



TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * L P 1 6 1 1 1 0 0 0 5 4 4 1 | CRASH SEVERITY 3 1-FATAL 2-INJURY 3-FDO | HITSKIP <input type="checkbox"/> 1-SOLVED <input type="checkbox"/> 2-UNSOLVED |
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| <input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | <input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | <input type="checkbox"/> PRIVATE PROPERTY | REPORTING AGENCY NCIC * 0 8 3 1 6 | REPORTING AGENCY NAME * Clearcreek Twp. Police Department | NUMBER OF UNITS 0 1 | UNIT IN ERROR 0 1 88-ANIMAL 89-UNKNOWN |
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| COUNTY * 8 3 | CITY * <input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP * Clearcreek | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * 1 1 1 0 2 0 1 6 | TIME OF CRASH 1 5 0 6 | DAY OF WEEK T H U |
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| DEGREES / MINUTES / SECONDS LATITUDE 0 / / | LONGITUDE 0 / / | OR | DECIMAL DEGREES LATITUDE 3 9 . 5 0 5 9 7 3 | LONGITUDE - 8 4 . 1 9 6 1 1 3 |
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| ROADWAY DIMSION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N-NORTHBOUND <input type="checkbox"/> S-SOUTHBOUND <input type="checkbox"/> E-EASTBOUND <input type="checkbox"/> W-WESTBOUND | NUMBER OF THRU LANES 0 2 | ROAD TYPES OR MILEPOST ² AL-ALLEY CR-CIRCLE HE-HEIGHTS MP-MILEPOST PL-PLACE ST-STREET VIA-WAY AV-AVEUE CT-COURT HW-HIGHWAY PK-PARKWAY RD-ROAD TE-TERRACE BL-BOULEVARD DR-DRIVE LA-LANE PJ-PJKE SQ-SQUARE TL-TRAIL |
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| LOCATION ROUTE NUMBER S R LOCATION ROUTE TYPE 1 4 8 | LOG PREFIX <input type="checkbox"/> N, S <input type="checkbox"/> E, W | LOCATION ROAD NAME | LOCATION ROAD TYPE 2 | ROUTE TYPES ¹ IR-INTERSTATE ROUTE (INC. TURNPIKE) CR-NUMBERED COUNTY ROUTE US-US ROUTE TR-NUMBERED TOWNSHIP ROUTE SR-STATE ROUTE |
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| DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS | DIR FROM REF <input type="checkbox"/> N, S <input type="checkbox"/> E, W | REFERENCE ROUTE TYPE 1 | REFERENCE ROUTE NUMBER | REF PREFIX <input type="checkbox"/> N, S <input type="checkbox"/> E, W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 4745 | REFERENCE ROAD TYPE 2 |
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| REFERENCE POINT USED 3 1-INTERSECTION 2-MILE POST 3-HOUSE NUMBER | CRASH LOCATION 0 1 01-NOT AN INTERSECTION 02-FOUR-WAY INTERSECTION 03-T-INTERSECTION 04-Y-INTERSECTION 05-TRAFFIC CIRCLE/ROUNDABOUT | 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 | <input type="checkbox"/> INTERSECTION RELATED | LOCATION OF FIRST HARMFUL EVENT 6 1-ON ROADWAY 5-ON GORE 2-ON SHOULDER 6-OUTSIDE TRAFFICWAY 3-IN MEDIUM 9-UNKNOWN 4-ON ROADSIDE |
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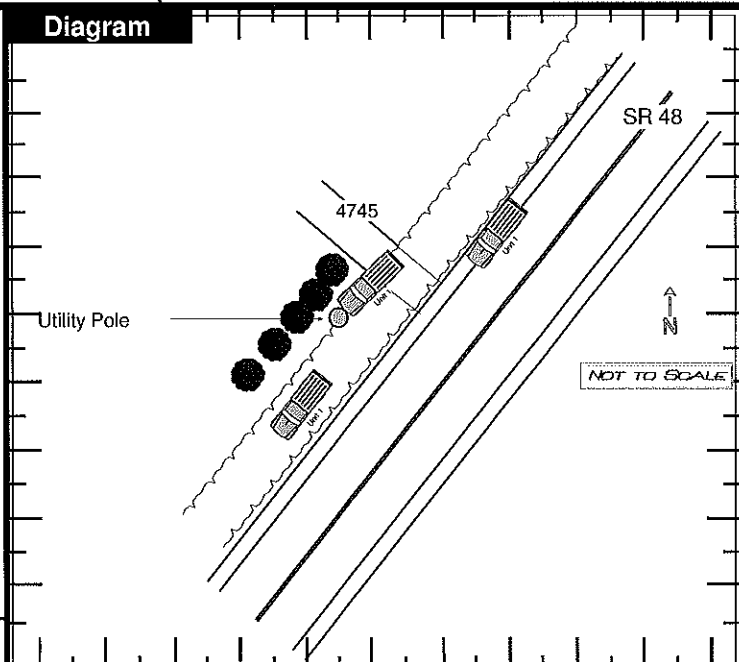
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| ROAD CONTOUR 1 1-STRAIGHT LEVEL 4-CURVE GRADE 2-STRAIGHT GRADE 9-UNKNOWN 3-CURVE LEVEL | ROAD CONDITIONS PRIMARY 0 1 SECONDARY | 01-DRY 05-SAND, MUD, DIRT, OIL, GRAVEL 02-WET 06-WATER (STANDING, MOVING) 03-SNOW 07-SLUSH 04-ICE 08-DEBRIS* | 09-RUT, HOLES, BUMPS, UNEVEN PAVEMENT * 10-OTHER 99-UNKNOWN | *SECONDARY CONDITION ONLY |
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| MANNER OF CRASH COLLISION/IMPACT 1 1-NOT 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-UNKNOWN | WEATHER 1 1-CLEAR 4-RAIN 7-SEVERE CROSSWINDS 2-CLOUDY 5-SLEET, HAIL 8-BLOWING SAND, SOIL, DIRT, SNOW 3-FOG, SMOG, SMOKE 6-SNOW 9-OTHER/UNKNOWN |
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| ROAD SURFACE 2 1-CONCRETE 4-SLAG, GRAVEL, STONE 2-BLACKTOP, BITUMINOUS, ASPHALT 5-DIRT 3-BRICK/BLOCK 6-OTHER | LIGHT CONDITIONS PRIMARY 1 SECONDARY 7 1-DAYLIGHT 2-DAWN 3-DUSK 4-DARK - LIGHTED ROADWAY 5-DARK - ROADWAY NOT LIGHTED 9-UNKNOWN 6-DARK - UNKNOWN ROADWAY LIGHTING 7-GLARE* 8-OTHER *SECONDARY CONDITION ONLY | SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
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| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | TYPE OF WORK ZONE <input type="checkbox"/> 1-LANE CLOSURE 4-INTERMITTENT OR MOVING WORK 2-LANE SHIFT/CROSSOVER 5-OTHER 3-WORK ON SHOULDER OR MEDIAN | LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1-BEFORE THE FIRST WORK ZONE WARNING SIGN 4-ACTIVITY AREA 2-ADVANCE WARNING AREA 5-TERMINATION AREA 3-TRANSITION AREA |
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NARRATIVE
Unit 1 was traveling southwest on SR 48 near house number 4745. Unit 1 was adjusting the sun visor and ran off the right side of the road. Unit 1 went over the driveway to 4745 SR 48 and then struck a utility pole knocking off a transformer.



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| REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS) | DATE CRASH REPORTED 1 1 1 0 2 0 1 6 | TIME CRASH REPORTED 1 5 0 6 | DISPATCH TIME 1 5 0 6 | ARRIVAL TIME 1 5 1 1 | TIME CLEARED 1 8 2 8 | OTHER INVESTIGATION TIME 1 0 | TOTAL MINUTES 0 2 0 7 |
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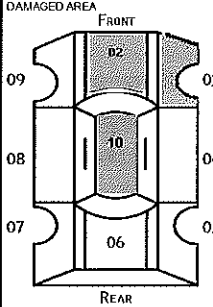
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| OFFICER'S NAME * McWhorter, Brian - LP | OFFICER'S BADGE NUMBER 1 L 5 1 | CHECKED BY COH530 | Page 1 of 4 |
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UNIT

LOCAL REPORT NUMBER LP161110005441

UNIT NUMBER 01, OWNER NAME: May, Shayne Corrine, OWNER PHONE NUMBER: (714)699-6347, DAMAGE SCALE 2, DAMAGED AREA FRONT, OWNER ADDRESS: 800 Franklin RD, Unit 43, Lebanon, Ohio 45036-1582, LP STATE OH, LICENSE PLATE NUMBER GSK2756, VEHICLE IDENTIFICATION NUMBER 1FTWX31P67EA20902, # OCCUPANTS 01, VEHICLE YEAR 2007, VEHICLE MAKE FORD, VEHICLE MODEL F350, VEHICLE COLOR MAR, INSURANCE COMPANY State Farm, POLICY NUMBER 9033691A0335, TOWED BY Sandys



US DOT, VEHICLE WEIGHT, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, HM PLACARD ID No., HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED, NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MED/HEAVY TRUCKS, BUS/VAN/IMO, ACTION

SPECIAL FUNCTION, MOST DAMAGED AREA, IMPACT AREA, PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST, CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS

SEQUENCE OF EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT, UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION

UNIT SPEED 50, POSTED SPEED 55, TRAFFIC CONTROL 12, UNIT DIRECTION FROM 5 TO 8

UNIT SPEED 50, POSTED SPEED 55, TRAFFIC CONTROL 12, UNIT DIRECTION FROM 5 TO 8

UNIT SPEED 50, POSTED SPEED 55, TRAFFIC CONTROL 12, UNIT DIRECTION FROM 5 TO 8

UNIT SPEED 50, POSTED SPEED 55, TRAFFIC CONTROL 12, UNIT DIRECTION FROM 5 TO 8



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

LP161110005441

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| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE Olsen, Jeffrey Allen | DATE OF BIRTH 12131970 | AGE 45 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 800 Franklin RD, Unit 43, Lebanon, Ohio 45036 | CONTACT PHONE - INCLUDE AREA CODE (302)387-7282 |
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| INJURIES 1 | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 | |
| OL STATE DE | OPERATOR LICENSE NUMBER 1662934 | OL CLASS 4 | <input type="checkbox"/> NO VALID OL <input type="checkbox"/> MAC 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 |

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| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.202 | OFFENSE DESCRIPTION: Operation Without Reasonable Control | CITATION NUMBER 015774 | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY 6 |
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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | <input type="checkbox"/> NO VALID OL <input type="checkbox"/> MAC END. | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |

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|--|----------------------|-----------------|---|----------------------|
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION: | CITATION NUMBER | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY |
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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 FRONTSIDE 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 HOV MECHANICAL MEANS | OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS 'D') 5 - MOTORCYCLE 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/MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION |
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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE Groves, Steven E | DATE OF BIRTH 02261987 | AGE 29 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 106 Greene View CT, Wilmington, Ohio 45177 | CONTACT PHONE - INCLUDE AREA CODE (937)725-4659 |
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| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
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TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

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| LOCAL REPORT NUMBER LP161110005441 | REPORTING AGENCY Clearcreek Twp. Police Department | DATE OF ACCIDENT 11/10/2016 |
| IN COUNTY OF Warren | ACCIDENT LOCATION | |

Utility Pole that was struck belongs to Duke Energy.

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| OFFICERS SIGNATURE | BADGE NO. 1L51 |
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