	VEHICLE MODEL Elantra	VEHICLE COLOR BLK	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY State Farm	POLICY NUMBER 8791900E1935	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/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) MEDIA 4 - TWO-WAY, DIVIDED, POSITIVE MEDIA BARRIER 5 - ONE-WAY TRAFFICWAY
HMP/PLACARD ID No.	HAZARDOUS MATERIAL RELEASED	<input type="checkbox"/> HIT / SKIP UNIT		

NON-MOTORIST LOCATION PRIOR TO IMPACT 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	UNIT TYPE 04 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/PEDALCYCLIST 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 06 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
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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 PRIMARY 01 99 - UNKNOWN	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/ACDA 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 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 01 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 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 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 45	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 7 0 9 1 4 0 0 4 3 1 4

UNIT NUMBER 0 1	NAME: LAST, FIRST, MIDDLE Spencer, Brandon Edwin	DATE OF BIRTH 0 9 2 5 1 9 8 8	AGE 28	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 448 N Mulberry ST, Wilmington, Ohio 45177	CONTACT PHONE - INCLUDE AREA CODE (513)262-3820
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER SV917406	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 016755	<input type="checkbox"/> HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 1
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UNIT NUMBER 0 2	NAME: LAST, FIRST, MIDDLE Grismer, Morgan Ashlea	DATE OF BIRTH 1 2 0 7 1 9 9 2	AGE 24	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 248 Brimstone RD, Wilmington, Ohio 45177-8530	CONTACT PHONE - INCLUDE AREA CODE (513)885-7419
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 0 4	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 0 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER TM941691	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
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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 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 FRONTSIDE 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 - M/C/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/EMAILING 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 2	NAME: LAST, FIRST, MIDDLE Kindred, Charlotte R	DATE OF BIRTH 0 6 1 5 2 0 1 6	AGE 1	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 248 Brimstone RD, Wilmington, Ohio 45177	CONTACT PHONE - INCLUDE AREA CODE (513)885-7419
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 0 6	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 0 4	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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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	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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