



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

LP170928004590

CRASH SEVERITY

2 1 - FATAL  
2 - INJURY  
3 - PDO

UNIT/SKIP

1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

☐ PHOTOS TAKEN  
☐ OH 2 ☐ OH-IP  
☐ OH-3 ☐ OTHER☐ PDO UNDER STATE REPORTABLE DOLLAR AMOUNT☐ PRIVATE PROPERTYREPORTING AGENCY NOIC \*  
08316REPORTING AGENCY NAME \*  
Clearcreek Twp. Police DepartmentNUMBER OF UNITS  
02UNIT IN ERROR  
01 88 - ANIMAL  
99 - UNKNOWNCOUNTY \*  
83☐ CITY \*  
☐ VILLAGE \*  
☒ TOWNSHIP \*CITY, VILLAGE, TOWNSHIP \*  
Clearcreek

CRASH DATE \*

09282017

TIME OF CRASH

0803

DAY OF WEEK

THU

DEGREES / MINUTES / SECONDS

LATITUDE  
0 / /

LONGITUDE

0 / /

DECIMAL DEGREES

LATITUDE  
39.2930

LONGITUDE

-84.1458

ROADWAY DIVISION  
☐ DIVIDED  
☒ UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL  
☐ N - NORTHBOUND  
☐ S - SOUTHBOUND  
☐ E - EASTBOUND  
☐ W - WESTBOUNDNUMBER OF TRUCK LANES  
02

ROAD TYPES OR MILEPOST \*

AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET VA - WAY  
AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE  
BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SO - SQUARE TL - TRAILLOCATION 1  
SR ROUTE TYPE 1LOCATION ROUTE NUMBER  
122LOC. PREFIX  
N, S, E, W

LOCATION ROAD NAME

LOCATION ROAD TYPE 2

ROUTE TYPES \*

IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE  
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE  
SR - STATE ROUTEDISTANCE FROM REFERENCE  
☐ MILES  
☐ FEET  
☐ YARDSDIR. FROM REF  
☐ N, S, E, W

REFERENCE ROUTE TYPE 1

REFERENCE ROUTE NUMBER

REF. PREFIX  
N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

2410

REFERENCE ROAD TYPE 2

REFERENCE POINT USED  
3 1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBERCRASH LOCATION  
01 01 - NOT AN INTERSECTION  
02 - FOUR-WAY INTERSECTION  
03 - T-INTERSECTION  
04 - Y-INTERSECTION  
05 - TRAFFIC CIRCLE/ROUNDABOUT05 - 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 ROADSIDE5 - ON GORE  
6 - OUTSIDE TRAFFICWAY  
9 - UNKNOWNROAD CONDITION  
1 1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL4 - CURVE GRADE  
9 - UNKNOWNROAD CONDITIONS  
PRIMARY  
01

SECONDARY

01 - DRY  
02 - WET  
03 - SNOW  
04 - ICE05 - 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

MAINER OF CRASH COLLISION/IMPACT  
2 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT  
2 - REAR-END  
3 - HEAD-ON  
4 - REAR-TO-REAR5 - BACKING  
6 - SIDESWipe, OPPOSITE DIRECTION  
7 - SIDESWipe, SAME DIRECTION  
9 - UNKNOWNWEATHER  
11 - CLEAR  
2 - CLOUDY  
3 - FOG, SMOG, SMOKE4 - RAIN  
5 - SLEET, HAIL  
6 - SNOW7 - SEVERE CROSSWINDS  
8 - BLOWING SAND, SOIL, DIRT, SNOW  
9 - OTHER/UNKNOWNROAD SURFACE  
2 1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK4 - SLAG, GRAVEL, STONE  
5 - DIRT  
6 - OTHERLIGHT CONDITIONS  
1 PRIMARY  
1SECONDARY  
1 - DAYLIGHT  
2 - DAWN  
3 - DUSK  
4 - DARK - LIGHTED ROADWAY5 - DARK - ROADWAY NOT LIGHTED  
6 - DARK - UNKNOWN ROADWAY LIGHTING  
7 - GLARE\*  
8 - OTHER

9 - UNKNOWN

☐ SCHOOL ZONE RELATEDSCHOOL 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 MEDIAN4 - INTERMITTENT OR MOVING WORK  
5 - OTHER

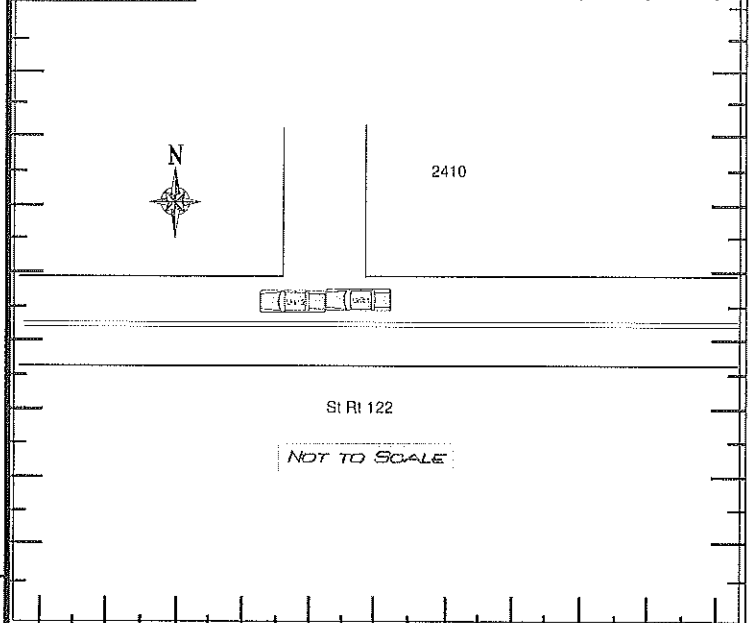
LOCATION OF CRASH IN WORK ZONE

1 - BEFORE THE FIRST WORK ZONE WARNING SIGN  
2 - ADVANCE WARNING AREA  
3 - TRANSITION AREA4 - ACTIVITY AREA  
5 - TERMINATION AREA

NARRATIVE

Unit 1 was traveling westbound on Ohio St Rt 122. Unit 2 was stopped in the westbound lane of Ohio St Rt 122 for traffic. Unit 1 struck Unit 2 in the rear of the vehicle causing damage to both Units.

Diagram



REPORT TAKEN BY

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

DATE CRASH REPORTED

09282017

TIME CRASH REPORTED

0803

DISPATCH TIME

0803

ARRIVAL TIME

0815

TIME CLEARED

0859

OTHER INVESTIGATION TIME

30

TOTAL MINUTES

0074

OFFICER'S NAME \*

Barton, Kevin - LP

OFFICER'S BADGE NUMBER

1 L 2 4

CHECKED BY

COH530

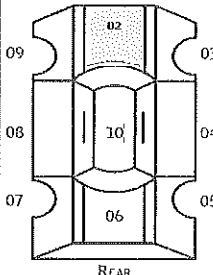
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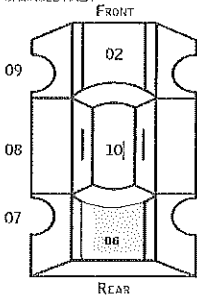
UNIT

LOCAL REPORT NUMBER

LP170928004590

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| UNIT NUMBER<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>Wilcher, Sherry L</b>                                                                                             | OWNER PHONE NUMBER - INC AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>(513)479-9489</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | DAMAGE SCALE<br><b>4</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | DAMAGED AREA<br>                           |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>1837 Columbine CIR, Lebanon, Ohio 45036</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | LICENSE PLATE NUMBER<br><b>GXH5105</b>                                                                                                                                                              | VEHICLE IDENTIFICATION NUMBER<br><b>19XFC2F71GE080847</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | # OCCUPANTS<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |
| VEHICLE YEAR<br><b>2016</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | VEHICLE MAKE<br><b>HOND</b>                                                                                                                                                                         | VEHICLE MODEL<br><b>Civic</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | VEHICLE COLOR<br><b>WHI</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | INSURANCE COMPANY<br><b>State Farm</b>                                                                                                                                                              | POLICY NUMBER<br><b>9226202B1535</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | TOWED BY<br><b>Sandys</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | CARRIER PHONE - INCLUDE AREA CODE                                                                                             |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |
| US DOT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | VEHICLE WEIGHT GVWR/GAWR<br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS.<br><input type="checkbox"/> 2 - 10,001 TO 25,000 LBS.<br><input type="checkbox"/> 3 - MORE THAN 25,000 LBS. | CARGO BODY TYPE<br><input type="checkbox"/> 01 - NO CARGO BODY TYPE/NOT APPLICABLE<br><input type="checkbox"/> 02 - BUS/VAN (8-15 SEATS, INC DRIVER)<br><input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER)<br><input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE<br><input type="checkbox"/> 05 - LOGGING<br><input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS<br><input type="checkbox"/> 07 - CARGO VEHICLE/CLOSED BOX<br><input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL<br><input type="checkbox"/> 09 - POLE<br><input type="checkbox"/> 10 - CARGO TANK<br><input type="checkbox"/> 11 - FLAT BED<br><input type="checkbox"/> 12 - DUMP<br><input type="checkbox"/> 13 - CONCRETE MIXER<br><input type="checkbox"/> 14 - AUTO TRANSPORTER<br><input type="checkbox"/> 15 - GARBAGE/REFUSE<br><input type="checkbox"/> 19 - OTHER/UNKNOWN | TRAFFICWAY DESCRIPTION<br><input type="checkbox"/> 1 - TWO-WAY, NOT DIVIDED<br><input type="checkbox"/> 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br><input type="checkbox"/> 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS 4 FT) MEDIAN<br><input type="checkbox"/> 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br><input type="checkbox"/> 5 - ONE-WAY TRAFFICWAY<br><input type="checkbox"/> HIT/SKIP UNIT                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |
| HM PLACARD ID No<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | HAZARDOUS MATERIAL RELEASED<br><input type="checkbox"/>                                                                                                                                             | UNIT TYPE<br><b>03</b><br>PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>99 - UNKNOWN or HIT / SKIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | NON-MOTORIST LOCATION PRIOR TO IMPACT<br><input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK<br><input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK<br><input type="checkbox"/> 03 - INTERSECTION - OTHER<br><input type="checkbox"/> 04 - MIDBLOCK - MARKED CROSSWALK<br><input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION<br><input type="checkbox"/> 06 - BICYCLE LANE<br><input type="checkbox"/> 07 - SHOULDER/ROADSIDE<br><input type="checkbox"/> 08 - SIDEWALK<br><input type="checkbox"/> 09 - MEDIAN/CROSSING ISLAND<br><input type="checkbox"/> 10 - DRIVEWAY ACCESS<br><input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL<br><input type="checkbox"/> 12 - NON-TRAFFICWAY AREA<br><input type="checkbox"/> 99 - OTHER/UNKNOWN | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | MOST DAMAGED AREA<br><b>02</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR<br>08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL (ALL AREAS)<br>14 - OTHER<br>99 - UNKNOWN | ACTION<br><b>3</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP                                  | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 21 - OTHER NON-MOTORIST ACTION                                                                                                |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |
| PRF CRASH ACTIONS<br><b>01</b><br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS                                               | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>09</b><br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD<br>99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VEHICLE DEFECTS<br><input type="checkbox"/><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORK OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 99 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLL OVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION                                                                                                                                                                                                                                                                                                                                          |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIA CABLE BARRIER<br>34 - MEDIA GUARDRAIL BARRIER<br>35 - MEDIA CONCRETE BARRIER<br>36 - MEDIA OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |
| UNIT SPEED<br><b>25</b><br><input checked="" type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | POSTED SPEED<br><b>40</b>                                                                                                                                                                           | TRAFFIC CONTROL<br><b>12</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSEINGS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DO NOT WALK<br>15 - OTHER<br>16 - NOT REPORTED                                                                                                                                                                                                                                                                                                                                                                                                                                                       | UNIT DIRECTION<br>FROM <b>3</b> TO <b>4</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                |

LP170928004590

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| UNIT NUMBER<br><b>02</b>                                                                                                                                                                                                                                                                                                                                                                                                                          | OWNER NAME - LAST, FIRST, MIDDLE (X SAME AS DRIVER)<br><b>Carter, Alisha D</b>                                        | OWNER PHONE NUMBER - INC. AREA CODE (X SAME AS DRIVER)<br><b>(513)479-9489</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | DAMAGE SCALE<br><b>4</b>                                                                                                                                                                                                                                                                                       | DAMAGED AREA<br>                              |
| OWNER ADDRESS: CITY, STATE, ZIP (X SAME AS DRIVER)<br><b>5307 Clearview DR, Blanchester, Ohio 45107</b>                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 1 - NONE                                                                                                                                                                                                                                                                                                       |                                                                                                                                  |
| LP STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                             | LICENSE PLATE NUMBER<br><b>HCL1884</b>                                                                                | VEHICLE IDENTIFICATION NUMBER<br><b>4A3AA46G63E186726</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 2 - MINOR                                                                                                                                                                                                                                                                                                      |                                                                                                                                  |
| VEHICLE YEAR<br><b>2003</b>                                                                                                                                                                                                                                                                                                                                                                                                                       | VEHICLE MAKE<br><b>MTS</b>                                                                                            | VEHICLE MODEL<br><b>Galant</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 3 - FUNCTIONAL                                                                                                                                                                                                                                                                                                 |                                                                                                                                  |
| PROOF OF INSURANCE SHOWN (X)                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                       | INSURANCE COMPANY<br><b>Progressive</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 4 - DISABLING                                                                                                                                                                                                                                                                                                  |                                                                                                                                  |
| POLICY NUMBER<br><b>917220477</b>                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                       | TOWED BY<br><b>Sandys</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 5 - UNKNOWN                                                                                                                                                                                                                                                                                                    |                                                                                                                                  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | CARRIER PHONE - INCLUDE AREA CODE                                                                                                                                                                                                                                                                              |                                                                                                                                  |
| USDOT                                                                                                                                                                                                                                                                                                                                                                                                                                             | VEHICLE WEIGHT GVWR/GCWR<br>1 - LESS THAN OR EQUAL TO 10K LBS<br>2 - 10,001 TO 25,000 LBS<br>3 - MORE THAN 25,000 LBS | CARGO BODY TYPE<br>01 - NO CARGO BODY TYPE/NOT AFFILIABLE<br>02 - BUS/AVAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING/ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO WAREHOUSE BOX<br>08 - GRAIN, CHIPS, GRAVEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS 4 FT) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY<br><input type="checkbox"/> NOT SKIP UNIT |                                                                                                                                  |
| HM PLACARD ID No<br><b>1</b>                                                                                                                                                                                                                                                                                                                                                                                                                      | HAZARDOUS MATERIAL RELEASED (X)                                                                                       | UNIT TYPE<br><b>03</b><br>PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK, 3+ AXLES<br>15 - SINGLE UNIT TRUCK/ TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIFLES<br>20 - OTHER MED/HEAVY VEHICLE  |                                                                                                                                  |
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><b>01</b><br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDDLE LOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN |                                                                                                                       | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER                                                                                                                                                                                                                        |                                                                                                                       | MOST DAMAGED AREA<br><b>06</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - CENTER FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                | ACTION<br><b>4</b><br>1 - HORN CONTACT<br>2 - HORN COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
| PRE-CRASH ACTIONS<br><b>11</b><br>MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>99 - UNKNOWN                                                                                                                                                                                                                                            |                                                                                                                       | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>01</b><br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ADJACENT<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD<br>99 - UNKNOWN                                                                                                          |                                                                                                                       | VEHICLE DEFECTS<br><b>01</b><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - FIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PREVIOUS ACCIDENT<br>11 - OTHER DEFECTS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <b>1</b> 3 <b>1</b> 4 <b>1</b> 5 <b>1</b> 6 <b>1</b><br>FIRST HARMFUL EVENT<br>MOST HARMFUL EVENT<br>99 - UNKNOWN                                                                                                                                                                                                                                                                                             |                                                                                                                       | COLLISION WITH FIXED OBJECT<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWN HILL RUNAWAY<br>13 - OTHER NON-COLLISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDAL CYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT                                                                                                                                                                                                           |                                                                                                                       | COLLISION WITH FIXED OBJECT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT UMBRELLAS SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAIL BOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |                                                                                                                                                                                                                                                                                                                |                                                                                                                                  |
| UNIT SPEED<br><b>0</b>                                                                                                                                                                                                                                                                                                                                                                                                                            | POSTED SPEED<br><b>40</b>                                                                                             | TRAFFIC CONTROL<br><b>12</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSINGS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | UNIT DIRECTION<br>FROM <b>3</b> TO <b>4</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN                                                                                                                               |                                                                                                                                  |



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

LP170928004590

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         |                                                                |                                           |                                                       |                               |                                  |                              |                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         |
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| UNIT NUMBER<br><b>01</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME: LAST, FIRST, MIDDLE<br><b>Wilcher, Brandon Reece</b>                                                                                                                                                                                |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                | DATE OF BIRTH<br><b>04/21/2000</b>                      | AGE<br><b>17</b>                                               | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |                                                       |                               |                                  |                              |                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         |
| ADDRESS, CITY, STATE, ZIP<br><b>1837 Columbine CIR, Lebanon, Ohio 45036</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         | CONTACT PHONE - INCLUDE AREA CODE<br><b>(513)479-9489</b>      |                                           |                                                       |                               |                                  |                              |                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         |
| INJURIES<br><b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INJURED TAKEN BY<br><b>1</b>                                                                                                                                                                                                              | EMS AGENCY                                                                                                                                                           | MEDICAL FACILITY INJURED TAKEN TO                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                | SAFETY EQUIPMENT USED<br><b>04</b>                      | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>01</b>             | AIR BAG USAGE<br><b>2</b>                             | EJECTION<br><b>1</b>          | TRAPPED<br><b>1</b>              |                              |                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         |
| OL STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OPERATOR LICENSE NUMBER<br><b>UJ526478</b>                                                                                                                                                                                                |                                                                                                                                                                      | OL CLASS<br><b>4</b>                                                                                                                                                                                                                        | <input type="checkbox"/> NO VALID<br>OL                                                                                                                                                                                                                        | <input type="checkbox"/> MAC<br>END                     | CONDITION<br><b>1</b>                                          | ALCOHOL/DRUG SUSPECTED<br><b>1</b>        | ALCOHOL TEST STATUS<br><b>1</b>                       | ALCOHOL TEST TYPE<br><b>1</b> | ALCOHOL TEST VALUE<br><b>1</b>   | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)<br><b>4511.21A</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                      | OFFENSE DESCRIPTION<br><b>Assured Clear Distance</b>                                                                                                                                                                                        |                                                                                                                                                                                                                                                                |                                                         | CITATION NUMBER<br><b>016736</b>                               |                                           | HANDS FREE<br><input type="checkbox"/> DEVICE<br>USED |                               | DRIVER DISTRACTED BY<br><b>1</b> |                              |                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         |
| UNIT NUMBER<br><b>02</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME: LAST, FIRST, MIDDLE<br><b>Carter, Alisha D</b>                                                                                                                                                                                      |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                | DATE OF BIRTH<br><b>01/13/1984</b>                      | AGE<br><b>33</b>                                               | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |                                                       |                               |                                  |                              |                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         |
| ADDRESS, CITY, STATE, ZIP<br><b>5307 Clearview DR, Blanchester, Ohio 45107</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         | CONTACT PHONE - INCLUDE AREA CODE<br><b>(513)479-9489</b>      |                                           |                                                       |                               |                                  |                              |                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         |
| INJURIES<br><b>2</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | INJURED TAKEN BY<br><b>2</b>                                                                                                                                                                                                              | EMS AGENCY<br><b>MEDIC23</b>                                                                                                                                         | MEDICAL FACILITY INJURED TAKEN TO<br><b>Atrium</b>                                                                                                                                                                                          |                                                                                                                                                                                                                                                                | SAFETY EQUIPMENT USED<br><b>04</b>                      | <input type="checkbox"/> DOT COMPLIANT<br>MOTORCYCLE<br>HELMET | SEATING POSITION<br><b>01</b>             | AIR BAG USAGE<br><b>1</b>                             | EJECTION<br><b>1</b>          | TRAPPED<br><b>1</b>              |                              |                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         |
| OL STATE<br><b>OH</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | OPERATOR LICENSE NUMBER<br><b>RZ742343</b>                                                                                                                                                                                                |                                                                                                                                                                      | OL CLASS<br><b>4</b>                                                                                                                                                                                                                        | <input type="checkbox"/> NO VALID<br>OL                                                                                                                                                                                                                        | <input type="checkbox"/> MAC<br>END                     | CONDITION<br><b>1</b>                                          | ALCOHOL/DRUG SUSPECTED<br><b>1</b>        | ALCOHOL TEST STATUS<br><b>1</b>                       | ALCOHOL TEST TYPE<br><b>1</b> | ALCOHOL TEST VALUE<br><b>1</b>   | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                           |                                                                                                                                                                      | OFFENSE DESCRIPTION                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                |                                                         | CITATION NUMBER                                                |                                           | HANDS FREE<br><input type="checkbox"/> DEVICE<br>USED |                               | DRIVER DISTRACTED BY<br><b>1</b> |                              |                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         |
| <table border="0"><tr><td>INJURIES<br/>1 - NO INJURY / NONE REPORTED<br/>2 - POSSIBLE<br/>3 - NON-INCAPACITATING<br/>4 - INCAPACITATING<br/>5 - FATAL</td><td>INJURED TAKEN BY<br/>1 - NOT TRANSPORTED /<br/>TREATED AT SCENE<br/>2 - EMS<br/>3 - POLICE<br/>4 - OTHER<br/>5 - UNKNOWN</td><td>SAFETY EQUIPMENT USED<br/>MOTORIST<br/>01 - NONE USED - VEHICLE OCCUPANT<br/>02 - SHOULDER BELT ONLY USED<br/>03 - LAP BELT ONLY USED<br/>04 - SHOULDER AND LAP BELT USED</td><td>99 - UNKNOWN SAFETY EQUIPMENT<br/>05 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br/>06 - CHILD RESTRAINT SYSTEM - REAR FACING<br/>07 - BOOSTER SEAT<br/>08 - HELMET USED</td><td>NON-MOTORIST<br/>09 - NONE USED<br/>10 - HELMET USED<br/>11 - PROTECTIVE PADS USED<br/>(ELBOWS, KNEES, ETC)</td><td>12 - REFLECTIVE CLOTHING<br/>13 - LIGHTING<br/>14 - OTHER</td></tr></table>                            |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         |                                                                |                                           |                                                       |                               |                                  |                              |                            | INJURIES<br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL                                                                                                 | INJURED TAKEN BY<br>1 - NOT TRANSPORTED /<br>TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>5 - UNKNOWN                                                                                                                        | SAFETY EQUIPMENT USED<br>MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT USED | 99 - UNKNOWN SAFETY EQUIPMENT<br>05 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM - REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED                                                                         | NON-MOTORIST<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED<br>(ELBOWS, KNEES, ETC)                                                                                                                                                        | 12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER |
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| UNIT NUMBER<br><b>00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | NAME: LAST, FIRST, MIDDLE                                                                                                                                                                                                                 |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                | DATE OF BIRTH                                           | AGE                                                            | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |                                                       |                               |                                  |                              |                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         |
| ADDRESS, CITY, STATE, ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         | CONTACT PHONE - INCLUDE AREA CODE                              |                                           |                                                       |                               |                                  |                              |                            |                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |                                                                                                                                                                      |                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                |                                                         |
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