OHIO TRAFFIC CRASH REPORT

OHP 2014-1127 | LPD 14-029 | Crash Severity: 3 (1 - Fatal, 2 - Serious, 3 - PDO) | Hit/Skip: (1 - Solved, 2 - Unsolved)

✓ Police Taxes							
✓ OH - 2							
OH - 3							
OH - Other							
FDID Number / Name							
	0 8 3 0 3	Lebanon Police	2	0 1			
			Number of Units	Unit in Error (98 - Another, 99 - Unknown)			

County *	✓ City * / Village * / Township *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83		Lebanon (City)	0 1 1 8 2 0 1 4	2 0 2 9	SAT

Degrees / Minutes / Seconds

Latitude		Longitude		Decimal Degrees Latitude	Longitude
				3 9 . 4 4 0 7 5 1	- 8 4 . 1 9 8 8 1 8

Roadway Division: ✓ Undivided | Divided Lane Direction of Travel: N - Northbound, E - Eastbound, S - Southbound, W - Westbound | Number of Thru Lanes: 4 | 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	Leg Direction	Locality Road Name	Location Road Type	Route Types: IR - Interstate Route (Inc. Turnpikes), US - US Route, SR - State Route, CR - Numbered County Route, TR - Numbered Township Route
U S	4 2		Columbus Ave.	A V	

Distance From Reference	Dir From Ref (N,S,E,W)	Reference Route Type	Reference Route Number	Ref Prefix (N,S,E,W)	Reference Name (Road, Milepost, House #)	Reference Road Type
Miles / Feet / Yards					Ridge Road	R D

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

Cross Location: 0 2 — 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 0 3 / Secondary 0 2 — 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: 3 — 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: 6 — 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

☐ 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 traveling southwest bound on U.S. Route 42 (Columbus Ave.) near Ridge Road. Unit #1 was traveling northeast bound on U.S. Route 42 at Ridge Road. Unit #1 turned left and failed to yield the right of way to Unit #2 and the vehicles struck each other in the intersection. Both vehicles were reported to have a green traffic signal.

Diagram

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

SEE OH-2 (PAGE 5)

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
0 1 1 8 2 0 1 4	2 0 2 9	2 0 3 0	2 0 3 2	2 1 1 5	0 0 0 0	0 0 4 6

Officer's Name *	Officer's Badge Number	Checked By
Travis O'Neill	121	RCbr 131

OHIO DEPARTMENT OF PUBLIC SAFETY

OVI UNIT

LOCAL REPORT NUMBER: 14-0029

UNIT NUMBER	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE NUMBER: INCLUDE AREA CODE (☐ SAME AS DRIVER)	DAMAGE SCALE	DAMAGED AREA
01	Singer, James	(513) 737-7736		

OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER)

6538 Willow Bend Drive, Liberty Township, Ohio, 45011

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

DAMAGED AREA: Front, Rear, 01–09

LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS
OH	FCF3505	1HGFA16559L019334	01

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
2003	Honda	4 door	silver

PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY HOLDER	TOWED BY
☑	State Farm	724 8267-D20-35A	Lebanon Towing

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; 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

☐ HAS HM PLACARD

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

SPECIAL FUNCTION: 01

01 - None; 02 - Taxi; 03 - Rental Truck (Over 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: 02

IMPACT AREA: 02

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: 5

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

PRE-CRASH ACTIONS: 06

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: 02

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 (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: ☐ STATED ☐ ESTIMATED

POSTED SPEED: 35

TRAFFIC CONTROL: 04

01 - No Controls; 02 - Stop Sign; 03 - Yield Sign; 04 - Traffic Signal; 05 - Traffic Flashers; 06 - School Zone; 07 - Railroad Crossbuck; 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 5 TO 6

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

OHIO DEPARTMENT OF PUBLIC SAFETY — UNIT

LAW ENFORCEMENT CASE NUMBER: 14-024

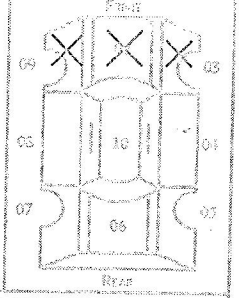
UNIT NUMBER: 02

OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER): Kline, Michael

OWNER PHONE NUMBER: INCLUDE AREA CODE (☐ SAME AS DRIVER):

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

DAMAGED AREA



OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER): 8623 Arrowood Drive Apt. 301, Mason, Ohio, 45040

LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS
OH	FGY6719	1G2WP52K1XF259352	01

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
1999	Pontiac	4 door	gold

☑ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY
	State Farm	756 7713A63-65	not towed

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

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MOST DAMAGED AREA: 02

IMPACT AREA: 02

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ACTION: 5

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99 - Unknown

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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 Shifted/Falling/Spilling; 21 - Other Improper Action

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SEQUENCE OF EVENTS

1: 20; 2: 39; 3: ; 4: ; 5: ; 6:

99 - Unknown

FIRST HARMFUL EVENT: 1

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UNIT SPEED: ☐ STATED ☐ ESTIMATED

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UNIT DIRECTION: FROM 5 TO 8

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

OSY8304 CH1U (Rev 01/12)

MOTORIST / NON-MOTORIST / OCCUPANT

CRASH REPORT NUMBER: 14-029

MOTORIST/NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
01	Singer, Alyssa N.	11011991	22	F

ADDRESS, CITY, STATE, ZIP: 6538 Willow Bend Driver, Liberty Township, Ohio, 45011-7504

CONTACT PHONE - INCLUDE AREA CODE: (513) 737-7736

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	9	N/A	unknown	04	☐	01	2	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C ENDS.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	TJ210291	4	☐	☐	1	1	1	1	.	1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HARDS-FREE DEVICE USED	DRIVER DISTRACTED BY
331.17	Right of way when turning	67094	☐	1

MOTORIST/NON-MOTORIST

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
02	Kline, Cierra Makenzie	04141995	18	F

ADDRESS, CITY, STATE, ZIP: 105 Maple Ave., Lebanon, Ohio, 45036

CONTACT PHONE - INCLUDE AREA CODE: (513) 283-7217

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	9	N/A	unknown	04	☐	01	1	1	1

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C ENDS.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OH	TX351125	4	☐	☐	1	1	1	1	.	1	1

OFFENSE CHARGED (☐ LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HARDS-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
09 - 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 in Other Enclosed Cargo Area (Non-Trailing Unit, Such as 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
4 - Not Trapped
5 - Released by Non-Mechanical Means

OPERATOR LICENSING CLASS
1 - Class A
2 - Class B
3 - Class C
4 - Regular Class (Other than A, B or C)
5 - M/C/Moped Only

CONDITION
1 - Apparently Normal
2 - Physically Impaired
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

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
					☐				

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				☐ F - Female ☐ M - Male

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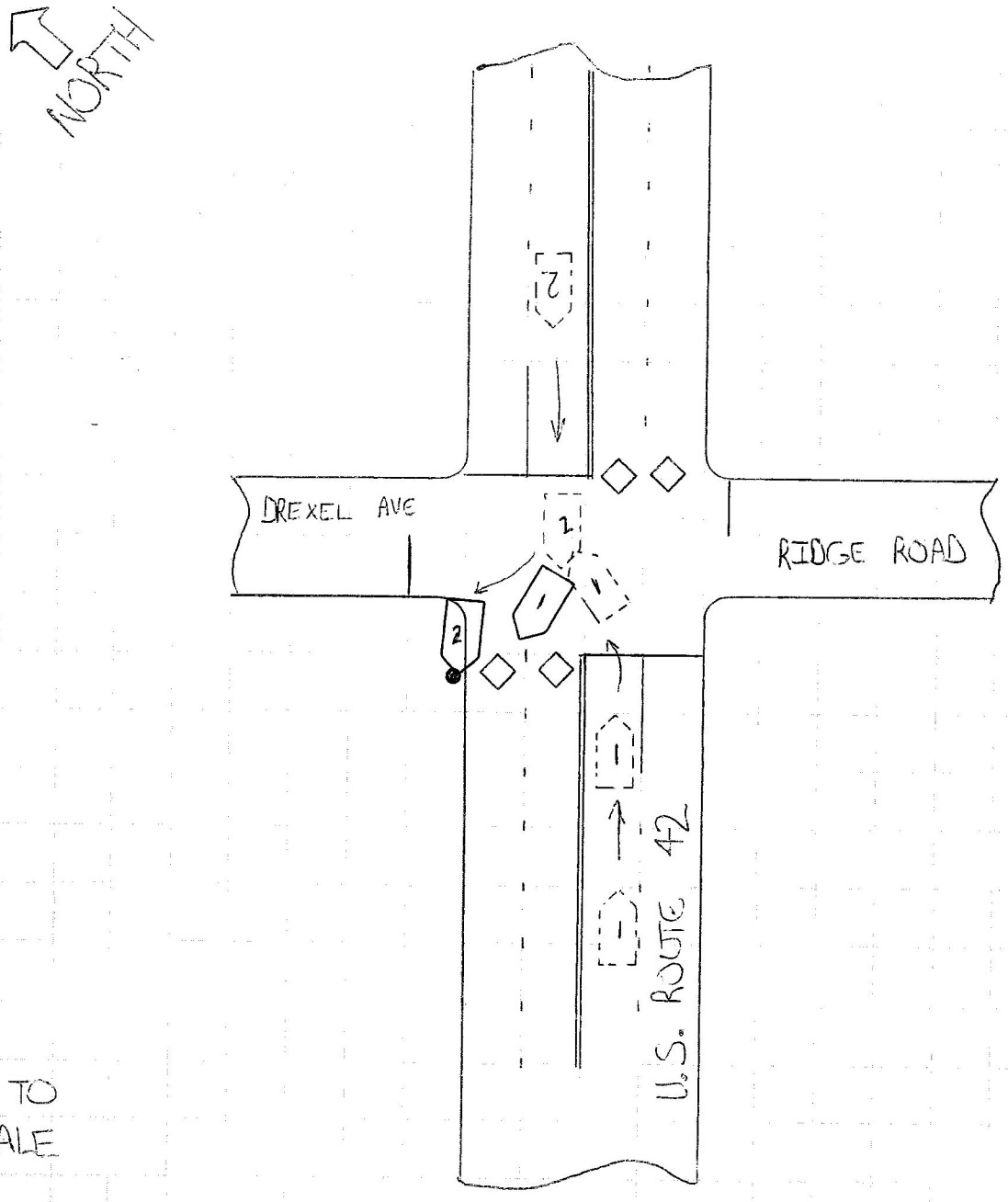
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
					☐				

OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 14-1127	REPORTING AGENCY LEBANON POLICE	DATE OF ACCIDENT M 1 D 18 Y 14
IN COUNTY OF WARREN	ACCIDENT LOCATION U.S ROUTE 42 (COLUMBUS AVE) @ RIDGE ROAD	



*NOT TO SCALE

OFFICERS SIGNATURE Travis O'Neill

BADGE NO. 121

HSY 7002

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
2014-1127	LEBANON POLICE	M 1 D 18 Y 2014

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Cierra Kline (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

OFFICER'S NAME AT LOCATION

I was coming South on Columbus Ave near speedway and CVS. It was a green light and I was headed straight when the car I hit was ~~headed~~ turning left next to CVS at the intersection. My car ran into her coming South while She was turning left on a green light. They hit head on and I hit the light pole in front of Town & Country Cleaners.

ADDRESS OF WITNESS: 105 Maple Ave, Lebanon, OH PHONE: 513-283-7217

SIGNATURE OF WITNESS: X Cierra Kline

OFFICER'S SIGNATURE: X Travis O'Neill #121

HSY 7003 4/07

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
2014-1127	LEBANON POLICE	M 1 D 18 Y 14

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Amanda R. Myers (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Ptl. Drake of LPD (OFFICER'S NAME) AT Columbus Ave & Ridge (LOCATION)

Unit 1, a gray colored 4door Honda, was traveling northbound on Columbus and attempting to make a left turn onto Ridge. Unit 2, a silver 4door pontiac, was traveling Southbound on Columbus Avenue. The light North-South was green. Unit 1 turned in front of Unit 2 causing the vehicles to collide in the intersection.

3849 Halls Creek Rd Morrow OH 45152
ADDRESS OF WITNESS

PHONE 513-515-8715

SIGNATURE OF WITNESS
X Amanda R Myers

OFFICER'S SIGNATURE
X Travis O'Neil #121

HSY 7003 4/07