Traffic Crash Report

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

Local Information

Local Report Number *: 14-152

Crash Severity: 2 (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 *: 0813013

Reporting Agency Name *: Lebanon P.D.

Number of Units: 02

Unit in error: 01 (98 - Animal, 99 - Unknown)

County *: 83

☒ City * ☐ Village * ☐ Township *

City, Village, Township *: Lebanon

Crash Date *: 05/05/2014

Time of Crash: 0823

Day of Week: MON

Degrees / Minutes / Seconds — Latitude: 0 / " Longitude: 0 / "

Decimal Degrees — Latitude: 39.433475 Longitude: -84.2019883

Roadway Division: ☐ Divided ☒ Undivided

Divided Lane Direction of Travel: N - Northbound, S - Southbound, E - Eastbound, W - Westbound

Number of Thru Lanes: 02

Road Types or Milepost [2]: AL - Alley, AV - Avenue, BL - Boulevard, CR - Circle, CT - Court, DR - Drive, HE - Heights, HW - Highway, LA - Lane, MP - Milepost, PK - Parkway, PI - Pike, PL - Place, RD - Road, SQ - Square, ST - Street, TE - Terrace, TL - Trail, WA - Way

Location Route Type [1]: SR

Location Route Number: 63

Loc Prefix: W (N,S, E,W)

Location Road Name: Main

Location Road Type [2]: St

Route Types [1]: IR - Interstate Route (inc. turnpike), US - US Route, SR - State Route, CR - Numbered County Route, TR - Numbered Township Route

Distance From Reference: Ø ☐ Miles ☐ Feet ☐ Yards

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 #): Sycomore

Reference Road Type [2]: St

Reference Point Used: 1 - Intersection, 2 - Mile Post, 3 - House Number

Crash Location: 02
01 - Not an intersection
02 - Four-way Intersection
03 - T-Intersection
04 - Y-Intersection
05 - Traffic Circle/Roundabout
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

Location of First Harmful Event: 1
1 - On Roadway
2 - On Shoulder
3 - In Median
4 - On Roadside
5 - On Gore
6 - Outside Trafficway
9 - Unknown

Road Contour: 2
1 - Straight Level
2 - Straight Grade
3 - Curve Level
4 - Curve Grade
9 - Unknown

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: 6
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: 2
1 - Clear
2 - Cloudy
3 - Fog, Smog, Smoke
4 - Rain
5 - Sleet, Hail
6 - Snow
7 - Severe Crosswinds
8 - Blowing Sand, Soil, Dirt, Snow
9 - Other/Unknown

Road Surface: 2
1 - Concrete
2 - Blacktop, Bituminous, Asphalt
3 - Brick/Block
4 - Slag, Gravel, Stone
5 - Dirt
6 - Other

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
* Secondary Condition Only

☐ School Zone Related

School Bus Related: ☐ Yes, School Bus Directly Involved ☐ Yes, School Bus Indirectly Involved

☐ Work Zone Related

☐ Workers Present
☐ Law Enforcement Present (Officer/Vehicle)
☐ Law Enforcement Present (Vehicle Only)

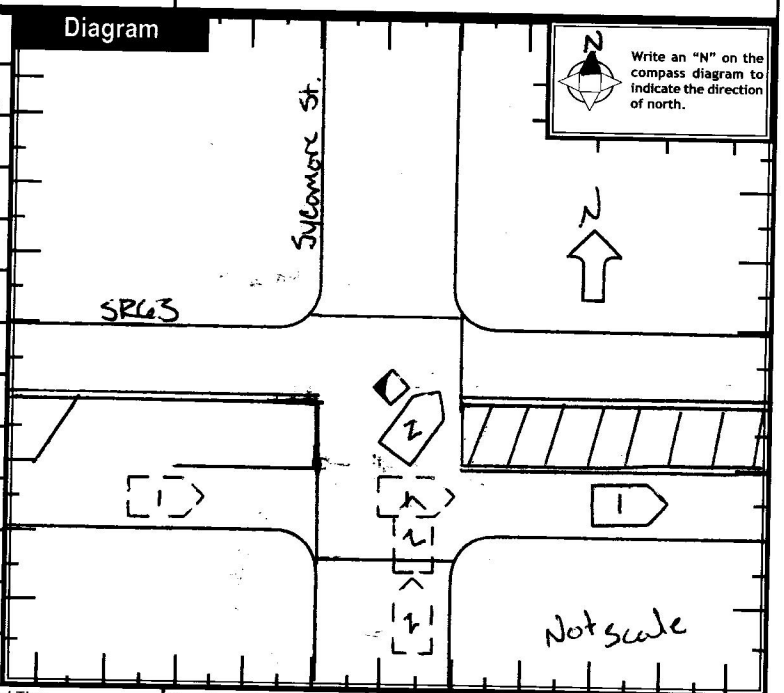
Type of Work Zone:
1 - Lane Closure
2 - Lane Shift/Crossover
3 - Work on Shoulder or Median
4 - Intermittent or Moving Work
5 - Other

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 was traveling West to East on SR63. Unit #2 was traveling South to North on Sycomore St. Unit #1 entered the intersection under a red traffic signal. Unit #2 entered the intersection under a green traffic signal and struck unit #1 at an angle.

Diagram



Report Taken By: ☒ Police Agency ☐ Motorist

☐ Supplement (Correction or Addition to an Existing Report Sent to ODPS)

Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
05/05/2014	0823	0825	0825	0958	0020	55

Officer's Name *: Nate Trout

Officer's Badge Number: 129

Checked By: 131

HSY7001 OH1 Rev 01/13 [760-0820]

14-7633

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

UNIT

LOCAL REPORT NUMBER: 14-152

UNIT NUMBER: 01

OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER)

OWNER PHONE NUMBER - INC. AREA CODE (☒ SAME AS DRIVER)

DAMAGE SCALE: 3
1 - NONE
2 - MINOR
3 - FUNCTIONAL
4 - DISABLING
9 - UNKNOWN

DAMAGED AREA: FRONT 02, 03, 04, 05, 06, 07, 08, 09, 10 (REAR)

OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER)

LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS
OH	EQD7131	JM1BL1H58A1314316	01

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
2010	Mazd	HB	Blue

☒ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY
	Progressive	40887607	JNZ Body Shop

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE- INCLUDE AREA CODE

US DOT

HM PLACARD ID NO.

HM CLASS NUMBER

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.

☐ HAZARDOUS MATERIAL RELEASED

CARGO BODY TYPE: 01
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
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

☐ 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
1 - PERSONAL
2 - COMMERCIAL
3 - GOVERNMENT

☐ IN EMERGENCY RESPONSE

UNIT TYPE: 02
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/PEDACYCLIST
26 - PEDESTRIAN/SKATER
27 - OTHER NON-MOTORIST

☐ HAS HM PLACARD

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

IMPACT AREA: 04

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

PRE-CRASH ACTIONS: 01
99 - UNKNOWN

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

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

CONTRIBUTING CIRCUMSTANCES

PRIMARY: 03

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

SEQUENCE OF EVENTS
1: 20 2: 3: 4: 5: 6:
99 - UNKNOWN

FIRST HARMFUL EVENT: 1

MOST HARMFUL EVENT: 1

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 OPPOSITE DIRECTION OF TRAVEL
12 - DOWNHILL RUNAWAY
13 - OTHER NON-COLLISION

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

UNIT SPEED
☐ STATED
☐ ESTIMATED

POSTED SPEED: 25

TRAFFIC CONTROL: 04
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

HSY8304 OH1U (REV 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

UNIT

LOCAL REPORT NUMBER: 14-152

UNIT NUMBER: 02

OWNER NAME: LAST, FIRST, MIDDLE (☒ SAME AS DRIVER)

OWNER PHONE NUMBER - INC. AREA CODE (☒ SAME AS DRIVER)

DAMAGE SCALE: 4
1 - NONE
2 - MINOR
3 - FUNCTIONAL
4 - DISABLING
9 - UNKNOWN

DAMAGED AREA: FRONT 09, 03, 08, 10, 04, 07, 05, 06, REAR

OWNER ADDRESS: CITY, STATE, ZIP (☒ SAME AS DRIVER)

LP STATE: OH
LICENSE PLATE NUMBER: 672XJL
VEHICLE IDENTIFICATION NUMBER: JM3KE2C43E0386693
OCCUPANTS: 01

VEHICLE YEAR: 2014
VEHICLE MAKE: Mazd
VEHICLE MODEL: SW
VEHICLE COLOR: White

☒ PROOF OF INSURANCE SHOWN
INSURANCE COMPANY: State Form
POLICY NUMBER: 1809282A2135D
TOWED BY: Lebanon Towing

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE- INCLUDE AREA CODE

US DOT

HM PLACARD ID NO.

HM CLASS NUMBER

VEHICLE WEIGHT GVWR/GCWR
1 - LESS THAN OR EQUAL TO 10K LBS.
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☐ HAZARDOUS MATERIAL RELEASED

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15 - GARBAGE/REFUSE
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TRAFFICWAY DESCRIPTION: 1
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12 - NON-TRAFFICWAY AREA
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TYPE OF USE: 1
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2 - COMMERCIAL
3 - GOVERNMENT

☐ IN EMERGENCY RESPONSE

UNIT TYPE: 06
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PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)
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MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS
13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES
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☐ HAS HM PLACARD

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

IMPACT AREA: 02

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

PRE-CRASH ACTIONS: 01
99 - UNKNOWN

MOTORIST
01 - STRAIGHT AHEAD
02 - BACKING
03 - CHANGING LANES
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NON-MOTORIST
15 - ENTERING OR CROSSING SPECIFIED LOCATION
16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING
17 - WORKING
18 - PUSHING VEHICLE
19 - APPROACHING OR LEAVING VEHICLE
20 - STANDING
21 - OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES

PRIMARY: 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
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16 - WRONG SIDE/WRONG WAY
17 - FAILURE TO CONTROL
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VEHICLE DEFECTS
01 - TURN SIGNALS
02 - HEAD LAMPS
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04 - BRAKES
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06 - TIRE BLOWOUT
07 - WORN OR SLICK TIRES
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09 - MOTOR TROUBLE
10 - DISABLED FROM PRIOR ACCIDENT
11 - OTHER DEFECTS

SEQUENCE OF EVENTS
1: 20 2: 3: 4: 5: 6:
99 - UNKNOWN

FIRST HARMFUL EVENT: 1

MOST HARMFUL EVENT: 1

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 OPPOSITE DIRECTION OF TRAVEL
12 - DOWNHILL RUNAWAY
13 - OTHER NON-COLLISION

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

UNIT SPEED
☐ STATED
☐ ESTIMATED

POSTED SPEED: 25

TRAFFIC CONTROL: 04
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 2 TO 1
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - UNKNOWN

HSY8304 OH1U (REV 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER: 14-152

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Comacho Cesar Daniel	08/06/1981	32	M (F - Female, M - Male)

Address, City, State, Zip: 5807 Hall Ct. Loveland OH 45140
Contact Phone- include area code: 513-304-8943

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
3	2	Lebanon Fire	BAS	04		01	3	1	1

OL State	Operator License Number	OL Class	No Valid OL	M/C End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	TH840704	4		☒	1	1	1	1	.	1	1

Offense Charged (☒ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
313.01	Traffic Control Device	68458		1

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	Ginther Megan C.	11/18/1979	34	F (F - Female, M - Male)

Address, City, State, Zip: 596 Belle Meade Farm Dr. Loveland OH 45140
Contact Phone- include area code: 513-256-6614

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
2	1			04		01	4	1	1

OL State	Operator License Number	OL Class	No Valid OL	M/C End.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	RM394505	4			1	1	1	1	.	1	1

Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
				1

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
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

OCCUPANT

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
				F - Female, M - Male

Address, City, State, Zip:
Contact Phone- include area code:

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped

OCCUPANT

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
				F - Female, M - Male

Address, City, State, Zip:
Contact Phone- include area code:

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped

HSY8306 OH1M (Rev 01/12)

OHIO TRAFFIC CRASH WITNESS STATEMENT **OH-3 REV 1/82**

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
14-7633	Lebanon P.D.	M 5 D 5 Y 14

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

I, Kevin Fields (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Nate Trout 129 (OFFICERS NAME) AT W. Main St. @ Sycomore St. (LOCATION)

I WAS WORKING IN MY SHED WHEN I HEARD A CRASH I LOOKED AND SEEN A WHITE S.U.V WAS DAMAGED, SO I TOOK OUT MY PHONE TO CALL 911 COULDN'T SO I LOOKED UP AND SYCAMORE SIDE LIGHT WAS YELLOW TURNING RED. ~~[illegible] HER~~ SO I HELPED HER TO THE ~~[illegible]~~ SIDE OF THE ROAD.

RR 478106

513-282-8134

ADDRESS OF WITNESS: 33 S. SYCAMORE LEBANON OH.

PHONE:

SIGNATURE OF WITNESS: [signature]

OFFICERS SIGNATURE: [signature]

HSY 7003 1/82