



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

13-116

CRASH SEVERITY

2 1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

2 1 - SOLVED  
2 - UNSOLVED

## LOCAL INFORMATION

PHOTOS TAKEN  
 OH-2  
 OH-1P  
 OH-3  
 OTHER

PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

PRIVATE PROPERTY

REPORTING AGENCY NCIC \*

08303

REPORTING AGENCY NAME \*

LEBANON POLICE DEPT.

NUMBER OF UNITS

02

UNIT IN ERROR

01

98 - ANIMAL  
99 - UNKNOWN

COUNTY \*

83

CITY \*  
 VILLAGE \*  
 TOWNSHIP \*

LEBANON

CRASH DATE \*

05062013

TIME OF CRASH

0821

DAY OF WEEK

MON

DEGREES / MINUTES / SECONDS

LATITUDE 0 1 0 LONGITUDE 0 1 0

DECIMAL DEGREES

LATITUDE 39.457344 LONGITUDE -78.4203796

ROADWAY DIVISION  
 DIVIDED  
 UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL  
N - NORTHBOUND E - EASTBOUND  
S - SOUTHBOUND W - WESTBOUND

NUMBER OF THRU LANES

02

ROAD TYPES OR MILEPOST \*

AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - 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 PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE TYPE 1

LOCATION ROUTE NUMBER

48

LOC PREFIX N, S, E, W

LOCATION ROAD NAME

LOCATION ROAD TYPE 2

ROUTE TYPES 1

IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE  
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE  
SR - STATE ROUTEDISTANCE FROM REFERENCE  
MILES  
FEET  
YARDS

10

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 #)

MILLER

REFERENCE ROAD TYPE 2

20

REFERENCE POINT USED  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBER

01

CRASH LOCATION

01 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE 11 - RAILWAY-GRADE CROSSING  
02 - FOUR-WAY INTERSECTION 07 - ON RAMP 12 - SHARED-USE PATHS OR TRAILS  
03 - T-INTERSECTION 08 - OFF RAMP 99 - UNKNOWN  
04 - Y-INTERSECTION 09 - CROSSOVER  
05 - TRAFFIC CIRCLE/ROUNDBOAT 10 - DRIVEWAY/ALLEY ACCESS

INTERSECTION RELATED

1

LOCATION OF FIRST HARMFUL EVENT  
1 - ON ROADWAY 5 - ON GORE  
2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY  
3 - IN MEDIAN 9 - UNKNOWN  
4 - ON ROADSIDEROAD CONTOUR  
1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL4 - CURVE GRADE  
9 - UNKNOWNROAD CONDITIONS  
PRIMARY  
SECONDARY

02

01 - DRY  
02 - WET  
03 - SNOW  
04 - ICE05 - 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

2 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

4 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/UNKNOWNROAD SURFACE  
2 1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK4 - SLAG, GRAVEL, STONE  
5 - DIRT  
6 - OTHERLIGHT CONDITIONS  
PRIMARY  
SECONDARY

1

1 - DAYLIGHT  
2 - DAWN  
3 - DUSK  
4 - DARK - LIGHTED ROADWAY5 - DARK - ROADWAY NOT LIGHTED  
6 - DARK - UNKNOWN ROADWAY LIGHTING  
7 - GEARE\*  
8 - OTHER

\* SECONDARY CONDITION ONLY

9 - UNKNOWN  
 SCHOOL ZONE RELATEDSCHOOL BUS RELATED  
 YES, SCHOOL BUS DIRECTLY INVOLVED  
 YES, SCHOOL BUS INDIRECTLY INVOLVEDWORK ZONE RELATED  
 WORKERS PRESENT  
 LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)  
 LAW ENFORCEMENT PRESENT (VEHICLE ONLY)TYPE OF WORK ZONE  
1 - LANE CLOSURE  
2 - LANE SHIFT/CROSSOVER  
3 - WORK ON SHOULDER OR MEDIAN4 - INTERMITTENT OR MOVING WORK  
5 - OTHER

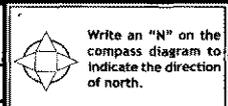
LOCATION OF CRASH IN WORK ZONE

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 WHITE 2001 TOYOTA CARRY WAS STOPPED IN THE LEFT TURN LANE ON SR 48 AT MILLER ROAD FOR THE RED LIGHT, PREPARING TO TURN LEFT. THE DRIVER OF UNIT #1 HEARD SCREECHING WHEELS BACK AND WAS STRUCK IN THE REAR BY UNIT #2. UNIT #2 (HIT/SKIP VEHICLE) WAS DESCRIBED AS POSSIBLY A BROWN UNKNOWN MAKE OR MODEL TRUCK. THE DRIVER OF UNIT #2 RUSH EXITED HIS VEHICLE, PICKED UP VEHICLE PIECES AND FLEW THE SCENE, POSSIBLY WEST ON MILLER RD. THE DRIVER OF UNIT #1 WAS COMPLAINING OF BACK AND NECK PAIN BUT RECEIVED A SQUARE.

Diagram



PLEASE SEE OH-2

REPORT TAKEN BY

 POLICE AGENCY  MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED

05062013

TIME CRASH REPORTED

0821

DISPATCH TIME

0824

ARRIVAL TIME

0833

TIME CLEARED

0858

OTHER INVESTIGATION TIME

26

TOTAL MINUTES

40

OFFICER'S NAME \*

P. J. BURNS II

OFFICER'S BADGE NUMBER

130

CHECKED BY

OK 131

PAGE 1 OF 4



# UNIT

LOCAL REPORT NUMBER  
**13-116**

|   |   |   |                          |                  |
|---|---|---|--------------------------|------------------|
| UNIT NUMBER<br><b>011</b>   | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) | OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) | DAMAGE SCALE<br><b>9</b> | DAMAGED AREA<br> |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) |   |   | 1 - NONE                 |                  |
| LP STATE  | LICENSE PLATE NUMBER  | VEHICLE IDENTIFICATION NUMBER   | 2 - MINOR                |                  |
| VEHICLE YEAR  | VEHICLE MAKE<br><b>NEWY</b>   | VEHICLE MODEL<br><b>5-10</b>  | 3 - FUNCTIONAL           |                  |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN                           | INSURANCE COMPANY   | POLICY NUMBER   | 4 - DISABLING            |                  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP                                     |   |   | 9 - UNKNOWN              |                  |

|                   |  |  |   |
|-------------------|--|--|---|
| US DOT            | VEHICLE WEIGHT GVWR/GCWR<br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<br><b>01</b>   | TRAFFICWAY DESCRIPTION<br><b>1</b>  |
| HM PLACARD ID No. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED   | 01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSURE BOX<br>08 - GRAIN, CHIPS, GRAVEL | 1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY |
| HM CLASS NUMBER   |  | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN  | <input checked="" type="checkbox"/> HIT / SKIP UNIT   |

|  |  |  |  |   |
|--|--|--|--|---|
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><b>01</b>   | TYPE OF USE<br><b>1</b>  | UNIT TYPE<br><b>07</b>   | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS  | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)   |
| 01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | 1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | 01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE | 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK, 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE | 21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br><b>NON-MOTORIST</b><br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
|  |  |  | <input type="checkbox"/> HAS HM PLACARD  |   |

|                               |   |   |   |                                |  |   |                    |  |
|-------------------------------|---|---|---|--------------------------------|--|---|--------------------|--|
| SPECIAL FUNCTION<br><b>01</b> | 01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br><b>02</b> | 01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL(ALL AREAS)<br>14 - OTHER | ACTION<br><b>3</b> | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
|-------------------------------|---|---|---|--------------------------------|--|---|--------------------|--|

|                                |  |   |  |  |
|--------------------------------|--|---|--|--|
| PRE-CRASH ACTIONS<br><b>01</b> | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>99 - UNKNOWN | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING<br>21 - OTHER NON-MOTORIST ACTION |
|--------------------------------|--|---|--|--|

|   |  |   |   |                              |   |
|---|--|---|---|------------------------------|---|
| CONTRIBUTING CIRCUMSTANCES<br><b>09</b> | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENCE MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><b>01</b> | 01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
|---|--|---|---|------------------------------|---|

|  |   |   |  |   |
|--|---|---|--|---|
| SEQUENCE OF EVENTS   | 1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b>   | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT   | 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT   | 10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED   |   | COLLISION WITH FIXED OBJECT   |  |   |
| 14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT | 21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT | 25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER | 33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE | 41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX  |

|   |                           |  |   |
|---|---------------------------|--|---|
| UNIT SPEED<br><b>55</b>   | POSTED SPEED<br><b>55</b> | TRAFFIC CONTROL<br><b>04</b>   | UNIT DIRECTION<br>FROM <b>1</b> TO <b>2</b>                                     |
| <input type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED |                           | 01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE  | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST                                  |
|   |                           | 07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS | 5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHWEST<br>8 - SOUTHWEST<br>9 - UNKNOWN |



# UNIT

LOCAL REPORT NUMBER

13-116

|  |  |  |   |  |   |  |
|--|--|--|---|--|---|--|
| UNIT NUMBER<br><b>PRJ</b>  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>LYNCH, LINDA S.</b>  | OWNER PHONE NUMBER - INCL. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>(513) 504-3958</b>  | DAMAGE SCALE<br><b>2</b>  | DAMAGED AREA<br>   |   |  |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER )<br><b>2830 WEST AVENUE, LEBANON, OH 45036</b>  |  |  | 1 - NONE  | FRONT<br>09<br>08<br>07<br>REAR<br>05  |   |  |
| LP STATE<br><b>OH</b>  | LICENSE PLATE NUMBER<br><b>AF48YW</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>HTV1B6ZKKB11UB37678</b>  | 2 - MINOR   |  |   |  |
| VEHICLE YEAR<br><b>2011</b>  | VEHICLE MAKE<br><b>TOYOTA</b>  | VEHICLE MODEL<br><b>CAMRY</b>  | 3 - FUNCTIONAL  |  |   |  |
| VEHICLE COLOR<br><b>WHITE</b>  | PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>  | INSURANCE COMPANY<br><b>STATE FARM INS. CO.</b>  | 4 - DISABLING   |  |   |  |
|  | POLICY NUMBER<br><b>751 4745-F11-35</b>  | TOWED BY   | 9 - UNKNOWN   |  |   |  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP<br><b>AGENT DING ZIELER</b>  |  |  | CARRIER PHONE - INCLUDE AREA CODE<br><b>(513) 204-1518</b>  |  |   |  |
| US DOT   | VEHICLE WEIGHT GVWR/GCWR<br><input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS.<br><input type="checkbox"/> 2 - 10,001 TO 26,000 LBS.<br><input type="checkbox"/> 3 - MORE THAN 26,000 LBS.  | CARGO BODY TYPE<br><b>01</b>   | TRAFFICWAY DESCRIPTION<br><b>1</b>  |  |   |  |
| HM PLACARD ID NO.  | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED   | 01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL  | 1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIERS<br>5 - ONE-WAY TRAFFICWAY   |  |   |  |
| HM CLASS NUMBER  |  | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN  | <input type="checkbox"/> HIT / SKIP UNIT  |  |   |  |
| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><b>01</b>   | TYPE OF USE<br><b>1</b>  | UNIT TYPE<br><b>03</b>   | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE                                     |  |   |  |
| 01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | 1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input checked="" type="checkbox"/> IN EMERGENCY RESPONSE  | 09 - MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE   | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST   |  |   |  |
| SPECIAL FUNCTION<br><b>01</b>  | 01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER  | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP.  | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE)   | MOST DAMAGED AREA<br><b>06</b>   | ACTION<br><b>4</b>  |  |
| 01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR   | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL(ALL AREAS)<br>14 - OTHER  | 99 - UNKNOWN   | 01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR  | 1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN   |   |  |
| PRE-CRASH ACTIONS<br><b>01</b>   | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN   | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS  | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION  | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING                   | 21 - OTHER NON-MOTORIST ACTION  |  |
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>01</b>   | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><b>01</b>   | 01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORK OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |  |
| SECONDARY<br><b>01</b>   | 99 - UNKNOWN   |  |   |  |   |  |
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b>  | FIRST HARMFUL EVENT<br><b>1</b>  | MOST HARMFUL EVENT<br><b>1</b>   | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT   | 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT   | 10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION   |  |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT   |  | 21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT  | 25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER   | 33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE | 41 - OTHER POST, POLE OR SUPPORT<br>42 - CURB<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX   | 48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |
| UNIT SPEED<br><b>000</b>   | POSTED SPEED<br><b>55</b>  | TRAFFIC CONTROL<br><b>04</b>   | 01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE   | 07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS   | 13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED   |  |
| <input type="checkbox"/> STATED<br><input checked="" type="checkbox"/> ESTIMATED   |  |  | UNIT DIRECTION<br>FROM <b>1</b> TO <b>2</b>   | 1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST   | 5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN   |  |



# MOTORIST / Non-MOTORIST / OCCUPANT

Local Report Number 13-116

MOTORIST/Non-MOTORIST

13-1779

MOTORIST/Non-MOTORIST

|                           |                           |               |     |                                  |
|---------------------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER<br><u>101</u> | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br>F - FEMALE<br>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<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

|          |                         |          |                                      |                                   |           |                        |                     |                   |                    |                  |                |
|----------|-------------------------|----------|--------------------------------------|-----------------------------------|-----------|------------------------|---------------------|-------------------|--------------------|------------------|----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | No <input type="checkbox"/> VALID OL | M/C <input type="checkbox"/> END. | 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<br><input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY |
|--|---------------------|-----------------|--|----------------------|

|                           |  |                                  |                  |                                  |
|---------------------------|--|----------------------------------|------------------|----------------------------------|
| UNIT NUMBER<br><u>102</u> | NAME: LAST, FIRST, MIDDLE<br><u>LYNCH, WOODFORD L.</u> | DATE OF BIRTH<br><u>11/02/61</u> | AGE<br><u>49</u> | GENDER<br>F - FEMALE<br>M - MALE |
|---------------------------|--|----------------------------------|------------------|----------------------------------|

|   |   |
|---|---|
| ADDRESS, CITY, STATE, ZIP<br><u>7830 WEST AVENUE, LEBANON, OH 45036</u> | CONTACT PHONE- INCLUDE AREA CODE<br><u>(513) 504-3958</u> |
|---|---|

|                      |                              |            |                                   |                                    |   |                               |                           |                      |                     |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|
| INJURIES<br><u>2</u> | INJURED TAKEN BY<br><u>1</u> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><u>04</u> | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br><u>01</u> | AIR BAG USAGE<br><u>1</u> | EJECTION<br><u>1</u> | TRAPPED<br><u>1</u> |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|

|                       |  |                      |                                      |                                   |                       |                                    |                                 |                   |                    |                              |                |
|-----------------------|--|----------------------|--------------------------------------|-----------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------|--------------------|------------------------------|----------------|
| OL STATE<br><u>OH</u> | OPERATOR LICENSE NUMBER<br><u>R9237991</u> | OL CLASS<br><u>2</u> | No <input type="checkbox"/> VALID OL | M/C <input type="checkbox"/> END. | CONDITION<br><u>1</u> | ALCOHOL/DRUG SUSPECTED<br><u>1</u> | ALCOHOL TEST STATUS<br><u>1</u> | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS<br><u>1</u> | DRUG TEST TYPE |
|-----------------------|--|----------------------|--------------------------------------|-----------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------|--------------------|------------------------------|----------------|

|  |                     |                 |  |                      |
|--|---------------------|-----------------|--|----------------------|
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE<br><input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY |
|--|---------------------|-----------------|--|----------------------|

|   |  |   |  |
|---|--|---|--|
| <b>INJURIES</b><br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL | <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | <b>SAFETY EQUIPMENT USED</b><br><b>MOTORIST</b><br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT USED<br><b>NON-MOTORIST</b><br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM- REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED<br>99 - UNKNOWN SAFETY EQUIPMENT | <b>Non-MOTORIST</b><br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS-USED (ELBOWS, KNEES, ETC)<br>12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER |
|---|--|---|--|

|   |   |
|---|---|
| <b>SEATING POSITION</b><br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE<br>07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | <b>AIR BAG USAGE</b><br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |
|---|---|

|  |   |  |   |  |
|--|---|--|---|--|
| <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | <b>OPERATOR LICENSE CLASS</b><br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IK "D")<br>5 - MC/MOPED ONLY | <b>CONDITION</b><br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER | <b>ALCOHOL/DRUG SUSPECTED</b><br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HBD NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |
|--|---|--|---|--|

|  |   |   |  |  |
|--|---|---|--|--|
| <b>ALCOHOL TEST STATUS</b><br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER | <b>DRUG TEST STATUS</b><br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER | <b>DRIVER DISTRACTED BY</b><br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/E-MAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |
|--|---|---|--|--|

OCCUPANT

OCCUPANT

|                         |   |               |     |                                  |
|-------------------------|---|---------------|-----|----------------------------------|
| UNIT NUMBER<br><u>W</u> | NAME: LAST, FIRST, MIDDLE<br><u>YEARELL, JACK</u> | DATE OF BIRTH | AGE | GENDER<br>F - FEMALE<br>M - MALE |
|-------------------------|---|---------------|-----|----------------------------------|

|   |   |
|---|---|
| ADDRESS, CITY, STATE, ZIP<br><u>7809 WEST AVENUE, LEBANON, OH 45036</u> | CONTACT PHONE- INCLUDE AREA CODE<br><u>(513) 932-6487</u> |
|---|---|

|          |                  |            |                                   |                       |   |                  |               |          |         |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

|             |                           |               |     |                                  |
|-------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br>F - FEMALE<br>M - MALE |
|-------------|---------------------------|---------------|-----|----------------------------------|

|                           |                                  |
|---------------------------|----------------------------------|
| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE- INCLUDE AREA CODE |
|---------------------------|----------------------------------|

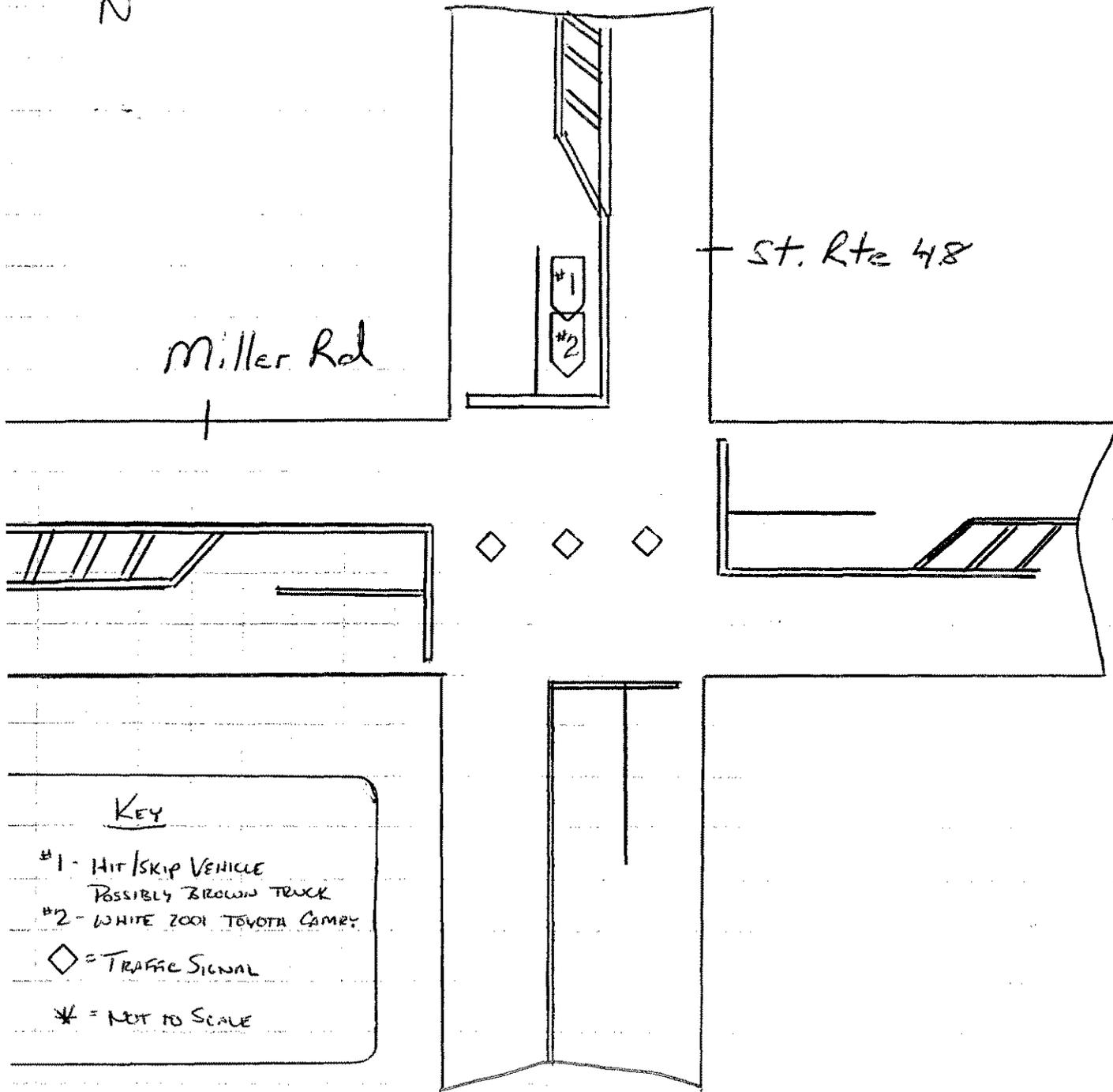
|          |                  |            |                                   |                       |   |                  |               |          |         |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

|                                      |  |   |
|--------------------------------------|--|---|
| LOCAL REPORT NUMBER<br><b>13-116</b> | REPORTING AGENCY<br><b>LEBANON POLICE DEPT</b> | DATE OF ACCIDENT<br>M <b>5</b> D <b>6</b> Y <b>13</b> |
| CITY OF<br><b>WARREN</b>             | ACCIDENT LOCATION<br><b>LEBANON</b>            |   |



Miller Rd

St. Rte 48



KEY

- #1 - HIT/SKIP VEHICLE  
POSSIBLY BROWN TRUCK
- #2 - WHITE 2001 TOYOTA CAMRY
- ◇ = TRAFFIC SIGNAL
- \* = NOT TO SCALE

OFFICER'S SIGNATURE

*Pte. J.S.*

BADGE NO.

130

|                               |   |                                   |
|-------------------------------|---|-----------------------------------|
| LOCAL REPORT NUMBER<br>13-116 | REPORTING AGENCY<br>LEBANON POLICE DEPT | DATE OF ACCIDENT<br>M 5 10 6 Y 13 |
| IN COUNTY OF<br>WARREN        | ACCIDENT LOCATION<br>48 - MILLER        |                                   |

## RESULTS OF FOLLOW-UP CONDUCTED 5/07/13.

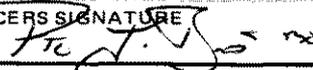
\* I MADE CONTACT WITH UNIT #2 NEIGHBOR, WHO WITNESSED THE CRASH. HE SPOKE ABOUT WHAT HE SAW. I RESPONDED TO HIS ADDRESS A SHORT TIME LATER AND RETRIEVED A WRITTEN STATEMENT, WAS IS ATTACHED.

\* I ALSO RECEIVED A VOICEMAIL FROM THE EVENING HOURS ON 5/06/13 ADVISING OF A POSSIBLE SUSPECT VEHICLE (DWE4586). I RESPONDED TO THAT ADDRESS AND LOCATED THE VEHICLE. IT DID HAVE FRONT END DAMAGE, HOWEVER NOT CONSISTANT WITH THE DAMAGE TO UNIT #2. IN SPEAKING WITH THE REGISTERED OWNER, WHO WAS AN ELDERLY GENTLEMAN, I LEARNED THAT HE WAS AT HOME IN BED DURING THE TIME OF THE CRASH. THE VEHICLE WAS IN THE DRIVEWAY. HE ALSO HAD A CANE IN THE VEHICLE TO ASSIST HIM IN WALKING

\* I SPOKE WITH YEAZEL (NEIGHBOR + WITNESS) TO CONFIRM THIS WAS NOT THE SUBJECT HE WITNESSED PICKING UP CAR PIECES. YEAZEL CONFIRMED THE DRIVER OF SUSPECT VEHICLE WAS NOT THAT OLD, NOR DID HE HAVE A CANE. HE DESCRIBED THE DRIVER AS LATE 40'S - EARLY 50'S

\* I MADE CONTACT WITH UNIT #2 TO CHECK ON HIS CONDITION. AND NOTIFY HIM OF MY FINDINGS. LYNCH WAS ADVISED OF THE RESULTS OF MY FOLLOW-UPS. LYNCH ALSO TOLD ME HE WENT TO HOSPITAL TO GET HIS NECK + BACK CHECKED OUT FROM INJURIES DUE TO ACCIDENT AND FOUND OUT HE BROKE HIS BACK AND COMPRESSED A VERTEBRA

OFFICER'S SIGNATURE



BADGE NO.

130

|                               |                                  |                                   |
|-------------------------------|----------------------------------|-----------------------------------|
| LOCAL REPORT NUMBER<br>13-116 | REPORTING AGENCY<br>LEBANON P.D. | DATE OF CRASH<br>M 5   D 6   Y 13 |
|-------------------------------|----------------------------------|-----------------------------------|

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

13-779

I, WOODY LYNCH HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

BURNS AT 48 FRAZLER RD. LEB. OH. 45036  
OFFICER'S NAME LOCATION

I WAS STOPPED AT RED LIGHT AT APPROX. 8:20 AM IN LEFT TURN LANE.  
 I WAS STOPPED BEHIND THE LINE WITH TURN SIGNAL ON, WAITING FOR LIGHT TO CHANGE.  
 I LOOKED OR GLANCED BACK IN MY REAR VIEW MIRROR JUST AS I HEARD SCREECHING. THEN  
 I WAS STRUCK IN REAR OF MY VEHICLE AND KNOCKED MY CAR FULLY ACROSS THE  
 LINE. I GLANCED BACK TO SEE A MAN IN A BLUE WORK COAT, NOT MUCH HAIR PICKING UP  
 PIECES OF EITHER MY CAR OR HIS. I WAS IN CAR HOLDING MY NECK. I LOOKED OVER  
 TOWARD MY LIGHT AS MY NEIGHBOR JACK YEAZEL WEST AVE. LEB. OH 45036,  
 TOLD ME HE SAW THE ACCIDENT AND WOULD TESTIFY ON MY BEHALF. AT ABOUT THAT TIME  
 I GOT OUT OF THE CAR AND LOOKED TOWARD THE SCHOOL. I SAW A MAN WHO WAS PICKING  
 UP THE PIECES OF VEHICLE, WALKING TOWARD A BROWN OR TANISH PICKUP TRUCK, WHICH  
 WAS PARKED IN THE JR. HIGH SCHOOL PARKING LOT. NOT IN A SPACE BUT BY THE 48 SIDE.

|  |   |
|--|---|
| ADDRESS OF WITNESS<br>2830 WEST AVE, LEB, OH | PHONE<br>513-504-3958                       |
| SIGNATURE OF WITNESS<br>X <i>Woody Lynch</i> | OFFICER'S SIGNATURE<br>X <i>[Signature]</i> |

|                                      |  |  |
|--------------------------------------|--|--|
| LOCAL REPORT NUMBER<br><b>13-116</b> | REPORTING AGENCY<br><b>LEBANON POLICE DEPT</b> | DATE OF CRASH<br>M <b>5</b>   D <b>6</b>   Y <b>13</b> |
|--------------------------------------|--|--|

**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, **JACK YEAZEL** HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

**BURNS B** AT **HIS RESIDENCE**

OFFICER'S NAME **SITTING A TRAFFIC LIGHT AT MILLER AND S.R. 48**  
LOCATION  
**WOODY SITTING AT LIGHT AND REAR ENDED AT LIGHT**  
**THE TRUCK THAT HIT HIM WAS A CHEVY S-10 WITH**  
**A CAP ON BACK OF TRUCK**

13-71779

**2809 WEST AVE LEBANON OHIO**

ADDRESS OF WITNESS PHONE **932-6487**

SIGNATURE OF WITNESS **X *Jack Yeazel*** OFFICER'S SIGNATURE **X *[Signature]***