OF PUBLIC SAFETY	RAFFIC CRAS	H REPORT	*DENOTES	MANDATORY F	IELD FO	R SUPPI	EMENT REPORT			LOCAL REPORT	NUMBER	*		
D PHOTOS TAKEN	OH-2 X OH-3	LOCAL INFORM	ATION					٦, ١,	P 1 9	1, 1, 2,	5 0 0	5 9 7 1		
PHOTOS TAKEN OH-1P OTHER REPORTING AGENCY NAME*							NCIC*		HIT/SKIP	NUMBER OF U	NITS	UNIT IN ERROR		
PRIVATE PROPERTY CLEARCREEK TWP PD						(0,8,3,1,6	الـ	1 - SOLVED J 2 - UNSOLVED	_0_2	_ 0			
COUNTY* LOCALITY* LOCATION: CITY, VILLAGE, TOWNSHIP* 8 3 3 2 - VILLAGE CLEARCREEK								200	CRASH DATE /	500m C.465		ASH SEVERITY - FATAL		
3-1						2,5,2,0,1,9		2 - SERIOUS INJURY						
ROUTE TYPE ROUTE NUMBER PREFIX 1 - NORTH 2 - SOUTH 3 - EAST CROSSLEY							ROAD TYPE		LATITUDE OF	SUSPECTED - MINOR INJURY				
							3 9 5 6 0 6 4 8 SUSPECTED							
ROUTE TYPE ROUTE NU	1D NAME (ROA	ROAD, MILEPOST, HOUSE #) ROAD TYPE				5 PROPERTY DAMAGE								
Part .	3 - EAS	T 0334						8 4 2 0 3 3 6 9 ONLY						
REFERENCE POINT 1 - INTERSECTION	DIRECTION FROM REFERENCE	ROUTE TYP IR - INTERSTATE RO		L - ALLEY		TYPE IGHWAY	RD - ROAD	I_{\Box}	INTERSECTION RELATED					
3 2 - MILE POST 3 - HOUSE #	OST 2 - SOUTH US - FEDERAL US ROUTE AV				LA - L	ANE	SQ - SQUARE WITHIN INTERSECTION OR ON APPROACH							
	4 - WEST SR - STATE ROUTE GR - C					ILEPOST VAL	ST - STREET TE - TERRACE	WITHIN INTERCHANGE AREA NUMBER OF APPR						
DISTANCE FROM REFERENCE	NTY ROUTE C	T - COURT		ARKWAY	TL - TRAIL ROADWAY									
E 6 6 16	10	DR - DRIVE PI - PIKE WA - WAY HE - HEIGHTS PL - PLACE					ROADWAY DIVIDED							
LOCATION	0F FIRST HARMFUL E	VENT	MA	NNER OF CRAS	H COLL	ISION/IN	MPACT	DIRECTION OF TRAVEL MEDIAN TYPE						
1 - ON ROADWAY		VER WAY/ALLEY ACCESS	B.E	THEFT	4 - REAR-TO-REAR				1 - NORTH	1-	1 - DIVIDED FLUSH MEDIAN			
0 1 3-IN MEDIAN		AY GRADE CROSSING	2 TV	VO MOTOR	5 - BACKING 6 - ANGLE				2 - SOUTH 3 - EAST		(< 4 FEET) 2 - DIVIDED FLUSH MEDIAN			
4 - ON ROADSID	E 12-SHARE TRAILS	D USE PATHS OR					SAME DIRECTION OPPOSITE DIRECTION		4 - WEST		(≥4 FEET DIVIDED, D) DEPRESSED MEDIAN		
6 - OUTSIDE TRA	AFFIC WAY 13-BIKE L 14-TOLL B		II.			ER/UNK		Ü		4 -	4 - DIVIDED, BEFRESSED MEDIAN (ANY TYPE)			
7 - ON RAMP 8 - OFF RAMP		/ UNKNOWN									9 - OTHER/UNKNOWN			
WORK ZONE RELAT	ED	WORK ZONE TY	PE	LOCATIO	ON OF C	RASH IN	WORK ZONE	C	ONTOUR	CONDITI	ONS	SURFACE		
WORKERS PRESENT		1 - LANE CLOSURE 2 - LANE SHIFT/CRO	CCOVED	1	L - BEFORE THE 1ST WORK ZONE WARNING SIGN			2		1	1 1			
LAW ENFORCEMENT		3 - WORK ON SHOULI		The contract of	- ADVA	ICE WAR	NING AREA	1 - ST	1 - STRAIGHT LEVEL 1 - DRY			1 - CONCRETE		
		OR MEDIAN 4 - INTERMITTENT O	R MOVING WOF			SITION A ITY ARE		1	RAIGHT GRADE	2 - WET	RITHMINOUS			
ACTIVE SCHOOL ZO	NE	5 - OTHER		5	5 - TERMINATION AREA			1	RVE LEVEL RVE GRADE	3 - SNOW 4 - ICE	- SNOW ASPHALT			
1	ONDITION		WEAT	THER				9 - OTHER/UNKNOWN 5 - SAND, N						
1 - DAYLIGHT 1 2 - DAWN/DUSK		1-CL		6 - SNOW 7 - SEVERE CROSSWINDS				OIL, GRA			STONE			
3 - DARK – LIGHT		3 - F0	3 - FOG, SMOG, SMOKE 8 - BLOWING					ľ		MOVING)	MOVING) , D. OTHER/INKNOV			
	WAY NOT LIGHTED OWN ROADWAY LIGHT		4 - RAIN 9 - FREEZING RAIN OR FREEZING DRIZZLE 5 - SLEET, HAIL 99 - OTHER / UNKNOWN						7 - SLUSH 9 - OTHER/UNKNOWN					
9 - OTHER / UNKN	IOWN													
NARRATIVE												Indicate the north		
UNIT 02 IS A	U.S. POS	STAL SER	VICE		-					1	N	an "N" on the compass diagram.		
VEHICLE THAT WAS LEGALLY STOPPED									i i		N	TO SCALE		
WHILE DELIVERING MAIL ON CROSSLEY										1	7007	10 SCALE		
										ļ				
RD AT THE ADDRESS OF 8334. UNIT 01										83				
WAS TRAVELING NORTHBOUND ON										8334				
CROSSLEY RD WHEN UNIT 01 BECAME									2	O MAI	LBOX	-		
DISTRACTED BY HIS CELLULAR DEVICE.										J				
UNIT 01 FAILED TO ASSURE CLEAR									111					
DISTANCE AHEAD AND STRUCK UNIT 02									17					
	02		_				CRO	SSLE	y Ro					
TO THE REA		-			_									
					-	40				1				
CRASH REPORTED DA		DISPATCH DATE /				ATE / T[NE CLEARED			EPORT TAKEN BY		
1, 1, 2, 5, 2, 0, 1, 9,	1,4,1,1,1,1	2 5 2 0 1 9	11 11 11 11	1, 1, 2, 5,	2,0	1,9,	1,4,1,9			1,4,4	41 =	POLICE AGENCY MOTORIST		
TOTAL TIME ROADWAY CLOSED INVES		CHECKED BY OFFICER'S NAME*					SUPPLEMENT							
JASON L BATES OFFICER'S BADGE NUMBER*							CHECKED	BY OFFJ	Hense CER'S BADGEN	UMBER*	_	(CORRECTION OF ADDITION TO AN EXISTING HERORT BENT TO GOPE)		
0 3 3 0	3 0 0	6 3 1	L 2	, 2 ,	1		1,4	, 1	12		_			
4SY7001 OH1 1/19 [760-0820	01													

47 - MAILBOX

49 - FIRE HYDRANT

4R - TREE

54 - OTHER FIXED OBJECT

99 - OTHER / UNKNOWN

POSTED SPEED

3 5

41 - OTHER POST, POLE

OR SUPPORT

42 - CULVERT

1 MOST HARMFUL EVENT

28 - BRIDGE PARAPET

30 - GUARDRAIL FACE

J FIRST HARMFUL EVENT

29 - BRIDGE RAIL

35 - MEDIAN CONCRETE

36 - MEDIAN OTHER BARRIER

BARRIER

3 - UNDETERMINED

J FIRST HARMFUL EVENT

1 MOST HARMFUL EVENT

3 5

CHOOLEG SAFETY MOTORIST / NON-MOTORIST									LOCAL REPORT NUMBER						
IAIOIOKI21 / IAOM-IAIOIOKI21								L,P,1,9,1,1,2,5,0,0,5,9,7,1,							
	UNIT #	NAME: LAST, FIRST, MIDDLE								DATE OF BIRTH AGE GENDER					
	0 1	SS: STREET, CITY, STATE, ZIP								1,1,/,1,0,/,1,9,6,1,5,8				M	
Ħ										CONTACT PHONE - INCLUDE AREA CODE					
8			D WOODS CT, SPRINGBORO, OH 45066						T		7 7 0				
1	5	INJURED TAKEN BY	EMS AGENCY (NAME)		INJURED	TAKENTO	: MEDICAL FACILITY	(NAME, C(TY)	USED	DOT-CO		AIR BAG USA	GE EJECTION	TRAPPED 1	
	DL STATE		LICENSE NUMBER		OFFEN	ISE CHAI	DCED LOCAL				LMET 0 1	CITATION	OTTATION NUMBER		
ORIE	ОН	RT29009				OFFENSE CHARGED LOCAL CODE				OFFENSE DESCRIPTION ASSURED CLEAR DISTANCE			CITATION NUMBER		
9	IL CLASS	ENDORSEMEN'	RESTRICTION SELECT UP TO 3 DR			IVER ALCOHOL / DRUG SUSPECTED			CONDITION	ALC	OHOL TEST	DRUG TEST(S)			
		SELECT UPTO 2				TRACTED ALCOHOL MARIJUANA 5 OTHER DRUG				STATUS TYPE VALUE		STATUS TYPE RESULT SELECT UPTO 4			
<u>J</u>	4		0 3	THER DRUG 1			_ 1	1_							
	UNIT#	NAME: LAST, FIRST, MIDDLE									DATE OF BIRTH		AGE	GENDER	
	0 2		L, GRANT I								/ 0 9 / 1 !		3 6	M_	
H		SS: STREET, CITY, STATE, ZIP DONALD DR, LEBANON, OH 45036									PHONE - INCLUDE AREA CO		7		
Ξ_		INJURED	EMS AGENCY (NAME)	J30	INHIBED	D TAKEN TO: MEDICAL FACILITY (NAME, CITY) SAFETY EQUIPMENT					3 6 6	1 1			
NON	_	TAKEN BY			INSURED TAKEN TO: WEDICAL PACILITY (NAME, CITY)				USED 0 4	MC HE		N AIR BAG USAGE EJECTION TRAPPED 5 1 1			
5 0	L STATE	OPERATOR LICENSE NUMBER			OFFEN	OFFENSE CHARGED LOCAL			OFFENSE DESC	1		CITATION NUMBER			
IOR	он	SD59945	50		CODE										
Q¥ 0	L CLASS	ENDORSEMENT SELECT UP TO 2				VER ALCOHOL / DRUG SUSPECTED CON			CONDITION	ALC STATUS TY	ALCOHOL TEST		UG TEST(S		
ĸ.	,	322201 01 102		BY			LCOHOL MAR	RIJUANA			YPE VALUE	STATUS TY	RESULI	SELECT UPTO 4	
١,	UNIT#	NAMELLAGI	SIDET MADE			0	THER DRUG			_1	1	1			
ı	UNII #	NAME: LAST,	FIRST, WIDDLE								DATE OF BIRTH		AGE	GENDER	
2 /	ADDRESS: STREET, CITY, STATE, ZIP														
980										CONTACT PHONE - INCLUDE AREA CODE					
N II	NJURIES		EMS AGENCY (NAME)		INJURED	TAKEN TO:	: MEDICAL FACILITY	(NAME, CITY)	SAFETY EQUIPMENT	SEATING POSITION AIR BAG USAGE EJECTION TRAPPED					
NON	TAKEN BY					USED				DOT-Co		I AIN BROOM		4	
0	L STATE	OPERATOR LICENSE NUMBER			OFFENSE CHARGED LOCAL			OFFENSE DESC	SE DESCRIPTION			NUMBER			
					CODE										
0	OL CLASS ENDORSEMEN SELECT UP TO 2		DIS DIS		TRACTED		OHOL / DRUG SUSPE		CONDITION	ALCOHOL TEST STATUS TYPE VALUE S			UG TEST (S	T(S) SULT SELECT UPTO 4	
L				BY			LCOHOL MAF THER DRUG	RIJUANA							
k	INJUE	RIES	SEATING POSITION		AIR BAG		OL CLASS	5	OL RESTRIC	TION(S)	DRIVER DISTRACT	10N	TEST STA	TUS	
	ATAL	EDIQUE IN HIDV	1 - FRONT - LEFT SIDE 1 - NOT DEP (MOTORCYCLE DRIVER) 2 DEPLOY			LOYED I - CLASS A			1 - ALCOHOL INTER		1 - NOT DISTRACTED		ONE GIVEN		
2-SUSPECTED SERIOUS INJURY 3-SUSPECTED MINOR INJURY 4-POSSIBLE INJURY			URY 2-FRONT-MIDDLE 3-DE 3-FRONT-RIGHT SIDE 4-DE		DEPLOYED FRONT DEPLOYED SIDE DEPLOYED BOTH FRONT/SIDE		2-CLASS B 3-CLASS C		2 - CDL INTRASTATE ONLY 3 - CORRECTIVE LENSES		2 - MANUALLY OPERATING ELECTRONIC COMMUNI	CATION 3-T	ATION 3-TEST GIVEN CONT		
							4 - REGULAR CLASS (OHIO = D)		4 - FARM WAIVER		DEVICE (TEXTING, TYPI DIALING)	ING, S.	AMPLE / UNUSA	BLE	
(MOTORCYCLE PASSENGER)			J- NOT AFFEIGABLE			5-M/C MOPED ONLY	3 - EXCEPT CLASS A			3 - TALKING ON HANDS-FRI COMMUNICATION DEVICE	E 5-TEST GIVEN, RESULTS				
1-NOTTRANSPORTED 5-SECOND-MIDDLE 6-SECOND-RIGHT SIDE					6 - NO VALID OL & CLASS B BI						4 - TALKING ON HAND-HEL COMMUNICATION DEVICE	D	-		
/TREATED AT SCENE 7-THIRD-			7 - THIRD – LEFT SIDE (MOTORCYCLE SIDE CAR)	-	JECTION	T-E-	OL ENDORSEN	MENT	7 - EXCEPT TRACTO 8 - INTERMEDIATE		5 - OTHER ACTIVITY WITH	AN AL	COHOL TES	TTYPE	
2 - EMS 3 - POLICE			8-THIRD - MIDDLE 2- PARTIALLY EJE						RESTRICTIONS 9 - LEARNER'S PERMIT		6 - PASSENGER		1 - NONE 2 - BLOOD		
9 - OTHER / UNKNOWN			9-THIRD - RIGHT SIDE 3-TOTALLY EJECTED 10-SLEEPER SECTION 4-AUGUSTANDELICABLE			TED P - PASSENGER			RESTRICTIONS		7 - OTHER DISTRACTION INSIDE THE VEHICLE		3 - URINE 4 - BREATH		
SAFETY EQUIPMENT OF TRUCK CAB			LICABLE N - TANKER Q - MOTOR SCOOTER				10 - LIMITED TO DAYLIGHT ONLY 11 - LIMITED TO EMPLOYMENT		8 - OTHER DISTRACTION OUTSIDE						
ENCLOSED CARGO AREA				RAPPED R-THREE-WHEEL MOTORCYCLE			TORCYCLE	12 - LIMITED - OTHER		THE VEHICLE 9 - OTHER / UNKNOWN		DRUG TEST TYPE			
3 - LAP BELT ONLY USED			(NON-TRAILING UNIT, BUS, PICK-UP WITH CAP)	2- EXTRICATED BY			S - SCHOOL BUS T - DOUBLE & TRIPLETRAILERS		13 - MECHANICAL DE (SPECIAL BRAKE	S, HAND		1-NONE			
4 - SHOULDER & LAP BELT USED			12 - PASSENGER IN UNENCLOSED CARGO AREA				X - TANKER / HAZMAT	MAILLING	CONTROLS, OR O' ADAPTIVE DEVI				2-BL00D 3-URINE		
5 - CHILD RESTRAINT SYSTEM – FORWARD FACING			13 - TRAILING UNIT	NON-MECHANICAL MEAN					14 - MILITARY VEHICLE		E I III STORE THE RECORD		1 OTHER		
6 - CHILD RESTRAINT SYSTEM – REAR FACING		INT SYSTEM -	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)						AIR BRAKES		ANGRY, DISTURBED)		IG TEST RE	SULT(S)	
7 - BOOSTER SEAT			15 - NON-MOTORIST					16 - OUTSIDE MIRROR 17 - PROSTHETIC AID		4- ILLNESS 5- FELL ASLEEP, FAINTED,		1-AMPHETAMINES 2-BARBITURATES			
8 - HELMET USED 9 - PROTECTIVE PADS USED			99 - OTHER / UNKNOWN IS USED						18-OTHER		FATIGUED, ETC. 6- UNDER THE INFLUENCE		3- BENZODIAZEPINES		
(ELBOW, KNEES, ETC.) 10 - REFLECTIVE CLOTHING										OF MEDICATIONS / DRUG	S 4-07	4-CANNABINOIDS 5-COCAINE			
11 - LIGHTING - PEDESTRIAN											9- OTHER / UNKNOWN		PIATES / OPIQID	s	
- 1	BICYCLE ONLY	Y DWN										7 - 01	HER		