OHIO DEPARTMENT OF PUBLIC SAFETY — TRAFFIC CRASH REPORT

Local Report Number *: 14-349
Crash Severity: 3 (1 - Fatal, 2 - Injury, 3 - PDO)
Hit/Skip: 2 (1 - Solved, 2 - Unsolved)

Local Information

☐ Photos Taken ☐ OH-2 ☐ OH-1P ☐ OH-3 ☐ Other
☑ PDO Under State Reportable Dollar Amount
Private Property
Reporting Agency NCIC *: 08303
Reporting Agency Name *: Lebanon Police
Number of Units: 2
Unit in Error: 01 (98 - Animal, 99 - Unknown)

County *: 83
☑ City * ☐ Village * ☐ Township *
City, Village, Township *: Lebanon
Crash Date *: 10/20/2014
Time of Crash: 1859
Day of Week: MON

Degrees / Minutes / Seconds — Latitude: __° __' __.__" Longitude: -__° __' __.__"
Decimal Degrees — Latitude: 39.434691 Longitude: -84.208342

Roadway Division: ☐ Divided ☑ 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, WA - Way

Location Route Type: ☐☐ Location Route Number: ☐☐☐☐☐
Prefix: N (N, S, E, W) Broadway Suffix: ST (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 (N, S, E, W) Reference Name (Road, Milepost, House #): 15 Broadway Suffix: ST (Reference Road Type [2])

Reference Point Used: 3 (1 - Intersection, 2 - Mile Post, 3 - House Number)
Crash Location: 01
01 - Not at 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: 7 (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)

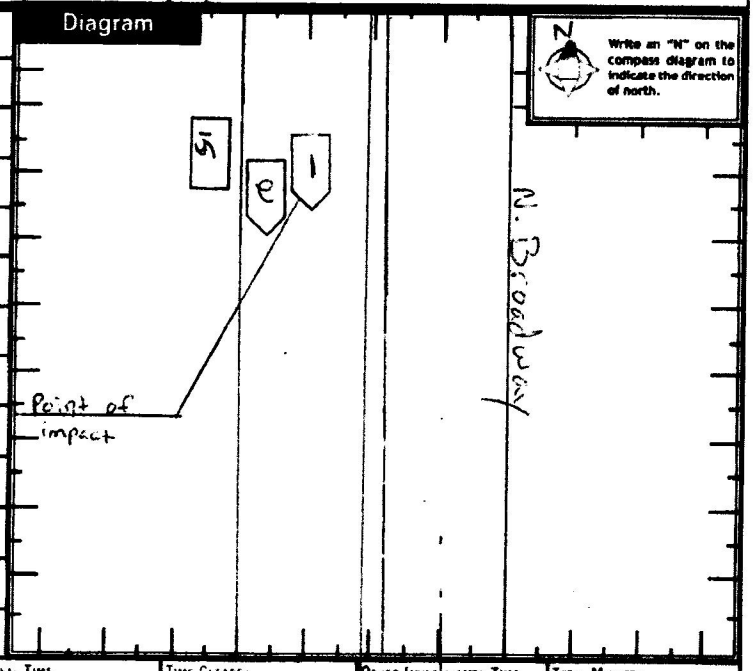
Road Surface: 2 (1 - Concrete, 2 - Blacktop, Bituminous, Asphalt, 3 - Brick/Block, 4 - Slag, Gravel, Stone, 5 - Dirt, 6 - Other)
Light Conditions — Primary: 3 Secondary: ☐
1 - Daylight, 2 - Dawn, 3 - Dusk, 4 - Dark - Lighted Roadway, 5 - Dark - Roadway Not Lighted, 6 - Dark - Unknown Roadway Lighting, 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 traveling south on Broadway when it sideswiped unit #2 which was parked in front of 15 N. Broadway.

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	Other Investigation Time	Total Minutes
10/20/2014	1859	1905	1906	1910	19	30

Officer's Name *: Ptl. Fry
Officer's Badge Number: 119
Checked By: ICR 131
Page of

HSY7001 OH1 (Rev 01/12)

UNIT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL REPORT NUMBER: 14-349

UNIT NUMBER: 01

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

OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER):

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

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

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

LP STATE:

LICENSE PLATE NUMBER: unknown

VEHICLE IDENTIFICATION NUMBER:

OCCUPANTS:

VEHICLE YEAR:

VEHICLE MAKE: unknown

VEHICLE MODEL: unknown

VEHICLE COLOR: green

☐ PROOF OF INSURANCE SHOWN

INSURANCE COMPANY:

POLICY NUMBER:

TOWED BY:

CARRIER NAME, ADDRESS, CITY, STATE, ZIP:

CARRIER PHONE - INCLUDE AREA CODE:

CARGO BODY:

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: 99

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 - RENTAL TRUCK (OVER 10K LBS)
09 - AMBULANCE
10 - BUS
11 - HIGHWAY/MAINTENANCE
17 - FARM VEHICLE
18 - FARM EQUIPMENT
19 - MOTORHOME

MOST DAMAGED AREA: 03

01 - NONE
02 - CENTER FRONT
08 - LEFT SIDE
09 - LEFT FRONT
99 - UNKNOWN

IMPACT AREA: 03

ACTION: 3

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

PRE-CRASH ACTIONS: 01

MOTORIST
99 - UNKNOWN

NON-MOTORIST
21 - OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES

PRIMARY: 17

SECONDARY:

99 - UNKNOWN

MOTORIST
01 - NONE
03 - RAN RED LIGHT
04 - RAN STOP SIGN
09 - IMPROPER TURN SIGNAL/ACDA
30 - WRONG SIDE/WRONG WAY

NON-MOTORIST
23 - NONE
28 - IMPROPER CROSSING
30 - WRONG SIDE/WRONG WAY
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 DEFECT

SEQUENCE OF EVENTS

1: 21 2: 3: 4: 5: 6:

FIRST HARMFUL EVENT: 1

MOST HARMFUL EVENT: 1

99 - UNKNOWN

NON-COLLISION EVENTS
04 - OVERTURN
05 - CARGO/EQUIPMENT LOSS
07 - SEPARATION OF UNITS
08 - RAN OFF ROAD RIGHT
09 - RAN OFF ROAD LEFT
10 - CROSSED MEDIAN
11 - CROSSED SUBSTANTIAL DIVIDER, DIRECTION OF TRAVEL
12 - DOWNHILL RUNAWAY
13 - OTHER NON-COLLISION

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED
24 - PEDESTRIAN
25 - PEDALCYCLE
26 - RAILWAY VEHICLE (TRAIN, ENGINE)
27 - ANIMAL - FARM
28 - ANIMAL - DOG
29 - ANIMAL - OTHER
30 - MOTOR VEHICLE IN TRANSPORT
31 - PARKED MOTOR VEHICLE
32 - WORK ZONE MAINTENANCE EQUIPMENT
33 - OTHER NON-FIXED OBJECT

COLLISION WITH FIXED OBJECT
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 - FENCE
43 - WALL
44 - BUILDING
45 - EMBANKMENT
46 - TUNNEL
47 - BRIDGE
48 - TREE
49 - FIRE HYDRANT
50 - WORK ZONE MAINTENANCE EQUIPMENT
51 - WALL, BUILDING, TUNNEL
52 - OTHER FIXED OBJECT

UNIT SPEED: 25

☐ STATED
☒ ESTIMATED

POSTED SPEED: 25

TRAFFIC CONTROL: 12

01 - NO CONTROLS
02 - STOP SIGN
03 - YIELD SIGN
04 - TRAFFIC SIGNAL
05 - TRAFFIC FLASHERS
06 - SCHOOL ZONE
07 - RAILROAD CROSSING
08 - RAILROAD FLASHERS
09 - RAILROAD GATES
10 - CONSTRUCTION BARRICADE
11 - PERSON (FLAGGER, OFFICER)
12 - PAVEMENT MARKING
14 - PAVEMENT WORN
15 - NONE
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

HSY8304 OH1U (R) - 01/12

UNIT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL REPORT NUMBER: 14-349

UNIT NUMBER: 02

OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER): McWhorter, Terry J

OWNER PHONE NUMBER - INC. AREA CODE (☑ SAME AS DRIVER):

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

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

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

LP STATE: OH

LICENSE PLATE NUMBER: EMZ2603

VEHICLE IDENTIFICATION NUMBER: 5FNYF4H9XDB052805

OCCUPANTS: 01

VEHICLE YEAR: 2013

VEHICLE MAKE: Honda

VEHICLE MODEL: SW

VEHICLE COLOR: Silver

☑ PROOF OF INSURANCE SHOWN

INSURANCE COMPANY: Jack Lillie Ins

POLICY NUMBER: 47-684-963-01

TOWED BY:

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: 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

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 - RENTAL TRUCK (OVER 10K LBS)
09 - AMBULANCE
10 - FIRE
11 - HIGHWAY/MAINT. VEHICLE
19 - FARM EQUIPMENT
99 - OTHER

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

IMPACT AREA: 09

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

PRE-CRASH ACTIONS: 10
MOTORIST
99 - UNKNOWN
NON MOTORIST
23 - OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES
PRIMARY: 01
SECONDARY:
MOTORIST
99 - UNKNOWN
NON-MOTORIST

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 DEFECT

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

NON-COLLISION EVENTS
06 - EQUIPMENT FAILURE
07 - SEPARATION OF UNITS
08 - RAN OFF ROAD RIGHT
09 - RAN OFF ROAD LEFT
12 - OVERCORRECTION/EVASIVE ACTION
13 - OTHER NON-COLLISION

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED
14 - PEDESTRIAN
15 - PEDALCYCLE
16 - RAILWAY VEHICLE
17 - ANIMAL - FARM
18 - ANIMAL - DOMESTIC
19 - ANIMAL - WILD
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 - FIELD
43 - CULVERT
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: 0
☑ STATED
☐ ESTIMATED

POSTED SPEED: 25

TRAFFIC CONTROL: 12
01 - NO CONTROL
02 - STOP SIGN
03 - YIELD SIGN
04 - TRAFFIC SIGNAL
05 - TRAFFIC FLASHERS
06 - SCHOOL ZONE
07 - RAILROAD CROSSINGS
08 - RAILROAD FLASHERS
09 - RAILROAD GATES
10 - COSTRUCTION BARRICADE
12 - PAVEMENT MARKINGS
13 - SNOWPLOW
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

HSY8304 CH1U (R4 - 12/12)

MOTORIST / NON-MOTORIST / OCCUPANT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

LOC REPORT NUMBER: 14-349

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Unknown			F - Female / M - Male

Address: City, State, Zip	Contact Phone - Include Area Code
Unkown	

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
					☐	01	9	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
			☐	☐			1	1	.	1	1

Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
			☐	

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	McWhorter, Jill Rome	01241973	41	F - Female / M - Male

Address: City, State, Zip	Contact Phone - Include Area Code
137 Olde Stone Ct. Lebanon Ohio 45036	(513) 515-3696

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	TM943959	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 (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, Pickup with Cap)
12 Passenger - Unenclosed Cargo Area
13 - Riding On
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 Only)
5 - M/C/Moped Only

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

Alcohol/Drug Suspected
1 None
2 - Yes Alcohol Suspected
3 - Yes HBD Not Tested
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 Not Distracted or Alcohol
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
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