



TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * | CRASH SEVERITY | HITS/SKIP |
| L P 1 6 1 1 1 5 0 0 5 5 3 5 | 3 1 - FATAL 2 - MAJURY 3 - PDO | <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED |

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| LOCAL INFORMATION | | REPORTING AGENCY NCIC * | REPORTING AGENCY NAME * | NUMBER OF UNITS | UNIT IN ERROR |
| <input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | <input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | <input type="checkbox"/> PRIVATE PROPERTY | 0 8 3 1 6 | 0 2 | 0 1 |
| COUNTY * | CITY * | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * | TIME OF CRASH | DAY OF WEEK |
| 8 3 | <input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input checked="" type="checkbox"/> TOWNSHIP * | Clearcreek | 1 1 1 5 2 0 1 6 | 1 6 4 5 | T U E |

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| DEGREES / MINUTES / SECONDS | LONGITUDE | DECIMAL DEGREES | LONGITUDE |
| LATITUDE | LONGITUDE | LATITUDE | LONGITUDE |
| 0 / 0 | 0 / 0 | 3 9 . 3 2 5 7 4 4 | - 8 4 . 1 2 9 7 7 5 |

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| ROADWAY DIVISION | DIMED LANE DIRECTION OF TRAVEL | NUMBER OF THRU LANES | ROAD TYPES OR MILEPOST * |
| <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED | <input type="checkbox"/> N-NORTHBOUND <input type="checkbox"/> E-EASTBOUND <input type="checkbox"/> S-SOUTHBOUND <input type="checkbox"/> W-WESTBOUND | 0 2 | AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE LP - LEASE PK - PARKWAY PI - PIKE PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE WA - WAY TL - TRAIL |

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| LOCATION ROUTE NUMBER | LOC PREFIX | LOCATION ROAD NAME | LOCATION ROAD TYPE 2 | ROUTE TYPES 1 |
| | W N, S, E, W | Lower Springboro | R D | IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SA - STATE ROUTE CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE |

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| DISTANCE FROM REFERENCE | DIR FROM REF | REFERENCE ROUTE | REFERENCE ROUTE NUMBER | REF PREFIX | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) | REFERENCE ROAD TYPE 2 |
| <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS | <input type="checkbox"/> N, S, E, W | | | | Red Lion 5 Points | R D |

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| REFERENCE POINT USED | CRASH LOCATION | LOCATION OF FIRST HARMFUL EVENT |
| 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | 0 2 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/VALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN | 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN |

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| ROAD CONTOUR | ROAD CONDITIONS | WEATHER |
| 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN | 0 1 PRIMARY SECONDARY | 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN |

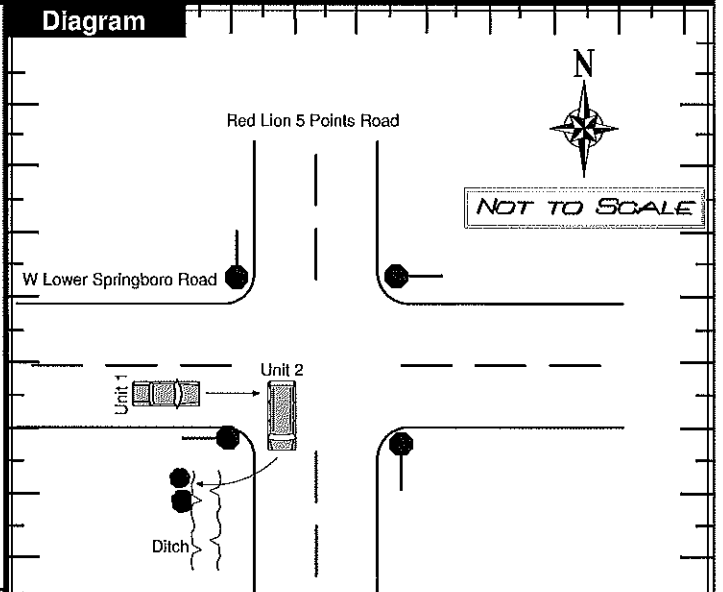
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| MANNER OF CRASH COLLISION/IMPACT | WEATHER |
| 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN | 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN |

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| ROAD SURFACE | LIGHT CONDITIONS | SCHOOL BUS RELATED |
| 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER | 1 PRIMARY SECONDARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER | <input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |

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| WORKERS PRESENT | TYPE OF WORK ZONE | LOCATION OF CRASH IN WORK ZONE |
| <input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER | <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA |

NARRATIVE

Unit 1 was traveling eastbound on W Lower Springboro Road and failed to stop at the stop sign at the intersection at Red Lion 5 Points Road. Unit 2 was crossing through the intersection when Unit 1 struck unit 2 on the right rear side of the vehicle causing her to go off the right side of the road, into a ditch and resting on a tree.



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| REPORT TAKEN BY | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS) | DATE CRASH REPORTED | TIME CRASH REPORTED | DISPATCH TIME | ARRIVAL TIME | TIME CLEARED | OTHER INVESTIGATION TIME | TOTAL MINUTES |
| <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | <input type="checkbox"/> | 1 1 1 5 2 0 1 6 | 1 6 4 5 | 1 6 4 7 | 1 6 5 4 | 1 7 3 0 | 2 0 | 0 0 5 6 |

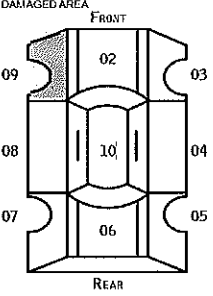
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| OFFICER'S NAME * | OFFICER'S BADGE NUMBER | CHECKED BY |
| Cordero, Nicole - LP | 1 L 2 7 | LBC651 |



UNIT

LOCAL REPORT NUMBER LP161115005535

Main form containing fields for Unit Number (01), Owner Name (Hughes, Kerensa C), Vehicle Year (2014), Make (TOYT), Model (Prius), Insurance (Grange Insurance), and various accident details.





UNIT

LOCAL REPORT NUMBER LP161115005535

UNIT NUMBER 02, OWNER NAME: Brinley, Ami J, OWNER PHONE NUMBER: (937)655-5409, DAMAGE SCALE 4, DAMAGED AREA diagram, LP STATE OH, LICENSE PLATE ENR1924, VEHICLE IDENTIFICATION NUMBER 5FNRL5H48CB089129, # OCCUPANTS 011, VEHICLE YEAR 2012, VEHICLE MAKE HOND, VEHICLE MODEL Odyssey, VEHICLE COLOR BLK, INSURANCE COMPANY Allstate Ins, POLICY NUMBER 992020535, TOWED BY Sandys

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

US DOT, VEHICLE WEIGHT GVWR/GCWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, HM PLACARD ID No., HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED, HIT/SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES (LESS THAN 9 PASSENGERS), MEDIUM/HEAVY TRUCKS OR COMBO UNITS > 10K LBS, BUS/VAN/IMO (9 OR MORE INCLUDING DRIVER), NON-MOTORIST, ACTION

SPECIAL FUNCTION, MOST DAMAGED AREA, IMPACT AREA, ACTION

PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST, 21 - OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS

SEQUENCE OF EVENTS, NON-COLLISION EVENTS, COLLISION WITH FIXED OBJECT, COLLISION WITH PERSON, VEHICLE OR OBJECT NOTIFIED

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
L P 1 6 1 1 1 5 0 0 5 5 3 5

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT

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| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE Hughes, Kerensa C | DATE OF BIRTH 12/24/1972 | AGE 43 | GENDER F F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 26 Oakwood AVE, Lebanon, Ohio 45036 | CONTACT PHONE - INCLUDE AREA CODE (937)823-0431 |
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| INJURIES 1 | INJURED TAKEN BY 1 | 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 OH | OPERATOR LICENSE NUMBER RU244905 | 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 - | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
| OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.43 | OFFENSE DESCRIPTION Driving in Response to Stop or Yield Sign | CITATION NUMBER 016074 | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY 1 | | | | | | | |

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| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE Brinley, Ami J | DATE OF BIRTH 06/06/1978 | AGE 38 | GENDER F F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 450 Curry DR, Springboro, Ohio 45066 | CONTACT PHONE - INCLUDE AREA CODE (937)655-5409 |
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| INJURIES 1 | INJURED TAKEN BY 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 3 | EJECTION 1 | TRAPPED 1 | | |
| OL STATE OH | OPERATOR LICENSE NUMBER RJ278273 | 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 - | 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 | | | | | | | |

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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 (040 IS '0') 5 - ICMOPED 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 01 | NAME: LAST, FIRST, MIDDLE Hughes, Ilyana | DATE OF BIRTH 01/14/2001 | AGE 15 | GENDER F F - FEMALE M - MALE |
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| INJURIES 1 | INJURED TAKEN BY 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 03 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
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| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE Hughes, Robert Manus | DATE OF BIRTH 09/14/2007 | AGE 9 | GENDER M F - FEMALE M - MALE |
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| INJURIES 1 | INJURED TAKEN BY 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 07 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 04 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
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