



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
LP171220006068	3 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

LOCAL INFORMATION		REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
<input type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	08316 Clearcreek Twp. Police Department	01	01 88 - ANIMAL 89 - UNKNOWN

COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
83	<input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TOWNSHIP	Clearcreek	12202017	0741	WED

DEGREES / MINUTES / SECONDS	LONGITUDE	DECIMAL DEGREES	LONGITUDE
0 / 0	0	39.492848	-84.253311

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST ?
<input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N-NORTHBOUND <input type="checkbox"/> S-SOUTHBOUND	02	AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE FW - HIGHWAY LA - LANE PK - PARKWAY PL - PLACE RD - ROAD SO - SQUARE ST - STREET TE - TERRACE VA - WAY

LOCATION ROUTE NUMBER	LOCATION ROAD NAME	LOCATION ROAD TYPE 2	ROUTE TYPES 1
SR 123			IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE NUMBER	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)
0	E.W	3589	

REFERENCE POINT USED	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	01 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDABOUT	4 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE

ROAD CONTOUR	ROAD CONDITIONS	WEATHER
1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL	01 01 - DRY 02 - WET 03 - SNOW 04 - ICF 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, DUMPS, UNEVEN PAVEMENT * 10 - OTHER 89 - UNKNOWN	2 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

MAINER OF CRASH COLLISION/IMPACT	WEATHER
1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES 2 - REAR-TO-REAR 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	2

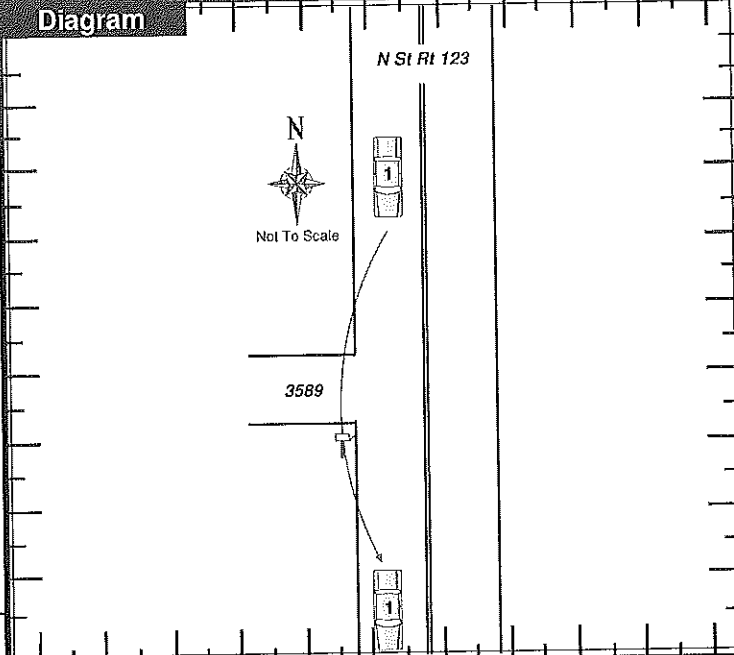
ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	2 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER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

WORK ZONE RELATED	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFF-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 southbound on N St Rt 123 when, at the address of 3589, Unit 1 traveled off the roadway right striking a mailbox. Unit 1 indicated he fell asleep just prior to striking the mailbox.

Unit 1 continued southbound on N St Rt 123 when, at the intersection of W St Rt 122, failed to assure clear distance ahead and gently struck the vehicle in front of him. Unit 1 was located in the UDF parking lot, 2585 W St Rt 122, repairing vehicle.

Refer to OH-2.



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	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
12202017	0741	0741	0752	0840	120	0168

OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY
Bates, Jason - LP	1 L 2 2	COH530

HSY7001 OH1 (REV 01/12)



UNIT

LOCAL REPORT NUMBER

LP171220006068

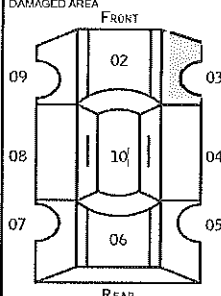
UNIT NUMBER: **01** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER ) **Fell, Richard C, Junio** OWNER PHONE NUMBER - INC. AREA CODE (  SAME AS DRIVER ) **(937)806-8046**

OWNER ADDRESS: CITY, STATE, ZIP (  SAME AS DRIVER ) **130 Boulder DR, Franklin, Ohio 45005**

LP STATE: **OH** LICENSE PLATE NUMBER: **EYB5619** VEHICLE IDENTIFICATION NUMBER: **1FAHP35N29W214654** # OCCUPANTS: **01**

VEHICLE YEAR: **2009** VEHICLE MAKE: **FORD** VEHICLE MODEL: **Focus** VEHICLE COLOR: **GRY**

PROOF OF INSURANCE SHOWN INSURANCE COMPANY: **USAA** POLICY NUMBER: **034957345G71021** TOWED BY:



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

US DOT: VEHICLE WEIGHT GVWR/GCWR:  1 - LESS THAN OR EQUAL TO 10K LBS.  2 - 10,001 TO 26,000 LBS.  3 - MORE THAN 26,000 LBS.

HM PLACARD ID No.: HM CLASS NUMBER:  HAZARDOUS MATERIAL, RELEASED

CARGO BODY TYPE:  01 - NO CARGO BODY TYPE/NOT APPLICABLE  02 - BUS/VAN (8-15 SEATS, INC DRIVER)  03 - BUS (16+ SEATS, INC DRIVER)  04 - VEHICLE TOWING ANOTHER VEHICLE  05 - LOGGING  06 - INTERMODAL CONTAINER CHASSIS  07 - CARGO W/ENCLOSED BOX  08 - GRAM, CHIPS, GRAVEL  09 - POLE  10 - CARGO TANK  11 - FLAT BED  12 - DUMP  13 - CONCRETE MIXER  14 - AUTO TRANSPORTER  15 - GARBAGE/REFUSE  99 - OTHER/UNKNOWN

TRAFFICWAY DESCRIPTION:  1 - TWO-WAY, NOT DIVIDED  2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE  3 - TWO-WAY, DIVIDED, UNPROTECTED (PAVING OR GRASS-4 FT) MEDIAN  4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER  5 - ONE-WAY TRAFFICWAY  HIT/SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT:  01 - INTERSECTION - MARKED CROSSWALK  02 - INTERSECTION - NO CROSSWALK  03 - INTERSECTION - OTHER  04 - MIDDLELOCK - MARKED CROSSWALK  05 - TRAVEL LANE - OTHER LOCATION  06 - BICYCLE LANE  07 - SHOULDER/ROADSIDE  08 - SIDEWALK  09 - MEDIAN/CROSSING ISLAND  10 - DRIVEWAY ACCESS  11 - SHARED-USE PATH OR TRAIL  12 - NON-TRAFFICWAY AREA  99 - OTHER/UNKNOWN

TYPE OF USE:  1 - PERSONAL  2 - COMMERCIAL  3 - GOVERNMENT  IN EMERGENCY RESPONSE

UNIT TYPE:  03  99 - UNKNOWN or HIT / SKIP

PASSENGER VEHICLES (LESS THAN 9 PASSENGERS):  01 - SUB-COMPACT  02 - COMPACT  03 - MID SIZE  04 - FULL SIZE  05 - MINIVAN  06 - SPORT UTILITY VEHICLE  07 - PICKUP  08 - VAN  09 - MOTORCYCLE  10 - MOTORIZED BICYCLE  11 - SNOWMOBILE/ATV  12 - OTHER PASSENGER VEHICLE

MED/HEAVY TRUCKS OR COMBO UNITS - 10K LBS:  13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 6 TIRES  14 - SINGLE UNIT TRUCK; 3+ AXLES  15 - SINGLE UNIT TRUCK/TRAILER  16 - TRUCK/TRACTOR (BOBTAIL)  17 - TRACTOR/SEMI-TRAILER  18 - TRACTOR/DRAWER  19 - TRACTOR/TRIPLES  20 - OTHER MED/HEAVY VEHICLE

BUS/VAN/LIMO (8 OR MORE INCLUDING DRIVER):  21 - BUS/VAN (8-15 SEATS, INC DRIVER)  22 - BUS (16+ SEATS, INC DRIVER)  NON-MOTORIST  23 - ANIMAL WITH RIDER  24 - ANIMAL WITH BUGGY, WAGON, SURREY  25 - BICYCLE/PEDESTAL CYCLIST  26 - PEDESTRIAN/SKATER  27 - OTHER NON-MOTORIST

HAS HM PLACARD

SPECIAL FUNCTION:  01 - NONE  02 - TAXI  03 - RENTAL TRUCK (OVER 10K LBS)  04 - BUS - SCHOOL (PUBLIC OR PRIVATE)  05 - BUS - TRANSIT  06 - BUS - CHARTER  07 - BUS - SHUTTLE  08 - BUS - OTHER  09 - AMBULANCE  10 - FIRE  11 - HIGHWAY/MAIN TENANCE  12 - MILITARY  13 - POLICE  14 - PUBLIC UTILITY  15 - OTHER GOVERNMENT  16 - CONSTRUCTION EQUIP  17 - FARM VEHICLE  18 - FARM EQUIPMENT  19 - MOTORHOME  20 - GOLF CART  21 - TRAIN  22 - OTHER (EXPLAIN IN NARRATIVE)

MOST DAMAGED AREA:  03  01 - NONE  02 - CENTER FRONT  03 - RIGHT FRONT  04 - RIGHT SIDE  05 - RIGHT REAR  06 - REAR CENTER  07 - LEFT REAR  08 - LEFT SIDE  09 - LEFT FRONT  10 - TOP AND WINDOWS  11 - UNDERCARRIAGE  12 - LOAD/TRAILER  13 - TOTAL (ALL AREAS)  14 - OTHER  99 - UNKNOWN

ACTION:  3  1 - NON-CONTACT  2 - NON-COLLISION  3 - STRIKING  4 - STRUCK  5 - STRIKING/STRUCK  9 - UNKNOWN

PRE-CRASH ACTIONS:  01  99 - UNKNOWN

MOTORIST:  01 - STRAIGHT AHEAD  02 - BACKING  03 - CHANGING LANES  04 - OVERTAKING/PASSING  05 - MAKING RIGHT TURN  06 - MAKING LEFT TURN  07 - MAKING U-TURN  08 - ENTERING TRAFFIC LANE  09 - LEAVING TRAFFIC LANE  10 - PARKED  11 - SLOWING OR STOPPED IN TRAFFIC  12 - DRIVERLESS  13 - NEGOTIATING A CURVE  14 - OTHER MOTORIST ACTION

NON-MOTORIST:  15 - ENTERING OR CROSSING SPECIFIED LOCATION  16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING  17 - WORKING  18 - PUSHING VEHICLE  19 - APPROACHING OR LEAVING VEHICLE  20 - STANDING  21 - OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES: PRIMARY:  17  99 - UNKNOWN

MOTORIST:  01 - NONE  02 - FAILURE TO YIELD  03 - RAN RED LIGHT  04 - RAN STOP SIGN  05 - EXCEEDED SPEED LIMIT  06 - UNSAFE SPEED  07 - IMPROPER TURN  08 - LEFT OF CENTER  09 - FOLLOWED TOO CLOSELY/ACDA  10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD  11 - IMPROPER BACKING  12 - IMPROPER START FROM PARKED POSITION  13 - STOPPED OR PARKED ILLEGALLY  14 - OPERATING VEHICLE IN NEGLIGENT MANNER  15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)  16 - WRONG SIDE/WRONG WAY  17 - FAILURE TO CONTROL  18 - VISION OBSTRUCTION  19 - OPERATING DEFECTIVE EQUIPMENT  20 - LOAD SHIFTING/FALLING/SPILLING  21 - OTHER IMPROPER ACTION

NON-MOTORIST:  22 - NONE  23 - IMPROPER CROSSING  24 - DARTING  25 - LYING AND/OR ILLEGALLY IN ROADWAY  26 - FAILURE TO YIELD RIGHT OF WAY  27 - NOT VISIBLE (DARK CLOTHING)  28 - INATTENTIVE  29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER  30 - WRONG SIDE OF THE ROAD  31 - OTHER NON-MOTORIST ACTION

VEHICLE DEFECTS:  01 - TURN SIGNALS  02 - HEAD LAMPS  03 - TAIL LAMPS  04 - BRAKES  05 - STEERING  06 - TIRE BLOWOUT  07 - WORN OR SLICK TIRES  08 - TRAILER EQUIPMENT DEFECTIVE  09 - MOTOR TROUBLE  10 - DISABLED FROM PRIOR ACCIDENT  11 - OTHER DEFECTS

SEQUENCE OF EVENTS: 1  08  2  47  3  4  5  6  FIRST HARMFUL EVENT:  2 MOST HARMFUL EVENT:  2

NON-COLLISION EVENTS:  01 - OVERTURN/ROLLOVER  02 - FIRE/EXPLOSION  03 - IMMERSION  04 - JACKKNIFE  05 - CARGO/EQUIPMENT LOSS OR SHIFT  06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)  07 - IMMERSION  08 - RAN OFF ROAD RIGHT  09 - RAN OFF ROAD LEFT  10 - CROSS MEDIAN  11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL  12 - DOWNHILL RUNAWAY  13 - OTHER NON-COLLISION

COLLISION WITH FIXED OBJECT:  25 - IMPACT ATTENUATOR/CRASH CUSHION  26 - BRIDGE OVERHEAD STRUCTURE  27 - BRIDGE PIER OR ABUTMENT  28 - BRIDGE PARAPET  29 - BRIDGE RAIL  30 - GUARDRAIL FACE  31 - GUARDRAIL END  32 - PORTABLE BARRIER  33 - MEDIAN CABLE BARRIER  34 - MEDIAN GUARDRAIL BARRIER  35 - MEDIAN CONCRETE BARRIER  36 - MEDIAN OTHER BARRIER  37 - TRAFFIC SIGN POST  38 - OVERHEAD SIGN POST  39 - LIGHT/LUMINARIES SUPPORT  40 - UTILITY POLE  41 - OTHER POST, POLE OR SUPPORT  42 - CULVERT  43 - CURB  44 - DITCH  45 - EMBANKMENT  46 - FENCE  47 - MAILBOX  48 - TREE  49 - FIRE HYDRANT  50 - WORK ZONE MAINTENANCE EQUIPMENT  51 - WALL, BUILDING, TUNNEL  52 - OTHER FIXED OBJECT

UNIT SPEED:  50 POSTED SPEED:  55 TRAFFIC CONTROL:  12  01 - NO CONTROLS  02 - STOP SIGN  03 - YIELD SIGN  04 - TRAFFIC SIGNAL  05 - TRAFFIC FLASHERS  06 - SCHOOL ZONE  07 - RAILROAD CROSSBUCKS  08 - RAILROAD FLASHERS  09 - RAILROAD GATES  10 - CONSTRUCTION BARRICADE  11 - PERSON (FLAGGER, OFFICER)  12 - PAVEMENT MARKINGS  13 - CROSSWALK LINES  14 - WALK/DON'T WALK  15 - OTHER  16 - NOT REPORTED

UNIT DIRECTION: FROM  1 TO  2  1 - NORTH  2 - SOUTH  3 - EAST  4 - WEST  5 - NORTHEAST  6 - NORTHWEST  7 - SOUTHEAST  8 - SOUTHWEST  9 - UNKNOWN



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**L P 1 7 1 2 2 0 0 0 6 0 6 8**

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER <b>01</b>	NAME LAST, FIRST, MIDDLE <b>Fell, Richard C, III</b>	DATE OF BIRTH <b>08/01/1998</b>	AGE <b>19</b>	GENDER <b>M</b> F - FEMALE M - MALE
--------------------------	---	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP <b>130 Boulder DR, Franklin, Ohio 45005</b>	CONTACT PHONE - INCLUDE AREA CODE <b>(937)806-8046</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 <input type="checkbox"/>	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>UH857933</b>	OL CLASS <b>4</b>	NO VALID OL <input type="checkbox"/>	MAC END <input type="checkbox"/>	CONDITION <b>5</b>	ALCOHOL/DRUG SUSPECTED <b>4</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 (LOCAL CODE) <b>4511.202</b>	OFFENSE DESCRIPTION <b>Operation Without Reasonable Control</b>	CITATION NUMBER <b>016775</b>	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 <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL <input type="checkbox"/>	MAC 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 (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 NON-MOTORIST 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 - HIGH-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
--	---

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 - MOPED 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
---	--	--	--	---

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 - BLOOD 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
---	---	--	--	--

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 <input type="checkbox"/>	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 <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------



# TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER <b>LP171220006068</b>	REPORTING AGENCY <b>Clearcreek Twp. Police Department</b>	DATE OF ACCIDENT <b>12/20/2017</b>
IN COUNTY OF <b>Warren</b>	ACCIDENT LOCATION	
<p><b>Owner of Mailbox:</b> William E. Carnack 937/469-1588</p> <p><b>Operator of Struck Vehicle:</b> Lisa C. Cales OH/RJ450692 513/659-4374</p> <p><b>Struck Vehicle:</b> OH/HHD5154 2008 BMW 4 DR WBAVC53568FZ85508</p> <p>Registered owner and operator of vehicle declined a report due to minimal damage.</p> <p>Also, refer to related incident report LLP171220006068.</p>		
OFFICERS SIGNATURE		BADGE NO. <b>1L22</b>