



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

LP171031005245

CRASH SEVERITY

3 1 - FATAL
2 - HURRY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

 PHOTOS TAKEN
 OH-2
 OH-3 FDO UNDER STATE REPORTABLE DOLLAR AMOUNT
 PRIVATE PROPERTYREPORTING AGENCY NCIC *
08316REPORTING AGENCY NAME *
Clearcreek Twp. Police DepartmentNUMBER OF UNITS
01UNIT IN ERROR
98 08 - ANIMAL
99 - UNKNOWNCOUNTY *
83 CITY *
 VILLAGE *
 TOWNSHIP *CITY, VILLAGE, TOWNSHIP *
ClearcreekCRASH DATE *
10312017TIME OF CRASH
2115DAY OF WEEK
TUEDEGREES / MINUTES / SECONDS
LATITUDE

LONGITUDE

DECIMAL DEGREES
LATITUDE
39.557431LONGITUDE
-84.232392ROADWAY DIVISION
 DIVIDED
 UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL
 N-NORTHBOUND
 S-SOUTHBOUND
 E-EASTBOUND
 W-WESTBOUNDNUMBER OF THRU LANES
02

ROAD TYPES OR MILEPOST 2

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 SQ - SQUARE TL - TRAILLOCATION ROUTE TYPE 1
SRLOCATION ROUTE NUMBER
741LOC. PREFIX
N, S, E, W

LOCATION ROAD NAME

LOCATION ROAD TYPE 2

ROUTE TYPES 1

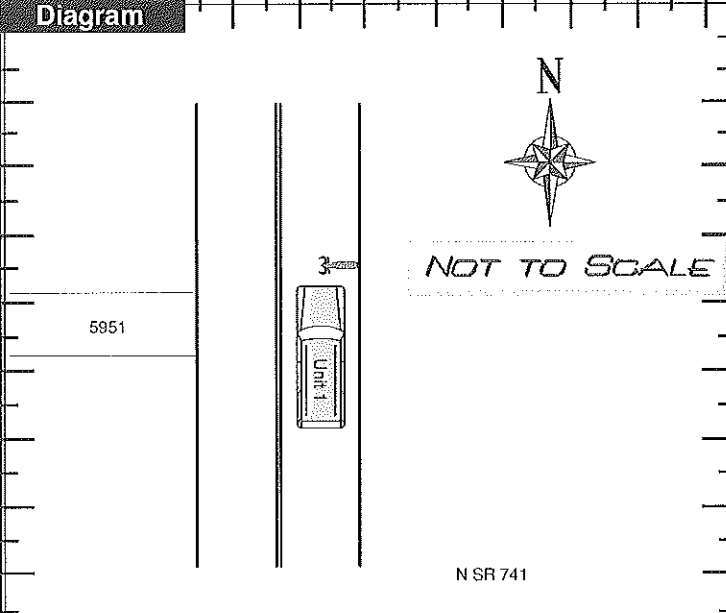
IR - INTERSTATE ROUTE (IC TURNPIKE) CR - NUMBERED COUNTY ROUTE
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE
SR - STATE ROUTEDISTANCE FROM REFERENCE
 MILES
 FEET
 YARDSDIR FROM REF
 N, S, E, WREFERENCE ROUTE TYPE 1
REFERENCE ROUTE NUMBERREF. PREFIX
N, S, E, WREFERENCE NAME (ROAD, MILEPOST, HOUSE #)
5951

REFERENCE ROAD TYPE 2

REFERENCE POINT USED
3 1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBERCRASH LOCATION
01D1 - NOT AN INTERSECTION D7 - ON RAMP
D2 - FOUR-WAY INTERSECTION D8 - OFF RAMP
D3 - T-INTERSECTION D9 - CROSSOVER
D4 - Y-INTERSECTION D10 - DRIVEWAY/ALLEY ACCESS
D5 - TRAFFIC CIRCLE/ROUNDBOUTD6 - FIVE-POINT, OR MORE
D11 - RAILWAY GRADE CROSSING
D12 - SHARED-USE PATHS OR TRAILS
D99 - UNKNOWN INTERSECTION RELATEDLOCATION OF FIRST HARMFUL EVENT
11 - ON ROADWAY 5 - ON GORE
2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY
3 - IN MEDIAN 8 - UNKNOWN
4 - ON ROADSIDEROAD CONTOUR
2 1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL
4 - CURVE GRADE
9 - UNKNOWNROAD CONDITIONS
PRIMARY 01
SECONDARY01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT *
02 - WET 06 - WATER (STANDING, MOVING) 10 - OTHER
03 - SNOW 07 - SLUSH 99 - UNKNOWN
04 - ICE 08 - DEBRIS *
* SECONDARY CONDITION ONLY01 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS
02 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW
03 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWNMANNER OF CRASH COLLISION/IMPACT
1 1 - FRONT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT
2 - REAR-END
3 - HEAD-ON
4 - REAR-TO-REAR
5 - BACKING
6 - ANGLE
7 - SIDESWIPE, SAME DIRECTION
8 - SIDESWIPE, OPPOSITE DIRECTION
9 - UNKNOWNWEATHER
1ROAD SURFACE
2 1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL, STONE
5 - DIRT
6 - OTHERLIGHT CONDITIONS
5 PRIMARY
SECONDARY1 - DAYLIGHT 2 - DAWN
3 - DUSK 4 - DARK - LIGHTED ROADWAY
5 - DARK - ROADWAY NOT LIGHTED
6 - DARK - UNKNOWN ROADWAY LIGHTING
7 - GLARE *
8 - OTHER * SECONDARY CONDITION ONLY SCHOOL ZONE RELATED
 YES, SCHOOL BUS DIRECTLY INVOLVED
 YES, SCHOOL BUS INDIRECTLY INVOLVED WORK ZONE RELATED WORKERS PRESENT
 LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
 LAW ENFORCEMENT PRESENT (VEHICLE ONLY)TYPE OF WORK ZONE
 1 - LANE CLOSURE
 2 - LANE SHIFT/CROSSOVER
 3 - WORK ON SHOULDER OR MEDIAN SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)
4 - INTERMITTENT OR MOVING WORK
5 - OTHERLOCATION 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 northbound on N SR 741. At 5951, a deer ran across the roadway and was struck by Unit 1.

REPORT TAKEN BY
 POLICE AGENCY MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)DATE CRASH REPORTED
10312017TIME CRASH REPORTED
2119DISPATCH TIME
2120ARRIVAL TIME
2130TIME CLEARED
2145OTHER INVESTIGATION TIME
30TOTAL MINUTES
0045OFFICER'S NAME *
Ney, Eric - LPOFFICER'S BADGE NUMBER
1 L 2 5CHECKED BY
COH530

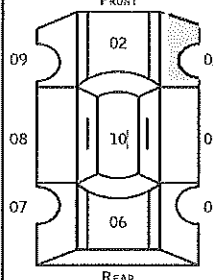
Page 1 of 3



UNIT

LOCAL REPORT NUMBER LP171031005245

UNIT NUMBER 01, OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER Kroninger, Luanne Christie, OWNER PHONE NUMBER - INC. AREA CODE (X) SAME AS DRIVER (732)310-2327, DAMAGE SCALE 3, DAMAGED AREA FRONT, LP STATE OH, LICENSE PLATE NUMBER HDH5968, VEHICLE IDENTIFICATION NUMBER 1GNDT13S472267806, # OCCUPANTS 01, VEHICLE YEAR 2007, VEHICLE MAKE CHEV, VEHICLE MODEL Trail Blazer, VEHICLE COLOR BLK, PROOF OF INSURANCE SHOWN (X), INSURANCE COMPANY Geico, POLICY NUMBER 4343-19-22-92, TOWED BY



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

US DOT, HM PLACARD ID No., HM CLASS NUMBER, VEHICLE WEIGHT GVWR/GCWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, HAZARDOUS MATERIAL RELEASED, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES (LESS THAN 9 PASSENGERS), MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS, BUS/MINI/MIJO (2 OR MORE INCLUDING DRIVER), NON-MOTORIST

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES (LESS THAN 9 PASSENGERS), MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS, BUS/MINI/MIJO (2 OR MORE INCLUDING DRIVER), NON-MOTORIST, SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION, IMPACT AREA

SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION, IMPACT AREA

PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST

CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS

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

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

LP171031005245

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Kroninger, Luanne Christie	DATE OF BIRTH 03021961	AGE 56	GENDER F F - FEMALE M - MALE
--------------------------	--	----------------------------------	------------------	--

ADDRESS, CITY, STATE, ZIP 340 W Market ST, Springboro, Ohio 45066-1269	CONTACT PHONE- INCLUDE AREA CODE (732)310-2327
--	--

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER PG189195	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER		HANDS FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1						

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY						

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST
1 - NO INJURY / NONE REPORTED	1 - NOT TRANSPORTED / TREATED AT SCENE	MOTORIST	05 - CHILD RESTRAINT SYSTEM - FORWARD FACING	09 - NONE USED
2 - POSSIBLE	2 - EMS	01 - NONE USED - VEHICLE OCCUPANT	06 - CHILD RESTRAINT SYSTEM - REAR FACING	12 - REFLECTIVE CLOTHING
3 - NON-INCAPACITATING	3 - POLICE	02 - SHOULDER BELT ONLY USED	07 - BOOSTER SEAT	13 - LIGHTING
4 - INCAPACITATING	4 - OTHER	03 - LAP BELT ONLY USED	08 - HELMET USED	14 - OTHER
5 - FATAL	5 - UNKNOWN	04 - SHOULDER AND LAP BELT USED		11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)

SEATING POSITION	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - PASSENGER IN UNENCLOSED CARGO AREA	AIR BAG USAGE
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	08 - THIRD MIDDLE	13 - TRAILING UNIT	1 - NOT DEPLOYED
02 - FRONT - MIDDLE	09 - THIRD - RIGHT SIDE	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - DEPLOYED FRONT
03 - FRONT - RIGHT SIDE	10 - SLEEPER SECTION OF CAB (TRUCK)	15 - NON-MOTORIST	3 - DEPLOYED SIDE
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	16 - OTHER	4 - DEPLOYED BOTH FRONT/SIDE
05 - SECOND - MIDDLE		99 - UNKNOWN	5 - NOT APPLICABLE
06 - SECOND - RIGHT SIDE			9 - DEPLOYMENT UNKNOWN

EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED	1 - NOT TRAPPED	1 - CLASS A	1 - APPARENTLY NORMAL	1 - NONE
2 - TOTALLY EJECTED	2 - EXTRICATED BY MECHANICAL MEANS	2 - CLASS B	2 - PHYSICAL IMPAIRMENT	2 - YES - ALCOHOL SUSPECTED
3 - PARTIALLY EJECTED	3 - EXTRICATED BY NON-MECHANICAL MEANS	3 - CLASS C	3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)	3 - YES - HBD NOT IMPAIRED
4 - NOT APPLICABLE		4 - REGULAR CLASS (OHIO IS 'D')	4 - ILLNESS	4 - YES - DRUGS SUSPECTED
		5 - MCMOPED ONLY	5 - FELL ASLEEP, FAINTED, FATIGUED	5 - YES - ALCOHOL AND DRUGS SUSPECTED
			6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL	
			7 - OTHER	

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN	1 - NONE	1 - NONE GIVEN	1 - NONE	1 - NO DISTRACTION REPORTED
2 - TEST REFUSED	2 - BLOOD	2 - TEST REFUSED	2 - BLOOD	2 - PHONE
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEXTING/EMAILING
4 - TEST GIVEN, RESULTS KNOWN	4 - BREATH	4 - TEST GIVEN, RESULTS KNOWN	4 - OTHER	4 - ELECTRONIC COMMUNICATION DEVICE
5 - TEST GIVEN, RESULTS UNKNOWN	5 - OTHER	5 - TEST GIVEN, RESULTS UNKNOWN		5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)
				6 - OTHER INSIDE THE VEHICLE
				7 - EXTERNAL DISTRACTION

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------