



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

LP181024005262

CRASH SEVERITY

2
1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

PHOTOS TAKEN

 OH-2 OH-1P
 OH-3 OTHER

PDO UNDER STATE REPORTABLE DOLLARAMOUNT

 PRIVATE PROPERTY

REPORTING AGENCY NCIC *

08316

REPORTING AGENCY NAME *

Clearcreek Twp. Police Department

NUMBER OF UNITS

03

UNIT IN ERROR

01
98 - ANIMAL
99 - UNKNOWN

COUNTY *

83

CITY *

Clearcreek

CITY, VILLAGE, TOWNSHIP *

Clearcreek

CRASH DATE *

10232018

TIME OF CRASH

1414

DAY OF WEEK

TUE

DEGREES / MINUTES / SECONDS

LATITUDE 0 / // LONGITUDE 0 / //

DECIMAL DEGREES

LATITUDE 39.494312 LONGITUDE -84.200073

ROADWAY DIVISION

 DIVIDED
 UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL

 N - NORTHBOUND
 S - SOUTHBOUND
 E - EASTBOUND
 W - WESTBOUND

NUMBER OF THRU LANES

02

ROAD TYPES OR MILEPOST 2

AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY
AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE
BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE NUMBER

SR 48

LOCATION ROUTE NUMBER

48

LOC PREFIX

N, S, E, W

LOCATION ROAD NAME

Turner

LOCATION ROUTE TYPE 2

SR - STATE ROUTE

ROUTE TYPES 1

IR - INTERSTATE ROUTE (INC TURNPIKE)
US - US ROUTE
CR - NUMBERED COUNTY ROUTE
TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE

 MILES
 FEET
 YARDS

DIR FROM REF

N, S, E, W

REFERENCE ROUTE TYPE 1

DR

REFERENCE ROUTE NUMBER

Turner

REF PREFIX

N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

Turner

REFERENCE ROAD TYPE 2

DR

REFERENCE POINT USED

1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBER

CRASH LOCATION

03

01 - NOT AN INTERSECTION
02 - FOUR-WAY INTERSECTION
03 - T-INTERSECTION
04 - Y-INTERSECTION
05 - TRAFFIC CIRCLE/ROUNDBOAT
06 - FIVE-POINT OR MORE
07 - ON RAMP
08 - OFF RAMP
09 - CROSSOVER
10 - DRIVEWAY/ALLEY ACCESS
11 - RAILWAY GRADE CROSSING
12 - SHARED-USE PATHS OR TRAILS
99 - UNKNOWN

INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT

1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIAN
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE TRAFFICWAY
9 - UNKNOWN

ROAD CONTOUR

1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL

ROAD CONDITIONS

4 - CURVE GRADE
9 - UNKNOWN

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

MANNER OF CRASH COLLISION/IMPACT

2 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES
3 - HEAD-ON
4 - REAR-TO-REAR2 - REAR-END
3 - HEAD-ON
4 - REAR-TO-REAR5 - BACKING
6 - ANGLE
7 - SIDESWIPE, SAME DIRECTION8 - SIDESWIPE, OPPOSITE DIRECTION
9 - UNKNOWN

WEATHER

1 - CLEAR
2 - CLOUDY
3 - FOG, SMOG, SMOKE4 - RAIN
5 - SLEET, HAIL
6 - SNOW7 - SEVERE CROSSWINDS
8 - BLOWING SAND, SOIL, DIRT, SNOW
9 - OTHER/UNKNOWN

ROAD SURFACE

2 - CONCRETE
3 - BRICK/BLOCK4 - SLAG, GRAVEL, STONE
5 - DIRT
6 - OTHER

LIGHT CONDITIONS

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 BUS RELATED

 SCHOOL ZONE RELATED
 YES, SCHOOL BUS DIRECTLY INVOLVED
 YES, SCHOOL BUS INDIRECTLY INVOLVED

*SECONDARY CONDITION ONLY

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

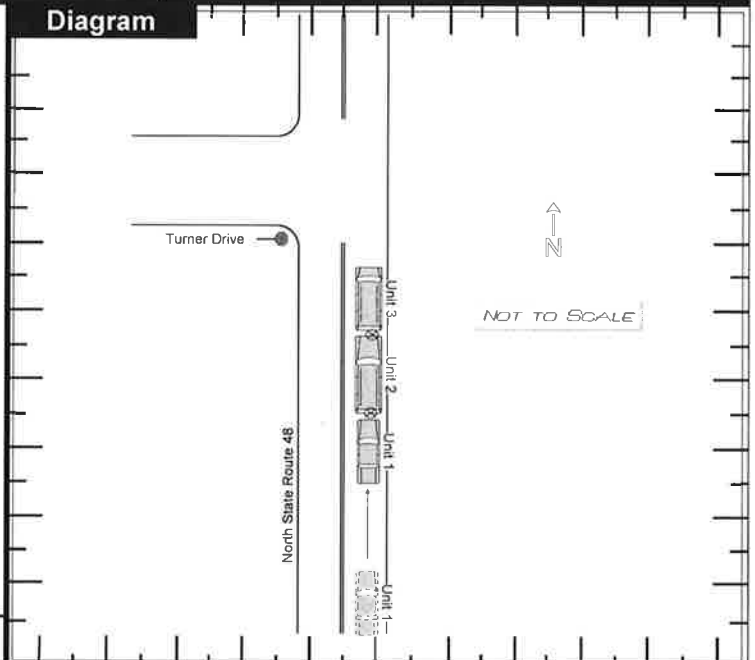
1 - BEFORE THE FIRST WORK ZONE WARNING SIGN
2 - ADVANCE WARNING AREA
3 - TRANSITION AREA4 - ACTIVITY AREA
5 - TERMINATION AREA

NARRATIVE

Unit # 2 and Unit # 3 were stopped in traffic on North State Route 48 near the intersection of Turner Dr when Unit # 2 was struck in the rear by Unit # 1 causing Unit # 2 to strike the rear of Unit # 3.

Related to LLP181023005251.

Diagram



REPORT TAKEN BY

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

DATE CRASH REPORTED

10232018

TIME CRASH REPORTED

1414

DISPATCH TIME

1414

ARRIVAL TIME

1421

TIME CLEARED

1515

OTHER INVESTIGATION TIME

60

TOTAL MINUTES

0114

OFFICER'S NAME *

Gleeson, John - LP

OFFICER'S BADGE NUMBER

1 L 2 6

CHECKED BY

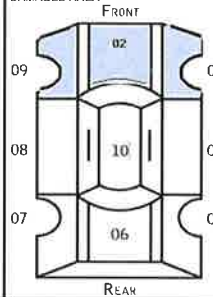
JLB705

Page 1 of 6



UNIT

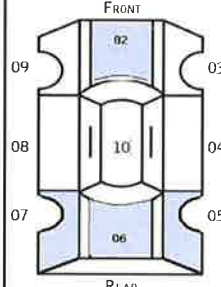
LOCAL REPORT NUMBER
LP181024005262

UNIT NUMBER 01	OWNER NAME - LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Minton, Shannon S	OWNER PHONE NUMBER - INC AREA CODE (<input type="checkbox"/> SAME AS DRIVER) (937)477-7562	DAMAGE SCALE 4	DAMAGED AREA 
OWNER ADDRESS - CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 8878 Twincreek DR, Carlisle, Ohio 45005-4044				
LP STATE OH	LICENSE PLATE NUMBER HMU5542	VEHICLE IDENTIFICATION NUMBER 1G8AL55F96Z137345	# OCCUPANTS 01	
VEHICLE YEAR 2006	VEHICLE MAKE Strn	VEHICLE MODEL Ion	VEHICLE COLOR SIL	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY The General	POLICY NUMBER 92-OH-3200947	TOWED BY Sandys	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE- INCLUDE AREA CODE
HIS/HERT HM PLACARD ID No 1		VEHICLE WEIGHT GVW/GUVW 1 - LESS THAN OR EQUAL TO 10K LBS 2 - 10,001 TO 26,000 LBS 3 - MORE THAN 26,000 LBS <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	CARGO BODY TYPE 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	
NON-MOTORIST LOCATION PRIOR TO IMPACT 01		TYPE OF USE 1	UNIT TYPE 03	
SPECIAL FUNCTION 01		MOST DAMAGED AREA 02		ACTION 3
PRE-CRASH ACTIONS 01				
CONTRIBUTING CIRCUMSTANCES 09				
SEQUENCE OF EVENTS 20				
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED				
COLLISION WITH FIXED OBJECT				
UNIT SPEED 30	POSTED SPEED 55	TRAFFIC CONTROL 12		UNIT DIRECTION FROM 2 TO 1



UNIT

LOCAL REPORT NUMBER
LP181024005262

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Lee, Jeffrey James	OWNER PHONE NUMBER - INC AREA CODE (<input type="checkbox"/> SAME AS DRIVER) (440)525-6681	DAMAGE SCALE 3	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 7229 Sheffield WAY, Waynesville, Ohio 45068-8247				
LP STATE OH	LICENSE PLATE NUMBER 230YSR	VEHICLE IDENTIFICATION NUMBER J T M B F 4 D V X B D 0 4 2 3 5 3	# OCCUPANTS 011	
VEHICLE YEAR 2011	VEHICLE MAKE Toy	VEHICLE MODEL Rav-4	VEHICLE COLOR BLK	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Union Services	POLICY NUMBER 005440410U	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE: INCLUDE AREA CODE

US DOT	VEHICLE WEIGHT GVW/GCWT <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS <input type="checkbox"/> 2 - 10,001 TO 26,000 LBS <input type="checkbox"/> 3 - MORE THAN 26,000 LBS	CARGO BODY TYPE <input type="checkbox"/> 01 - NO CARGO BODY TYPE (NOT APPLICABLE) <input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE <input type="checkbox"/> 05 - LOGGING <input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS>4 FT) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID No	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT/SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK <input type="checkbox"/> 03 - INTERSECTION - OTHER <input type="checkbox"/> 04 - MIDDLEBLOCK - MARKED CROSSWALK <input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 06 - BICYCLE LANE <input type="checkbox"/> 07 - SHOULDER/ROADSIDE <input type="checkbox"/> 08 - SIDEWALK <input type="checkbox"/> 09 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL <input type="checkbox"/> 12 - NON-TRAFFICWAY AREA <input type="checkbox"/> 99 - OTHER/UNKNOWN	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 06 99 - UNKNOWN or HIT / SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK, 3+ AXLES 15 - SINGLE UNIT TRUCK/ TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
<input type="checkbox"/> HAS HM PLACARD					

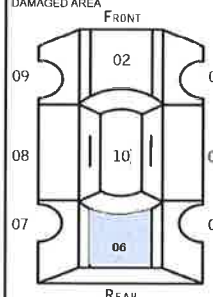
SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 06 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER	ACTION 5 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 11 99 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY 01 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/> 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 20 2 20 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED 0 <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED 55	TRAFFIC CONTROL 12 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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UNIT NUMBER 03	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Dilley, David D	OWNER PHONE NUMBER - INC AREA CODE (<input type="checkbox"/> SAME AS DRIVER) (937)313-2914	DAMAGE SCALE 2	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 15 Southridge CT, Springboro, Ohio 45066			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER HGA1964	VEHICLE IDENTIFICATION NUMBER 1GMDV33LX5D266339	2 - MINOR	
VEHICLE YEAR 2005	VEHICLE MAKE Pont	VEHICLE MODEL Montana	3 - FUNCTIONAL	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Farmers Insurance	POLICY NUMBER 187555785	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN	
CARRIER PHONE- INCLUDE AREA CODE				
US DOT	VEHICLE WEIGHT (GROSS/NET) 1 - LESS THAN OR EQUAL TO 10K LBS 2 - 10,001 TO 26,000 LBS 3 - MORE THAN 26,000 LBS	CARGO BODY TYPE 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS>4 FT) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY	
HM PLACARD ID No	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	UNIT TYPE 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	<input type="checkbox"/> HIT/SKIP UNIT	
HM CLASS NUMBER	TYPE OF USE 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 05 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	
NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN		<input type="checkbox"/> HAS HM PLACARD		
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PRE-CRASH ACTIONS 11 MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN		07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	ACTION 4 01 - NON-CONTACT 02 - NON-COLLISION 03 - STRIKING 04 - STRUCK 05 - STRIKING/STRUCK 09 - UNKNOWN
CONTRIBUTING CIRCUMSTANCES PRIMARY 01 MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD		NON-MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	VEHICLE DEFECTS 01 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS	
SEQUENCE OF EVENTS 1 20 2 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1		NON-COLLISION EVENTS 01 - OVERTURN/ROLL OVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWN-HILL RUNAWAY 13 - OTHER NON-COLLISION		
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT		COLLISION WITH FIXED OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT		
UNIT SPEED 0	POSTED SPEED 55	TRAFFIC CONTROL 12 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
L P 1 8 1 0 2 4 0 0 5 2 6 2

UNIT NUMBER 01	NAME LAST, FIRST, MIDDLE Minton, Meghan Brianne	DATE OF BIRTH 1 2 0 3 2 0 0 1	AGE 16	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 8878 Twincreek DR, Carlisle, Ohio 45005	CONTACT PHONE - INCLUDE AREA CODE (937)477-7562
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INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY MEDIC23	MEDICAL FACILITY INJURED TAKEN TO Kettering Middletown	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER UU379692	OL CLASS 4	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C END	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE -	DRUG TEST STATUS 1	DRUG TEST TYPE 1

OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.21A	OFFENSE DESCRIPTION Assured Clear Distance	CITATION NUMBER LLP017170	<input type="checkbox"/> HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 1
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UNIT NUMBER 02	NAME LAST, FIRST, MIDDLE Lee, Chase Hunter	DATE OF BIRTH 0 5 2 3 2 0 0 1	AGE 17	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 7229 Sheffield WAY, Waynesville, Ohio 45068-8247	CONTACT PHONE - INCLUDE AREA CODE (440)525-6681
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER US440966	OL CLASS 4	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C END	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE -	DRUG TEST STATUS 1	DRUG TEST TYPE 1

OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	<input type="checkbox"/> HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 1
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS 'D') 5 - MCMOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 03	NAME LAST, FIRST, MIDDLE Dilley, Benjamin	DATE OF BIRTH 0 3 2 5 2 0 0 0	AGE 18	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 15 Southridge CT, Springboro, Ohio 45066	CONTACT PHONE - INCLUDE AREA CODE (937)313-2914
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 03	NAME LAST, FIRST, MIDDLE Dilley, Jon	DATE OF BIRTH 0 4 1 0 2 0 0 2	AGE 16	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 15 Southridge CT, Springboro, Ohio 45066	CONTACT PHONE - INCLUDE AREA CODE (937)313-2914
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 03	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 06	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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