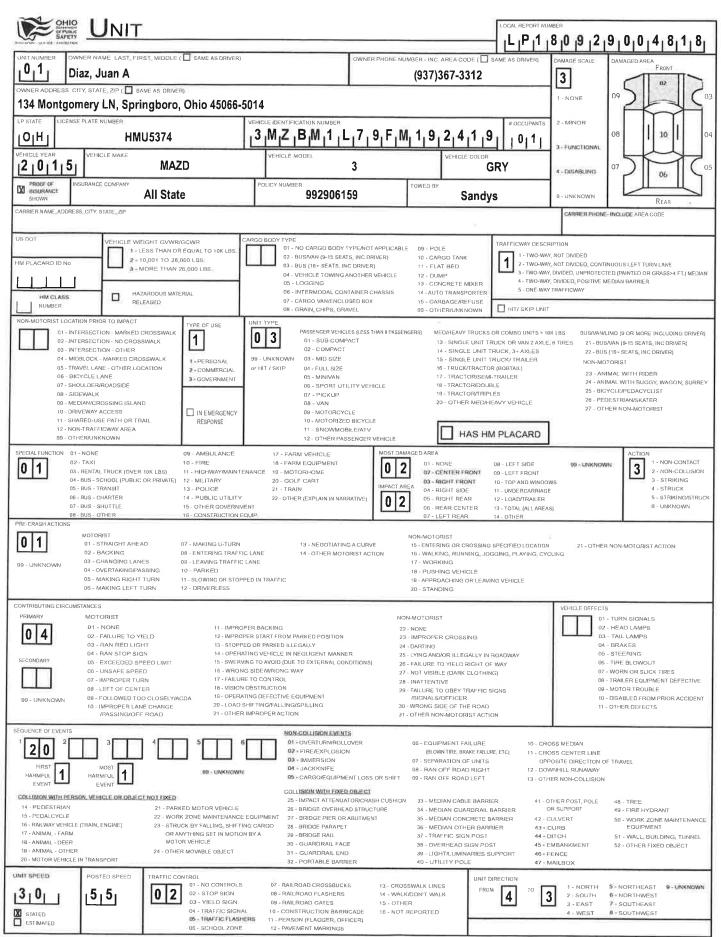
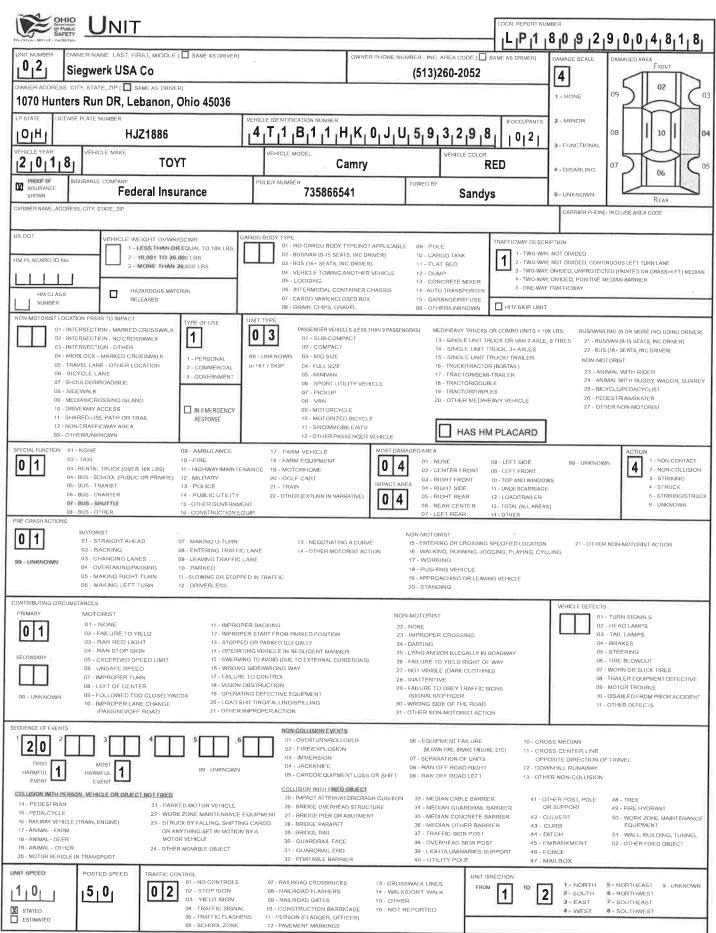
| TRAFFIC CRASH REPORT   | LOCAL REPORT NUMB   | BER *   | CRASH SE   |  |  |  |  |
|--|---|---|--|--|--|--|--|
| LIPI1810191219101481181 2 1- SATURE 2- UNITED TO STATE OF THE PARTY OF |   |   |  |  |  |  |  |
| PRIVATE STATES OF LINES TAKEN OF LIN |   |   |  |  |  |  |  |
| COUNTY CITY VILLAGE, TOWNSHIP CIERCREEK  |   | CRASH DATE *  | 1 8 0 8 5  |  |  |  |  |
| DEGREES / MINUTES / SECONDS  LATITUDE  O /   |   |   |  |  |  |  |  |
| DIVIDED  A-NORTHBOUND E-EASTBOUND  UNDIVIDED  A-NORTHBOUND W-WESTBOUND  A-NORTHBOUND W-WESTBOUND   | AD TYPES OR MILEPOST 2  - ALLEY CR - CIRCLE  - AVENUE CT - COURT                              | HE - HEIGHTS MP - MILEPÓST<br>HW_HIGHWAY PK - PARKWAY   | PL - PLACE ST - STF<br>RD - ROAD TE - TER                    | REET WA - WAY  |  |  |  |
| LOCATION ROUTE NUMBER ROUTE TYPE L LOCATION ROUTE NUMBER LOC PREFIX LOCATION ROAD NAME LOC PREFIX LOCATION ROAD NAME   | R D   | LOCATION ROAD TYPE 2  LOCATION ROAD TYPE 2  ROUTE TYPES 1 IR-INTERSTATE RO US - US ROUTE SR-STATE ROUTE |  | NUMBERED COUNTY ROUTE NUMBERED TOWNSHIP ROUTE  |  |  |  |
|  | PREFIX REFERENCE NAME (ROAL<br>N, S,<br>E, W Bunnell Hill                                     |   |  | RD REFERENCE ROAD TYPE 2   |  |  |  |
| REFERENCE POINT USED   CRASH LOCATION   05 - FIVE-POINT, OR MORE   01 - NOT AN INTERSECTION   05 - FIVE-POINT, OR MORE   07 - ON RAMP   07 - ON RAMP   08 - OF FRAMP   03 - TINTERSECTION   08 - OF FRAMP   04 - VINTERSECTION   09 - OROSSOVER   05 - TRAFFIC CIRCLE/ROUNDABOUT   10 - DRIVEWAY/ALLEY ACCESS  | 11 - RAILWAY GRADE CROSSING<br>12 - SHARED-USE PATHS OR TRAI<br>99 - UNKNOWN                  | INTERSECTION  | 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE | VENT<br>5 - ON GORE<br>6 - OUTSIDE TRAFFICWAY<br>9 - UNKNOWN                               |  |  |  |
| 1 - STRAIGHT LEVEL 4 - CURVE GRADE PRIMARY SECONDARY OZ 2 - STRAIGHT GRADE 9 - LINKNOWN 03 - CURVE LEVEL 03 - CURVE LEVEL  | 1 DRY 05 - SAND MUD,<br>2 WET 06 - WATER (STAN<br>3 - SNOW 07 - SLUSH<br>1 - ICE 08 - DEBRIS* |   |  | 101  |  |  |  |
| MANNER OF CRASH COLLISION/IMPACT  1 -NOT COLLISION BETWEEN 2 - REAR-END 5 - BACKING 8 - SIDESWIPE, OPPOSITE 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS TWO MOTOR VEHICLES 3 - HEAD-ON 6 - ANGLE DIRECTION 9 - UNKNOWN 1 - COLLISION STAND SPORT 4 - REAR-TO-REAR 7 - SIDESWIPE, SAME DIRECTION 9 - UNKNOWN 9 - OTHER/JUNKNOWN 9 - OTHER/JUNKNOWN 9 - OTHER/JUNKNOWN 9 - OTHER/JUNKNOWN   |   |   |  |  |  |  |  |
| ROAD SURFACE  1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, STONE ASPHALT 3 - BRICK/BLOCK 4 - SLAC, GRAVEL, STONE 4 - SLAC, GRAVEL, STONE 3 - DIRT 4 - DAYLOC 5 - DIRT 4 - DAYLOC 5 - DIRT 6 - OTHER  |   | ROADWAY NOT LIGHTED 9 -<br>INKNOWN ROADWAY LIGHTING<br>" SECONDARY CO!                                  | UNKNOWN SCHOOL ZONE RELATED                                  | SCHOOL BUS RELATED  YES, SCHOOL BUS DIRECTLY INVOLVED  YES, SCHOOL BUS INDIRECTLY INVOLVED |  |  |  |
| WORKERS PRESENT  WORK  LAW ENFORCEMENT PRESENT (OFFICERMENTICE)  LAW ENFORCEMENT PRESENT (OFFICERMENT PRESENT (OFFICERMENT PRESENT (OFFICER ONLY) (OFFICE ONLY) (OFFICE ONLY)  | RMITTENT OR MOVING WORK<br>ER   | 1 - BEFORE THE FIRST WO 2 - ADVANCE WARNING AR 3 - TRANSITION AREA                                      |  | 4 - ACTIVITY AREA<br>5 - TERMINATION AREA  |  |  |  |
| Unit # 2 was stopped at the stop sign on Bunnell Hill Road at the intersection with West Lower Springboro Road. After stopping, Unit 2 proceeded into the intersection to travel south when he was struct by Unit # 1 who failed to stop at the stop sign on West Lower Springboro Road.  REPORT TAKEN BY  POLICE AGENCY MOTORIST    Supplement (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)  | Diagram  #  West Lower Spri   | ngboro Road   | Bunnell Hill Road  | NOT TO SCALE   |  |  |  |
| DATE CRASH REPORTED   TIME CRASH REPORTED   DISPATCH TIME     0   9   2   9   2   0   1   8  | ARRIVAL TIME<br>  0   8   5   3   |   | THER INVESTIGATION TIME                                      | TOTAL MINUTES  |  |  |  |
| OFFICER'S NAME 1/  | OFFICER'S BADGE NUMBER  1 L 2 6   | CHECKED BY  |  | Page 1 of 4  |  |  |  |





| OHIO SAFETY MOTORIST /   | CUPANT LOCAL REP   | L   P  1   8   0   9   2   9   0   0   4   8   1   8  |   |  |  |
|--|--|---|---|--|--|
| UNIT NUMBER NAME LAST, FIRST, MIDDLE  Diaz, Anthony James  |  | DATE OF BIRTH   | 2, 1, 1, 9, 9, 6, 21 GENDER P. F. FEMALE M. MALE  |  |  |
| ADDRESS, CITY, STATE, ZIP  134 Montgomery LN, Springboro, Ohi  | o 45066  |   | CONTACT PHONE-INCLUDE AREA CODE (937)367-3312   |  |  |
| INJURIES INJURIED TAKEN BY EMS AGENCY  | 1 1  | DOT COL   |   |  |  |
| OL STATE OPERATOR LICENSE NUMBER OL C  | ASS NO VALID MAC CONDITION ALCOHOLORUG SUSPECTED   | ALCOHOL TEST STATUS ALCOHOL TES   |   |  |  |
| OFFENSE CHARGED ( ☐ LOCAL CODE) 4511.43  |  | CITATION NUMBER  LLP017166  | HANDS-FREE DRIVER DISTRACTED BY   |  |  |
| unit number NAME LAST, FIRST, MIDDLE    0   2   Wright, Kevin P  | g and one of the state of the s | DATE OF BIRTH   | USED CAPPER CAPPER 18 11 9 7 5 43 M F - FEMALE M - MALE   |  |  |
| ADDRESS CITY STATE, APP  CONTACT PHONE- INCLUDE AREA CODE  |  |   |   |  |  |
| INJURIES INJURED TAKEN BY EMS AGENCY   | MEDICAL FACILITY INJURED TAKEN TO SA   | FETY EQUIPMENT USED DOT COM   |   |  |  |
| OL STATE OPERATOR LICENSE NUMBER OL CL   |  | ALCOHOL TEST STATUS ALCOHOL TEST  |   |  |  |
|  |  | TATION NUMBER   | HANDS-FREE DRIVER DISTRACTED BY DEVICE  |  |  |
| INJURIES   | MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 05 - CHILD REST   |   | NON-MOTORIST  09 - NONE USED  12 - REFLECTIVE CLOTHING 10 - HELMET USED  13 - LIGHTING 11 - PROTECTIVE PADS USED  [ELBOWS, KNEES, ETC)                                |  |  |
| SEATING POSITION  01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)  02 - FRONT - MIDDLE  03 - FRONT - RIGHT SIDE  04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)  05 - SECOND - MIDDLE  06 - SECOND - RIGHT SIDE | 08 - THIRD MIDDLE         13 - T           09 - THIRD - RIGHT SIDE         14 - R           10 - SLEEPER SECTION OF CAB (TRUCK)         15 - M           11 - PASSENGER IN OTHER ENCLOSED CARGO AREA         16 - C  | ASSENGER IN UNENCLOSED CARGO AR<br>RAILING UNIT<br>IDING ON WEHICLE EXTERIOR (NON-TRAIL<br>ON MOTORIST<br>THER<br>INKNOWN | 2 - DEPLOYED FRONT  |  |  |
| EJECTION TRAPPED 1 - NOT TRAPPED 2 - TOTALLY EJECTED 2 - EXTRICATED BY MCCHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS NON-MECHANICAL MEANS  | DPERATOR LICENSE CLASS  1 - CLASS A  2 - CLASS B  3 - CLASS C  4 - REGULAR CLASS (OHIO IS 'D')  5 - MCMOPED ONLY  CONDITION  1 - APPARENTLY NORMAL  2 - PHYSICAL IMPAIRMENT  3 - EMOTIONAL (DEPRESSED, AND  4 - ILLNESS  | 6 - UNDER THE INF   | ALCOHOLDRUG SUSPECTED  1 - NONE  LUENCE OF  2 - YES - ALCOHOL SUSPECTED  3 - YES - HBD NOT IMPAIRED  4 - YES - DRUGS SUSPECTED  5 - YES - ALCOHOL AND DRUGS SUSPECTED |  |  |
| ALCOHOL TEST STATUS  1 - NONE GIVEN  2 - YEST REFEUSED  3 - TEST GIVEN, CONTAMINATED SAMPLEAUNUSABLE  4 - TEST GIVEN, RESULTS KNOWN  5 - TEST GIVEN, RESULTS UNKNOWN  5 - OTH                              | DD 2 - TEST REFUSED  RE 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE  ATH 4 - TEST GIVEN, RESULTS KNOWN  | 2 - BLOOD 2 - PHONE 3 - URINE 3 - TEXTINGS 4 - DTHER 4 - ELECTROI 5 - OTHER EL  | ACTION REPORTED 6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION  |  |  |
| UNIT NUMBER NAME LAST, FIRST, MIDDLE  Wright, Gavin J  |  | DATE OF BIRTH   | 10 12 10 10 13 AGE GENDER F - FEMALE M - MALE   |  |  |
| 1070 Hunters Run DR, Lebanon, Ohio 45036 Contact PHONE-INCLUDE AREA CODE  (513)509-8394  |  |   |   |  |  |
| INJURIES INJURED TAKEN BY EMS AGENCY   | l  -   | D 4 D 00T COMP  |   |  |  |
| UNIT NUMBER NAME LAST, FIRST, MIDDLE   | <del></del>  | DATE OF BIRTH   | AGE GENDER F - FEMALE M - MALE  |  |  |
| ADDRESS CITY, STATE, ZIP   |  | 11-1-1-1  | CONTACT PHONE- INCLUDE AREA CODE  |  |  |
| MUNIES INJURED TAKEN BY EMS AGENCY   | MEDICAL FACILITY INJURED TAKEN TO SAF.   | ETY EQUIPMENT USED DOT. COMF  |   |  |  |

H5Y8306 OH1M (REV 01/12)