TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY

Local Information

Local Report Number: 16-209

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: 8303

Reporting Agency Name: Lebanon P.D.

Number of Units: 2

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

County: 83

☑ City ☐ Village ☐ Township

City, Village, Township: Lebanon

Crash Date: 06122016

Time of Crash: 1316

Day of Week: Mon

Degrees / Minutes / Seconds: Latitude ___° ___' ___.___" Longitude ___° ___' ___.___"

Decimal Degrees: Latitude 39.435548 Longitude -84.208228

Roadway Division: ☐ Divided ☑ Undivided

Divided Line Type: W (N - Northbound, E - Eastbound, S - Southbound, W - Westbound)

Number of Traffic Lanes: 2

Road Types or Milepost: 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: ___ Location Route Number: ___

Location Route Type: W (N,S, E,W) Silver St (Location Road Type)

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

Distance From Reference: 20 (☐ Miles ☑ Feet ☐ Yards)

Direction From Reference: E (N,S, E,W)

Reference Route Type: ___ Reference Route Number: ___

Reference Name (Road, Milepost, House #): N (N,S, E,W) Broadway St (Reference Road Type)

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

City Location: 02 (01 - Non-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 - Off Side Traffic Way, 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: 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: 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 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)

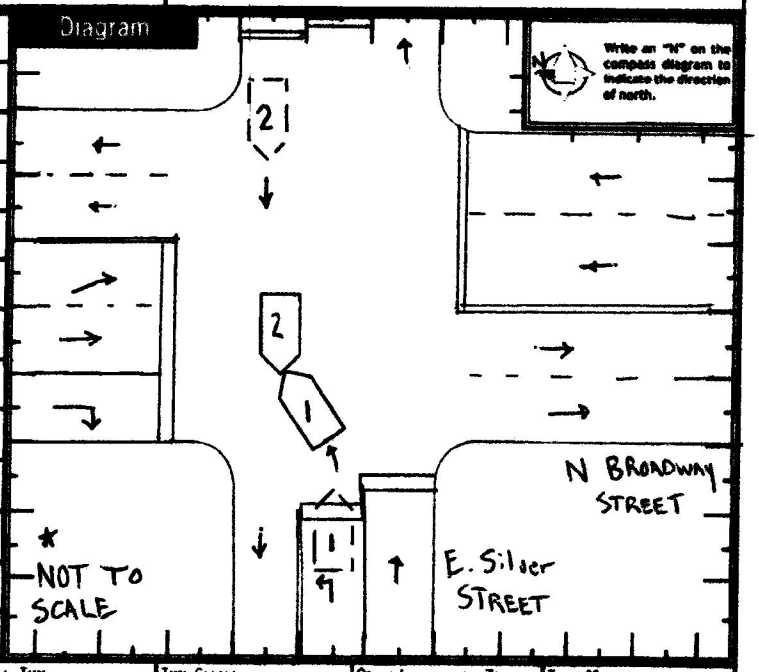
Type of Work Zone: ___ (1 - Lane Closure, 2 - Lane Shift/Crossover, 3 - Work on Shoulder or Median, 4 - Intermittent or Moving Work, 5 - Other)

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 #2 was travelling West on East Silver Street and entered the intersection of Silver and N. Broadway Street. Unit #1 was making a left turn onto N. Broadway Street from W. Silver Street. Unit#1 did failed to yield the right of way of Unit #2. The two vehicles collided in the intersection. Unit #1 was cited for right of way when 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
06122016	1316	1319	1319	1341	0020	0042

Officer's Name: Ptl. Todd Ptl. Todd #116

Officer's Badge Number: 116

Checked By: [signature]

HSY7001 OH1 (Rev 01/12)

16-11034

MOTORIST / NON-MOTORIST / OCCUPANT

Crash Report Number: 16-299

Motorist/Non-Motorist

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Aquino, Segundo, F.	12/31/1970	45	M

Address: City, State, Zip: 729 Christian Ln. Lebanon,OH 45036

Contact Phone: Include Area Code: (513) 218-5183

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	None	None	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	SJ725149	4	1	1	1	1		1	1

Offense Charged (Local Code)	Offense Description	Citation Number	Hand-Held Device Used	Driver Distracted By
331.17	Right of Way Turning Left	069090		1

Motorist/Non-Motorist

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	Osburn, Tracey, Lee	08/18/1971	44	F

Address: City, State, Zip: 109 Mound St. Lebanon, OH 45036

Contact Phone: Include Area Code: (330) 322-1648

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	None	None	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	RP021733	4	1	1	1	1		1	1

Offense Charged (Local Code)	Offense Description	Citation Number	Hand-Held Device Used	Driver Distracted By
				1

Injuries: 1 No Injury / Not Applicable; 2 Possible; 3 Non-Incapacitating; 4 Incapacitating; 5 Fatal

Injured Taken By: 1 Not Applicable; 2 EMS; 3 Police; 4 Other; 5 None

Safety Equipment Used: 01 None Used; 02 Shoulder Harness; 03 Lap Belt; 04 Shoulder Harness/Lap Belt; 05 Child Restraint Rear Facing; 06 Child Restraint Forward Facing; 07 Booster Seat; 08 Helmet; 09 Protective Pads; 10 Other; 99 Unknown

Non-Motorists: 01 Bicycle; 02 Skateboard; 03 Scooter; 04 Wheelchair; 05 Other Non-Motorized Device; 06 Other; 99 Unknown

Seating Position: 01 Front Left Side; 02 Front Middle; 03 Front Right Side; 04 Second Left Side (Operator Position); 05 Second Middle; 06 Second Right Side; 07 Third Left Side; 08 Third Middle; 09 Third Right Side; 10 Sleeper Section; 11 Other Enclosed Passenger Area; 12 Trailing Unit; 13 Riding on Vehicle Exterior (Non-Trailing Unit); 14 Passenger in Other Motor Vehicle; 15 Unknown; 16 Other; 99 Unknown

Air Bag Usage: 1 Not Applicable; 2 Deployed Front; 3 Deployed Side; 4 Deployed Both Front & Side; 5 Not Deployed; 6 Deployed Unknown; 7 Other

Ejection: 1 Not Ejected; 2 Totally Ejected; 3 Partially Ejected; 4 Not Applicable

Trapped: 1 Not Trapped; 2 Trapped; 3 Trapped Released; 4 Not Applicable

Condition: 1 Apparently Normal; 2 Physically Impaired; 3 Emotional (e.g., depressed, angry, disturbed); 4 Illness; 5 Fell Asleep, Fainted, Fatigued, etc.; 6 Asleep; 7 Other; 8 Unknown

Contributing Circumstances: 1 Improper Backing; 2 Improper Lane Change; 3 Improper Passing; 4 Driving Too Fast for Conditions; 5 Exceeding Posted Speed Limit; 6 Improper Turning; 7 Failure to Yield Right of Way; 8 Improper Parking; 9 Traffic Control Disregarded; 10 Other Improper Driving; 11 Lane Usage Improper; 12 Following Too Closely; 13 Wrong Side of Road; 14 Improper Start from Parked Position; 15 Stopped for School Bus; 16 Operating Defective Equipment; 17 Load Shifting or Falling; 18 Other Equipment; 19 Other

Alcohol/Drug Suspected: 1 None; 2 Alcohol Only; 3 Drug Only; 4 Both Alcohol & Drug; 5 Test Refused; 6 Alcohol Suspected; 7 Drug Suspected; 8 Both Alcohol & Drug Suspected

Alcohol Test Status: 1 Not Given; 2 Not Refused; 3 Test Given, Contaminated Sample/Unusable; 4 Test Given, Results Known; 5 Test Given, Results Unknown

Alcohol Test Type: 1 None; 2 Breath; 3 Blood; 4 Urine; 5 Other

Drug Test Status: 1 Not Given; 2 Not 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 Not Applicable/Not Distracted; 2 Other Inside the Vehicle; 3 Phone; 4 Texting/Sending Data; 5 Navigation Device; 6 Other Electronic Device; 7 Other Distracting Thing (Passenger, Pet, Food, Book, etc.)

Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Aquino, Desiree, D.	05/11/1972	44	F

Address, City, State, Zip: 729 Christian Ln. Lebanon, OH 45036

Contact Phone: Include Area Code: (513) 218-5183

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	None	None	04		03	1	1	1

Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Lyons, Zoey	02/11/2011	5	F

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

HS7/8/30 JP (M Rev 3/12)

UNIT

Local Report Number: 16-209

Unit Number	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number - inc. area code (☑ Same As Driver)	Damage Scale	Damaged Area
01			3	Front: X

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

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	Aquinos	1J4FY19P8PP222967	03

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
1993	Jeep	Wrangler	RED

☑ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	Berry Ins. Group	A010323663	None

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
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 Zaxle, 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)
09 - Ambulance
10 - Fire
11 - Highway/Maintenance
17 - Farm Vehicle
18 - Farm Equipment
19 - Motorhome

Most Damaged Area 02
01 - None
02 - Center Front
08 - Left Side
09 - Left Front
99 - Unknown

Impact Area 02

Action 4
1 - Non-Contact
2 - Non-Collision

Pre-Crash Actions 06
Motorist
Non-Motorist
99 - Unknown

Contributing Circumstances
Primary: 02
Secondary:
Motorist
Non-Motorist
99 - Unknown

Vehicle Defects
01 - Turn Signals
02 - Head Lamps
03 - Tail Lamps
04 - Brakes
05 - Steering
06 - Tire Blowout
07 - Wheel Separation
08 - Tire Equipment Defects
09 - Motor Trouble
10 - Disabled from Prior Accident

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/Hazmat
03 - Jackknife
04 - Cargo/Equipment Loss
05 - Separation of Units
06 - Other Non-Collision

Collision with Person, Vehicle or Object Not Fixed
14 - Pedestrian
15 - Pedestrian
16 - Pedestrian
17 - Pedestrian
18 - Animal
19 - Animal
20 - Motor Vehicle

Collision With Fixed Object
33 - Motor Vehicle Bridge
34 - Motor Vehicle Bridge
35 - Motor Vehicle Bridge
36 - Motor Vehicle Bridge
37 - Motor Vehicle Bridge
38 - Motor Vehicle Bridge
39 - Motor Vehicle Bridge
40 - Motor Vehicle Bridge
41 - Motor Vehicle Bridge
42 - Motor Vehicle Bridge
43 - Motor Vehicle Bridge
44 - Motor Vehicle Bridge
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	Posted Speed	Traffic Control	Unit Direction
☐ Stated ☐ Estimated	25	04	From 4 To 3

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

HSV8304 OH1U (R) (1/12)

UNIT

Local Report Number: 16-209

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

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

LP State: OH

License Plate Number: THXKII

Vehicle Identification Number: 1G1PC5SB6D7151965

Occupants: 01

Vehicle Year: 2013

Vehicle Make: Chev

Vehicle Model: 4s

Vehicle Color: RED

☑ Proof of Insurance Shown

Insurance Company: Allied Insurance

Policy Number: PPGM0043620751-0

Towed By: None

Carrier Name, Address, City, State, Zip

Carrier Phone - Include Area Code

USDOT

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: 03 — 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 - None; 02 - Taxi; 03 - Rental Truck (Over 10K Lbs); 09 - Ambulance; 10 - Bus; 11 - Highway/Maintenance; 17 - Farm Vehicle; 18 - Farm Equipment; 19 - Motorhome

Most Damaged Area: 02 — 01 - None; 02 - Center Front; 08 - Left Side; 09 - Left Front; 99 - Unknown

Impact Area: 02

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

Pre-Crash Actions: 01

Motorist

Non Motorist

Contributing Circumstances

Primary: 01

Motorist

Non-Motorist

Secondary:

99 - Unknown

Vehicle Defects

Sequence of Events: 1 — 20; 2; 3; 4; 5; 6

First Harmful Event: 1

Most Harmful Event: 1

Non-Collision Events

Collision with Person, Vehicle or Object Not Fixed

Collision with Fixed Object

48 - Tree; 49 - Utility Pole; 50 - Work Zone Maintenance Equipment; 51 - Wall, Building, Tunnel; 52 - Other Fixed Object

Unit Speed

Posted Speed: 25

Traffic Control: 04

Unit Direction: From 3 To 4

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

HSV8304 OH1U (R 10/12)