TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY

Local Information: 15-8048

Local Report Number *: 15-148

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

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 *: 0 8 3 0 3

Reporting Agency Name *: Lebanon Police Dept.

Number of Units: 1

Unit in Error: 0 1 (98 - Animal, 99 - Unknown)

County *: 83

City * / Village * / Township *: City *

City, Village, Township *: Lebanon

Crash Date *: 0 5 1 7 2 0 1 5

Time of Crash: 0 5 4 5

Day of Week: SUN

Degrees / Minutes / Seconds — Latitude: 0 ° ' . " Longitude: - 0 ° ' . "

Decimal Degrees — Latitude: 39.372620 Longitude: -84.253021

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 Type [1]

Location Route Number

Loc Prefix: N, S, E, W

Location Road Name: Mason Morrow Millgrove

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: 5 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 #): 2179

Reference Road Type [2]

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

Crash Location: 0 1
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: 4 (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: 1 (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: 2 (1 - Concrete, 2 - Blacktop, Bituminous, Asphalt, 3 - Brick/Block, 4 - Slag, Gravel, Stone, 5 - Dirt, 6 - Other)

Light Conditions — Primary: 2 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)

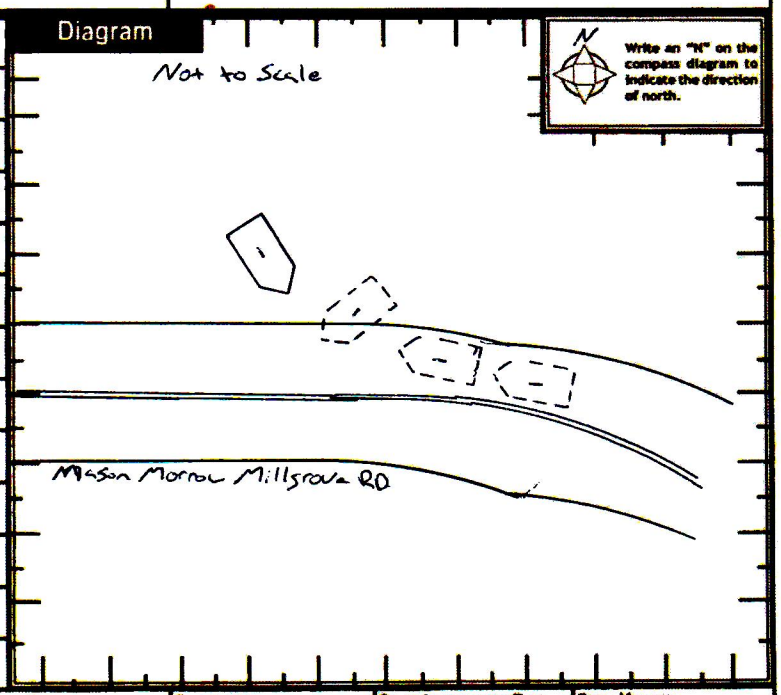
Type of Work Zone: 1 - Lane Closure, 2 - Lane Shift/Crossover, 3 - Work on Shoulder or Median, 4 - Intermittent or Moving Work, 5 - Other

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 westbound on Mason Morrow Millgrove Rd. Unit 1 failed to control the vehicle while negotiating a curve. Unit 1 then left the roadway and final rest was down an embankment in a field.

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
0 5 1 7 2 0 1 5	0 5 4 5	0 5 4 7	0 5 5 5	0 6 5 5	0 0 0 0	0 0 7 0

Officer's Name *: Ptl. Crockett Brummett

Officer's Badge Number: 111

Checked By: 1Ch-131

HSY7001 OH1 (Rev 01/12)

UNIT

Local Report Number: 15-148

Unit Number	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number - Inc. Area Code (☑ Same As Driver)	Damage Scale	Damaged Area
01			4	Front

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

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

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

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	FWS2353	1FAHP35N88W2637	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2008	Ford	Focus	Red

☑ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	State Farm	8359295E0435	Case Towing

Carrier Name, Address, City, State, Zip

Carrier Phone - Include Area Code

US DOT

HM Placard ID No.

HM Class Number

Vehicle Weight GVWR/GCWR: 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs 3 - More Than 26,000 Lbs.

☐ Hazardous Material Released

Cargo Body Type: 01

01 - No Cargo Body Type/Not Applicable
02 - Bus/Van (9-15 Seats, Inc Driver)
03 - Bus (16+ Seats, Inc Driver)
04 - Vehicle Towing Another Vehicle
05 - Logging
06 - Intermodal Container Chassis
07 - Cargo Van/Enclosed Box
08 - Grain, Chips, Gravel
09 - Pole
10 - Cargo Tank
11 - Flat Bed
12 - Dump
13 - Concrete Mixer
14 - Auto Transporter
15 - Garbage/Refuse
99 - Other/Unknown

Trafficway Description: 1

1 - Two-Way, Not Divided
2 - Two-Way, Not Divided, Continuous Left Turn Lane
3 - Two-Way, Divided, Unprotected (Painted or Grass >4 Ft.) Median
4 - Two-Way, Divided, Positive Median Barrier
5 - One-Way Trafficway

☐ Hit / Skip Unit

Non-Motorist Location Prior to Impact:

01 - Intersection - Marked Crosswalk
02 - Intersection - No Crosswalk
03 - Intersection - Other
04 - Midblock - Marked Crosswalk
05 - Travel Lane - Other Location
06 - Bicycle Lane
07 - Shoulder/Roadside
08 - Sidewalk
09 - Median/Crossing Island
10 - Driveway Access
11 - Shared-Use Path or Trail
12 - Non-Trafficway Area
99 - Other/Unknown

Type of Use: 1

1 - Personal
2 - Commercial
3 - Government

☐ In Emergency Response

Unit Type: 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 - 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: 08

Impact Area: 05

01 - None
02 - Center Front
03 - Right Front
04 - Right Side
05 - Right Rear
06 - Rear Center
07 - Left Rear
08 - Left Side
09 - Left Front
10 - Top and Windows
11 - Undercarriage
12 - Load/Trailer
13 - Total (All Areas)
14 - Other
99 - Unknown

Action: 2

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

Pre-Crash Actions: 13

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: 17

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 - 08; 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

Traffic Control: 01

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 (Rev 01/12)

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

EDUCATION · SERVICE · PROTECTION

LOCAL REPORT NUMBER: 15-148

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Mitchell, Kristen, Leora	12 18 1992	22	F (F - Female, M - Male)

Address, City, State, Zip	Contact Phone- Include Area Code
6559 Goshen RD., Goshen, OH., 45122	(513) 349-9953

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	2	Lebanon Fire Dept	Arrowsprings	01	☐	01	3	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	TT680530	4	☐	☐	1	1	1	1	.	1	1

Offense Charged (☒ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
331.38	Failure to Control	68293	☐	1

MOTORIST/NON-MOTORIST

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
					☐				

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
			☐	☐					.		

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

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 - M/C/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

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					☐				

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