TRAFFIC CRASH REPORT

Local Information: 16-11485

Local Report Number *: 16-208

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 *: 8303

Reporting Agency Name *: Lebanon

Number of Units: 2

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

County *: 83

City * / Village * / Township *: City

City, Village, Township *: Lebanon

Crash Date *: 06 18 2016

Time of Crash: 1812

Day of Week: SAT

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

Decimal Degrees — Latitude: 39.441517 Longitude: -84.194847

Roadway Division: Divided / Undivided

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

Number of Total Lanes: 4

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: Columbus

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: 15 Miles / Feet / Yards

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

Reference Route Type [1]

Reference Route Number

Ref Prefix: N, S, E, W

Reference Name (Road, Milepost, House #): 605

Reference Road Type [2]

Reference Point Used: 3 (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: 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: 7 — 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)

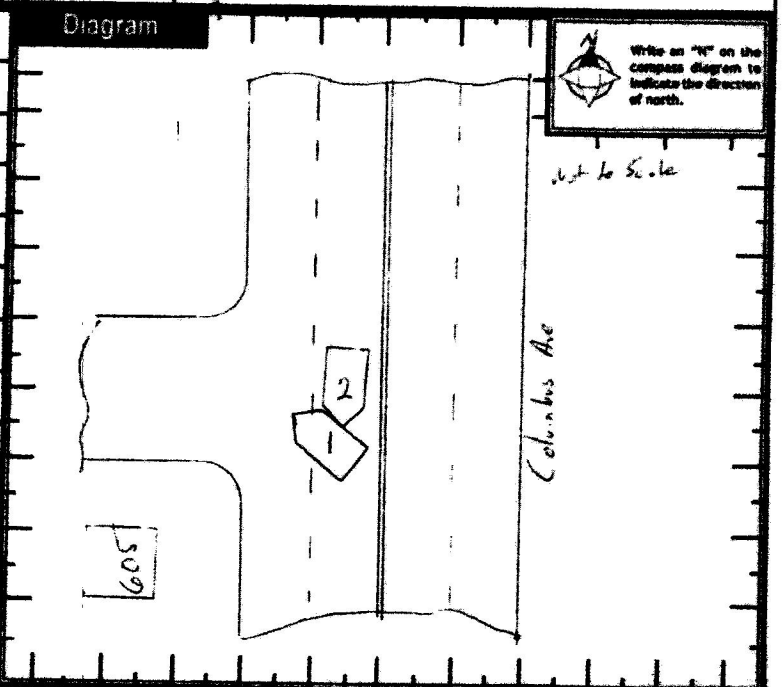
Type of Work Zone: 1 - Lane Closure, 2 - Lane Shift/Crossover, 3 - Work on Shoulder or Median, 4 - Intermittent or Moving Work, 5 - Other

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 2 was traveling South on Columbus Ave. Unit 1 was traveling North bound on Columbus. Unit 1 made a left turn in front of unit 2 without having adequate space. Unit 2 was unable to avoid unit 1 and struck the side of unit 1.

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: 06 18 2016

Time Crash Reported: 1812

Dispatch Time: 1815

Arrival Time: 1817

Time Cleared: 1858

Other Investigation Time: 65

Total Minutes: 111

Officer's Name *: Ptl. B. Haussermann

Officer's Badge Number: 117

Checked By: CCm

HSY7001 (Rev 01/2013)

MOTORIST / NON-MOTORIST / OCCUPANT

16-208

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Sargent, Charles A	10061958	57	M

Address: City, State, Zip: 6407 Vine St. #1 Cincinnati, OH 45216

Contact Phone Number: (513) 212-7156

Injury	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Commercial Motor Vehicle	Seating Position	Air Bag Usage	Ejection	Trapped
4	2	LFD	BMC	04	☐	01	1	1	1

OL State	Operator License Number	OL Class	Endorsements	Restrictions	Driver Distracted By	Driver Condition	Drug Test Type	Alcohol Test Type
OH	RM225343	4	☐	☐	1	1	1	1	1	1

Offense Charged	Local Code	Citation Number	Hazmat Placard	Driver Distracted By
331.17	Right of way turning left	69415	☐	1

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	Hawley, Travis D	07061994	21	M

Address: City, State, Zip: 229 W Main St. Lebanon, OH 45036

Contact Phone Number: (513) 532-2367

Injury	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Commercial Motor Vehicle	Seating Position	Air Bag Usage	Ejection	Trapped
1	1			04	☐	01	1	1	1

OL State	Operator License Number	OL Class	Endorsements	Restrictions	Driver Distracted By	Driver Condition	Drug Test Type	Alcohol Test Type
OH	TU281698	4	☐	☐	1	1	1	1	1	1

Offense Charged	Local Code	Citation Number	Hazmat Placard	Driver Distracted By
			☐	1

Injuries: 1 None Reported; 2 Fatal; 3 Non-Incapacitating; 4 Incapacitating; 5 Fatal

Injured Taken By: 1 Not Taken; 2 EMS; 3 Private; 4 Police; 9 Unknown

Safety Equipment Used: Motorist: 01 None Used; 02 Lap Belt Only; 03 Shoulder Belt Only; 04 Lap and Shoulder Belt; 05 Child Restraint System; 06 Booster Seat; 07 Helmet; 08 Protective Pads; 09 Other; 99 Unknown. Non-Motorist: 11 None Used; 12 Helmet; 13 Protective Pads; 14 Other

Seating Position: 01 Front Seat, Left Side; 02 Front Seat, Middle; 03 Front Seat, Right Side; 04 Second Seat, Left Side; 05 Second Seat, Middle; 06 Second Seat, Right Side; 07 Third Seat, Left Side; 08 Third Seat, Middle; 09 Third Seat, Right Side; 10 Sleeper Section; 11 Passenger in Unenclosed Vehicle; 12 Riding on Vehicle Exterior; 13 Trailing Unit; 14 Passenger in Other Enclosed Vehicle; 15 Non-Motor Vehicle; 16 Other; 99 Unknown

Air Bag Usage: 1 Not Applicable; 2 Not Deployed; 3 Deployed; 4 Deployed, Side; 5 Deployed, Other; 6 Deployed, Unknown; 7 Deployed, Multiple; 8 Not Available; 9 Unknown

Ejection: 1 Not Ejected; 2 Totally Ejected; 3 Partially Ejected; 4 Not Applicable

Trapped: 1 Not Trapped; 2 Extricated, Mechanical Means; 3 Extricated, Non-Mechanical Means

Vehicle Drive Away: 1 Driven Away; 2 Towed; 3 Fire; 4 Not Applicable; 5 Not Applicable, Drug

Condition: 1 Apparently Normal; 2 Physical Impairment; 3 Emotional (Depressed, Agitated, Flight); 4 Other

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 Breath; 3 Blood; 4 Urine; 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; 2 Phone; 3 Texting/E-mail; 4 Other Electronic Device; 5 Other Inside Vehicle; 6 Other Outside Vehicle; 7 Unknown

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender

Address: City, State, Zip:

Contact Phone Number:

Injury	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Commercial Motor Vehicle	Seating Position	Air Bag Usage	Ejection	Trapped
					☐				

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender

Address: City, State, Zip:

Contact Phone Number:

Injury	Injured Taken By	EMS Agency	Medical Facility Injured Taken To	Safety Equipment Used	DOT Commercial Motor Vehicle	Seating Position	Air Bag Usage	Ejection	Trapped
					☐				

HSY8306 (Rev. 1/2002)

UNIT

16-208

Unit Number	Owner Name (Last, First, Middle)	Owner Phone Number (Including Area Code)	Damage Scale	Damaged Area
01	Sargent, Charles A	(513) 212-7156	4	Front 02, 03, 04, 05, 06, 07, 08, 09, 10

Owner Address: City, State, Zip — Same As Driver: 6407 Vine St. #1 Cincinnati, OH 45216

LP State	License Plate Number	Vehicle Identification Number	Unit Type
OH	GCH2527	1P4GP44R9VB294743	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
1997	Saturn	Van	cream

Insurance Company: Did not Provide

Towed By: Lebanon 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

Hazardous Material Release

Cargo Body Type: 01

Traffic Way Description: 2

Non-Motorist Location Prior to Impact

Type of Use: 1

In Emergency Response

Unit Type: 05

Has HM Placard

Special Function: 01

Most Damaged Area: 04

Impact Area: 03

Action: 4

Pre-Crash Action: 06

Contributing Circumstances

Primary: 07

Secondary:

99 Unknown

Vehicle Defects

Sequence of Events: 1 20 2 3 4 5 6

First Harmful Event: 1

Most Harmful Event: 1

Non-Collision Events

Collision with Person, Vehicle or Object Not Fixed

Collision with Fixed Object

Unit Speed

Posted Speed: 35

Traffic Control: 01

Unit Direction: From 2 To 4

HSY8304 OH1U (R1 01/02)

UNIT

16-208

Unit Number: 02	Owner Name (Last, First, Middle) ☐ Same As Driver: Hawley, Jeffery D	Owner Phone Number (Incl. Area Code) ☐ Same As Driver: (513) 532-2367	Damage Scale: 4
Owner Address (City, State, Zip) ☐ Same As Driver: 229 W Main St. Lebanon, OH 45036			
LP State: OH	License Plate Number: FDB2768	Vehicle Identification Number: 1FTMF1CW4AFD53541	Model Year: 01
Vehicle Year: 2010	Vehicle Make: Ford	Vehicle Model: F150	Vehicle Color: Blue
☑ Proof Insurance Shown	Insurance Company: Amica	Policy Number: 95083420ZZ	Towed By: Case Towing
Carrier Name, Address (City, State, Zip)			Carrier Phone (Incl. Area Code)

Damage Area: Front 09 03 08 10 04 07 06 05 Rear

US DOT

HM Placard ID No.

HM Class Number

Vehicle Weight GVWR GCWR

☐ Hazardous Material Released

Cargo Body Type: 01

Trafficway Description: 2

☐ Hit & Skip

Non-Motorist Location Prior to Impact

Type of Use: 1

☐ In Emergency Response

Unit Type: 07

☐ Has HM Placard

Special Function: 01

Most Damaged Area: 02

Impact Area: 02

Action: 3

Pre-Crash Action: 01

Motorist

Non-Motorist

Contributing Circumstances

Primary: 01

Secondary:

99 Unknown

Motorist

Non-Motorist

Vehicle Defects

Sequence of Events

1 20 2 3 4 5 6

First Harmful Event: 1

Most Harmful Event: 1

Non-Collision Events

Collision with Person, Vehicle or Object Not Fixed

Collision With Fixed Object

Unit Speed

☐ Stated

☐ Estimated

Posted Speed: 35

Traffic Control: 01

Unit Direction

From: 1 To: 2

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