TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY — SAFETY · SERVICE · PROTECTION

LOCAL INFORMATION

LOCAL REPORT NUMBER *: 15-147

CRASH SEVERITY: 2 (1 - Fatal, 2 - Injury, 3 - PDO)

HIT/SKIP: 1 (1 - Solved, 2 - Unsolved)

☐ Photos Taken ☐ OH-2 ☐ OH-1P ☐ OH-3 ☒ Other

☐ PDO Under State Reportable Dollar Amount

☐ Private Property

REPORTING AGENCY NCIC *: 083093

REPORTING AGENCY NAME *: Lebanon Police Dept.

NUMBER OF UNITS: 02

UNIT IN ERROR: 01 (98 - Animal, 99 - Unknown)

COUNTY *: 83

☒ City * ☐ Village * ☐ Township *

CITY, VILLAGE, TOWNSHIP *: Lebanon

CRASH DATE *: 05/18/2015

TIME OF CRASH: 1605

DAY OF WEEK: MON

DEGREES / MINUTES / SECONDS — LATITUDE: 0 ' " LONGITUDE: 0 ' "

DECIMAL DEGREES — LATITUDE: 39.45719 LONGITUDE: -84.20212

ROADWAY DIVISION: ☐ Divided ☒ Undivided

DIVIDED LANE DIRECTION OF TRAVEL: N - Northbound, S - Southbound, E - Eastbound, W - Westbound

NUMBER OF THRU LANES: 02

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 [1]: LOCATION ROUTE NUMBER: LOC PREFIX N,S,E,W: LOCATION ROAD NAME: Miller LOCATION ROAD TYPE [2]: Rd

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: 250 ☐ Miles ☒ Feet ☐ Yards

DIR FROM REF: E (N,S,E,W)

REFERENCE ROUTE TYPE [1]: REFERENCE ROUTE NUMBER: REF PREFIX N,S,E,W: N REFERENCE NAME (ROAD, MILEPOST, HOUSE #): Broadway REFERENCE ROAD TYPE [2]: ST

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

CRASH LOCATION: 01 — 01 - Not an intersection, 02 - Four-way Intersection, 03 - T-Intersection, 04 - Y-Intersection, 05 - Traffic Circle/Roundabout, 06 - Five-point, or more, 07 - On Ramp, 08 - Off Ramp, 09 - Crossover, 10 - Driveway/Alley Access, 11 - Railway Grade Crossing, 12 - Shared-Use Paths or Trails, 99 - Unknown

☐ Intersection Related

LOCATION OF FIRST HARMFUL EVENT: 1 — 1 - On Roadway, 2 - On Shoulder, 3 - In Median, 4 - On Roadside, 5 - On Gore, 6 - Outside Trafficway, 9 - Unknown

ROAD CONTOUR: 1 — 1 - Straight Level, 2 - Straight Grade, 3 - Curve Level, 4 - Curve Grade, 9 - Unknown

ROAD CONDITIONS — PRIMARY: 01 SECONDARY: 01 - Dry, 02 - Wet, 03 - Snow, 04 - Ice, 05 - Sand, Mud, Dirt, Oil, Gravel, 06 - Water (Standing, Moving), 07 - Slush, 08 - Debris*, 09 - Rut, Holes, Bumps, Uneven Pavement*, 10 - Other, 99 - Unknown

* Secondary Condition Only

MANNER OF CRASH COLLISION/IMPACT: 2 — 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: 2 — 1 - Clear, 2 - Cloudy, 3 - Fog, Smog, Smoke, 4 - Rain, 5 - Sleet, Hail, 6 - Snow, 7 - Severe Crosswinds, 8 - Blowing Sand, Soil, Dirt, Snow, 9 - Other/Unknown

ROAD SURFACE: 2 — 1 - Concrete, 2 - Blacktop, Bituminous, Asphalt, 3 - Brick/Block, 4 - Slag, Gravel, Stone, 5 - Dirt, 6 - Other

LIGHT CONDITIONS — PRIMARY: 1 SECONDARY: 1 - Daylight, 2 - Dawn, 3 - Dusk, 4 - Dark - Lighted Roadway, 5 - Dark - Roadway Not Lighted, 6 - Dark - Unknown Roadway Lighting, 7 - Glare*, 8 - Other, 9 - Unknown

* Secondary Condition Only

☐ School Zone Related

SCHOOL BUS RELATED: ☐ Yes, School Bus Directly Involved ☐ Yes, School Bus Indirectly Involved

☐ Work Zone Related

☐ Workers Present ☐ Law Enforcement Present (Officer/Vehicle) ☐ Law Enforcement Present (Vehicle Only)

TYPE OF WORK ZONE: 1 - Lane Closure, 2 - Lane Shift/Crossover, 3 - Work on Shoulder or Median, 4 - Intermittent or Moving Work, 5 - Other

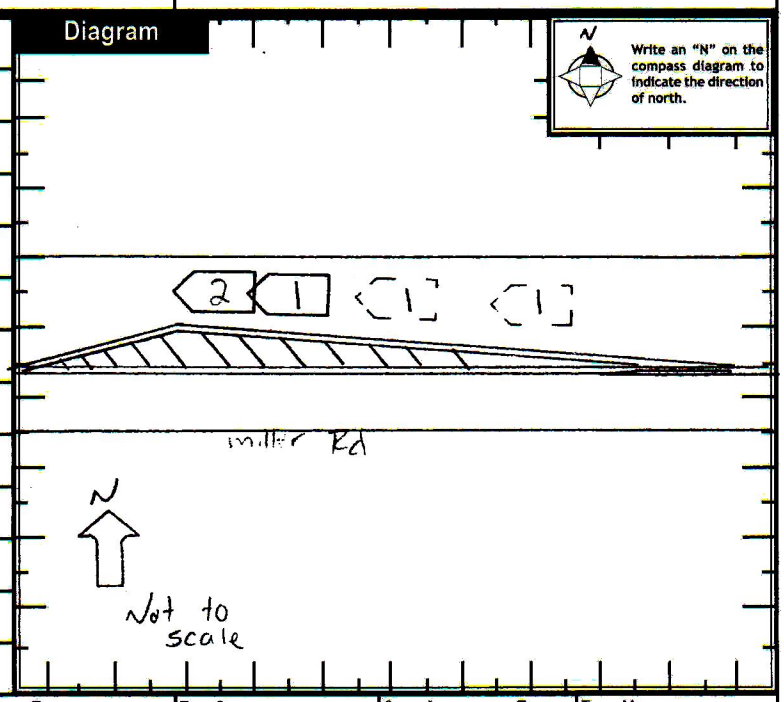
LOCATION OF CRASH IN WORK ZONE: 1 - Before the First Work Zone Warning Sign, 2 - Advance Warning Area, 3 - Transition Area, 4 - Activity Area, 5 - Termination Area

NARRATIVE

While Unit 2 was stopped in traffic heading West bound, Unit 1 rear-ended Unit 2 on Miller Rd. Unit 1 drove away from scene. Unit 1 was caught and cited.

Diagram

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



REPORT TAKEN BY: ☒ Police Agency ☐ Motorist

☐ Supplement (Correction or Addition to an Existing Report Sent to ODPS)

DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
05/18/2015	1605	1608	1611	1814	0000	0129

OFFICER'S NAME *: Barber

OFFICER'S BADGE NUMBER: 120

CHECKED BY: CR 131

HSY7001 OH1 REV 12/13 [760-0820]

OHIO DEPARTMENT OF PUBLIC SAFETY — SAFETY · SERVICE · PROTECTION

UNIT

LOCAL REPORT NUMBER: 15-147

UNIT NUMBER: 01

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

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, 06, 05, REAR

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

LP STATE: OH

LICENSE PLATE NUMBER: FEH2959

VEHICLE IDENTIFICATION NUMBER: 2B3KA43G58H217082 09

OCCUPANTS: 01

VEHICLE YEAR: 2008

VEHICLE MAKE: Dodge

VEHICLE MODEL: Charger

VEHICLE COLOR: BLK

☑ PROOF OF INSURANCE SHOWN

INSURANCE COMPANY: Allstate

POLICY NUMBER: 992 072 559

TOWED BY: NA

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
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: 04
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)
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 - MOTORHOME
20 - GOLF CART
21 - TRAIN
22 - OTHER (EXPLAIN IN NARRATIVE)

MOST DAMAGED 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

IMPACT AREA: 02

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

PRE-CRASH ACTIONS: 01
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: 09

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: 45

TRAFFIC CONTROL: 04
01 - NO CONTROLS
02 - STOP SIGN
03 - YIELD SIGN
04 - TRAFFIC SIGNAL
05 - TRAFFIC FLASHERS
06 - SCHOOL ZONE
07 - RAILROAD CROSSBUCKS
08 - RAILROAD FLASHERS
09 - RAILROAD GATES
10 - CONSTRUCTION BARRICADE
11 - PERSON (FLAGGER, OFFICER)
12 - PAVEMENT MARKINGS
13 - CROSSWALK LINES
14 - WALK/DON'T WALK
15 - OTHER
16 - NOT REPORTED

UNIT DIRECTION

FROM: 3 TO: 4

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

HSY8304 OH1U 3/14 [760-0820]

OHIO DEPARTMENT OF PUBLIC SAFETY — SAFETY · SERVICE · PROTECTION

UNIT

LOCAL REPORT NUMBER: 15-147

UNIT NUMBER: 02

OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER): Kennedy, Alex

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

OWNER ADDRESS: CITY, STATE, ZIP / (☑ 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, 06, 05; REAR

LP STATE: OH

LICENSE PLATE NUMBER: FJT1726

VEHICLE IDENTIFICATION NUMBER: 1HGCB7164MA027490

OCCUPANTS: 01

VEHICLE YEAR: 1991

VEHICLE MAKE: Honda

VEHICLE MODEL: 4S

VEHICLE COLOR: Maroon

☑ PROOF OF INSURANCE SHOWN

INSURANCE COMPANY: Statefarm

POLICY NUMBER: 823-5034-B27-35A

TOWED BY: NA

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
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
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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)
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 - MOTORHOME
20 - GOLF CART
21 - TRAIN
22 - OTHER (EXPLAIN IN NARRATIVE)

MOST DAMAGED AREA: 06
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

IMPACT AREA: 06

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

PRE-CRASH ACTIONS: 11
99 - UNKNOWN

MOTORIST
01 - STRAIGHT AHEAD
02 - BACKING
03 - CHANGING LANES
04 - OVERTAKING/PASSING
05 - MAKING RIGHT TURN
06 - MAKING LEFT TURN
07 - MAKING U-TURN
08 - ENTERING TRAFFIC LANE
09 - LEAVING TRAFFIC LANE
10 - PARKED
11 - SLOWING OR STOPPED IN TRAFFIC
12 - DRIVERLESS
13 - NEGOTIATING A CURVE
14 - OTHER MOTORIST ACTION

NON-MOTORIST
15 - ENTERING OR CROSSING SPECIFIED LOCATION
16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING
17 - WORKING
18 - PUSHING VEHICLE
19 - APPROACHING OR LEAVING VEHICLE
20 - STANDING
21 - OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES

PRIMARY: 01

SECONDARY:

99 - UNKNOWN

MOTORIST
01 - NONE
02 - FAILURE TO YIELD
03 - RAN RED LIGHT
04 - RAN STOP SIGN
05 - EXCEEDED SPEED LIMIT
06 - UNSAFE SPEED
07 - IMPROPER TURN
08 - LEFT OF CENTER
09 - FOLLOWED TOO CLOSELY/ACDA
10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD
11 - IMPROPER BACKING
12 - IMPROPER START FROM PARKED POSITION
13 - STOPPED OR PARKED ILLEGALLY
14 - OPERATING VEHICLE IN NEGLIGENT MANNER
15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)
16 - WRONG SIDE/WRONG WAY
17 - FAILURE TO CONTROL
18 - VISION OBSTRUCTION
19 - OPERATING DEFECTIVE EQUIPMENT
20 - LOAD SHIFTING/FALLING/SPILLING
21 - OTHER IMPROPER ACTION

NON-MOTORIST
22 - NONE
23 - IMPROPER CROSSING
24 - DARTING
25 - LYING AND/OR ILLEGALLY IN ROADWAY
26 - FAILURE TO YIELD RIGHT OF WAY
27 - NOT VISIBLE (DARK CLOTHING)
28 - INATTENTIVE
29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER
30 - WRONG SIDE OF THE ROAD
31 - OTHER NON-MOTORIST ACTION

VEHICLE DEFECTS
01 - TURN SIGNALS
02 - HEAD LAMPS
03 - TAIL LAMPS
04 - BRAKES
05 - STEERING
06 - TIRE BLOWOUT
07 - WORN OR SLICK TIRES
08 - TRAILER EQUIPMENT DEFECTIVE
09 - MOTOR TROUBLE
10 - DISABLED FROM PRIOR ACCIDENT
11 - OTHER DEFECTS

SEQUENCE OF EVENTS: 1 20 2 3 4 5 6

FIRST HARMFUL EVENT: 1

MOST HARMFUL EVENT: 1

99 - UNKNOWN

NON-COLLISION EVENTS
01 - OVERTURN/ROLLOVER
02 - FIRE/EXPLOSION
03 - IMMERSION
04 - JACKKNIFE
05 - CARGO/EQUIPMENT LOSS OR SHIFT
06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)
07 - SEPARATION OF UNITS
08 - RAN OFF ROAD RIGHT
09 - RAN OFF ROAD LEFT
10 - CROSS MEDIAN
11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL
12 - DOWNHILL RUNAWAY
13 - OTHER NON-COLLISION

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED
14 - PEDESTRIAN
15 - PEDALCYCLE
16 - RAILWAY VEHICLE (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: 45

TRAFFIC CONTROL: 04
01 - NO CONTROLS
02 - STOP SIGN
03 - YIELD SIGN
04 - TRAFFIC SIGNAL
05 - TRAFFIC FLASHERS
06 - SCHOOL ZONE
07 - RAILROAD CROSSBUCKS
08 - RAILROAD FLASHERS
09 - RAILROAD GATES
10 - CONSTRUCTION BARRICADE
11 - PERSON (FLAGGER, OFFICER)
12 - PAVEMENT MARKINGS
13 - CROSSWALK LINES
14 - WALK/DON'T WALK
15 - OTHER
16 - NOT REPORTED

UNIT DIRECTION

FROM 3 TO 4

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

HSY8304 OH1U 3/14 [760-0820]

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

SAFETY · SERVICE · PROTECTION

Local Report Number: 15-147

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Anderson, Timothy, S	11/21/1959	55	M (F - Female, M - Male)

Address, City, State, Zip: 3190 Shadow Ridge Ct., Morrow, OH 45152

Contact Phone- include area code: 513-490-2542

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	NA	NA	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	RL525542	1	☐	☐	1	2	1	1	.	1	1

Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
333.03	ACDA	68109	☐	1

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	Kennedy, Alexander, N	08/24/1984	30	M (F - Female, M - Male)

Address, City, State, Zip: 518 Cherry Hill Dr. #A, Miamisburg OH, 45342

Contact Phone- include area code: 513-267-5012

Injuries	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Compliant Motorcycle Helmet	Seating Position	Air Bag Usage	Ejection	Trapped
2	1	NA	NA	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	SD599848	4	☐	☐	1	1	1	1	.	1	1

Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
NA	NA	NA	☐	1

Injuries
1 - No Injury / None Reported
2 - Possible
3 - Non-Incapacitating
4 - Incapacitating
5 - Fatal

Injured Taken By
1 - Not Transported / Treated at Scene
2 - EMS
3 - Police
4 - Other
9 - Unknown

Safety Equipment Used

Motorist
01 - None Used - Vehicle Occupant
02 - Shoulder Belt Only Used
03 - Lap Belt Only Used
04 - Shoulder and Lap Belt Used
05 - Child Restraint System-Forward Facing
06 - Child Restraint System- Rear Facing
07 - Booster Seat
08 - Helmet Used
99 - Unknown Safety Equipment

Non-Motorist
09 - None Used
10 - Helmet Used
11 - Protective Pads Used (Elbows, Knees, Etc)
12 - Reflective Clothing
13 - Lighting
14 - Other

Seating Position
01 - Front - Left Side (Motorcycle Driver)
02 - Front - Middle
03 - Front - Right Side
04 - Second - Left Side (Motorcycle Passenger)
05 - Second - Middle
06 - Second - Right Side
07 - Third - Left Side (Motorcycle Side Car)
08 - Third - Middle
09 - Third - Right Side
10 - Sleeper Section of Cab (Truck)
11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pick-up with Cap)
12 - Passenger in Unenclosed Cargo Area
13 - Trailing Unit
14 - Riding on Vehicle Exterior (Non-Trailing Unit)
15 - Non-Motorist
16 - Other
99 - Unknown

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

Ejection
1 - Not Ejected
2 - Totally Ejected
3 - Partially Ejected
4 - Not Applicable

Trapped
1 - Not Trapped
2 - Extricated by Mechanical Means
3 - Extricated by Non-Mechanical Means

Operator License Class
1 - Class A
2 - Class B
3 - Class C
4 - Regular Class (Ohio is "D")
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
					☐				

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
					☐				

Lebanon Division of Police
25 West Silver Street
Lebanon, Ohio 45036
513-932-2010

Statement Supplement - Lined

Case #: 15-8147	Incident Date: 5-18-15	Victim: Alexander Kennedy	Case Status:

I was driving home from work on miller road and was hit on the back of my car when we were comming to a red light. The driver of a black dodge charger was coming & going the entire time we were on the road till ~~the~~ we came to a stop in which he didn't + hit me. He came out with his insurance card wanting to switch info when i noticed alcohol from his breath + decided to call Lebanon Police. When he realized that he got into his car + took off from the scene.

513-267-5012

Person Completing Statement	Address and Phone #		
Alex Kennedy	206 JuneMarie Dr. Apt B Lebanon OH		
Reporting Officer: Barber		Badge #: 120	Date: 5-18-15
Approving Officer		Badge #:	Date

LPD INV#023 9/16/03