TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY

Local Information

Local Report Number *: 16-199

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 Name *: 08303

Number of Units: 02

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

County *: 83

City *, Village *, Township *: LEBANON

Crash Date *: 06/09/2016

Time of Crash: 2055

Day of Week: THU

Degrees / Minutes / Seconds: Latitude 0 ' . " Longitude 0 ' . "

Decimal Degrees: Latitude 39.440285 Longitude -84.196340

Roadway Division: Divided / Undivided

Direction of Travel: N (N - Northbound, E - Eastbound, S - Southbound, W - Westbound)

Number of Travel Lanes: 4

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: US

Location Route Number: 42

Prefix: N, S, E, W

COLUMBUS

Location Road Type: AV

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: Feet / Miles / Yards

Direction From Reference: N, S, E, W

Reference Route Type [1]

Reference Route Number

Reference Prefix: N, S, E, W

Reference Name (Road, Milepost, House #): 580

Reference Road Type [1]

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

Crash Location: 01 (01 - Not at Intersection, 02 - Intersection-Related, 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 Path or Trail, 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: 1 (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: 7 (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: 1 (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: Worker Present; Law Enforcement Present (Officer/Vehicle); Law Enforcement Present (Vehicle Only)

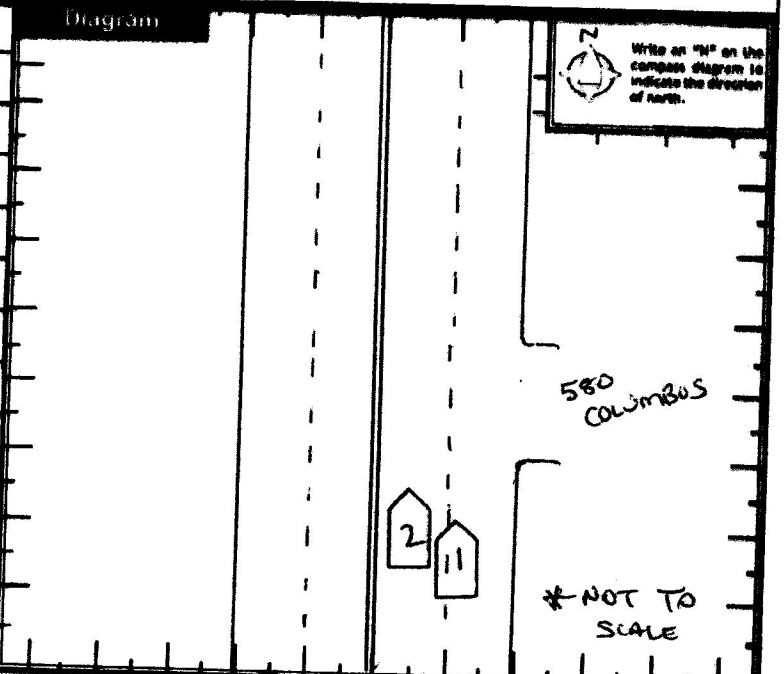
Type of Work Zone: 1 - Lane Closure, 2 - Lane Shift/Crossover, 3 - Work on Shoulder or Median, 4 - Intermittent or Moving Work, 5 - Other

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 NORTH ON COLUMBUS AVE. NEAR 580 COLUMBUS. UNIT #2 WAS TRAVELING NORTH TO THE LEFT OF UNIT #1. UNIT #1 CHANGED LANES, AND STRUCK UNIT #2 IN THE REAR PASSENGER SIDE.

Diagram



Report Taken By: Police Agency / Motorist

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

Date Crash Reported: 06/09/2016

Time Crash Reported: 2055

Dispatch Time: 2100

Arrival Time: 2109

Time Cleared: 2143

Other Investigation Time

Total Minutes: 34

Officer's Name *: S. DRAKE

Officer's Badge Number: 118

Checked By: LCM

HSY7001 OH1 (Rev 01/12)

MOTORIST / NON-MOTORIST / OCCUPANT

OHIO DEPARTMENT OF PUBLIC SAFETY

Local Report Number: 16-199

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	DAKIN, LEAH JEAN	12/21/97	18	F (F - Female, M - Male)

Address, City, State, Zip: 907 (1) SHARON DRIVE, LEBANON, OH 45036

Contact Phone - Include Area Code: (719) 778-7794

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	/			04		01	1	1	1

OL State	Operator License Number	OL Class	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	UM438319	4	1	1	/	/		/	/

Offense Charged (Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
331.08	RULES FOR MARKED LNS	069582		/

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	PERDUE,CONNIE	04/02/1969	47	F (F - Female, M - Male)

Address, City, State, Zip: 3795 W STATE ROUTE 63, LEBANON, OH 45036

Contact Phone - Include Area Code: (937) 728-0874

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	/			04		01	1	1	1

OL State	Operator License Number	OL Class	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	RN101597	4	1	1	/	/		/	/

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

Injuries
1 - No Injuries Were Reported
2 - Possible
3 - Non-Incapacitating
4 - Incapacitating
5 - Fatal

Injured Taken By
1 - Not Injured
2 - By EMS
3 - By Other
4 - Self
5 - Other

Safety Equipment Used
Motorist: 01 - None Used; 02 - Lap Belt Only Used; 03 - Shoulder Belt Only Used; 04 - Lap and Shoulder Belt Used; 05 - Child Restraint System - Forward Facing; 06 - Child Restraint System - Rear Facing; 07 - Booster Seat; 08 - Helmet Used
Non-Motorist: 09 - None Used; 10 - Helmet Used; 11 - Protective Pads Used, Elbow and/or Knee; 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
08 - Third - Middle
09 - Third - Right Side
10 - Sleeper Section of Cab
11 - Passenger in Other Enclosed Compartment
12 - Passenger in Unenclosed Compartment
13 - Trailing Unit
14 - Riding on Vehicle Exterior (Not Towing Unit)
15 - Passenger
16 - Other
99 - Unknown

Air Bag Usage
1 - Not Deployed
2 - Deployed, Front
3 - Deployed, Side
4 - Deployed, Both Front/Side
5 - Not Applicable
6 - Deployment Unknown

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

Trapped
1 - Not Trapped
2 - Extricated, Mechanical Means
3 - Extricated, Non-Mechanical Means

Operator Licensing State
1 - Licensed
2 - Learner's Permit
3 - Restricted License
4 - Suspended License
5 - Without License

Condition
1 - Apparently Normal
2 - Physically Impaired
3 - Emotional (Depressed, Angry, Disturbed)
4 - Illness
5 - Fell Asleep, Fainted, Fatigued
6 - Under the Influence
7 - Medical/Psychological Impairment
8 - Other

Alcohol/Drug Suspected
1 - None
2 - Alcohol Suspected
3 - Alcohol Suspected - HBD Not Towed
4 - Drugs Suspected
5 - Alcohol and Drugs Suspected

Alcohol Test Status
1 - None Given
2 - Test Refused
3 - Test Given, Contaminated Sample/Unusable
4 - Test Given, Results Given
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 Given
5 - Test Given, Results Unknown

Drug Test Type
1 - None
2 - Blood
3 - Urine
4 - Other

Driver Distracted By
1 - Not Distracted/Not Reported
2 - Phone
3 - Texting/Text Messaging
4 - Entertainment/Navigation Device
5 - Other Electronic Device (Satellite Radio, Tablet, Laptop)
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

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

UNIT

16-199

Unit Number	Owner Name (Last, First, Middle)	Owner Phone Number (Including Code)	Damage Scale	Damaged Area
01	DAKIN, CHARLES DEAN		2	Front 02, 03, 04, 05, 06, 07, 08, 09, 10 Rear

Owner Address (City, State, Zip): 907 (1) SHARON DR., LEBANON, OH 45036

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	GFQ7014	1GNDT13W5Y2332621	02

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2000	CHEVY	SW	SILVER

Insurance Company	Policy Number	Towed By
PROGRESSIVE	910222407	

Carrier Name, Address, City, State, Zip:

Carrier Phone (Include Area Code): (855) 280-6562

HM Placard ID No.:

HM Class Number:

Vehicle Weight GVWR/GCWR: 1

Cargo Body Type: 01

Trafficway Description: 1

Non-Motorist Location Prior to Impact:

Unit Type: 06

Non Motorist

Wagon, Surrey

Has HM Placard

Special Function: 01

Most Damaged Area: 08

Impact Area: 08

Action: 3

1 Non-Contact
2 Non-Collision
3 Striking
4 Struck
5 Striking/Struck
9 Unknown

Pre-Crash Actions: 03

Motorist

Non Motorist

Other Non Motorist Action

Contributing Circumstances

Primary: 10

Secondary:

Motorist

Non-Motorist

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 Defect

Sequence of Events

1 20 2 3 4 5 6

First Harmful Event: 1

Most Harmful Event: 1

Non-Collision Event:

Collision with Person, Vehicle or Object Not Fixed:

Collision With Fixed Object:

48 Tree
49 Fire Hydrant
50 Work Zone Maintenance Equipment
51 Wall, Building, Tunnel
52 Other Fixed Object

Unit Speed:

Posted Speed:

Traffic Control: 01

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.GR 01/12

UNIT

Unit Number: 02

Owner Name (Last, First, Middle): ☑ Same As Driver

Owner Phone Number (Inc. Area Code): ☑ Same As Driver

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

Damage Scale: 2

Damaged Area: Front 02, 03, 04, 05, 06, 07, 08, 09, 10, Rear

LP State: OH

License Plate Number: FEH2717

Vehicle Identification Number: 1C6RR7KT8DS668465

Occupants: 01

Vehicle Year: 2013

Vehicle Mak: DODGE

Vehicle Mode: RAM

Vehicle Color: MAROON

☑ Insurance Company: GEICO

Policy Number: 4300317502

Towed By:

Carrier Name, Address, City, State, Zip:

Carrier Phone (Include Area Code): (800) 841-3000

HM Placard ID No:

HM Class Number:

Vehicle Weight GVWR/GCWR: 1

☐ Hazardous Material Reset

Cargo Body Type: 01

Trafficway Description: 1

☐ Hit/Skip Unit

Non-Motorist Location Prior to Impact:

1

☐ In Emergency Response

Unit Type: 07

Mid Heavy Trucks or Combo Unit (Or Lbs.) Bus/Van/Limo (9 or More Including Driver)

Non-Motorist

Wagon, Surrey

☐ Has HM Placard

Special Function: 01

Most Damaged Area: 04

Impact Area: 04

Action: 4

1 - Non-Contact
2 - Non Collision
3 - Striking
4 - Struck
5 - Striking/Struck
9 - Unknown

Pre-Crash Actions: 01

Motorist

Non-Motorist

Other Non-Motorist Action

Contributing Circumstances

Primary: 01

Secondary:

99 - Unknown

Motorist

Non-Motorist

Vehicle Defects:

01 - Turn Signals
02 - Head Lamps
03 - Tail Lamp
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 Defect

Sequence of Events: 1 20 2 3 4 5 6

First Harmful Event ☐ Most Harmful Event ☐

Non-Collision Events

Collision with Person, Vehicle or Object Not Fixed

Collision With Fixed Object

33 - Median Cable Barrier
34 - Median Strand 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 - Light Pole
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: ☐ Reset ☐ Estimate

Posted Speed:

Traffic Control: 01

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 OH10 (R-01-12)