



# Traffic Crash Report

|                       |   |                                 |
|-----------------------|---|---------------------------------|
| Local Report Number * | Crash Severity                          | HIT/Skip                        |
| 13-373                | 3<br>1 - Fatal<br>2 - Injury<br>3 - PDO | 2<br>1 - Solved<br>2 - Unsolved |

|   |   |   |                         |                      |                                  |
|---|---|---|-------------------------|----------------------|----------------------------------|
| Local Information   |   | Reporting Agency NCIC *                   | Reporting Agency Name * | Number of Units      | Unit in error                    |
| <input type="checkbox"/> Photos Taken<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> Other | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | <input type="checkbox"/> Private Property | 101813103               | Lebanon Police Dept. | 102<br>98 - Anima<br>99 - Unkn-w |

|          |         |                           |              |               |             |
|----------|---------|---------------------------|--------------|---------------|-------------|
| County * | City *  | City, Village, Township * | Crash Date * | Time of Crash | Day of Week |
| 13       | Lebanon | Lebanon                   | 11201720113  | 113109        | SAT         |

|                             |           |                 |              |
|-----------------------------|-----------|-----------------|--------------|
| Degrees / Minutes / Seconds | Longitude | Decimal Degrees | Longitude    |
| 0' 0" 0"                    | 0         | 39.434536       | 78.412110463 |

|   |  |                      |  |
|---|--|----------------------|--|
| Roadway Division  | Divided Lane Direction of Travel                             | Number of Thru Lanes | Road Types or Milepost <sup>2</sup>  |
| <input type="checkbox"/> Divided<br><input checked="" type="checkbox"/> Undivided | N - Northbound E - Eastbound<br>S - Southbound W - Westbound | 1                    | AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way<br>AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace<br>BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail |

|                                  |                       |            |                    |                                 |  |
|----------------------------------|-----------------------|------------|--------------------|---------------------------------|--|
| Location Route Type <sup>1</sup> | Location Route Number | Loc Prefix | Location Road Name | Location Road Type <sup>2</sup> | Route Types <sup>1</sup>   |
|                                  |                       | N, S, E, W | Mulberry           | ST                              | IR - Interstate Route (inc. Turnpike) CR - Numbered County Route<br>US - US Route TR - Numbered Township Route<br>SR - State Route |

|                         |              |                        |            |  |                                  |
|-------------------------|--------------|------------------------|------------|--|----------------------------------|
| Distance From Reference | Dir From Ref | Reference Route Number | Ref Prefix | Reference Name (Road, Milepost, House #) | Reference Road Type <sup>2</sup> |
| 25 Miles                | W            |                        | N          | Sycamore                                 | ST                               |

|   |  |   |
|---|--|---|
| Reference Point Used                                  | Crash Location   | Location of First Harmful Event   |
| 1 - Intersection<br>2 - Mile Post<br>3 - House Number | 01 - Not an intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout | 1 - On Roadway<br>2 - On Shoulder<br>3 - In Median<br>4 - On Roadside<br>5 - On Gore<br>6 - Outside Trafficway<br>9 - Unknown |

|                                       |   |   |
|---------------------------------------|---|---|
| Road Contour                          | Road Conditions                               | Weather   |
| 2 - Straight Level<br>3 - Curve Level | 07 - Dry<br>02 - Wet<br>03 - Snow<br>04 - Ice | 1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke |

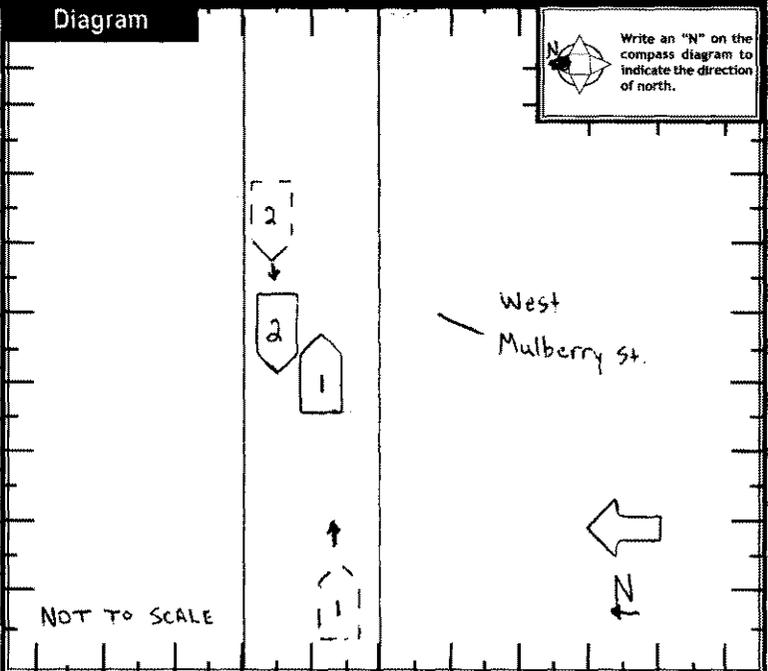
|   |   |
|---|---|
| Manner of Crash Collision/Impact                          | Weather   |
| 8 - Not Collision Between Two Motor Vehicles In Transport | 1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke |

|   |  |   |
|---|--|---|
| Road Surface  | Light Conditions   | School Bus Related  |
| 2 - Concrete<br>3 - Blacktop, Bituminous, Asphalt<br>4 - Slag, Gravel, Stone<br>5 - Dirt<br>6 - Other | 1 - Daylight<br>2 - Dawn<br>3 - Dusk<br>4 - Dark - Lighted Roadway | <input type="checkbox"/> School Bus Related<br><input type="checkbox"/> Yes, School Bus Directly Involved<br><input type="checkbox"/> Yes, School Bus Indirectly Involved |

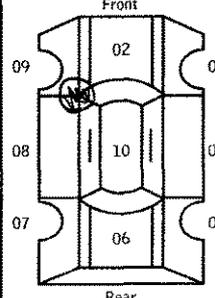
|   |  |  |
|---|--|--|
| Work Zone Related   | Type of Work Zone  | Location of Crash in Work Zone   |
| <input type="checkbox"/> Workers Present<br><input type="checkbox"/> Law Enforcement Present (Officer/Vehicle)<br><input type="checkbox"/> Law Enforcement Present (Vehicle Only) | 1 - Lane Closure<br>2 - Lane Shift/Crossover<br>3 - Work on Shoulder or Median | 1 - Before the First Work Zone Warning Sign<br>2 - Advance Warning Area<br>3 - Transition Area |

**Narrative**

Unit # 1 was travelling East on W. Mulberry St when Unit # 2 side swiped Unit # 1. Unit # 2 was travelling West on W. Mulberry St. when the contact was made between the two vehicles. Unit # 2 left the scene.



|                     |                        |               |              |              |                          |               |
|---------------------|------------------------|---------------|--------------|--------------|--------------------------|---------------|
| Date Crash Reported | Time Crash Reported    | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| 11201720113         | 113109                 | 113114        | 113122       | 113132       | 11201                    | 11310         |
| Officer's Name *    | Officer's Badge Number | Checked By    | Page 1 of 4  |              |                          |               |
| PH. Todd            | 116                    | ACM 131       |              |              |                          |               |

|  |   |   |                          |   |
|--|---|---|--------------------------|---|
| Unit Number<br><b>1011</b>   | Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )<br><b>GUSTIN, MARK</b> | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )<br><b>(937) 286-4901</b> | Damage Scale<br><b>2</b> | Damaged Area<br> |
| Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) |   |   | 1 - None                 |   |
| LP State<br><b>OH</b>  | License Plate Number<br><b>EWD 4310</b>   | Vehicle Identification Number<br><b>1H1D7H1L1181D164J311681712121</b>   | 2 - Minor                |   |
| Vehicle Year<br><b>2010</b>  | Vehicle Make<br><b>Dodge</b>  | Vehicle Model<br><b>Truck</b>   | 3 - Functional           |   |
| Vehicle Color<br><b>DARK BLUE</b>  | Proof of Insurance Shown<br><input checked="" type="checkbox"/>   | Insurance Company<br><b>FARMERS</b>   | 4 - Disabling            |   |
| Policy Number<br><b>190661309</b>  | Towed By  | 9 - Unknown   |                          |   |

|  |  |
|--|--|
| Carrier Name, Address, City, State, Zip              | Carrier Phone- include area code   |
| 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.   |
| HM Placard ID No.                                    | Cargo Body Type<br>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 |
| HM Class Number                                      | Trafficway Description<br>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                                     |
| <input type="checkbox"/> Hazardous Material Released | <input checked="" type="checkbox"/> Hit / Skip Unit  |

|   |  |   |   |   |   |
|---|--|---|---|---|---|
| Non-Motorist Location Prior to Impact<br>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 | Type of Use<br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input checked="" type="checkbox"/> In Emergency Response | Unit Type<br>07<br>99 - Unknown or Hit / Skip | 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 | 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><b>Non-Motorist</b><br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Sled, etc.<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |
| <input type="checkbox"/> Has HM Placard   |  |   |   |   |   |

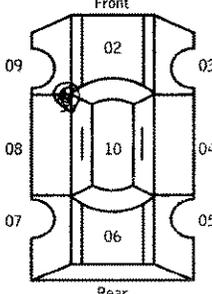
|   |   |   |   |   |              |   |
|---|---|---|---|---|--------------|---|
| Special Function<br>01 - None<br>02 - Taxi<br>03 - Rental Truck (over 10k Lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other | 09 - Ambulance<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>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 | Action<br>5<br>1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
|---|---|---|---|---|--------------|---|

|   |  |  |  |  |                                |
|---|--|--|--|--|--------------------------------|
| Pre-Crash Actions<br>01<br>99 - Unknown | 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 - Stopping 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>01<br>Secondary<br>99 - Unknown | 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>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<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><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown  | 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 - Pedacyclist<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 | Collision With Fixed Object<br>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  | 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><input type="checkbox"/> Stated<br><input type="checkbox"/> Estimated | Posted Speed<br><b>25</b> | Traffic Control<br>01<br>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 | Unit Direction<br>From <b>4</b> To <b>3</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown |
|---|---------------------------|--|--|---|--|

|   |   |   |                                       |   |
|---|---|---|---------------------------------------|---|
| Unit Number<br><b>1021</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>2</b>              | Damaged Area<br> |
| Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) |   |   |                                       |   |
| LP State  | License Plate Number  | Vehicle Identification Number   | # Occupants                           |   |
| Vehicle Year  | Vehicle Make<br><b>CHEVY</b>  | Vehicle Model<br><b>TRUCK</b>   | Vehicle Color<br><b>Pewter / Gold</b> |   |
| <input type="checkbox"/> Proof of Insurance Shown                           | Insurance Company   | Policy Number   | Towed By                              |   |
| Carrier Name, Address, City, State, Zip                                     |   |   |                                       | Carrier Phone- include area code  |

|                   |  |   |   |
|-------------------|--|---|---|
| US DOT            | Vehicle Weight GVWR/GCWR<br><b>1</b><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><br>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 | Trafficway Description<br><b>1</b><br>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 Placard ID No. | <input type="checkbox"/> Hazardous Material Released   | 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>16 - Other/Unknown   | <input checked="" type="checkbox"/> Hit / Skip Unit   |
| HM Class Number   |  |   |   |

|  |   |  |   |   |   |
|--|---|--|---|---|---|
| Non-Motorist Location Prior to Impact<br><b>01</b><br>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 | Type of Use<br><b>0</b><br>1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response | Unit Type<br><b>07</b><br>99 - Unknown or Hit / Skip | 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 | 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><b>Non-Motorist</b><br>23 - Animal with Rider<br>24 - Animal with Buggy, Wagon, Sled<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist |
| <input type="checkbox"/> Has HM Placard  |   |  |   |   |   |

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| Special Function<br><b>01</b><br>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>08</b><br>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>5</b><br>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>99</b><br>99 - Unknown | 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 | Non-Motorist<br>13 - Negotiating a Curve<br>14 - Other Motorist Action<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>99</b><br>99 - Unknown | 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 | Non-Motorist<br>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 | Vehicle Defects<br><b>01</b><br>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<br>1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b><br>First Harmful Event <b>1</b> Most Harmful Event <b>1</b><br>99 - Unknown | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>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<br>10 - Cross Median<br>11 - Cross Center Line<br>12 - Downhill Runaway<br>13 - Other Non-Collision | Collision With Fixed Object<br>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<br>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<br>41 - Other Post, Pole or Support<br>42 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox<br>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>25</b> | Posted Speed<br><b>25</b> | Traffic Control<br><b>01</b><br>01 - No Controls<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Flashers<br>06 - School Zone<br>07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Gates<br>10 - Construction Barricade<br>11 - Person (Flagger, Officer)<br>12 - Pavement Markings<br>13 - Crosswalk Lines<br>14 - Walk/Don't Walk<br>15 - Other<br>16 - Not Reported | Unit Direction<br>From <b>3</b> To <b>4</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West<br>5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown |
|-------------------------|---------------------------|--|--|



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER 13-373

|                           |   |                                    |                  |   |
|---------------------------|---|------------------------------------|------------------|---|
| UNIT NUMBER<br><u>011</u> | NAME: LAST, FIRST, MIDDLE<br><u>GUSTIN, Michael</u> | DATE OF BIRTH<br><u>10/11/1993</u> | AGE<br><u>20</u> | GENDER<br><input checked="" type="checkbox"/> M - MALE<br><input type="checkbox"/> F - FEMALE |
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| ADDRESS, CITY, STATE, ZIP<br><u>30 Devon Ct. Springboro, OH 45066</u> | CONTACT PHONE - INCLUDE AREA CODE<br><u>(937) 409-2519</u> |
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| INJURIES<br><input type="checkbox"/>                                  | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY<br><u>N/A</u>      | MEDICAL FACILITY INJURED TAKEN TO<br><u>N/A</u>    | 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><input type="checkbox"/>       | EJECTION<br><input type="checkbox"/>          | TRAPPED<br><input type="checkbox"/> |  |  |
| OL STATE<br><u>OH</u>   | OPERATOR LICENSE NUMBER<br><u>TP205659</u>   | OL CLASS<br><u>4</u>          | <input type="checkbox"/> NO VALID OL               | <input type="checkbox"/> M/C END.                | CONDITION<br><input type="checkbox"/>                       | ALCOHOL/DRUG SUSPECTED<br><input type="checkbox"/> | ALCOHOL TEST STATUS<br><input type="checkbox"/> | ALCOHOL TEST TYPE<br><input type="checkbox"/> | ALCOHOL TEST VALUE<br><u>      </u> | DRUG TEST STATUS<br><input type="checkbox"/> | DRUG TEST TYPE<br><input type="checkbox"/> |
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)<br><u>NONE</u> | OFFENSE DESCRIPTION<br><u>N/A</u>            | CITATION NUMBER<br><u>N/A</u> | HANDS-FREE<br><input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY<br><input type="checkbox"/> |   |  |   |   |                                     |  |  |

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| UNIT NUMBER<br><u>012</u> | NAME: LAST, FIRST, MIDDLE<br><u>Unknown</u> | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES<br><input type="checkbox"/>                   | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY      | MEDICAL FACILITY INJURED TAKEN TO                  | SAFETY EQUIPMENT USED<br><input type="checkbox"/> | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br><input type="checkbox"/> | AIR BAG USAGE<br><input type="checkbox"/> | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |                  |                |
| OL STATE   | OPERATOR LICENSE NUMBER                      | OL CLASS        | <input type="checkbox"/> NO VALID OL               | <input type="checkbox"/> M/C 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<br><input type="checkbox"/>  |   |  |   |                                      |                                     |                  |                |

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| <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 | <b>99 - UNKNOWN SAFETY EQUIPMENT</b> | <b>NON-MOTORIST</b><br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER |
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| <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)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN | <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 |
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| <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 (0-10 IS "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 |
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| <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 |
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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |
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| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><input type="checkbox"/> | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br><input type="checkbox"/> | AIR BAG USAGE<br><input type="checkbox"/> | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
|--------------------------------------|--|------------|-----------------------------------|---|---|--|---|--------------------------------------|-------------------------------------|

|             |                           |               |     |  |
|-------------|---------------------------|---------------|-----|--|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br><input type="checkbox"/> F - FEMALE<br><input type="checkbox"/> M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES<br><input type="checkbox"/> | INJURED TAKEN BY<br><input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><input type="checkbox"/> | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br><input type="checkbox"/> | AIR BAG USAGE<br><input type="checkbox"/> | EJECTION<br><input type="checkbox"/> | TRAPPED<br><input type="checkbox"/> |
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