TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY

Local Information

Local Report Number *: 14-350

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 *: 08303

Reporting Agency Name *: Lebanon Police Department

Number of Units: 2

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

County *: 83

✓ City * / Village * / Township *

City, Village, Township *: Lebanon

Crash Date *: 10/02/2014

Time of Crash: 2042

Day of Week: MON

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

Decimal Degrees — Latitude: 39.457313 Longitude: -84.203750

Roadway Division: Divided / ✓ Undivided

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

Number of Through Lanes: 2

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: Location Route Number

Location Prefix: N, S, E, W — Route Name: Miller — Location Road Type 2: RD

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: Miles / Feet / Yards

Direction From Reference: N, S, E, W

Reference Route Type 1 — Reference Route Number

Ref Prefix: N, S, E, W — Reference Name (Road, Milepost, House #): Broadway — Reference Road Type 2: AV

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 - 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

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: 4 — 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)

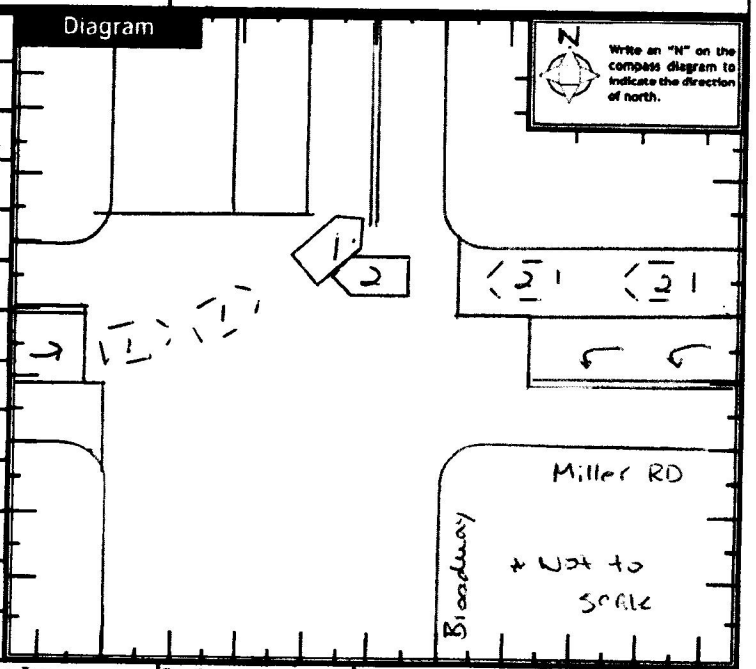
Type of Work Zone: 1 - Lane Closure, 2 - Lane Shift/Crossover, 3 - Work on Shoulder or Median, 4 - Intermittent or Moving Work, 5 - Other

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 2 was traveling westbound on Miller Road approaching the Broadway intersection. A witness was traveling immediately behind Unit 2. Unit 1 was traveling eastbound on Miller Road and attempting to turn left on to Broadway. Unit 1 failed to yield the right of way to Unit 2. Unit 2 struck Unit 1 in the intersection. The driver of Unit 1 was issued a citation pursuant to ORD. 331.17 Right of Way Turning Left.

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
10/02/2014	2042	2044	2046	2127	30	71

Officer's Name *: Ptl. C. Brock

Officer's Badge Number: 126

Checked By: CM-131

Page of

HSY7001 OH1 (Rev 01/12)

2014-10-02

UNIT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL REPORT NUMBER: 14-350

UNIT NUMBER: 01

OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER): Cook, Joyce I.

OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER): (937) 469-0041

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

DAMAGED AREA: FRONT 02; 09; 03; 08; 10; 04; 07; 06; 05; REAR

OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER): 250 Janney Lane Springboro, OH 45066

LP STATE: OH

LICENSE PLATE NUMBER: GGK 2341

VEHICLE IDENTIFICATION NUMBER: 1FMCU93108KE21903

OCCUPANTS: 01

VEHICLE YEAR: 2008

VEHICLE MAKE: Ford

VEHICLE MODEL: Escape

VEHICLE COLOR: Gray

☑ PROOF OF INSURANCE SHOWN

INSURANCE COMPANY: Motorists Mutual

POLICY NUMBER: 8300-06-885912-09A

TOWED BY: Jacobs Towing

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE - INCLUDE AREA CODE

HM PLACARD ID NO.

HM CLASS NUMBER

VEHICLE WEIGHT GVWR/GCWR: 1 — 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: 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/DOUBLES; 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); 09 - AMBULANCE; 10 - [illegible]; 11 - HIGHWAY/MAINTENANCE; 17 - FARM VEHICLE; 18 - FARM EQUIPMENT; 19 - MOTORHOME

MOST DAMAGED AREA: 05
01 - NONE; 02 - CENTER FRONT; 03 - RIGHT FRONT; 08 - LEFT SIDE; 09 - LEFT REAR; 99 - UNKNOWN

IMPACT AREA: 05

ACTION: 4
1 - NON-CONTACT; 2 - NON-COLLISION; 3 - STRIKING; 4 - STRUCK; 5 - BOTH STRIKING & STRUCK; 9 - UNKNOWN

PRE-CRASH ACTIONS: 06
MOTORIST: 01 - [illegible]; 02 - STOPPED IN TRAFFIC; 03 - [illegible]; 04 - [illegible]; 05 - [illegible]; 06 - [illegible]; 07 - [illegible]; 08 - [illegible]; 09 - [illegible]; 10 - [illegible]; 99 - UNKNOWN
NON-MOTORIST: [illegible]; 99 - OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES
PRIMARY: 02
MOTORIST: 01 - NONE; 02 - [illegible]; 03 - RAN RED LIGHT; 04 - RAN STOP SIGN; 05 - [illegible]; 06 - [illegible]; 07 - [illegible]; 08 - [illegible]; 09 - [illegible]; 10 - [illegible]; 11 - [illegible]; 12 - [illegible]; 13 - [illegible]; 14 - [illegible]; 15 - [illegible]; 16 - [illegible]; 17 - [illegible]; 18 - [illegible]; 19 - [illegible]; 20 - [illegible]; 21 - [illegible]
NON-MOTORIST: 22 - NONE; 23 - [illegible]; 24 - DARTING; 25 - [illegible]; 26 - [illegible]; 27 - [illegible]; 28 - [illegible]; 29 - [illegible]; 30 - [illegible]; 31 - [illegible]; 32 - [illegible]
SECONDARY: [illegible]; 99 - UNKNOWN

VEHICLE DEFECTS: [illegible]
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; 12 - OTHER DEFECT

SEQUENCE OF EVENTS
1: 20; 2: [illegible]; 3: [illegible]; 4: [illegible]; 5: [illegible]; 6: [illegible]; 99 - UNKNOWN
FIRST HARMFUL EVENT: 1
MOST HARMFUL EVENT: 1

NON-COLLISION EVENT: [illegible]; 01 - OVERTURN/ROLLOVER; 02 - FIRE; 03 - EXPLOSION; 04 - SEVERE OVERHEATING; 05 - [illegible]; 06 - [illegible]; 07 - [illegible]; 08 - [illegible]; 09 - [illegible]; 10 - [illegible]; 11 - [illegible]; 12 - [illegible]; 13 - [illegible]; 14 - OTHER NON-COLLISION

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED: 14 - PEDESTRIAN; 15 - PEDALCYCLIST; 16 - RAILWAY VEHICLE; 17 - ANIMAL - FARM; 18 - ANIMAL - DOMESTIC; 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 - OTHER MAILBOX; 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

TRAFFIC CONTROL: 04
01 - NO CONTROLS; 02 - S. STOP SIGN; 03 - YIELD SIGN; 04 - TRAFFIC SIGNAL; 05 - TRAFFIC FLASHER; 06 - SCHOOL ZONE; 07 - RAILROAD CROSSING; 08 - RAILROAD FLASHERS; 09 - RAILROAD GATES; 10 - FLASHING BARRICADE; 11 - PERSON (FLAGGER, OFFICER); 12 - PAVEMENT MARKINGS; 13 - SHOULDER RUMBLE; 14 - WALK/DON'T WALK; 15 - OTHER; 16 - NO PASSING

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

HSY8304 OHIO (R 10/12)

UNIT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

Local Report Number
14-350

Unit Number	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number - Inc. Area Code (☑ Same As Driver)	Damage Scale	Damaged Area
02	Crider, Michael S.	(937) 902-3647	4	Front

Owner Address: City, State, Zip (☑ Same As Driver)
4935 Cedars Bluff Drive Apt. 202 South Lebanon, OH 45065

Damage Scale: 1 - None; 2 - Minor; 3 - Functional; 4 - Disabling; 9 - Unknown

Damaged Area: Front 09, 03; 08, 10, 04; 07, 06, 05; Rear

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	FLV 2463	2CNBE13C8Y6939403	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2000	Chevrolet	Tracker	Silver

☑ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	AFLA	11-34-003938402	Lebanon Towing

Carrier Name, Address, City, State, Zip

Carrier Phone - Include Area Code

USDOT

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. (1)

☐ 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 (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/Pedacyclist; 26 - Pedestrian/Skater; 27 - Other Non-Motorist

☐ Has HM Placard

Special Function (01): 01 - None; 02 - Taxi; 03 - Rental (Trucks over 10K Lbs); 09 - Ambulance; 10 - Police; 11 - Highway/Maintenance; 17 - Farm Vehicle; 18 - Farm Equipment; 19 - Motorhome; 99 - Unknown

Most Damaged Area (03): 01 - None; 02 - Center Front; 08 - Left Side; 09 - Left Rear; 99 - Unknown

Impact Area (03)

Action (3): 1 - Non Contact; 2 - Non Collision; 3 - Striking; 4 - Struck; 5 - Strik/Struck; 9 - Unknown

Pre-Crash Actions (01)

Motorist: 01 - Going Straight; 02 - Slowing/Stopping; 03 - Turning; 04 - Changing Lanes; 05 - Overtaking/Passing; 06 - Making U-Turn; 07 - Making Left Turn; 08 - Making Right Turn; 09 - Starting in Road; 10 - Stopped in Road; 11 - Driverless; 12 - Negotiating a Curve; 13 - Other Motorist Action; 99 - Unknown

Non-Motorist: 21 - Other Non-Motorist Action

Contributing Circumstances

Primary (01)

Secondary

Motorist: 01 - None; 02 - Improper Backing; 03 - Improper Start from Parked Position; 04 - Improper Lane Change; 05 - Improper Passing; 06 - Driving on Wrong Side of Road; 07 - Improper Turning; 08 - Improper Turn; 09 - Failure to Yield Right of Way; 10 - Ran Stop Sign; 11 - Ran Red Light; 12 - Exceeded Posted Speed; 13 - Disregarded Other Traffic Control; 14 - Operating Vehicle in Manner Endangering Other; 15 - Leaving Scene of Accident; 16 - Wrong Side/Wrong Way; 17 - Improper Overtaking; 18 - Drug Use; 19 - Operating Defective Equipment; 20 - Load Shifting/Falling/Spilling; 21 - Other Improper Action; 30 - Wrong Side of Road; 31 - Other Non-Motorist Action

Non-Motorist: 22 - None; 23 - Improper Crossing; 24 - Darting; 25 - Lying and/or Illegally in Road; 26 - Working; 27 - Improper Backing; 28 - Improper Start from Parked Position; 29 - Stopped or Parked Illegally; 30 - Operating Vehicle in Manner Endangering Other; 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 - Mechanical Blowout; 10 - Driver Error/Poor Actions; 11 - Other Defect

Sequence of Events

1: 20 (First Harmful Event: 1) 2: 3: 4: 5: 6: (Most Harmful Event: 1)

99 - Unknown

Non-Collision Events: 06 - Equipment Failure; 07 - Separation of Units; 08 - Ran Off Road Right; 09 - Ran Off Road Left; 10 - Cross Median; 11 - Cross Centerline - Opposite Direction of Travel; 12 - Downhill Runaway; 13 - Other Non-Collision

Collision with Person, Vehicle or Object Not Fixed: 14 - Pedestrian; 15 - Pedalcyclist; 16 - Railway Vehicle; 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 Moveable 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/Luminaire 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

Traffic Control (04): 01 - No Control; 02 - Roundabout (Circle); 03 - Stop Sign; 04 - Traffic Signal; 05 - Traffic Flashers; 06 - School Zone; 07 - Railroad Crossing Device; 08 - Railroad Flashers; 09 - Railroad Gate; 10 - Police/Flagman; 11 - Pedestrian Crossing Device; 12 - Pavement Marking; 13 - Yield Sign; 14 - Walk/Don't Walk; 15 - Other; 16 - Construction Barricade; 17 - None Required

Unit Direction: From 3 To 4

1 - North; 2 - East; 3 - South; 4 - West; 5 - Northeast; 6 - Northwest; 7 - Southeast; 8 - Southwest; 9 - Unknown

HSY8304 OHIO DPS 10/12

MOTORIST / NON-MOTORIST / OCCUPANT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

LOCAL REPORT NUMBER: 14-359

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Cook, Cassidy Morgan	03/05/1998	16	F (F = Female, M = Male)

Address, City, State, Zip	Contact Phone - Include Area Code
250 Janney Lane Springboro, OH 45066	(937) 469-0041

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
1	1			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	UF456290	4	☐	☐	1	1	1	1	.	1	1

Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
331.17	Right of Way Turning Left	66299	☐	1

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	Crider, Michael S.	05/31/1979	35	M (F = Female, M = Male)

Address, City, State, Zip	Contact Phone - Include Area Code
4935 Cedars Bluff Drive Apt. 202 South Lebanon, OH 45065	(937) 902-3647

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
1	1			04	☐	01	1	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	RR487858	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 (Elbow, Knee, Etc)
12 - Reflective Clothing
13 - Lighting
14 - Other

Seating Position
01 - Front - Left Side (Motorcycle Operator)
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 Sidecar)
08 - Third - Middle
09 - Third - Right Side
10 - Sleeper Section of Cab (Truck)
11 - Passenger - Other Enclosed Cargo Area (Non-Trailing Unit, Coach or Bus, Pickup with Cap)
12 - Passenger - 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 or Other)
5 - M/C/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 Medication, Drugs/Alcohol
7 - Other

Alcohol/Drug Suspected
1 - None
2 - Yes - Alcohol Suspected
3 - Yes - HBD Not Tested
4 - Yes - Drug Suspected
5 - Yes - Alcohol and Drug 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
	Smith, Bernie			M (F = Female, M = Male)

Address, City, State, Zip	Contact Phone - Include Area Code
1120 Armitage Court Lebanon, OH 45036	(505) 382-8767

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

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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
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Page ___ of ___

HSY8306 OH1M (Rev 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

OH-3

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH M D Y

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

I, Bernie Smith (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Jenkinson 110 (OFFICER'S NAME) AT Broadway/miller (LOCATION)

I was travelling West on Miller Rd behind a Chevy Tracker and at the intersection of Broadway a Ford Escape turning left pulled out infront of the Tracker, he hit his brakes but was not able to miss the Escape.

ADDRESS OF WITNESS: 1120 Armitage Ct Lebanon, OH 45036

PHONE: 505-382-8767

SIGNATURE OF WITNESS: X [signature]

OFFICER'S SIGNATURE: X [signature]

HSY 7003 4/07