Traffic Crash Report

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

Local Information

Local Report Number *: 16-153

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 *: 0803

Reporting Agency Name *: LEBANON POLICE

Number of Units: 02

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

County *: 83

☒ City * ☐ Village * ☐ Township *

City, Village, Township *: LEBANON

Crash Date *: 05/06/2016

Time of Crash: 1445

Day of Week: FRI

Degrees / Minutes / Seconds — Latitude: 0 / " Longitude: 0 / "

Decimal Degrees — Latitude: 39.447327 Longitude: -84.187786

Roadway Division: ☐ Divided ☒ Undivided

Divided Lane Direction of Travel: W — N - Northbound, S - Southbound, E - Eastbound, W - Westbound

Number of Thru Lanes: 05

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]: SR

Location Route Number: 0042

Loc Prefix: N,S,E,W

Location Road Name: COLUMBUS AVE.

Location Road Type [2]: AV

Route Types [1]: IR - Interstate Route (inc. turnpike), US - US Route, SR - State Route, CR - Numbered County Route, TR - Numbered Township Route

Distance From Reference: 10 ☐ Miles ☒ Feet ☐ Yards

Dir From Ref: W (N,S,E,W)

Reference Route Type [1]:

Reference Route Number:

Ref Prefix: N,S,E,W

Reference Name (Road, Milepost, House #): MONROE

Reference Road Type [2]: RD

Reference Point Used: 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: 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: 6

1 - Not Collision Between Two Motor Vehicles In Transport
2 - Rear-End
3 - Head-On
4 - Rear-to-Rear
5 - Backing
6 - Angle
7 - Sideswipe, Same Direction
8 - Sideswipe, Opposite Direction
9 - Unknown

Weather: 1

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

Road Surface: 2

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

Light Conditions — Primary: 1 Secondary:

1 - Daylight
2 - Dawn
3 - Dusk
4 - Dark - Lighted Roadway
5 - Dark - Roadway Not Lighted
6 - Dark - Unknown Roadway Lighting
7 - Glare*
8 - Other
9 - Unknown

* 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

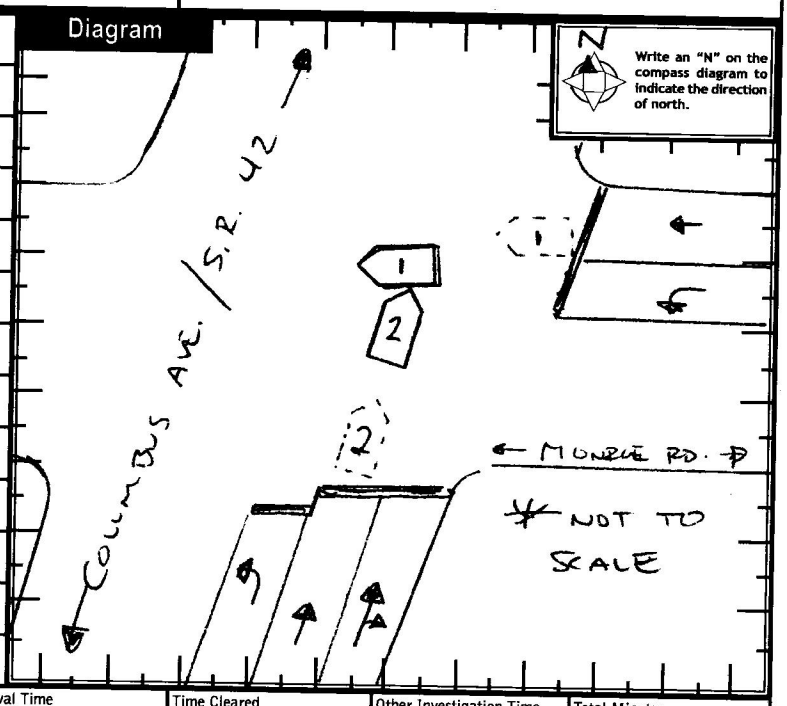
Location of Crash in Work Zone:

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 TRAVELLING WESTBOUND ON MONROE RD. WHEN IT WAS UNABLE TO STOP AT THE RED LIGHT AT THE MONROE RD. & S.R. 42 INTERSECTION DUE TO BRAKE FAILURE. UNIT #1 THEN RAN THROUGH THE INTERSECTION, STRIKING UNIT #2 WHO WAS TRAVELLING NORTHBOUND ON S.R. 42.

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
05/06/2016	1445	1445	1445	1645		0120

Officer's Name *: STALLARD

Officer's Badge Number: 113

Checked By:

HSY7001 OH1 Rev 01/13 [760-0820]

UNIT

LOCAL REPORT NUMBER: 16-153

UNIT NUMBER	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (☒ SAME AS DRIVER)	DAMAGE SCALE	DAMAGED AREA
01	TAULBEE, DANNY R.		4	FRONT 02, 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	EFL 9463	1GNFK16K3SJ388204	03

VEHICLE YEAR	VEHICLE MAKE	VEHICLE MODEL	VEHICLE COLOR
1995	CHEV	SW	BLACK

☒ PROOF OF INSURANCE SHOWN	INSURANCE COMPANY	POLICY NUMBER	TOWED BY
	GEICO	4111-34-63-77	JACOBS TOW

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

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: 08
- 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: 4
- 1 - NON-CONTACT
- 2 - NON-COLLISION
- 3 - STRIKING
- 4 - STRUCK
- 5 - STRIKING/STRUCK
- 9 - UNKNOWN

PRE-CRASH ACTIONS: 01

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

- 99 - UNKNOWN

CONTRIBUTING CIRCUMSTANCES

PRIMARY: 03

SECONDARY: 19

- 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: 04
- 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: 020
- ☐ STATED
- ☒ ESTIMATED

POSTED SPEED: 35

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]

UNIT

OHIO DEPARTMENT OF PUBLIC SAFETY · SAFETY · SERVICE · PROTECTION

LOCAL REPORT NUMBER: 16-153

UNIT NUMBER: 02

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

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

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

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

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

LP STATE: PA

LICENSE PLATE NUMBER: GDP4960

VEHICLE IDENTIFICATION NUMBER: JTHKD5BH3E2179691

OCCUPANTS: 02

VEHICLE YEAR: 2014

VEHICLE MAKE: LEXUS

VEHICLE MODEL: HB

VEHICLE COLOR: WHITE

☑ PROOF OF INSURANCE SHOWN

INSURANCE COMPANY: PROGRESSIVE

POLICY NUMBER: 907836461

TOWED BY: LEBANON TOW

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
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☐ HAZARDOUS MATERIAL RELEASED

CARGO BODY TYPE: 01
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07 - CARGO VAN/ENCLOSED BOX
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15 - GARBAGE/REFUSE
99 - OTHER/UNKNOWN

TRAFFICWAY DESCRIPTION: 1
1 - TWO-WAY, NOT DIVIDED
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☐ HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT
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11 - SHARED-USE PATH OR TRAIL
12 - NON-TRAFFICWAY AREA
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TYPE OF USE
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
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09 - MOTORCYCLE
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MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS
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☐ HAS HM PLACARD

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10 - FIRE
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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: 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:
99 - UNKNOWN

FIRST HARMFUL EVENT: 1

MOST HARMFUL EVENT: 1

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: 35
☐ STATED
☑ ESTIMATED

POSTED SPEED: 35

TRAFFIC CONTROL: 09
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 2 TO 1
1 - NORTH
2 - SOUTH
3 - EAST
4 - WEST
5 - NORTHEAST
6 - NORTHWEST
7 - SOUTHEAST
8 - SOUTHWEST
9 - UNKNOWN

MOTORIST / NON-MOTORIST / OCCUPANT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL REPORT NUMBER: 16-153

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	TAULBEE, TAMMY LYNN	03/04/1969	47	F (F - Female, M - Male)

Address, City, State, Zip: 431 CLAUDE ST. So. LEBANON, OH 45065
Contact Phone- Include Area Code: 513-401-4372

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
3	2	LEBANON FD	ATRIUM	04		01	1	1	2

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	RR478419	D			1	1	1	1	.	1	1

Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
313.01	OBEDIENCE TO TRAFFIC CONTROL DEVICES	68159		1

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	WITTWER, PATRICIA E.	12/19/1971	44	F (F - Female, M - Male)

Address, City, State, Zip: 331 SYCAMORE LN. #219 So. LEBANON, OH 45065
Contact Phone- Include Area Code: 513-725-6829

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
3	2	LEBANON FD	BETHESA A. SPRINGS	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	TL633836	D			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 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
01	TAULBEE, DANNY R.	04/06/1972	44	M (F - Female, M - Male)

Address, City, State, Zip: 431 CLAUDE So. LEBANON, OH 45065
Contact Phone- Include Area Code: 513-401-4372

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	—	—	04		03	1	1	1

OCCUPANT

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	TAULBEE, JESSI	08/25/2013	2	F (F - Female, M - Male)

Address, City, State, Zip: 431 CLAUDE So. LEBANON, OH 45065
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
1	1	—	—	05		05	1	1	1

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

OCCUPANT / WITNESS ADDENDUM

Local Report Number: 16-153

Occupant

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	CARRAWAY, TYLER D.	08/18/1996	23	M (F - Female, M - Male)

Address, City, State, Zip: 725 CLIFTON COURT #2 CINCINNATI, OH 45220

Contact Phone- Include Area Code: 513-344-2330

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	—	—	04	☐	03	2	1	1

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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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:

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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
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Occupant

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

Address, City, State, Zip:

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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:

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2 - EMS
3 - Police
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