



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
L P 1 7 0 9 2 2 0 0 4 4 7 8	3 1-FATAL 2-INJURY 3-PDO	1-SOLVED 2-UNSOLVED

PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OH-4 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	REPORTING AGENCY NCIC * 0 8 3 1 6	REPORTING AGENCY NAME * Clearcreek Twp. Police Department	NUMBER OF UNITS 0 2	UNIT IN ERROR 0 1 98-ANIMAL 99-UNKNOWN
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COUNTY * 8 3	CITY * Clearcreek	CITY, VILLAGE, TOWNSHIP *	CRASH DATE * 0 9 2 2 2 0 1 7	TIME OF CRASH 0 8 4 9	DAY OF WEEK F R I
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DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	OR	DECIMAL DEGREES LATITUDE	LONGITUDE
0 / /	0 / /		3 9 . 5 6 7 2 9 9	- 8 4 . 1 6 4 1 7 4

ROADWAY DIVISION <input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N-NORTHBOUND S-SOUTHBOUND	NUMBER OF TRU LANES 0 2	ROAD TYPES OR MILEPOST 2 AL-ALLEY CR-CIRCLE HE-HEIGHTS AV-AVENUE CT-COURT HW-HIGHWAY BL-BOULEVARD DR-DRIVE LA-LANE PI-PIKE SO-SQUARE TL-TRAIL
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LOCATION ROUTE TYPE 1 S R	LOCATION ROUTE NUMBER 4 8	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
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DISTANCE FROM REFERENCE MILES FEET YARDS	DIR FROM REF N, S, E, W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 8864	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	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
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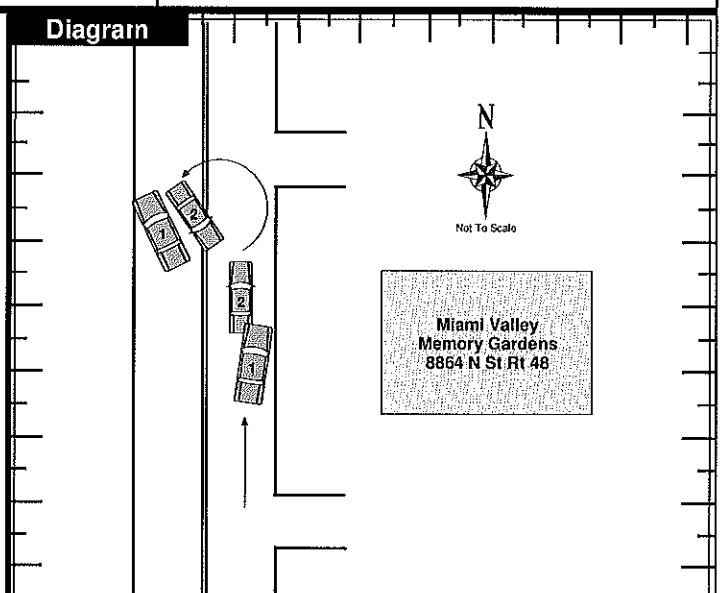
ROAD CONTOUR 2 1-STRAIGHT LEVEL 2-STRAIGHT GRADE 3-CURVE LEVEL 4-CURVE GRADE 9-UNKNOWN	ROAD CONDITIONS PRIMARY SECONDARY 0 1	01-DRY 02-WET 03-SNOW 04-ICE 05-SAND, MUD, DIRT, OIL, GRAVEL 06-WATER (STANDING, MOVING) 07-SLUSH 08-DEBRIS* 09-RUT, HOLES, BUMPS, UNEVEN PAVEMENT * 10-OTHER 99-UNKNOWN	*SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/IMPACT 2 1-NOT COLLISION BETWEEN TWO MOTOR VEHICLES 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-SLAG, GRAVEL, STONE 5-DIRT 6-OTHER	LIGHT CONDITIONS 1 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	SCHOOL BUS RELATED SCHOOL ZONE RELATED YES, SCHOOL BUS DIRECTLY INVOLVED YES, SCHOOL BUS INDIRECTLY INVOLVED
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WORK ZONE RELATED <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	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 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
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NARRATIVE
Unit 1 was traveling behind Unit 2 northbound on N St Rt 48 when, at the address of 8864, Unit 1 failed to assure clear distance ahead. As a result, Unit 1 struck Unit 2 to the rear causing both Units to come to a rest in the southbound lane of N St Rt 48



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 COOPS)	DATE CRASH REPORTED 0 9 2 2 2 0 1 7	TIME CRASH REPORTED 0 8 4 9	DISPATCH TIME 0 8 4 9	ARRIVAL TIME 0 8 5 6	TIME CLEARED 0 9 4 5	OTHER INVESTIGATION TIME 3 0	TOTAL MINUTES 0 0 7 9
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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 LP170922004478

UNIT NUMBER 01, OWNER NAME: Netherton, James S, OWNER PHONE NUMBER: (937)254-8812, DAMAGE SCALE 4, DAMAGED AREA FRONT, 341 Chaucer RD, Dayton, Ohio 45431, LP STATE OH, LICENSE PLATE NUMBER GZB3910, VEHICLE IDENTIFICATION NUMBER 1FADP3F21DL371525, # OCCUPANTS 011, VEHICLE YEAR 2013, VEHICLE MAKE FORD, VEHICLE MODEL Focus, VEHICLE COLOR BLK, INSURANCE COMPANY Progressive, POLICY NUMBER GZB3910, TOWED BY Sandys

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

US DOT, HM PLACARD ID No., HM CLASS NUMBER, VEHICLE WEIGHT GVWR/GCWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, HAZARDOUS MATERIAL RELEASED

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION

PRE-CRASH ACTIONS, 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 LP170922004478

UNIT NUMBER 02, OWNER NAME: Truett, Leonard F, III, OWNER PHONE NUMBER: (513)850-9592, DAMAGE SCALE 4, DAMAGED AREA diagram, OWNER ADDRESS: 4080 Weisenberger RD, Lebanon, Ohio 45036, LP STATE OH, LICENSE PLATE NUMBER ROKTDOC, VEHICLE IDENTIFICATION NUMBER JT2AW15C5G0086226, # OCCUPANTS 011, VEHICLE YEAR 1986, VEHICLE MAKE Toyt, VEHICLE MODEL MR2, VEHICLE COLOR RED, INSURANCE COMPANY Essentia, POLICY NUMBER 4P64548, TOWED BY Sandys

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, HIT/SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MED/HEAVY TRUCKS OR COMBO UNITS, BUS/AMLI (9 OR MORE INCLUDING DRIVER), NON-MOTORIST, HAS HM PLACARD

SPECIAL FUNCTION, MOST DAMAGED AREA, IMPACT AREA, ACTION

PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST, OTHER MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS, PRIMARY, SECONDARY, NON-MOTORIST, MOTORIST

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

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
L P 1 7 0 9 2 2 0 0 4 4 7 8

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Netherton, James S	DATE OF BIRTH 11/26/1947	AGE 69	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 341 Chaucer RD, Dayton, Ohio 45431	CONTACT PHONE - INCLUDE AREA CODE (937)254-8812
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RT293809	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	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 016760	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRRACTED BY 1
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Truett, Leonard F, III	DATE OF BIRTH 02/27/1969	AGE 48	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 4080 Weisenberger RD, Lebanon, Ohio 45036	CONTACT PHONE - INCLUDE AREA CODE (513)850-9592
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER QG451080	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	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 DEVICE USED <input type="checkbox"/>	DRIVER DISTRRACTED 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	09 - 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 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 (OH'S '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 DISTRRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> 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 MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> 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 MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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