



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

13-1209

CRASH SEVERITY

3 1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED
 PHOTOS TAKEN
 OH-2 OH-1P
 OH-3 OTHER
 PDO UNDER STATE REPORTABLE DOLLAR AMOUNT
 PRIVATE PROPERTY
REPORTING AGENCY NCIC *
10193103REPORTING AGENCY NAME *
Lebanon Police DepartmentNUMBER OF UNITS
102UNIT IN ERROR
01 98 - ANIMAL
99 - UNKNOWN
 COUNTY * 183
 CITY *
 VILLAGE *
 TOWNSHIP *
 CITY, VILLAGE, TOWNSHIP * Lebanon
CRASH DATE *
07/18/2013TIME OF CRASH
1711DAY OF WEEK
THU
 DEGREES / MINUTES / SECONDS
 LATITUDE 0 ' " LONGITUDE 0 ' "

DECIMAL DEGREES

LATITUDE 39.457378

LONGITUDE -84.205887

ROADWAY DIVISION
 DIVIDED
 UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL
N - NORTHBOUND E - EASTBOUND
S - SOUTHBOUND W - WESTBOUNDNUMBER OF THRU LANES
102ROAD 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 PT - PIKE SQ - SQUARE TL - TRAILLOCATION ROUTE NUMBER
LOCATION ROUTE TYPE 1LOC PREFIX N, S, E, W
LOCATION ROAD NAME MillerLOCATION ROAD TYPE 2
RDROUTE TYPES *
IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE
SR - STATE ROUTEDISTANCE FROM REFERENCE
100
 MILES
 FEET
 YARDSDIR FROM REF N, S, E, W
WREFERENCE ROUTE TYPE 1
SR 48

REF PREFIX N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)
REFERENCE ROAD TYPE 2REFERENCE POINT USED
1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBER
1
 CRASH LOCATION
 01 - NOT AN INTERSECTION
 02 - FOUR-WAY INTERSECTION
 03 - T-INTERSECTION
 04 - Y-INTERSECTION
 05 - TRAFFIC CIRCLE/ROUNDBOUNT
 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
 INTERSECTION RELATED
 01

 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 - STRAIGHT LEVEL
 2 - STRAIGHT GRADE
 3 - CURVE LEVEL
 4 - CURVE GRADE
 9 - UNKNOWN
 1

 ROAD CONDITIONS
 PRIMARY
 01
 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 - 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
 2

 WEATHER
 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
 1

 ROAD SURFACE
 1 - CONCRETE
 2 - BLACKTOP, BITUMINOUS, ASPHALT
 3 - BRICK/BLOCK
 4 - SLAG, GRAVEL, STONE
 5 - DIRT
 6 - OTHER
 2

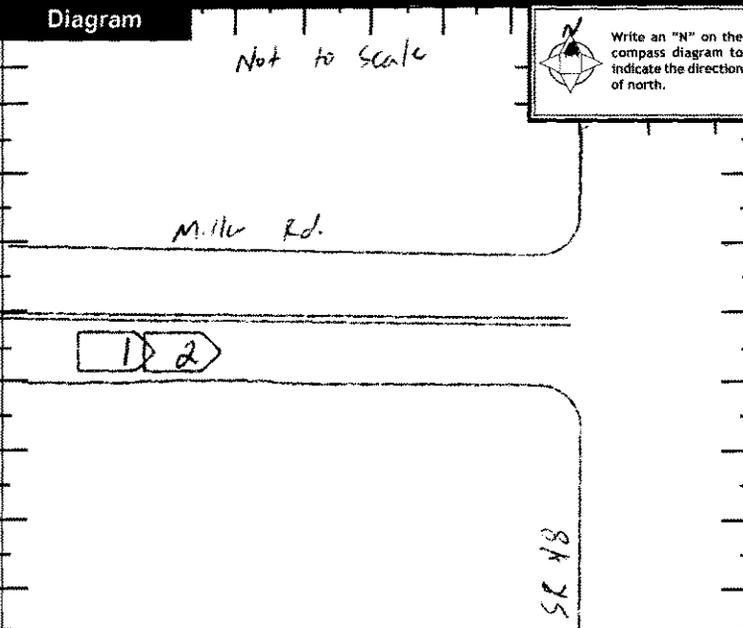
 LIGHT CONDITIONS
 PRIMARY
 1
 SECONDARY
 1 - DAYLIGHT
 2 - DAWN
 3 - DUSK
 4 - DARK - LIGHTED ROADWAY
 5 - DARK - ROADWAY NOT LIGHTED
 6 - DARK - UNKNOWN ROADWAY LIGHTING
 7 - GLARE*
 8 - OTHER
 9 - UNKNOWN

 SCHOOL ZONE RELATED
 YES, SCHOOL BUS DIRECTLY INVOLVED
 YES, SCHOOL BUS INDIRECTLY INVOLVED
 * SECONDARY CONDITION ONLY

 WORK 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 MEDIAN
 4 - INTERMITTENT DR 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
 Units 1 and 2 were traveling east on Miller Rd. Unit 2 was slowing/stopped in traffic. Unit 1 struck Unit 2 in the rear because it was following Unit 1 too closely.

 REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST

 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO GDPS)
DATE CRASH REPORTED
07/18/2013TIME CRASH REPORTED
1711DISPATCH TIME
1711ARRIVAL TIME
1715TIME CLEARED
1734OTHER INVESTIGATION TIME
110TOTAL MINUTES
119OFFICER'S NAME *
J. HallerOFFICER'S BADGE NUMBER
123CHECKED BY
A. Clark 131

PAGE 1 of 4



UNIT

LOCAL REPORT NUMBER

13-229

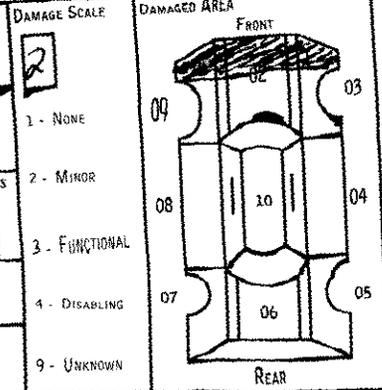
UNIT NUMBER: 011 | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER): Filloon, Susan | OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER): (513) 933-9464

OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER): 2740 Beckett St. Lebanon, OH 45036

LP STATE: OH | LICENSE PLATE NUMBER: FJB5757 | VEHICLE IDENTIFICATION NUMBER: HT1UBGR2KXVU0411147 | OCCUPANTS: 011

VEHICLE YEAR: 1/19/17 | VEHICLE MAKE: TOYT | VEHICLE MODEL: 45 | VEHICLE COLOR: Silver

PROOF OF INSURANCE SHOWN: | INSURANCE COMPANY: State Farm | POLICY NUMBER: 7471360-C26-35 | TOWED BY: N/A



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 20,000 LBS., 3 - MORE THAN 20,000 LBS. | CARGO BODY TYPE: 01

HM PLACARD ID NO.: | HAZARDOUS MATERIAL RELEASED: | TRAFFICWAY DESCRIPTION: 1 - TWO-WAY, NOT DIVIDED, 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE, 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAVED OR GRASS > 4 FT.) MEDIAN, 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER, 5 - ONE-WAY TRAFFICWAY

NON-MOTORIST LOCATION PRIOR TO IMPACT: 01-09 | TYPE OF USE: 1 - PERSONAL | UNIT TYPE: 03 - PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)

MEG/HEAVY TRUCKS OR COMBO UNITS > 10K LBS: 13-20 | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER): 21-27

SPECIAL FUNCTION: 01 - NONE | ACTION: 3 - STRIKING

PRE-CRASH ACTIONS: 01 - UNKNOWN | MOTORIST: 01-06 | NON-MOTORIST: 13-14

CONTRIBUTING CIRCUMSTANCES: 09 - UNKNOWN | MOTORIST: 01-12 | NON-MOTORIST: 11-20

SEQUENCE OF EVENTS: 1 - 20, 2 - 00, 3 - 00, 4 - 00, 5 - 00, 6 - 00

FIRST HARMFUL EVENT: 1 | MOST HARMFUL EVENT: 1

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED: 14-20

COLLISION WITH FIXED OBJECT: 21-32

NON-COLLISION EVENTS: 01-05

VEHICLE DEFECTS: 01-11

UNIT SPEED: STATED | POSTED SPEED: | TRAFFIC CONTROL: 01 - NO CONTROLS

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



UNIT

LOCAL REPORT NUMBER

113-209

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) Tanner, Christine	OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)	DAMAGE SCALE 2	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER DH17DE	VEHICLE IDENTIFICATION NUMBER 11F1MCU101C73AKP1103718	2 - MINOR	
VEHICLE YEAR 2010	VEHICLE MAKE FORD	VEHICLE MODEL SW	3 - FUNCTIONAL	
VEHICLE COLOR Black	PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY State Farm	4 - DISABLING	
POLICY NUMBER 1170811-F30-35B	TOWED BY NA		9 - UNKNOWN	
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.	CARGO BODY TYPE 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, 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 (PAINTED OR GRASS >4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID No.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED			<input type="checkbox"/> HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - 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 <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 06 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 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
			<input type="checkbox"/> 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/MAINTENANCE 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 06 IMPACT AREA 06	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	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	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
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CONTRIBUTING CIRCUMSTANCES PRIMARY 01 SECONDARY 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
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SEQUENCE OF EVENTS 1 20 2 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	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 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION
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COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT	21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	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
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UNIT SPEED <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	TRAFFIC CONTROL 01 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 4 TO 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER **113-209**
DATE OF BIRTH **10/12/1995** AGE **17** GENDER F - FEMALE
 M - MALE

UNIT NUMBER **1011** NAME: LAST, FIRST, MIDDLE **Fillion, Benjamin** CONTACT PHONE - INCLUDE AREA CODE **(513) 292-6228**
ADDRESS, CITY, STATE, ZIP **2740 Beckett St. Lebanon, OH 45036**

MOTORIST / NON-MOTORIST: MOTORIST NON-MOTORIST

INJURIES: INJURED TAKEN BY EMS AGENCY: **N/A** MEDICAL FACILITY INJURED TAKEN TO: **N/A** SAFETY EQUIPMENT USED: **04** DOT COMPLIANT: MOTORCYCLE HELMET: SEATING POSITION: **01** AIR BAG USAGE: EJECTION: TRAPPED:

OL STATE: **OH** OPERATOR LICENSE NUMBER: **TX008973** OL CLASS: **H** No VALID OL: M/C END.: CONDITION: **1** ALCOHOL/DRUG SUSPECTED: **1** ALCOHOL TEST STATUS: **1** ALCOHOL TEST TYPE: **1** ALCOHOL TEST VALUE: **1** DRUG TEST STATUS: **1** DRUG TEST TYPE: **2**

OFFENSE CHARGED: LOCAL CODE: **333.03** OFFENSE DESCRIPTION: **ACDA** CITATION NUMBER: **67884** HANDS-FREE DEVICE USED: DRIVER DISTRACTED BY:

UNIT NUMBER **1012** NAME: LAST, FIRST, MIDDLE **Tanner, Kevin** CONTACT PHONE - INCLUDE AREA CODE **(513) 515-5910**
ADDRESS, CITY, STATE, ZIP **999 Grandstone Ct. Lebanon, OH 45036**

MOTORIST / NON-MOTORIST: MOTORIST NON-MOTORIST

INJURIES: INJURED TAKEN BY EMS AGENCY: **N/A** MEDICAL FACILITY INJURED TAKEN TO: **N/A** SAFETY EQUIPMENT USED: **04** DOT COMPLIANT: MOTORCYCLE HELMET: SEATING POSITION: **01** AIR BAG USAGE: EJECTION: TRAPPED:

OL STATE: **OH** OPERATOR LICENSE NUMBER: **SM064932** OL CLASS: **H** No VALID OL: M/C END.: CONDITION: **1** ALCOHOL/DRUG SUSPECTED: **1** ALCOHOL TEST STATUS: **1** ALCOHOL TEST TYPE: **1** ALCOHOL TEST VALUE: **1** DRUG TEST STATUS: **1** DRUG TEST TYPE: **1**

OFFENSE CHARGED: LOCAL CODE: OFFENSE DESCRIPTION: CITATION NUMBER: HANDS-FREE DEVICE USED: 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
99 - UNKNOWN SAFETY EQUIPMENT | 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
99 - UNKNOWN | AIR BAG USAGE
1 - NOT DEPLOYED
2 - DEPLOYED FRONT
3 - DEPLOYED SIDE
4 - DEPLOYED BOTH FRONT/SIDE
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 - MC/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 - 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 **1013** NAME: LAST, FIRST, MIDDLE **Occupant** CONTACT PHONE - INCLUDE AREA CODE
ADDRESS, CITY, STATE, ZIP **Occupant**

MOTORIST / NON-MOTORIST: MOTORIST NON-MOTORIST

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 **1014** NAME: LAST, FIRST, MIDDLE **Occupant** CONTACT PHONE - INCLUDE AREA CODE
ADDRESS, CITY, STATE, ZIP **Occupant**

MOTORIST / NON-MOTORIST: MOTORIST NON-MOTORIST

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 **1015** NAME: LAST, FIRST, MIDDLE **Occupant** CONTACT PHONE - INCLUDE AREA CODE
ADDRESS, CITY, STATE, ZIP **Occupant**

MOTORIST / NON-MOTORIST: MOTORIST NON-MOTORIST

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: