



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
L P 1 6 1 1 1 7 0 0 5 5 5 7	3 1 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT <input type="checkbox"/>	PRIVATE PROPERTY <input type="checkbox"/>	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 98 - ANIMAL 99 - UNKNOWN
---	--	--	--------------------------------------	--	------------------------	--

COUNTY * 8 3	CITY * Clearcreek	CRASH DATE * 1 1 1 7 2 0 1 6	TIME OF CRASH 1 4 3 9	DAY OF WEEK T H U
-----------------	----------------------	---------------------------------	--------------------------	----------------------

DEGREES / MINUTES / SECONDS LATITUDE 0 / /	LONGITUDE 0 / /	DECIMAL DEGREES LATITUDE 3 9 . 3 0 5 6 0 8	LONGITUDE - 8 4 . 1 4 4 0 9 5
--	--------------------	--	----------------------------------

ROADWAY DIVISION <input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND S - SOUTHBOUND	NUMBER OF TRU LINES 0 2	ROAD TYPES OR MILEPOST 2 AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LAKE MP - MILEPOST PK - PARKWAY PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL
---	--	----------------------------	---

LOCATION ROUTE TYPE 1 RD	LOCATION ROUTE NUMBER	LOC PREFIX N, S, E, W	LOCATION ROAD NAME Pekin	LOCATION ROAD TYPE 2	ROUTE TYPES 1 IR - INTERSTATE ROUTE (NO TURNPIKE) US - US ROUTE SR - STATE ROUTE	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE
-----------------------------	-----------------------	--------------------------	-----------------------------	----------------------	---	--

DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF N, S, E, W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 2249	REFERENCE ROAD TYPE 2
--	----------------------------	------------------------	------------------------	--------------------------	--	-----------------------

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

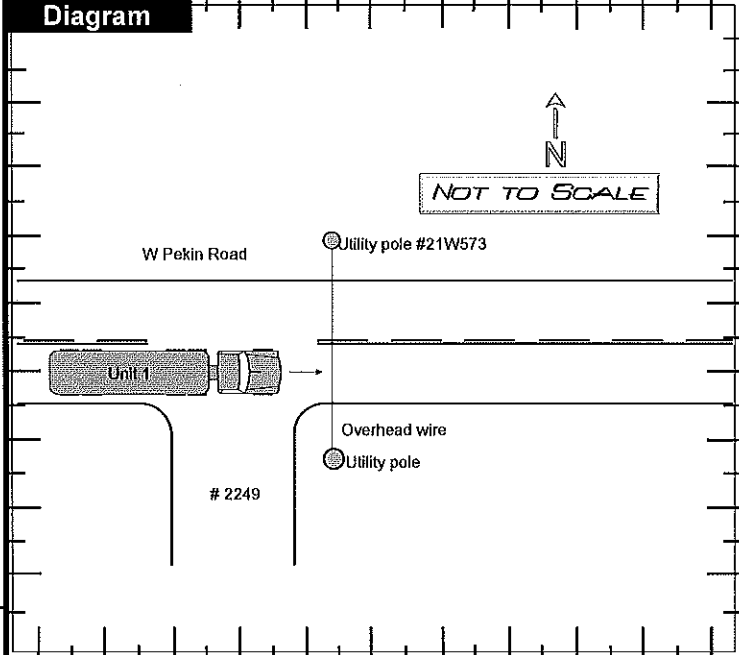
ROAD CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 0 1 SECONDARY	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN	* SECONDARY CONDITION ONLY
---	---	---	----------------------------

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 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
---	---

ROAD SURFACE 1 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS 1 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 9 - UNKNOWN	<input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
--	--	---	---

<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 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - 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 AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
---	---	---

**NARRATIVE:**  
Unit 1, a semi truck with a box cargo utility trailer was traveling eastbound on W Pekin Road due to a road closure on N St Rt 123. Unit 1 failed to obey the no through trucks sign posted on W Pekin Road once you enter from N St Rt 123 and struck an overhead wire across the roadway causing the light pole #21W573 to break.



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 COOPS)	DATE CRASH REPORTED 1 1 1 7 2 0 1 6	TIME CRASH REPORTED 1 4 3 9	DISPATCH TIME 1 4 4 5	ARRIVAL TIME 1 4 5 2	TIME CLEARED 1 6 0 0	OTHER INVESTIGATION TIME 2 0	TOTAL MINUTES 0 0 8 8
OFFICER'S NAME * Cordero, Nicole - LP	OFFICER'S BADGE NUMBER 1 L 2 7	CHECKED BY COH530	Page 1 of 3					



UNIT

LOCAL REPORT NUMBER LP161117005557

UNIT NUMBER 01, OWNER NAME: L And L Transportation, Trucking LLC, OWNER PHONE NUMBER: (513)200-4653

OWNER ADDRESS: 2883 Drake RD, Lebanon, Ohio 45036

LP STATE OH, LICENSE PLATE NUMBER PVQ2959, VEHICLE IDENTIFICATION NUMBER 1XP5DR9X8YD505804

VEHICLE YEAR 2000, VEHICLE MAKE PETE, VEHICLE MODEL D Series, VEHICLE COLOR GRY

INSURANCE COMPANY Brands Ins Agency, POLICY NUMBER CM0059122-02

CARRIER NAME: L And L Transport, 2883 Drake RD, Lebanon, Ohio 45036, CARRIER PHONE: (513)200-4653

US DOT L227206, VEHICLE WEIGHT 3, CARGO BODY TYPE 05, TRAFFICWAY DESCRIPTION 1

NON-MOTORIST LOCATION PRIOR TO IMPACT 01, TYPE OF USE 2, UNIT TYPE 17, PASSENGER VEHICLES, MED/HEAVY TRUCKS OR COMBO UNITS > 10X LBS

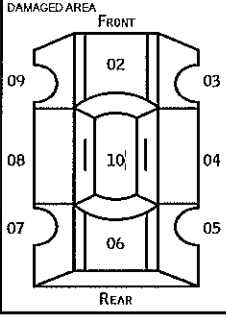
SPECIAL FUNCTION 01, MOST DAMAGED AREA 01, ACTION 3

PRE-CRASH ACTIONS 01, MOTORIST 01, NON-MOTORIST 15

CONTRIBUTING CIRCUMSTANCES 21, VEHICLE DEFECTS 01

SEQUENCE OF EVENTS 1 2 4, NON-COLLISION EVENTS 01, COLLISION WITH FIXED OBJECT 25

UNIT SPEED 45, POSTED SPEED 45, TRAFFIC CONTROL 12, UNIT DIRECTION FROM 4 TO 3





# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

L P 1 6 1 1 1 7 0 0 5 5 5 7

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>Wesley, Bryan W</b>	DATE OF BIRTH <b>03 25 1972</b>	AGE <b>44</b>	GENDER <b>M</b> F - FEMALE M - MALE
--------------------------	---	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP <b>1913 Big Cave RD, Orlando, Kentucky 40460</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(270)999-3096</b>
---	---

INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	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>KY</b>	OPERATOR LICENSE NUMBER <b>W15642738</b>	OL CLASS <b>4</b>	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	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 <b>1</b>	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY <b>1</b>		

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	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 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
--	---	--	---	--	---

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 19 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONTSIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
--	--	---	---

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 - HB0 NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
---	--	--	---	---	---

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 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	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	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---------------------------------------	------------------	---------------	----------	---------