



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER * <b>L P 1 6 1 1 1 6 0 0 5 5 3 9</b>	CRASH SEVERITY <b>3</b> 1 - FATAL 2 - INJURY 3 - PDO	HITSKIP <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED
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PHOTOS TAKEN <input checked="" type="checkbox"/> OH-1 <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	REPORTING AGENCY NOIC * <b>0 8 3 1 6</b>	REPORTING AGENCY NAME * <b>Clearcreek Twp. Police Department</b>	NUMBER OF UNITS <b>0 2</b>	UNITS IN ERROR <b>0 1</b> 88 - ANIMAL 89 - UNKNOWN
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COUNTY * <b>8 3</b>	CITY * <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWNSHIP <b>Clearcreek</b>	CRASH DATE * <b>1 1 1 6 2 0 1 6</b>	TIME OF CRASH <b>0 7 1 4</b>	DAY OF WEEK <b>W E D</b>
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DEGREES / MINUTES / SECONDS LATITUDE <b>0 / /</b>	LONGITUDE <b>0 / /</b>	DECIMAL DEGREES LATITUDE <b>3 9 . 5 6 9 0 4 6</b>	LONGITUDE <b>- 8 4 . 1 9 3 1 3 7</b>
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ROADWAY DIVISION <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 <b>0 2</b>	ROAD TYPES OR MILEPOST ? AL - ALLEY CR - CURVE HE - HEIGHTS IP - 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 PJ - PIKE SQ - SQUARE TL - TRAIL
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LOCATION ROUTE NUMBER <b>0 0 0 0 0 0 0 0</b>	LOC PREFIX <input type="checkbox"/> N, S <input type="checkbox"/> E, W	LOCATION ROAD NAME <b>Bunnell Hill</b>	LOCATION ROAD TYPE 1 <b>R D</b>	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 <b>0 0 0 0 0 0 0 0</b>	REFERENCE ROUTE NUMBER <b>0 0 0 0 0 0 0 0</b>	REF PREFIX <input type="checkbox"/> N, S <input type="checkbox"/> E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) <b>Lytle 5 Pts</b>	REFERENCE ROAD TYPE 2 <b>R D</b>
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REFERENCE POINT USED <b>1</b> 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION <b>0 2</b> 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 checked="" type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT <b>1</b> 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 <b>1</b> 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY <b>0 1</b> SECONDARY <input type="checkbox"/>	01 - DRY 02 - WET 03 - SNOW 04 - ICE	05 - 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
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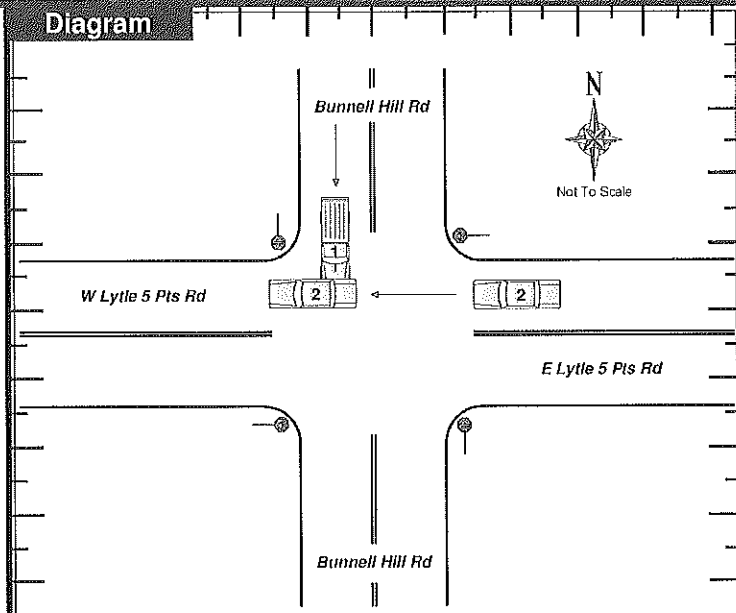
MANNER OF CRASH COLLISION/IMPACT <b>6</b> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER <b>1</b> 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE <b>2</b> 1 - CONCRETE 2 - BLACK TOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS <b>2</b> PRIMARY <input type="checkbox"/> SECONDARY <input type="checkbox"/>	1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER	9 - UNKNOWN * 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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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 <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	LOCATION OF CRASH IN WORK ZONE <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
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**NARRATIVE**  
Unit 2 was traveling westbound on E Lytle 5 Pts Rd and stopped for the posted stop sign at the intersection of Bunnell Hill Rd. Simultaneously, Unit 2 entered the intersection when Unit 1, while traveling southbound on Bunnell Hill Rd, failed to yield right of way from the posted stop sign at the intersection of E Lytle 5 Pts Rd. As a result, Unit 1 struck Unit 2.

Unit 1 stated he was at fault and indicated he did not see Unit 2 due to his driver's window being 'fogged'/dew covered.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	DATE CRASH REPORTED <b>1 1 1 6 2 0 1 6</b>	TIME CRASH REPORTED <b>0 7 1 4</b>	DISPATCH TIME <b>0 7 1 6</b>	ARRIVAL TIME <b>0 7 2 1</b>	TIME CLEARED <b>0 7 5 0</b>	OTHER INVESTIGATION TIME <b>6 0</b>	TOTAL MINUTES <b>0 0 8 9</b>
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OFFICER'S NAME * <b>Bates, Jason - LP</b>	OFFICER'S BADGE NUMBER <b>1 L 2 2</b>	CHECKED BY <b>COH530</b>	Page 1 of 4
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UNIT

LOCAL REPORT NUMBER LP161116005539

UNIT NUMBER 01, OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER Lees, Daniel S, OWNER PHONE NUMBER - IBC AREA CODE ( ) SAME AS DRIVER (937)886-0736, DAMAGE SCALE 2, DAMAGED AREA diagram, LP STATE OH, LICENSE PLATE NUMBER GSG7324, VEHICLE IDENTIFICATION NUMBER 1D7HU182X8J131645, #OCCUPANTS 01, VEHICLE YEAR 2008, VEHICLE MAKE Dodg, VEHICLE MODEL Ram, VEHICLE COLOR MAR, INSURANCE COMPANY Allstate, POLICY NUMBER 980513035, TOWED BY

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

US DOT, VEHICLE WEIGHT GVWR/GCWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MED/HEAVY TRUCKS OR COMBO UNITS, BUS/VAN/LIMO, ACTION, SPECIAL FUNCTION, MOST DAMAGED AREA, IMPACT AREA

PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST, CONTRIBUTING CIRCUMSTANCES, PRIMARY, MOTORIST, NON-MOTORIST, VEHICLE DEFECTS, SECONDARY

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

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION, FROM, TO

HSYR304 OHIO (REV 01/12), UNIT SPEED 10, POSTED SPEED 50, TRAFFIC CONTROL 02, UNIT DIRECTION FROM 1 TO 2



UNIT

LOCAL REPORT NUMBER LP161116005539

UNIT NUMBER 02, OWNER NAME: Caudill, Elizabeth A, OWNER PHONE NUMBER: (937)231-7767, DAMAGE SCALE 2, DAMAGED AREA diagram

OWNER ADDRESS: 2801 Pinegrove DR, Dayton, Ohio 45449-3350

LP STATE OH, LICENSE PLATE NUMBER FAA7764, VEHICLE IDENTIFICATION NUMBER 1N4AL21E28N501090, OCCUPANTS 01

VEHICLE YEAR 2008, VEHICLE MAKE NISS, VEHICLE MODEL Altima, VEHICLE COLOR SIL

INSURANCE COMPANY Progressive, POLICY NUMBER 903367436, TOWED BY

CARRIER NAME, ADDRESS, CITY, STATE, ZIP, CARRIER PHONE

US DOT, HAZARDOUS MATERIAL, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION

NON-MOTORIST LOCATION, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MED/HEAVY TRUCKS, BUS/VAN/LIMO

SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION

PRE CRASH ACTIONS, MOTORIST, NON-MOTORIST

CONTRIBUTING CIRCUMSTANCES, PRIMARY, SECONDARY, 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



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**L P 1 6 1 1 1 6 0 0 5 5 3 9**

UNIT NUMBER <b>01</b>	NAME LAST, FIRST, MIDDLE <b>Lees, Samuel R</b>	DATE OF BIRTH <b>08281999</b>	AGE <b>17</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>50 Copley CIR, Springboro, Ohio 45066</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(937)886-0736</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>		
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>UM438623</b>	OL CLASS <b>4</b>	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C END	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) <b>4511.43</b>	OFFENSE DESCRIPTION <b>Driving in Response to Stop or Yield Sign</b>	CITATION NUMBER <b>016479</b>	<input type="checkbox"/> HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY <b>1</b>
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UNIT NUMBER <b>02</b>	NAME LAST, FIRST, MIDDLE <b>Caudill, Elizabeth A</b>	DATE OF BIRTH <b>01101985</b>	AGE <b>31</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>2801 Pinegrove DR, Dayton, Ohio 45449-3350</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(937)231-7767</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>		
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>SC735424</b>	OL CLASS <b>4</b>	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C END	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	<input type="checkbox"/> HANDS-FREE 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 5 - 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	NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTS 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 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 - BLOOD 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/EMAILING 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	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> 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	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER	NAME LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> 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	<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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