TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

15-[illegible]

Hit/Skip: 1 - Solved, 2 - Unsolved

Photos Taken: OH-2, OH-1P, OH-3, Other

PDO Under Reportable Dollar Amount

Private Property

Reporting Agency NCIC: 08303

Reporting Agency Name: Lebanon PD

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

County: 83

City / Village / Township: Lebanon

Day of Week: SAT

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

Decimal Degrees — Latitude: 39.433[illegible] — Longitude: -84.208421

Roadway Division: Divided / Undivided

Number of Thru Lanes: 4

Road Types or Milepost: AL - Alley, AV - Avenue, BL - Boulevard, CR - Circle, CT - Court, DR - Drive, LA - Lane, ST - Street, TE - Terrace, TL - Trail, WA - Way

Location Route Type

Location Route Number

Lev. Prefix: S (N, S, E, W)

Location Real Name: Broadway

CR - Numbered County Route, TR - Numbered Township Route

Distance From Ref: 0

Dir. From Ref: N, S, E, W

Reference Route Type

Reference Route Number

Reference Name (Road Type)

Reference Road Type: ST

Reference Point Used: 1 (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)

Event: 5 - On Gore, 6 - Outside Trafficway, 9 - Unknown

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

Road Condition: Primary 02, Secondary

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)

Light Condition: 2 (1 - Clear, 2 - Cloudy, 3 - Fog, Smog, Smoke, 4 - Blowing Sand, Soil, Dirt, Snow, 5 - Other Unknown)

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

Light Conditions: 4 Primary, Secondary (1 - Daylight, 2 - Dark, 3 - Dusk, 4 - Dark, 5 - Dark - Roadway Not Lighted, 6 - Dark - Roadway Not Lighted, 7 - Dark - Roadway Not Lighted, 8 - Dark - Roadway Not Lighted, 9 - Dark - Roadway Not Lighted)

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)

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

Work Zone Warning Sign: 4 - Activity Area, 5 - Termination Area

Narrative

Unit 1 was traveling south on Broadway. Unit 2 was traveling east on Main St. Unit 1 failed to obey the traffic signal at the intersection and struck unit 2 who was proceeding through a green light.

Diagram

Write an "N" on the compass diagram to indicate the direction of north.

Not to Scale

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
01312015	2212	2213	2214	2324	0	80

Officer's Name: J. Haller

Officer's Badge Number: 123

Checked By:

HSY7001 OH1 (Rev 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

UNIT

Unit Number	Owner Name: Last, First, Middle (☐ Same As Driver)	Owner Phone Number	Damaged Area
01	Storer, Nancy		Front: 03, 04, 05, 06, 07, 08, 09, 10

Owner Address: City, State, Zip (☐ Same As Driver)
1881 Curry Branch Dr. Tipp City, OH 45371

LP State	License Plate Number	Vehicle Identification Number
OH	FNF4548	1FAFP53U93A109900

Vehicle Year	Vehicle Make	Vehicle Model
2003	Ford	4S

☐ Proof of Insurance Shown	Insurance Company	Policy Number	Effective
	Erie		

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
99 - Other/Unknown

Non-Motorist Location Type
01 - Intersection - Marked Crosswalk
02 - Intersection - Unmarked 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-Roadway Area
99 - Other/Unknown

Type of Use: 1
1 - Personal
2 - Commercial
3 - Government

☐ In Emergency Response

Unit Type: 03
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 - Other/Unknown
99 - Motorcycle
00 - Unknown or Hit / Skip

Passenger Vehicles (9 or More Including Driver)
01 - Bus/Van (9-15 Seats, Inc Driver)
02 - Bus (16+ Seats, Inc Driver)
Non-Motorist
03 - Animal With Rider
04 - Animal With Buggy, Wagon, Surrey
05 - Pedestrian/Pedacyclist
06 - Train
07 - Other Non-Motorist

☐ No Damage

Special Function: 01
01 - None
02 - Driving More Than 100 Miles
03 - Driving Under Influence of Drugs
04 - Alcohol
05 - Medical
06 - Illness
07 - Fatigue
08 - Asleep
09 - Seizure
10 - Distracted
11 - Highway/Maintenance
12 - Cell Phone
13 - Other Distraction
14 - Other Driver Error
15 - Other Non-Driver Error
16 - Other
99 - Unknown

Most Damaged Area: 02
02

Impact Area: 02
02

Action: 3
1 - Non-Contact
2 - Non-Collision
3 - Striking
4 - Struck
5 - Both 1 & 2
6 - Other
7 - Unknown

Pre-Crash Action: 01
01 - Going Straight
02 - Decelerating in Traffic
03 - Stopped in Traffic
04 - Slowing or Stopping
05 - Turning
06 - Changing Lanes
07 - Overtaking/Passing
08 - Merging
09 - Traveling Wrong Way
10 - Leaving Lane
11 - Parking
12 - Backing
13 - Slowing/Stopping in Traffic
14 - Starting in Traffic
15 - Starting from Parking
16 - Stopped in Road
17 - Other
99 - Unknown

Contributing Circumstances
Primary: 03
03 - Improper Lane Change
04 - Improper Passing
05 - Driving Too Fast for Conditions
06 - Exceeding Posted Speed Limit
07 - Following Too Closely
08 - Improper Backing
09 - Improper Turning
10 - Improper Start from Parking
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996 - Improper Lane Change
997 - Improper Passing
998 - Improper Turning
999 - Improper Backing
1000 - Improper Start from Parking

Sequence of Events: 1 — 20; 2; 3; 4; 5; 6
First Harmful Event: 1
Most Harmful Event: 1

Non-Motorist Events

Collision with Person, Vehicle or Object Not Fixed
24 - Pedestrian
25 - Pedalcyclist
26 - Railway Train
27 - Animal - Farm
28 - Animal - Other
29 - Animal - Other
30 - Motor Vehicle in Transport
31 - Parked Motor Vehicle
32 - Train
33 - Other Fixed Object
34 - Other Object Not Fixed

Collision with Other Object
35 - Bridge
36 - Building
37 - Wall, Building, Tunnel
38 - Other Fixed Object

Unit Speed: ☐ Stated ☐ Estimate

Posted Speed

Traffic Control: 04
01 - No Control
02 - Stop Sign
03 - Yield Sign
04 - Traffic Signal
05 - Police Officer
06 - School Zone
07 - Railroad Crossing
08 - Railroad Flashers
09 - Railroad Gate
10 - Traffic Signal Flashing
11 - Person (Other than Officer)
12 - Pavement Markings
99 - Unknown

Northbound
Southbound
Eastbound
Westbound
Unknown

HSY6304 OHIU (Rev. 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

UNIT

Unit Number	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number - Incl. Area Code	Damaged Area
02			Front: 02; 99; 03; 10; 04; 07; 06; 05; Rear

Owner Address: City, State, Zip (☑ Same As Driver)

LP State	License Plate Number	Vehicle Identification Number
OH	A389148	1GECK19ZX7Z136222

Vehicle Year	Vehicle Make	Vehicle Model
2007	Chevrolet	TK

☑ Proof of Insurance Shown	Insurance Company	Policy Number	Type
	USAA	023143665G	

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
99 - Other/Unknown

Continuous Left Turn Lane
(Paved or Grass >4 Ft.) Median
Median Barrier

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 - Bike Lane
07 - Shoulder/Roadside
08 - Sidewalk
09 - Median/Crossing Island
10 - Driveway Access
11 - Shared Use Path or Trail
12 - Non-Roadway Area
99 - Other/Unknown

Type of Use: 1
1 - Personal
2 - Commercial
3 - Government

☐ In Emergency Response

Unit Type: 07

Passenger Vehicles (less than 9 passengers, incl. Taxi)
01 - Sub-Compact
02 - Compact
03 - Mid Size
04 - Full Size
05 - Minivan
06 - Sport Utility Vehicle
07 - Pickup
08 - Van
09 - Other
10 - Unknown Type

Van/Minibus (9 or More (Including Driver)
Bus/Van (9-15 Seats, Inc Driver)
Bus (16+ Seats, Inc Driver)
Unknown
Animal With Rider
Animal With Buggy, Wagon, Surrey
Bicycle/Pedacyclist
Other Non-Motorist

Special Function: 01
01 - None
02 - Taxi
03 - Vehicle Over 10K Lbs
05 - Emergency
06 - Bus
09 - Police
10 - Fire
11 - Highway/Maintenance
17 - Motorcycle
18 - Farm Equipment
19 - Mopeds
20 - Other

First Harmful Event: 07
Most Harmful Event: 07

Action: 4
1 - Non-Contact
2 - Non-Collision
3 - Striking
4 - Struck
5 - Striking/Struck

Pre-Crash Action: 01

Contributing Circumstances
Primary: 01
Secondary:
99 - Unknown

Sequence of Events
1: 20 2: 3: 4: 5: 6:
First Harmful Event: 1
Most Harmful Event: 1

Non-Collision Events
01 - Overturn (Rollover)
02 - Fire
03 - Hit Object
04 - Other Non-Collision

Collision with Person, Motor Vehicle Not In Transport
14 - Pedestrian
15 - Pedalcyclist
16 - Railway Vehicle
17 - Animal - Farm
18 - Animal - Other
19 - Animal - Deer
20 - Motor Vehicle In Transport

Collision with Fixed Object
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 Fixed Object

Unit Speed
☐ Stated
☐ Estimated

Posted Speed

Traffic Control: 04
01 - No Control
02 - Stop Sign
03 - Yield Sign
04 - Traffic Signal
05 - Traffic Flashers
06 - School Zone
07 - Railroad Crossing
08 - Railroad Flashers
09 - Railroad Gate
10 - Pavement Marking
11 - Police/Traffic Officer
12 - Traffic Control Device
13 - Unknown

Traffic Flow
1 - One Way
2 - Two Way
3 - Unknown

Roadway Surface
1 - Dry
2 - Wet
3 - Snow
4 - Slush
5 - Ice
6 - Sand, Mud, Dirt, Oil, Gravel
7 - Water (Standing, Moving)
8 - Other
9 - Unknown

Roadway Alignment
1 - Straight
2 - Curve
3 - Unknown

HSY8304 OH1U (R...)

OHIO DEPARTMENT OF PUBLIC SAFETY

MOTORIST / NON-MOTORIST / OCCUPANT

MOTORIST/NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	AGE	GENDER
01	Voyles, Glenn	51	M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 3201 Palm Dr. West Carrollton, OH 45449

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	AIR BAG USAGE	EJECTION	TRAPPED
1	1	N/A	N/A	01	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	DRUG TEST STATUS	DRUG TEST TYPE
OH	RZ773421	4	☐	☐	6	4	1	5	3

OFFENSE CHARGED (☑ LOCAL CODE)	OFFENSE DESCRIPTION	DRIVER DISTRACTED BY
313.01	Traffic control device	1

MOTORIST/NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	AGE	GENDER
02	Barber, Craig	29	M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 7941 St. Rt. 68 Blanchester, OH 45107

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	AIR BAG USAGE	EJECTION	TRAPPED
2	1	Lebanon Fire/EMS	N/A	04	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	DRUG TEST STATUS	DRUG TEST TYPE
OH	SH226106	4	☐	☐	1	1	1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	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
...
17 - Reflective Clothing
18 - Lighting
20 - 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
...

EJECTION
1 - Not Ejected
2 - Totally Ejected
3 - Partially Ejected
4 - Not Applicable

TRAPPED
1 - Not Trapped
2 - Extricated by Mechanical Means
3 - Freed by Non-Mechanical Means

OPERATOR LICENSE CLASS
1 - Class A
2 - Class B
3 - Class C
4 - Regular Class (Ohio = D)
5 - M/C/Moped Only

CONDITION
...

ALCOHOL / DRUG SUSPECTED
...
Alcohol Suspected
HBD Not Impaired
Drugs Suspected
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
...
4 - Other

DRIVER DISTRACTED BY
... Inside the Vehicle
... External Distraction

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	AGE	GENDER
01	Storer, Nancy	24	F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 1881 Curry Branch Dr. Tipp City, OH 45371

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	AIR BAG USAGE	EJECTION	TRAPPED
1	1	N/A	N/A	01	2	1	1

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	AGE	GENDER
01	Mahaney, Dawn	34	F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 224 Maddux Dr. Miamisburg, OH 45342

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	AIR BAG USAGE	EJECTION	TRAPPED
1	1	N/A	N/A	01	1	1	1

HSY8306 OH1M