OHIO TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER: 16-374

CRASH SEVERITY: 2 (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: 11022016

TIME OF CRASH: 1122

DAY OF WEEK: WED

DEGREES / MINUTES / SECONDS

LATITUDE: 39 43 33.25

LONGITUDE: -84 20 69.32

DECIMAL DEGREES

ROADWAY DIVISION: ☐ DIVIDED ☑ UNDIVIDED

DIRECTION OF TRAVEL: N - NORTHBOUND, S - SOUTHBOUND, E - EASTBOUND, 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: Mechanic

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: ☐ FEET ☐ YARDS

DIRECTION FROM REFERENCE: N,S, E,W

REFERENCE ROUTE TYPE:

REFERENCE ROUTE NUMBER:

REF PREFIX: N,S, E,W

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

REFERENCE ROAD TYPE: ST

REFERENCE POINT USED: 1 (1 - Intersection, 2 - Mile Post, 3 - House Number)

CRASH LOCATION: 01 (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 (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: 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 2 was stopped on Mechanic Street at the Main Street intersection headed southbound. The driver of Unit 2 was waiting to make a right hand turn. A bicyclist was traveling eastbound on Main Street on the sidewalk. According to a witness, the bicyclist tried to go behind Unit 2. The bicyclist struck Unit 2 near the rear passenger side tire. The bicyclist was thrown from the bicycle. EMS was called to the scene and the bicyclist refused treatment. Approximately 20 minutes after completing the call, the bicyclist called 911 and asked to be transported to the hospital.

DIAGRAM

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

REPORT TAKEN BY: ☑ POLICE AGENCY ☐ MOTORIST ☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED: 11022016

TIME CRASH REPORTED: 1122

DISPATCH TIME: 1127

ARRIVAL TIME: 1127

TIME CLEARED: 1142

OTHER INVESTIGATION TIME: 30

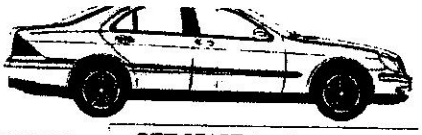
TOTAL MINUTES: 45

OFFICER'S NAME: Ptl. C. Brock

OFFICER'S BADGE NUMBER: 126

CHECKED BY:

HSY7001 OH1 (Rev 01/12)

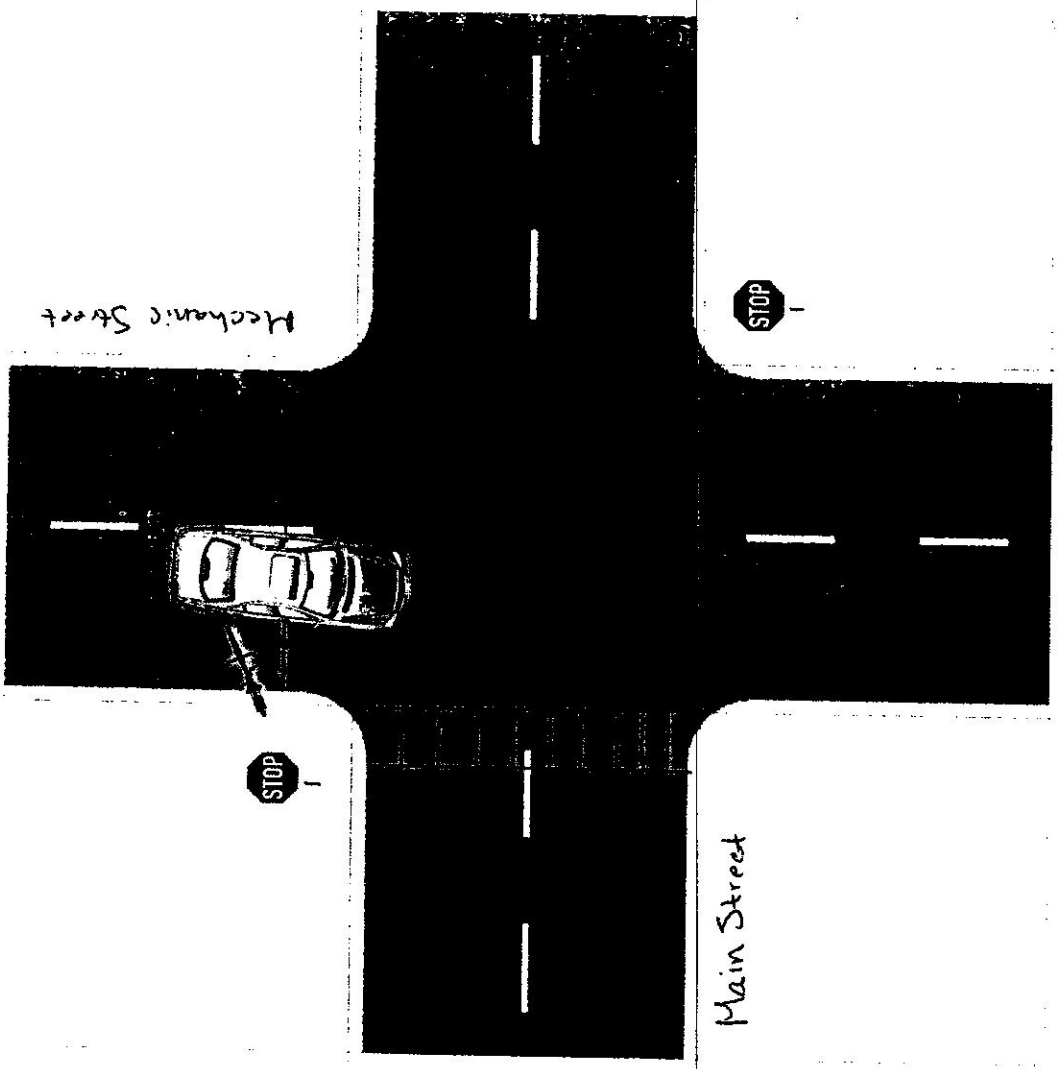


License no. CET 3715Enter license no.

License no.

was created online at
Accidentsketch.com

Sketch of the accident



OHIO CRASH UNIT

Local Report Number: 16-374

Unit Number	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number: Inc Area Code (☑ Same As Driver)	Damage Scale	Damage Area
01	Baldwin, Ronald D.	(513) 760-8976	2	

Owner Address: City, State, Zip (☑ Same As Driver)
921 Hartz Drive Lebanon, OH 45036

CP Status	License Plate Number	Vehicle Identification Number	# Occupants

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
	Mongoose		Black

☐ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By

Carrier Name, Address, City, State, Zip

Carrier Phone: Include Area Code

CVO	Vehicle Weight GVWR/GCWR	Cargo Body Type	Traffic Way Description
	1	01	1

HM Placard ID No.

HM Class Number

☐ Hazardous Material Released

Cargo Body Type: 01 Not 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

Traffic Way Description: 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	Type of Use	Unit Type	Has HM Placard
08	1	25	☐

Non-Motorist Location Prior to Impact: 01 Inter... Related; 02 Inter... No Crosswalk; 03 Inter... Other; 04 Mid-Block 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 Personal; 2 Commercial; 3 Government; ☐ In Emergency Response

Unit Type: 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 Cargo 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/Pedalcyclist; 26 Pedestrian/Skater; 27 Other Non-Motorist

Driving Function	Most Damaged Area	Impact Area	Action
01	02	02	3

Driving Function: 01 None; 02 Taxi; 03 Rental (Non-Commercial); 04 Bus (Non-Commercial); 05 Bus (Transit); 06 Bus (Charter); 07 Bus (School); 08 Ambulance; 09 Fire; 10 Military; 11 Highway/Maintenance; 12 Mail; 13 Police; 14 Public Utility; 15 Other Government; 16 Construction Equip.; 17 Farm Vehicle; 18 Farm Equipment; 19 Motorhome; 20 Golf Cart; 21 Train; 22 Other (Explain in Narrative)

Most Damaged Area / Impact Area: 01 None; 02 Center Front; 03 Right Front; 04 Right Side; 05 Right Rear; 06 Rear Center; 07 Left Rear; 08 Left Side; 09 Left Front; 10 Top and Windows; 11 Undercarriage; 12 Load/Trailer; 13 Total (All Areas); 14 Other; 99 Unknown

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

Pre-Crash Actions: 16

Motorist: 01 Straight Ahead; 02 Backing; 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	Secondary
28	

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 Followed Too Closely/ACDA; 10 Improper Lane Change /Passing/Off Road; 11 Improper Backing; 12 Improper Start From Parked Position; 13 Stopped or Parked 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

99 - Unknown

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
20					

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 Pedalcycle; 16 Railway Vehicle (Train, Engine); 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/Luminaries 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	Posted Speed	Traffic Control	Unit Direction
	25	02	From 4 To 3

Unit Speed: ☐ Stated ☐ Estimated

Traffic Control: 01 No Controls; 02 Stop Sign; 03 Yield Sign; 04 Traffic Signal; 05 Traffic Flashers; 06 School Zone; 07 Rail Road Crossbucks; 08 Railroad Flashers; 09 Railroad Gates; 10 Construction Barricade; 11 Person (Flagger, Officer); 12 Pavement Markings; 13 Crosswalk Lines; 14 Walk/Don't Walk; 15 Other; 16 Not Reported

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

OHIO DEPARTMENT OF PUBLIC SAFETY — UNIT

Local Report Number: 16-374

Unit Number	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number - Inc. Area Code (☑ Same As Driver)	Damage Scale	Damaged Area
02	Lewis, Elizabeth	(513) 677-6688	2	

Owner Address: City, State, Zip (☑ Same As Driver)
210 Carrington PL Apt. 103 Loveland, OH 45140

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	CET 3715	1N4AL11D04C100628	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2004	Nissan	Altima	beige

☑ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	Safeco	K2614882	

Carrier Name, Address, City, State, Zip

Carrier Phone - Include Area Code

US DOT

HM Placard ID No.

HM Class Number

☐ Hazardous Material Released

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

Cargo Body Type: 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 = 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 = Middle of Block - 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 = Personal; 2 = Commercial; 3 = Government

☐ In Emergency Response

Unit Type: 02

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

99 = Unknown or Hit/Skip

☐ Has HM Placard

Special Function: 01 = None; 02 = Taxi; 03 = Rental (Less than 10K Lbs); 04 = Bus - School (Public or Private); 05 = Bus - Transit; 06 = Bus - Charter; 07 = Bus - Shuttle; 08 = Bus - Other; 09 = Ambulance; 10 = Fire; 11 = Highway/Maintenance; 12 = Military; 13 = Police; 14 = Public Utility; 15 = Other Government; 16 = Construction Equip.; 17 = Farm Vehicle; 18 = Farm Equipment; 19 = Motorcycle; 20 = Golf Cart; 21 = Train; 22 = Other (Explain in Narrative)

Most Damaged Area: 05
Impact Area: 05

01 = None; 02 = Center Front; 03 = Right Front; 04 = Right Side; 05 = Right Rear; 06 = Rear Center; 07 = Left Rear; 08 = Left Side; 09 = Left Front; 10 = Top and Windows; 11 = Undercarriage; 12 = Load/Trailer; 13 = Total (All Areas); 14 = Other; 99 = Unknown

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

Pre-Crash Actions: 11

99 = Unknown

Motorist: 01 = Straight Ahead; 02 = Backing; 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

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 = Followed Too Closely/ACDA; 10 = Improper Lane Change / Passing / Off Road; 11 = Improper Backing; 12 = Improper Start From Parked Position; 13 = Stopped or Parked 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: 20
2:
3:
4:
5:
6:

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 = Pedalcycle; 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/Luminaries 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: 25

Traffic Control: 02

01 = No Controls; 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 = Crosswalk Lines; 14 = Walk/Don't Walk; 15 = Other; 16 = Not Reported

Unit Direction: From 1 To 2

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

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

LOCAL REPORT NUMBER: 16-374

MOTORIST/NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
01	Baldwin, Ronald D.	12/11/1986	29	M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 921 Hartz Drive Lebanon, OH 45036

CONTACT PHONE - INCLUDE AREA CODE: (513) 760-8976

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
2	2	Lebanon EMS	Arrowsprings	09	☐	15	1	4	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	SM094374	4	☐	☐	1	1	1	1	.	1	1

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

NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
02	Lewis, Elizabeth E.	07/29/1940	76	F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 210 Carrington PL Apt. 103 Loveland, OH 45140

CONTACT PHONE - INCLUDE AREA CODE: (513) 677-6688

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	SM094374	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 (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

VEHICLE

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
	Caster, Patrick A.	09/29/1970	46	M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 6511 Nickel RD. Lebanon, OH 45036

CONTACT PHONE - INCLUDE AREA CODE: (513) 646-7101

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
					☐				

VEHICLE

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
					☐				