OHIO TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER: 14-291
CRASH SEVERITY: 3
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: 98 - ANIMAL, 99 - UNKNOWN

COUNTY: 83
CITY / VILLAGE / TOWNSHIP: CITY
CITY, VILLAGE, TOWNSHIP: Lebanon
CRASH DATE: 09/11/2014
TIME OF CRASH: 1237
DAY OF WEEK: Thurs

DEGREES / MINUTES / SECONDS
LATITUDE: 0 ' "
LONGITUDE: 0 ' "
DECIMAL DEGREES
LATITUDE: 39.454594
LONGITUDE: -84.178791

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 [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

LOCATION ROUTE TYPE [1]:
LOCATION ROUTE NUMBER:
LOC PREFIX N,S,E,W:
LOCATION ROAD NAME: Columbus
LOCATION ROAD TYPE [2]: 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: 10
DISTANCE UNITS: FEET
DIR FROM REF: N
REFERENCE ROUTE TYPE [1]:
REFERENCE ROUTE NUMBER:
REF PREFIX N,S,E,W:
REFERENCE NAME (ROAD, MILEPOST, HOUSE #): Miller
REFERENCE ROAD TYPE [2]: RD

REFERENCE POINT USED: 1 - INTERSECTION, 2 - MILE POST, 3 - HOUSE NUMBER
CRASH LOCATION: 02 - NOT AN INTERSECTION
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

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

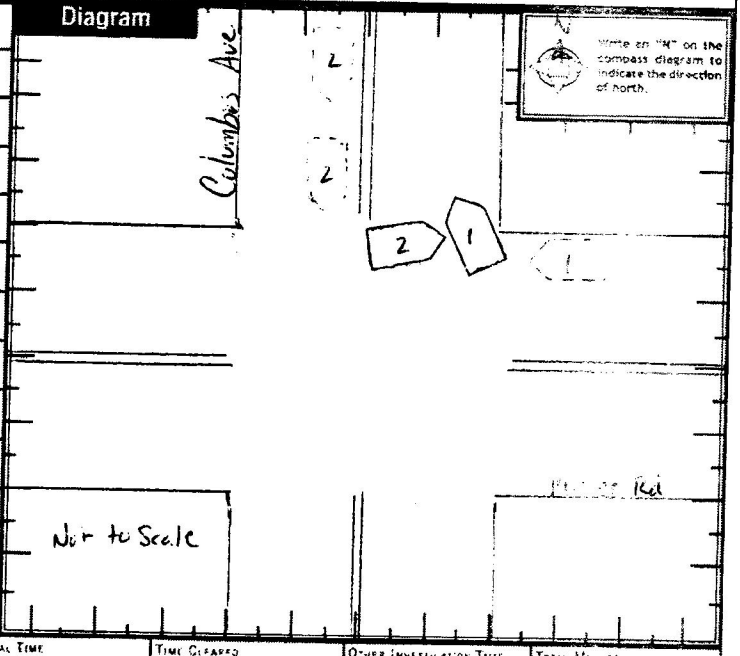
LIGHT CONDITIONS: PRIMARY: 1, SECONDARY:
1 - DAYLIGHT, 2 - DAWN, 3 - DUSK, 4 - DARK - LIGHTED ROADWAY, 5 - DARK - ROADWAY NOT LIGHTED, 6 - DARK - UNKNOWN ROADWAY LIGHTING, 7 - GLARE*, 8 - OTHER, 9 - UNKNOWN
SCHOOL ZONE RELATED:
SCHOOL BUS RELATED: YES, SCHOOL BUS; YES, SCHOOL BUS HYDRAULICALLY INVOLVED

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 westbound on Miller Rd. and then turned northbound onto Columbus ave. Unit 2 was traveling Southbound on Columbus Ave. and made an illegal U turn in the intersection and struck Unit 1 on the driver side.

DIAGRAM



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

DATE CRASH REPORTED: 09/11/2014
TIME CRASH REPORTED: 1237
DISPATCH TIME: 1242
ARRIVAL TIME: 1244
TIME CLEARED: 1312
OTHER INVESTIGATION TIME: 0045
TOTAL MINUTES: 0078

OFFICER'S NAME: Ptl. Denver R. Stewart III
OFFICER'S BADGE NUMBER: 120
CHECKED BY: [signature] 131

HSY7001 OH1 (REV 01/12)

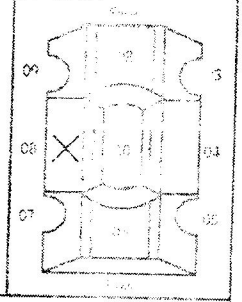
14-15730

OHIO Department of Public Safety — Education · Service · Protection

UNIT

14-291

Unit Number	Owner Name, Last, First, Middle (☑ Same As Driver)	Owner Phone Number (Incl. Area Code) (☑ Same As Driver)	Damage Scale	Damaged Area
01	Shaw, Gail P.	(513) 932-5621	2	



Owner Address, City, State, Zip (☑ Same As Driver): 1511 N. US Route 42, Lebanon, Ohio 45036

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	FGN7053	1GBDM19W2SB111101	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
1995	Chevrolet	Van	White/Purple

☑ Commercial Insurance	Insurance Company	Policy Number	Towed By
	The Cincinnati Insurance	A010131238	

Carrier Name, Address, City, State, Zip: 6200 S. Gilmore Rd, P.O. Box 145496

Carrier Phone Number: (513) 870-2580

US DOT

HM Placard ID No.

HM Class Number

Vehicle Weight GVWR/GCWR: 1

☐ Hazardous Material Released

Cable Body Type: 02

Traffic Control Description: 1

☐ Hit & Skip Unit

Non-Motorist Location Prior to Impact

Type of Use: 1

☐ In Emergency Response

Unit Type: 08

☐ Has HM Placard

Special Function: 01

Most Damaged Area: 06

Impact Area: 06

Action: 4

Pre-Crash Actions: 05

Motorist

Non-Motorist

Contributing Circumstances

Primary: 01

Secondary:

Motorist

Non-Motorist

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

Unit Speed

☐ Stated

☐ Estimated

Posted Speed: 45

Traffic Control: 04

Unit Direction: From 3 To 1

HS78304 OH10 (Rev 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY — UNIT

14-291

Unit Number	Owner Name: Last, First, Middle (☑ Same as Driver)	Owner Phone Number: Including Area Code (☑ Same as Driver)	Damage Scale	Damage
02	Bay, Judy L.	(513) 899-4009	2	

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

7203 Morrow Rossburg Rd., Lebanon, Ohio 45036

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	EBZ9678	5GTDN13E478218060	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2007	Hummer	H3	Grey

☑ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	American Select Insurance	WNP0838214	

Carrier Name, Address, City, State, Zip

Carrier Phone: Including Area Code: (513) 867-4808

U.S. DOT	Vehicle Weight GVWR/GCWR	Cargo Body Type	Trafficway Description
	1	01	1

HM Placard ID No. | HM Class Number | ☐ Hazardous Material Released | ☐ HM Placard

Non-Motorist Location Prior to Impact | Type of Use: 1 | ☐ In Emergency Response | Cost Est: 06 | ☐ Has HM Placard

Special Function	Most Damage Area	Impact Area	Events
01	02	02	3

Pre-Crash Actions

Motorist: 07

Non-Motorist:

Contributing Circumstances

Primary: 07

Secondary:

Motorist:

Non-Motorist:

Vehicle Defects:

Sequence of Events

1: 20 (First Harmful Event: 1) | 2: | 3: | 4: | 5: | 6: | 99 = Unknown (Most Harmful Event: 1)

Non-Collision Event:

Collision with Person, Vehicle or Object Not Fixed:

Collision with Fixed Object:

Unit Speed	Posted Speed	Traffic Control	Unit Direction: From	To
☐ Stated ☐ Estimated	45	04	1	1

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

Local Report Number: 14-29

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age
01	Shaw, Gail P.	01081951	63

Address, City, State, Zip: 1511 N. St. RT. 42, Lebanon, Ohio 45036

Contact Phone - Include Area Code: (513) 932-562[illegible]

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			99	☐	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(s)	Drug Test Type
OH	RJ467352	4	☐	☐	1	1	1	1	.	1	

Offence Charged (☐ Local Code)	Offence Description	Citation Number	Hands-Free Device Used	Offender Conviction Status
			☐	

Unit Number	Name: Last, First, Middle	Date of Birth	Age
02	Bay, Judy L.	07301945	69

Address, City, State, Zip: 7203 Morrow Rossburg Rd., Lebanon, Ohio 45036

Contact Phone - Include Area Code: (513) 899-4009

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			99	☐	01	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(s)	Drug Test Type
OH	RR586806	4	☐	☐	1	1	1	1	.	1	

Offense Charged (☒ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Offender Conviction Status
331.12	Turning in roadway prohibite	66710	☐	

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 Reflective Clothing
10 Lighting - Conspicuity Device
11 Other
99 Unknown
Non-Motorist
09 None Used
10 Helmet Used
11 Reflective Clothing
12 Lighting - Conspicuity Device
13 Other
99 Unknown

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 Conveyance Area (Bus, Taxi, Limo, Van, Enclosed Camper)
12 Passenger - Unenclosed Conveyance Area (Open Bed, Open Camper, Motorcycle Side Car)
13 Trailing Unit
14 Motorized Vehicle Or Mobile Unit Not Transporting Cargo
15 Non-Motorist
16 Other
99 Unknown

Air Bag Usage
1 Not Deployed
2 Deployed - Front
3 Deployed - Side
4 Deployed - Both
5 Not Applicable
9 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
9 Unknown

Operator License Class
1 Class A
2 Class B
3 Class C
4 Reciprocity
5 M/C/Moped Only

Condition
1 Apparently Normal
2 Physical Impairment
3 Emotional (Depressed, Angry, Disturbed)
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc.
6 Under the Influence of Medications, Drugs, Alcohol
7 Other
9 Unknown

Alcohol/Drug Suspected
1 None
2 Alcohol
3 Drug
4 Both
9 Unknown

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 Breath
3 Urine
4 Blood
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 Not Distracted
2 Other
3 Texting
4 Talking on Phone
5 Manually Operating an Electronic Communication Device

OCCUPANT

Unit Number	Name: Last, First, Middle	Date of Birth	Age

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

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
					☐				