TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

Local Information

Local Report Number *: 14-323

Crash Severity: 3 (1 - Fatal, 2 - Injury, 3 - PDO)

Hit/Skip: 1 - Solved, 2 - Unsolved

☑ Photos Taken; OH-2; OH-CP; OH-3; Other

PDO Under State Reportable Dollar Amount

Private Property

Reporting Agency NCIC *: 08303

Reporting Agency Name *: Lebanon PD

Number of Units: 4

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

County *: 83

☑ City * / Village * / Township *: Lebanon

Crash Date *: 10/06/2014

Time of Crash: 1946

Day of Week: MON

Degrees / Minutes / Seconds — Latitude: ° ′ ″ Longitude: ° ′ ″

OR

Decimal Degrees — Latitude: 39.411392 Longitude: -84.208081

Roadway Division: ☐ Divided ☑ Undivided

Divided Lane Direction of Travel: N - Northbound, S - Southbound, E - Eastbound, 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, WA Way

Location Route Number: Location Route Type [2]

Loc Prefix: N, S, E, W

Location Road Name: Deerfield — RD Location Road Type [2]

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: 0 — Miles / ☑ Feet / Yards

Dir From Ref: N, S, E, W

Reference Route Type [1]

Reference Route Number

Ref Prefix: N, S, E, W

Reference Name (Road, Milepost, House #): Burt — RD Reference Road Type [2]

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

Crash Location: 02
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: 2 (1 - Straight Level, 2 - Straight Grade, 3 - Curve Level, 4 - Curve Grade, 9 - Unknown)

Road Conditions — Primary: 02; 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: 4 (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: 1 (1 - Concrete; 2 - Blacktop, Bituminous, Asphalt; 3 - Brick/Block; 4 - Slag, Gravel, Stone; 5 - Dirt; 6 - Other)

Light Conditions — Primary: 3; 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)

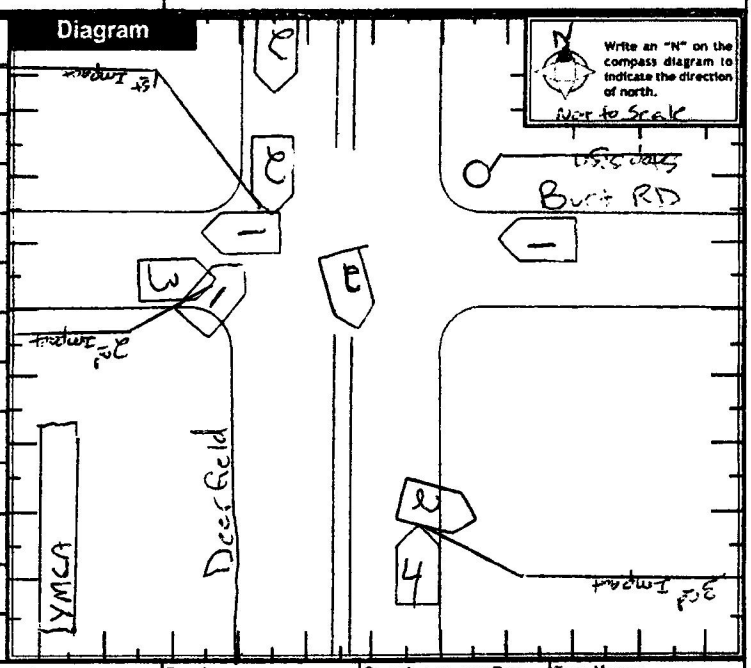
Type of Work Zone: 1 - Lane Closure; 2 - Lane Shift/Crossover; 3 - Work on Shoulder or Median; 4 - Intermittent or Moving Work; 5 - Other

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 stopped on Burt Road attempting to cross Deerfield Road. Unit #1 failed to yield the right of way from a stop sign and crossed onto Deerfield Road when it was struck by Unit #2 which was traveling south on Deerfield Road. The impact forced Unit #1 into ~~Unit #3 which was stopped at the exit of the YMCA. The collision~~ between Unit # 1 and Unit #2 caused Unit #2 to go left of center while continuing to travel south on Deerfield Road. Unit #2 then struck Unit #4 which was traveling north on Deerfield Road.

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	Officer Investigation Time	Total Minutes
10/06/2014	1946	1946	1952	2046	30	90

Officer's Name *: Ptl. Fry

Officer's Badge Number: 119

Checked By: CM 131

Page of

4SY7001 OH3 (Rev 01/12)

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

UNIT

Local Report Number: 14-323

Unit Number	Owner Name: Last, First, Middle (☐ Same As Driver)	Owner Phone Number - Inc. Area Code (☐ Same As Driver)	Damage Scale
01	Albertson, Maria	(513) 335-0553	4

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

Owner Address: City, State, Zip (☐ Same As Driver): 919 Stanwood, Lebanon Ohio 45036

Damaged Area: Front 02, 09, 03, 08, 10, 04, 07, 05, 06, Rear

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	DVB5050	1N4DL01D8WC175829	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
1998	Nissan	4S	Blue

Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
☑	Grange Insurance	PA1315551	Lebanon Towing

Carrier Name, Address, City, State, Zip

Carrier Phone - Include Area code

Cargo

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

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 - Vehicle Towing (over 10K Lbs); 09 - Ambulance; 10 - Fire; 11 - Highway/Maintenance; 12 - Military; 13 - Police; 14 - Public Utility; 15 - Other Government; 17 - Farm Vehicle; 18 - Farm Equipment; 19 - Motorhome; 20 - Golf Cart; 21 - Train; 22 - Other Special Function

Most Damaged Area: 06

01 - None; 02 - Center Front; 03 - Right Front; 04 - Left Front; 05 - Right Side; 06 - Rear; 07 - Left Rear; 08 - Left Side; 09 - Left Rear; 10 - Top and Window; 11 - Underbody; 12 - Roof; 13 - Top and Rear; 14 - Other; 99 - Unknown

Impact Area: 05

Action: 5

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

Pre-Crash Action: 01

Motorist: 02 - Stopped in Traffic; 03 - Slowing/Stopping in Traffic; 04 - Turning Right; 05 - Turning Left; 06 - Making U-Turn; 07 - Making Left Turn; 08 - Making Right Turn; 09 - Leaving Traffic Lane; 10 - Parked; 11 - Stopped or Standing; 12 - Driverless; 13 - Negotiating a Curve; 14 - Other Motorist Action

Non-Motorist: 15 - Enter or Cross Roadway - Intersection; 16 - Walking, Running, Playing, Working; 17 - Working; 18 - Pushing Vehicle; 19 - Approaching/Leaving Vehicle; 20 - Standing; 21 - Other Non-Motorist Action

Contributing Circumstances

Primary: 02

Motorist: 11 - Improper Backing; 12 - Improper Start From Parked Position; 13 - Stopped or Parked Improperly; 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 - Fleeing or Pursuing Police Vehicle; 27 - Actuating a Device; 28 - Improper Stopping; 29 - Failure to Obey Traffic Signs/Signals/Officer; 30 - Wrong Side of Road; 31 - Other Improper Action

Secondary:

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 Event

1	2	3	4	5	6
20	20				

First Harmful Event: 1 — Most Harmful Event: 2 — 99 - Unknown

Non-Collision Events: 01 - Overturn (Rollover); 02 - Fire/Explosion; 03 - Immersion; 04 - Jackknife; 05 - Carbon Monoxide Emission; 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 Centerline; 12 - Downhill Runaway; 13 - Uphill Runaway; 14 - Other Non-Collision

Collision with Person, Vehicle or Object Not Fixed

20 - Pedestrian; 21 - Pedalcyclist; 22 - Ridden Animal or Livestock; 23 - Other Animal; 24 - Parked Motor Vehicle; 25 - Work Zone Maintenance Equipment; 26 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle; 27 - Other Moveable Object

Collision with Fixed Object

31 - Utility Pole; 32 - Light Pole; 33 - Median Cable Barrier; 34 - Median Concrete Barrier; 35 - Median Guardrail Barrier; 36 - Median Other Barrier; 37 - Traffic Sign Post; 38 - Overhead Sign Post; 39 - Light Standard; 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: 15 — 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 Crossing Gates; 08 - Railroad Flashers; 09 - Railroad Cross Buck; 10 - Construction Barricade; 11 - Person (Flagger, Officer); 12 - Pavement Markings; 13 - Lane Markings; 14 - Walk/Don't Walk; 15 - Other; 16 - None Reported

Unit Direction: From 3 To 4

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

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

UNIT

Local Report Number: 11-323

Unit Number	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number - Inc. Area Code (☑ Same As Driver)	Damage Scale	Damaged Area
02			4	Front

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	DOU6497	KNAGE22829528	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2009	Kia	4S	Brown

☑ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	Safeco	OH01319098A-00	Jacobs

Carrier Name, Address, City, State, Zip

Carrier Phone - Include Area Code

USDOT

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

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 - Emergency (Non-Law Enforcement); 04 - School; 05 - Transit/Commuter; 06 - Police; 07 - Military; 08 - Tow Truck; 09 - Ambulance; 10 - Fire; 11 - Highway/Maintenance; 12 - Mail; 13 - Pizza; 14 - Large Utility; 15 - Farm; 16 - Construction; 17 - Farm Vehicle; 18 - Farm Equipment; 19 - Motorcoach; 20 - Golf Cart; 21 - Train; 22 - Other

Most Damaged Area: 02

01 - None; 02 - Center Front; 03 - Right Front; 04 - Right Side; 05 - Right Rear; 06 - Center Rear; 07 - Left Rear; 08 - Left Side; 09 - Left Front; 10 - Top; 11 - Underbody; 12 - Total (All Areas); 99 - Unknown

Impact Area: 02

Action: 5

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

Pre-Crash Action: 01

Motorist: 01 - Going Straight; 02 - Slowing/Stopping; 03 - Turning Right; 04 - Turning Left; 05 - Making U-Turn; 06 - Negotiating a Curve; 07 - Leaving Lane; 08 - Entering Traffic Lane; 09 - Spacing Traffic Lane; 10 - Parked; 11 - Stopped for Light/Stop Sign; 12 - Driverless; 13 - Negotiating a Hill; 14 - Other; 15 - Emergency Stop (Non-Collision); 16 - Other Non-Collision

Non-Motorist: 17 - Working; 18 - Walking; 19 - Playing; 20 - Standing; 21 - Other Non-Motorist; 22 - Unknown

Contact Point of Impact: 01

Motorist: 01 - None; 02 - Center Front; 03 - Right Front; 04 - Right Side; 05 - Right Rear; 06 - Center Rear; 07 - Left Rear; 08 - Left Side; 09 - Left Front; 10 - Top; 11 - Undercarriage; 12 - All Areas; 13 - Unknown; 14 - Left Rear Corner; 15 - Rear Corner; 16 - Rear Bumper; 17 - Trailer Hitch; 18 - Trailer Tongue; 19 - Rear Wheel; 20 - Left Rear Wheel; 21 - Other Rear Area

Non-Motorist: 22 - None; 23 - Head; 24 - Shoulder; 25 - Hand; 26 - Hip; 27 - Back; 28 - Chest; 29 - Leg; 30 - Other

Vehicle Defects: 01 - Brake; 02 - Steering; 03 - Tire Blowout; 04 - Worn Tires; 05 - Lights; 06 - Other Equipment; 07 - Other Defect; 08 - Defective Equipment; 09 - Other Equipment; 10 - Other Equipment; 11 - Other Defect

Sequence of Events: 1 - 20; 2 - 11; 3 - 20; 4 - 09; 5 - ; 6 -

First Harmful Event: 1 — Most Harmful Event: 3 — 99 - Unknown

Non-Collision Events: 01 - Overturn (Rollover); 02 - Fire/Explosion; 03 - Immersion; 04 - Jackknife; 05 - Other Non-Collision; 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 - Other Non-Collision; 12 - Equipment Failure; 13 - Non-Collision Unknown

Collision with Fixed, Object Not Fixed: 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 Moveable Object; 25 - Impact Attenuator/Crash Cushion; 26 - Bridge Pier or Support; 27 - Bridge Parapet; 28 - Bridge Rail; 29 - Guardrail Face; 30 - Guardrail End; 31 - Wall; 32 - Building; 33 - Utility Pole/Light Support; 34 - Other Post, Pole or Support; 35 - Other Fixed Object; 36 - Tree (Standing Stump); 37 - Fence; 38 - Mailbox; 39 - Shrubbery; 40 - Embankment; 41 - Culvert; 42 - Ditch; 43 - Curb; 44 - Other Fixed Object

Collision with Final Object: 45 - Impact Attenuator/Crash Cushion; 46 - Bridge Pier or Support; 47 - Bridge Parapet; 48 - Bridge Rail; 49 - Guardrail Face; 50 - Guardrail End; 51 - Wall; 52 - Building; 53 - Utility Pole/Light Support; 54 - Other Post, Pole or Support; 55 - Embankment; 56 - Tree (Standing Stump); 57 - Fence; 58 - Mailbox; 59 - Shrubbery; 60 - Culvert; 61 - Ditch; 62 - Curb; 63 - Other Fixed Object

Unit Speed: 35 ☑ Stated ☐ Estimated

Posted Speed: 35

Traffic Control: 01

01 - No Control; 02 - Stop Sign; 03 - Yield Sign; 04 - Traffic Signal; 05 - Traffic Flasher; 06 - Single Zone; 07 - Railroad Crossbucks; 08 - Railroad Flashers; 09 - Railroad Gates; 10 - Construction Barricade; 11 - Person (Flagger, Officer); 12 - Pavement Markings; 13 - Crossing Patrol; 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

Page of

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

UNIT

LOCAL REPORT NUMBER: 14-323

UNIT NUMBER	OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (☑ SAME AS DRIVER)
03	Webb, William A	

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

LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS
OH	908YRM	SHSRD78875U341086	01

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
2005	Honda	Pilot	Black

☑ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY
	State Farm	8505470D1235	Case

DAMAGE SCALE: 3
1 - NONE
2 - MINOR
3 - FUNCTIONAL
4 - DISABLING
9 - UNKNOWN

DAMAGED AREA
FRONT
02, 03, 04, 05, 06, 07, 08, 09, 10
REAR

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: 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 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: 91
01 - NONE
02 - TAXI
09 - AMBULANCE
10 - FIRE
11 - HIGHWAY/MAINTENANCE
17 - FARM VEHICLE
18 - FARM EQUIPMENT
19 - MOTORHOME

MOST DAMAGED AREA: 01
IMPACT AREA: 01
01 - NONE
02 - CENTER FRONT
08 - LEFT SIDE
09 - LEFT FRONT
99 - UNKNOWN

ACTION: 4
1 - NON-CONTACT
2 - NON-COLLISION
3 - STRIKING
4 - STRUCK
5 - STRIKING/STRUCK
9 - UNKNOWN

PRE-CRASH ACTIONS: 11
MOTORIST
08 - ENTERING TRAFFIC LANE
09 - LEAVING TRAFFIC LANE
10 - PARKED
12 - DRIVERLESS

NON-MOTORIST

CONTRIBUTING CIRCUMSTANCE
PRIMARY: 01
SECONDARY:
MOTORIST
NON-MOTORIST

VEHICLE DEFECTS
03 - TAIL LAMPS
04 - BRAKES

SEQUENCE OF EVENTS
1: 20
2:
3:
4:
5:
6:
FIRST HARMFUL EVENT: 1
MOST HARMFUL EVENT: 1
99 - UNKNOWN

NON-COLLISION EVENTS
03 - IMMERSION
07 - SEPARATION OF UNITS
08 - RAN OFF ROAD RIGHT
09 - RAN OFF ROAD LEFT

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED
21 - PARKED MOTOR VEHICLE
22 - WORK ZONE MAINTENANCE EQUIPMENT
24 - OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT
33 - MEDIAN CABLE BARRIER
34 - MEDIAN GUARDRAIL BARRIER
36 - MEDIAN OTHER BARRIER
49 - FIRE HYDRANT
50 - WORK ZONE MAINTENANCE EQUIPMENT
51 - WALL, BUILDING, TUNNEL
52 - OTHER FIXED OBJECT

UNIT SPEED	POSTED SPEED	TRAFFIC CONTROL
0 ☑ STATED ☐ ESTIMATED	0	02

TRAFFIC CONTROL
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
14 - WALK/DON'T WALK
16 - NOT REPORTED

UNIT DIRECTION
FROM: 4 TO: 3
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
EDUCATION · SERVICE · PROTECTION

UNIT

LOCAL REPORT NUMBER: 17-323

UNIT NUMBER	OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (☑ SAME AS DRIVER)	DAMAGE SCALE	DAMAGED AREA
04			3	FRONT 09 03 08 10 04 07 06 05 REAR

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

1 - NONE
2 - MINOR
3 - FUNCTIONAL
4 - DISABLING
9 - UNKNOWN

LP STATE	LICENSE PLATE NUMBER	VEHICLE IDENTIFICATION NUMBER	# OCCUPANTS
OH	GCJ2602	1HGEM21972L051516	01

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
2002	Honda	Civic	Silver

☑ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY
	Geico	4020033768	JNZ

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE- INCLUDE AREA CODE

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: 02
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 - TURBINE POWERED VEHICLE

MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS
13 - SINGLE UNIT TRUCK OR VAN ZAXLE, 6 TIRES
14 - SINGLE UNIT TRUCK; 7+ 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/PEDALCYCLIST
26 - PEDESTRIAN/SKATER
27 - OTHER NON-MOTORIST

☐ HAS HM PLACARD

SPECIAL FUNCTION: 01

MOST DAMAGED AREA: 02

IMPACT: 02

ACTION: 4

PRE-CRASH ACTIONS: 01

CONTRIBUTING CIRCUMSTANCES: 01

VEHICLE DEFECTS

SEQUENCE OF EVENTS: 20

FIRST HARMFUL EVENT: 1

MOST HARMFUL EVENT: 1

DRIVERS WITH PERSONS VEHICLE OR OBJECT NOT FIXED

NON-COLLISION WITH FIXED OBJECT

TRUCK TRACTOR	POSTED SPEED	TRAFFIC CONTROL	UNIT DIRECTION FROM	TO
35	35	01	2	1

☑ STOLEN
☐ TOWED

1 - NORTH
2 - NORTHEAST
3 - EAST
4 - WEST
5 - SOUTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - UNKNOWN

MOTORIST / NON-MOTORIST / OCCUPANT

14-323

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Albertson, Christopher M	07 02 1993	21	M (F - Female, M - Male)

Address: City, State, Zip	Contact Phone: Include Area Code
919 Stanwood, Lebanon, Ohio 45036	(513) 335-3733

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				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	TP886535	4	☐	☐	1	1	1	1	.	1	1

Offense Charged (☑ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
331.18	Right of Way at stop sign	66006	☐	1

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	Froehle, Dustin M	03 20 1987	27	M (F - Female, M - Male)

Address: City, State, Zip	Contact Phone: Include Area Code
6530 Arbor Ct. Middletown, Ohio 45044	(513) 804-4032

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				04	☐	01	2	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	SU428852	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 Sidecar)
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, Passenger Van)
12 - Passenger - Unenclosed Cargo Area
13 - Riding Gear
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
6 - 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 Only)
5 - MC/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/Emailing
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

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
					☐				

Page ___ of ___

HSY8506 OH1M (REV 0 7/12)

MOTORIST / NON-MOTORIST / OCCUPANT

14-323

MOTORIST / NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
03	Welch, Megan L	03 10 1988	26	F (F - Female, M - Male)

Address, City, State, Zip	Contact Phone: Include Area Code
1737 Cedar Trace Drive, Lebanon Ohio 45036	(513) 448-8170

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				04		01	1	1	1

OL State	Operator License Number	OL Class	No Valid OL	M/C Enc.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	UJ527159	4			1	1	1	1	.	1	1

Offense Charged	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
				1

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
04	Smiertka, Scott	09 09 1987	27	M (F - Female, M - Male)

Address, City, State, Zip	Contact Phone: Include Area Code
9210 Gourmet Lane, Loveland Ohio 45140	(513) 287-0553

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				04		01	1	1	1

OL State	Operator License Number	OL Class	No Valid OL	M/C Enc.	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	SS023085	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 (Elbow, Knees, Etc)
12 - Reflective Clothing
13 - Lighting
14 - Other

Seating Position
01 - Front - Left Side (Driver)
02 - Front - Middle
03 - Front - Right Side
04 - Second - Left Side (Driver's Side Passenger)
05 - Second - Middle
06 - Second - Right Side
07 - Third - Left Side (Motorcycle Sidecar)
08 - Third - Middle
09 - Third - Right Side
10 - Sleeper Section of Cab (Truck)
11 - Passenger - Other Enclosed Passenger Area (Non-Trailing Unit Such as a Bus, Piece of Farm Equipment, Etc)
12 - Passenger - Unenclosed Passenger 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
6 - 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 (0-10 is "04")
5 - MC/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

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

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

Page ___ of ___

HSY 3.06 OH1MA Rev 0.1(12)

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 7278	REPORTING AGENCY	DATE OF CRASH M 10 /D 06 /Y 14

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

I, Megan L. Welch (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

(OFFICERS NAME) AT (LOCATION)

At approximately 7:40pm I was exiting the Countryside YMCA. I pulled up to and stopped at the stop sign leaving the YMCA at the intersection of the YMCA parking lot/Deerfield Road/Bat Avenue. I was struck on the front driver's side of my car by the rear driver's side of a green Nissan Altima. As it was dark and rainy, I did not witness the first crash but soon learned that the Nissan that hit me was immediately prior struck by a car traveling down Deerfield Road. I was at a complete stop at the time my car was impacted. My car sustained the following damage that was visible and readily noticeable at the scene: front bumper almost entirely detached from the car, front driver's side corner of car indented, front driver's side headlight shattered, driver's side front door partially jammed. My car was unable to be driven home and was towed by case towing. I sustained no injuries, just minor soreness.

My insurance information is as follows:
State Farm Policy #: 850 5470-D12-35 Webb, William A + Welch, Megan
Yr/2005 Make/Honda Model/CRV Effective Jun 27 2014 to Oct 12 2014
Agent: Tyrie Walker

ADDRESS OF WITNESS	1737 Cedar Trace Drive Lebanon, OH 45036	PHONE 513-448-8170
SIGNATURE OF WITNESS	Megan L Welch	OFFICERS SIGNATURE

HSY 7003 1/82

OHIO TRAFFIC CRASH WITNESS STATEMENT **OH-3 REV 1/82**

LOCAL REPORT NUMBER 17278	REPORTING AGENCY	DATE OF CRASH M 10 D 07 Y 2014

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

I, Christopher Albertson (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

(OFFICERS NAME) AT (LOCATION)

I was heading to the Ymca to workout at the gym. I pulled onto Buck AVE. from the 48 bypass and stopped at the intersection with Deerfield RD. After checking traffic both ways, I saw cars coming from the left and right also cars exiting the YMCA. After evaluating that the cross traffic was too far away and the first car exiting the YMCA was going straight, I proceeded to cross the intersection. Just prior to entering the YMCA, the car to my right, who was traveling well above the speed limit, struck the rear of my car spinning me 90° degrees and into the first car in line exiting the Ymca. This is a common route for me, I have made this stop hundreds of times, this accident would have not taken place if the car that hit me was doing the speed limit. Another person involved stated he thought he was speeding also.

ADDRESS OF WITNESS	919 Stanwood dr. Lebanon, Ohio 45036	PHONE 513-335-3733
SIGNATURE OF WITNESS	[signature]	OFFICERS SIGNATURE

HSY 7003 1/82

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-4 REV 1/82

LOCAL REPORT NUMBER 17278	REPORTING AGENCY	DATE OF CRASH M 10 D 6 Y 2014 7:45 sh p.m.

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

I, Scott Smiertka (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Officer Fry (OFFICERS NAME) AT Intersection of 1699 Deerfield Rd & Burt Rd. (LOCATION)

I pulled out of 1618 Deerfield Rd at around 7:45p.m. heading north. My intentions were to turn ~~left~~ right onto Burt Rd. I saw the accident, it appeared that Mr. Albertson was using excessive speed heading S on Deerfield Rd. The car that was struck first, crossing from Burt Rd into the Northern entrance of the YMCA was struck behind the rear tire not more than two feet from officially clearing the intersection. The car pulling into the YMCA, after being hit, turned about 90° striking another car which was pulling out. After seeing the accident I started breaking, slowly approaching the scene. Shortly after I realized the car (Nissan, 98) heading South on Deerfield Rd. that hit the car pulling into the YMCA had not stopped, and was heading my direction. I instantly stopped and believe I was completely stopped when the 98 Nissan struck my car. My glasses and cell phone which were on my head and in my pocket respectively were sent to the passenger side back seat. When my car was struck it was 35 yds away from the initial crash scene. In closing, my objective opinion is that the driver of the 98 Nissan was distracted and/or has no defensive driving skills, and was most likely speeding.

ADDRESS OF WITNESS	9210 Gourmet Lane Loveland, OH 45140	PHONE 513-207-0553
SIGNATURE OF WITNESS	Scott Smiertka	OFFICERS SIGNATURE

HSY 7003 1/82

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 17278	REPORTING AGENCY	DATE OF CRASH M 6 D 6 Y 14

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

I, Dustin Froehle (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Officer Frye (OFFICERS NAME) AT (LOCATION)

I Dustin Froehle was driving down Deerfeild rd going 35 mph when a car coming from Burt Ave either did not stop at a stop sign or thought he could make it across the street into the Ymca parking lot before I could get there pulled out in front of me. I had no time to stop or avoid his car, I then struck his car. After I struck his car my airbags came out ~~[illegible]~~ hitting me in the face. It also produced smoke and I fell to the side. When I did so I went to the left and hit another car and knocked over a sign.

ADDRESS OF WITNESS	6530 Arbor ct Middletown Oh 45044	PHONE (513) [illegible]
SIGNATURE OF WITNESS		OFFICERS SIGNATURE

HSY 7003 1/82