TRAFFIC CRASH REPORT

LOCAL INFORMATION

LOCAL REPORT NUMBER: 16-363

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

NUMBER OF UNITS: 1

UNIT IN ERROR: 98 - ANIMAL, 99 - UNKNOWN

COUNTY: 83

CITY: Lebanon

VILLAGE, TOWNSHIP:

CRASH DATE: 10/25/2016

TIME OF CRASH: 0834

DAY OF WEEK: TUE

DEGREES / MINUTES / SECONDS

LATITUDE: ° ' "

LONGITUDE: ° ' "

DECIMAL DEGREES

LATITUDE: 39.455992

LONGITUDE: -84.203917

ROADWAY DIVISION: UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL: N - NORTHBOUND, E - EASTBOUND, S - SOUTHBOUND, W - WESTBOUND

NUMBER OF THRU 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 N,S, E,W:

LOCATION ROAD NAME: Broadway

LOCATION ROAD TYPE: ST

ROUTE TYPES: IR - INTERSTATE ROUTE (INC. TURNPIKE), US - US ROUTE, SR - STATE ROUTE, CR - NUMBERED COUNTY ROUTE, TR - NUMBERED TOWNSHIP ROUTE

DISTANCE FROM REFERENCE: UNIT OF MEASURE: MILES, FEET, YARDS

DIRECTION FROM REFERENCE: S - N,S, E,W

REFERENCE ROUTE TYPE:

REFERENCE ROUTE NUMBER:

REFERENCE N,S, E,W:

REFERENCE NAME (ROAD, MILEPOST, HOUSE #): Miller

REFERENCE ROAD TYPE: RD

REFERENCE POINT USED: 1 - INTERSECTION, 2 - MILE POST, 3 - HOUSE NUMBER

CRASH LOCATION: 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: 1

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)

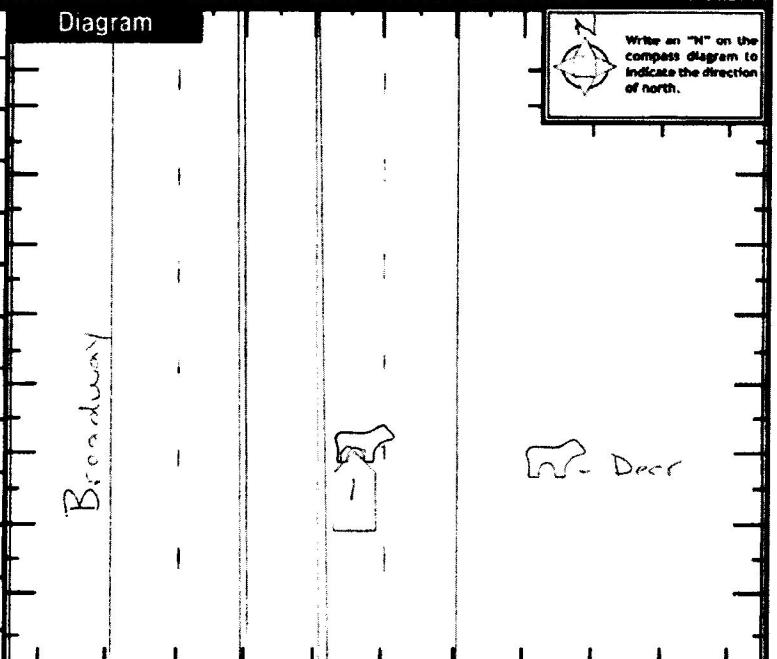
TYPE OF WORK ZONE: 1 - LANE CLOSURE, 2 - LANE SHIFT/CROSSOVER, 3 - WORK ON SHOULDER OR MEDIAN, 4 - INTERMITTENT OR MOVING WORK, 5 - OTHER

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 1 was traveling northbound on Broadway. A deer ran out into the roadway from behind a tree line. Unit 1 struck the deer in the roadway. The vehicle had to be towed from the scene. The deer was then removed by the City of Lebanon Street Department.

DIAGRAM



REPORT TAKEN BY: POLICE AGENCY, MOTORIST

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED: 10/25/2016

TIME CRASH REPORTED: 0834

DISPATCH TIME: 0836

ARRIVAL TIME: 0842

TIME CLEARED: 0932

OTHER INVESTIGATION TIME: 30

TOTAL MINUTES: 80

OFFICER'S NAME: Ptl. C. Brock

OFFICER'S BADGE NUMBER: 126

CHECKED BY:

PAGE: OF

OHIO DEPARTMENT OF PUBLIC SAFETY — UNIT

Crash Report Number: 16-363

Unit Number	Owner Name: Last, First, Middle (☐ Same As Driver)	Owner Phone Number: Incl. Area Code (☐ Same As Driver)	Damage Scale	Damaged Area
01	Kennedy, Patrick M.	(937) 271-0742	4	

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

428 Cherry Hill Lane Lebanon, OH 45036

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	CFH 5932	2C4RDGBG4CR131411	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2012	Dodge	Grand Caravan	Black

☑ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	State Farm	012-4150-C28-35F	Jacobs Towing

Carrier Name, Address, City, State, Zip

Carrier Phone: Include Area Code

CMV

HM Placard ID No

HM Class Number

Vehicle Weight GVWR/GCWR: 1

☐ Hazardous Materials Released

Cargo Body Type: 01

Traffic Way Description: 1

☐ Hit/Skip Unit

Non-Motorist Location Prior to Impact

Type of Use: 1

☐ In Emergency Response

Unit Type: 05

Passenger Vehicles (less than 9 passengers): 99 Unknown

Med/Heavy Trucks or Combo Units > 10K lbs

Bus/Van/Limo (9 or More Including Driver)

Non-Motorist: 23 Animal with Rider; 24 Animal with Buggy, Wagon, Surrey; 25 Bicycle; 26 Pedestrian/Skater; 27 Other Non-Motorist

☐ Has HM Placard

Special Function: 01

Most Damaged Area: 02

Impact Area: 02

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

Pre-Crash Actions: 01

Motorist: 01 Going Straight Ahead; 02 Slowing or Stopping; 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

99 - Unknown

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 Improper Pass/Driveway/ACDA; 10 Improper Lane Change; Ran Off Road; 11 Improper Backing; 12 Improperly Started From Parked Position; 13 Stopped in Roadway 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	2	3	4	5	6
18					

First Harmful Event: 1 — Most Harmful Event: 1 — 99 - Unknown

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 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 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/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: 35

Traffic Control: 12 — 01 No Control; 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 Lane Markings; 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

Page of

OHIO DEPARTMENT OF PUBLIC SAFETY — MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER: 16-3603

UNIT NUMBER 01

NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
Kennedy, Sherri	02/23/1974	42	F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
428 Cherry Hill Lane Lebanon, OH 45036	(937) 271-0742

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 ENDO.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	RQ773250	4	☐	☐	1	1	1	1	.	1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
			☐	1

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
					☐				

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C ENDO.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
			☐	☐					.		

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
			☐	

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 - 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 = "D")
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 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

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
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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
					☐				