



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

LP180906004430

CRASH SEVERITY

3

1 - FATAL  
7 - 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 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 \*  
 09062018

 TIME OF CRASH  
 1220

 DAY OF WEEK  
 THU

 DEGREES / MINUTES / SECONDS  
 LATITUDE 0 / // LONGITUDE 0 / //

 DECIMAL DEGREES  
 LATITUDE 39.489742  
 LONGITUDE -84.200493

 ROADWAY DIVISION  
 DIVIDED  
 UNDIVIDED

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

 NUMBER 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 - TRAIL

 LOCATION ROUTE NUMBER  
 SR 48

 LOCATION ROAD NAME  
 N, S  
 E, W

 ROUTE TYPES 1  
 IR - INTERSTATE ROUTE (INC TURNPIKE)  
 CR - NUMBERED COUNTY ROUTE  
 US - US ROUTE  
 SR - STATE ROUTE  
 TR - NUMBERED TOWNSHIP ROUTE

 DISTANCE FROM REFERENCE  
 MILES  
 FEET  
 YARDS

 DIR FROM REF  
 N, S  
 E, W

 REFERENCE ROUTE NUMBER  
 REF PREFIX  
 REFERENCE NAME (ROAD, MILEPOST, HOUSE #)  
 3620

REFERENCE ROAD TYPE 2

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

 CRASH LOCATION  
 01 - 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  
 11 - RAILWAY GRADE CROSSING  
 12 - SHARED-USE PATHS OR TRAILS  
 99 - UNKNOWN

 INTERSECTION RELATED

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

 ROAD CONTOUR  
 2  
 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  
 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  
 1  
 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

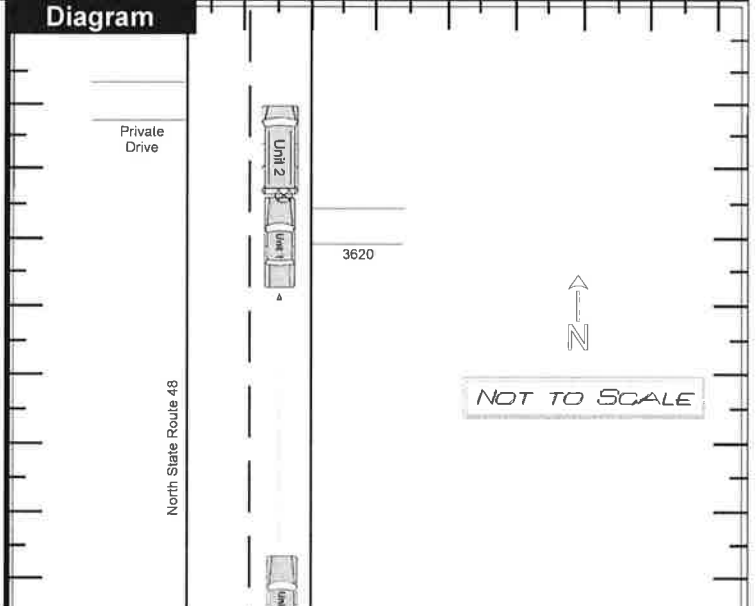
 LIGHT CONDITIONS  
 PRIMARY 1  
 SECONDARY  
 1 - DAYLIGHT  
 2 - DAWN  
 3 - DUSK  
 4 - DARK - LIGHTED ROADWAY  
 5 - DARK - ROADWAY NOT LIGHTED  
 6 - DARK - UNKNOWN ROADWAY LIGHTING  
 7 - GLARE\*  
 8 - OTHER  
 9 - UNKNOWN

 SCHOOL BUS 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 # 2 was stopped in traffic on North State Route 48 preparing to take a left turn into a private drive when the driver of Unit # 1 stated she attempted to brake but could not stop in time and struck the rear of Unit # 2.

 REPORT TAKEN BY  
 POLICE AGENCY  MOTORIST

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

 DATE CRASH REPORTED  
 09062018

 TIME CRASH REPORTED  
 1220

 DISPATCH TIME  
 1220

 ARRIVAL TIME  
 1234

 TIME CLEARED  
 1324

 OTHER INVESTIGATION TIME  
 30

 TOTAL MINUTES  
 0080

 OFFICER'S NAME \*  
 Gleeson, John - LP

 OFFICER'S BADGE NUMBER  
 1 L 2 6

 CHECKED BY  
 JLB705

Page 1 of 4



# UNIT

LOCAL REPORT NUMBER  
**LP180906004430**

UNIT NUMBER <b>01</b>	OWNER NAME - LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) <b>Walsh, Taylor M</b>	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER) <b>(937)838-7707</b>	DAMAGE SCALE <b>3</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER) <b>4939 Woodman Park DR, Unit 4, Kettering, Ohio 45432-1143</b>				
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>HFZ2563</b>	VEHICLE IDENTIFICATION NUMBER <b>2G1WF55E019375493</b>	# OCCUPANTS <b>01</b>	
VEHICLE YEAR <b>2001</b>	VEHICLE MAKE <b>Chev</b>	VEHICLE MODEL <b>Impala</b>	VEHICLE COLOR <b>WHI</b>	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>State Farm</b>	POLICY NUMBER <b>8263805C2735F</b>	TOWED BY <b>Sandys</b>	
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	TRAFFICWAY DESCRIPTION <b>1</b> 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, DIVIDED
HM PLACARD ID No	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT/SKIP UNIT
HM CLASS NUMBER			

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 <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>03</b> 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 <b>01</b> 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 <b>02</b> 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 <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE CRASH ACTIONS <b>01</b> 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	MOTORIST 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 <b>09</b> 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN SECONDARY 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 <b>01</b> 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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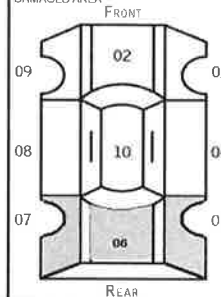
SEQUENCE OF EVENTS 1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - 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			
COLLISION WITH FIXED OBJECT 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 <b>45</b>	POSTED SPEED <b>55</b>	TRAFFIC CONTROL <b>12</b> 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 <b>2</b> TO <b>1</b> 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					



# UNIT

LOCAL REPORT NUMBER  
**LP180906004430**

UNIT NUMBER <b>02</b>	OWNER NAME - LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER) <b>Lease Plan USA Inc</b>	OWNER PHONE NUMBER - INC AREA CODE ( <input type="checkbox"/> SAME AS DRIVER)	DAMAGE SCALE <b>2</b>	DAMAGED AREA 
OWNER ADDRESS - CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER) <b>1165 Sanctuary PKWY, Alpharetta, Georgia 30009</b>				
LP STATE <b>GA</b>	LICENSE PLATE NUMBER <b>PIR3832</b>	VEHICLE IDENTIFICATION NUMBER <b>1GCWGFCA8E1209369</b>	# OCCUPANTS <b>01</b>	
VEHICLE YEAR <b>2014</b>	VEHICLE MAKE <b>Chev</b>	VEHICLE MODEL <b>Express</b>	VEHICLE COLOR <b>WHI</b>	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>Old Republic</b>	POLICY NUMBER <b>MWTB313946</b>	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	TRAFFICWAY DESCRIPTION <b>1</b> 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 <b>01</b>	TYPE OF USE <b>2</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>08</b> 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	
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PRE-CRASH ACTIONS <b>11</b> 99 - UNKNOWN				
CONTRIBUTING CIRCUMSTANCES PRIMARY <b>01</b> 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			VEHICLE DEFECTS <b>01</b> 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 1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b>			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 - LEAVING TRAFFIC LANE 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE 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			COLLISION WITH FIXED OBJECT 25 - IMPACT AT TENUATOR/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 <b>0</b>	POSTED SPEED <b>55</b>	TRAFFIC CONTROL <b>12</b> 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	UNIT DIRECTION FROM <b>2</b> TO <b>1</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**L P 1 8 0 9 0 6 0 0 4 4 3 0**

UNIT NUMBER <b>01</b>	NAME LAST, FIRST, MIDDLE <b>Walsh, Deanna H</b>	DATE OF BIRTH <b>07 24 1991</b>	AGE <b>27</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>4939 Woodman Park DR, Unit 4, Dayton, Ohio 45432</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(937)838-7707</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>	
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>TS121373</b>	OL CLASS <b>4</b>	<input type="checkbox"/> NO VALID OL <input type="checkbox"/> M/C END	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE .	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) <b>4511.21A</b>	OFFENSE DESCRIPTION <b>Assured Clear Distance</b>	CITATION NUMBER <b>LLP017162</b>	<input type="checkbox"/> HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY <b>1</b>
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UNIT NUMBER <b>02</b>	NAME LAST, FIRST, MIDDLE <b>Whitaker, Douglas G, II</b>	DATE OF BIRTH <b>06 07 1960</b>	AGE <b>58</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>390 Lindell DR, Germantown, Ohio 45327</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(937)303-2905</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>	
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RN205757</b>	OL CLASS <b>4</b>	<input type="checkbox"/> NO VALID OL <input type="checkbox"/> M/C END	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE .	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	<input type="checkbox"/> HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY <b>1</b>
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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 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 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 - 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
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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 (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER <b>   </b>	NAME LAST, FIRST, MIDDLE <b>   </b>	DATE OF BIRTH <b>   </b>	AGE <b>  </b>	GENDER <b>  </b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>   </b>	CONTACT PHONE - INCLUDE AREA CODE <b>   </b>
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INJURIES <b>  </b>	INJURED TAKEN BY <b>  </b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>  </b>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>  </b>	AIR BAG USAGE <b>  </b>	EJECTION <b>  </b>	TRAPPED <b>  </b>
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UNIT NUMBER <b>   </b>	NAME LAST, FIRST, MIDDLE <b>   </b>	DATE OF BIRTH <b>   </b>	AGE <b>  </b>	GENDER <b>  </b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>   </b>	CONTACT PHONE - INCLUDE AREA CODE <b>   </b>
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INJURIES <b>  </b>	INJURED TAKEN BY <b>  </b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>  </b>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>  </b>	AIR BAG USAGE <b>  </b>	EJECTION <b>  </b>	TRAPPED <b>  </b>
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