TRAFFIC CRASH REPORT

OHIO DEPT OF PUBLIC SAFETY

LOCAL INFORMATION

LOCAL REPORT NUMBER *: 16-226

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 PD

NUMBER OF UNITS: 2

UNIT IN ERROR: 0 1 (98 - ANIMAL, 99 - UNKNOWN)

COUNTY *: 83

☑ CITY * ☐ VILLAGE * ☐ TOWNSHIP *

CITY, VILLAGE, TOWNSHIP *: Lebanon

CRASH DATE *: 0 6 3 0 2 0 1 6

TIME OF CRASH: 1 6 4 4

DAY OF WEEK: THU

DEGREES / MINUTES / SECONDS — LATITUDE: 0° ' . " LONGITUDE: -0° ' . "

DECIMAL DEGREES — LATITUDE: 39.434461 LONGITUDE: -84.227082

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: W (N,S, E,W)

LOCATION ROAD NAME: Main

LOCATION ROAD TYPE [2]: S T

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: 20 ☐ 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 #): 1161

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: 1 (1 - STRAIGHT LEVEL, 2 - STRAIGHT GRADE, 3 - CURVE LEVEL, 4 - CURVE GRADE, 9 - UNKNOWN)

ROAD CONDITIONS — PRIMARY: 0 1 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

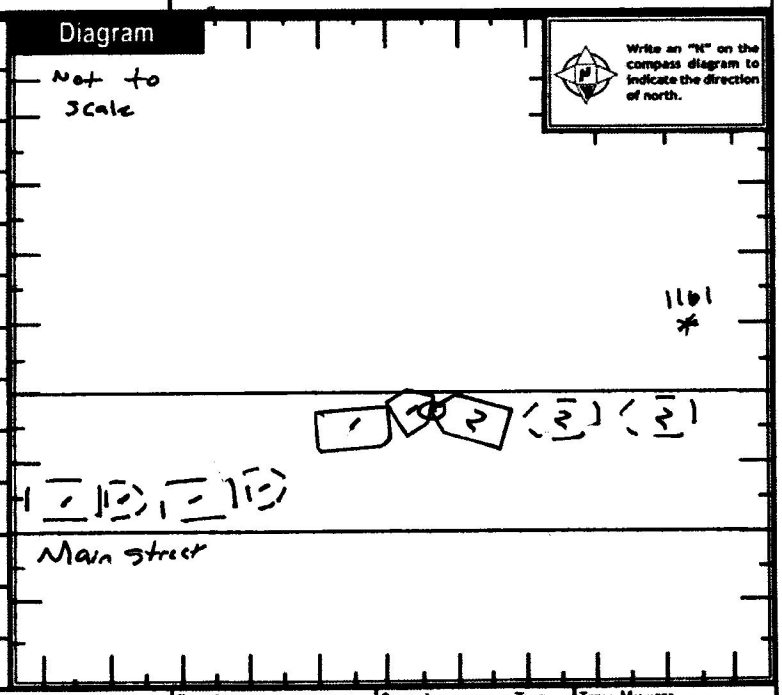
LOCATION OF CRASH IN WORK ZONE: 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN, 2 - ADVANCE WARNING AREA, 3 - TRANSITION AREA, 4 - ACTIVITY AREA, 5 - TERMINATION AREA

NARRATIVE

Unit 1 was traveling west on Main Street. Unit 2 was traveling east on Main Street. Unit 1 went to slow down for a stopped car in the roadway. Unit 1 was unable to stop. At this time Unit 1 went into the eastbound traffic. When Unit 1 went into that other lane of travel it hit unit unit 2.

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: 0 6 3 0 2 0 1 6

TIME CRASH REPORTED: 1 6 4 4

DISPATCH TIME: 1 6 4 6

ARRIVAL TIME: 1 6 4 8

TIME CLEARED: 1 7 4 0

OTHER INVESTIGATION TIME: 0 0 0 0

TOTAL MINUTES: 0 0 5 2

OFFICER'S NAME *: E. Holmes

OFFICER'S BADGE NUMBER: 122

CHECKED BY: ClCh

PAGE OF

HSY7001 OH1 (REV 01/12)

UNIT

Local Report Number: 16-226

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

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

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

Owner Address: City, State, Zip (☐ Same As Driver): 1755 South University Blvd. Middletown, Ohio, 45044

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	PGG1053	1M1AA12Y5WW085335	02

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
1998	Mack	Semi Truck	White

☑ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	Owners Insurnace	4871916200	Case Towing

Carrier Name, Address, City, State, Zip: N/A

Carrier Phone - Include Area Code:

US DOT: 00849641

HM Placard ID No.:

HM Class Number:

Vehicle Weight GVWR/GCWR: 3 — 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: 11
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: 2
1 - Personal
2 - Commercial
3 - Government

☐ In Emergency Response

Unit Type: 17
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: 03
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: 03

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: 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: 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 11 2 20 3 4 5 6

First Harmful Event: 1

Most Harmful Event: 2

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)

UNIT

Local Report Number: 16-226

Unit Number	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number - inc. area code (☑ Same As Driver)	Damage Scale	Damaged Area
02			4	Front

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

1 - None
2 - Minor
3 - Functional
4 - Disabling
9 - Unknown

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

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	GMK1382	1P3ES46C0YD689700	03

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2000	PLYM	4S	Red

☑ Proof of Insurance Shown	Insurance Company	Policy Number	Towed By
	E-Surance	PAOH-4392200	Case Towing

Carrier Name, Address, City, State, Zip: N/A

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
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☐ Hit / Skip Unit

Non-Motorist Location Prior to Impact:
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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)
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Non-Motorist
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☐ Has HM Placard

Special Function: 01
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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: 09
Impact Area: 09
01 - None
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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
99 - Unknown

Motorist
01 - Straight Ahead
02 - Backing
03 - Changing Lanes
04 - Overtaking/Passing
05 - Making Right Turn
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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
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12 - Improper Start From Parked Position
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Non-Motorist
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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:

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 4 To 3
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: 16-226

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Brinson, Glen	12 17 1967	48	M (F - Female, M - Male)

Address, City, State, Zip: 304 Young Street, Middletown, Ohio, 45044

Contact Phone - Include Area Code: (513) 226-9535

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	N/A	N/A	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	RU155166	1	☐	☐	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	069690	☐	1

MOTORIST/NON-MOTORIST

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	Lewis, Christina	04 10 1986	30	F (F - Female, M - Male)

Address, City, State, Zip: 29 North Sycamore Street, Lebanon, Ohio, 45036

Contact Phone - Include Area Code: (513) 331-1616

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 EMS	West Chester	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	SM094549	4	☐	☐	1	1	1	1	.___	1	1

Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
N/A	N/A	N/A	☐	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 - 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
02	Lewis. Hope	03 01 2009	7	F (F - Female, M - Male)

Address, City, State, Zip: 29 North Sycamore Street, Lebanon, Ohio, 45036

Contact Phone - Include Area Code: (513) 331-1616

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 EMS	Childrens of Liberty	04	☐	06	2	1	1

OCCUPANT

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	McDonald, Payton	06 15 2004	12	M (F - Female, M - Male)

Address, City, State, Zip: 29 North Sycamore Street, Lebanon, Ohio, 45036

Contact Phone - Include Area Code: (513) 331-1616

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 EMS	Childrens of Liberty	04	☐	04	2	1	1

HSY8306 OH1M (Rev 01/12)

OCCUPANT / WITNESS ADDENDUM

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

LOCAL REPORT NUMBER: 16-226

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	Barnett, Billy	01171963	53	M (F - Female, M - Male)

Address, City, State, Zip	Contact Phone - Include Area Code
6501 Germantown Road, Lot 408, Middletown, Ohio, 45042	(513) 226-9535

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 EMS	Arrow Springs	04	☐	03	1	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
				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
					☐				

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
					☐				

Injuries
1 - No Injury / None Reported
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Motorist
01 - None Used / Vehicle Occupant
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13 - Lighting
14 - Other

Seating Position
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02 - Front - Middle
03 - Front - Right Side
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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 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

HSY8355 OH1P (Rev 01/12)

OHIO TRAFFIC CRASH - DIAGRAM/NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 2016-12318	REPORTING AGENCY Lebanon PD	DATE OF CRASH M 6 D 30 Y 16
IN COUNTY OF Warren	CRASH LOCATION Main Street	

PGG 1053

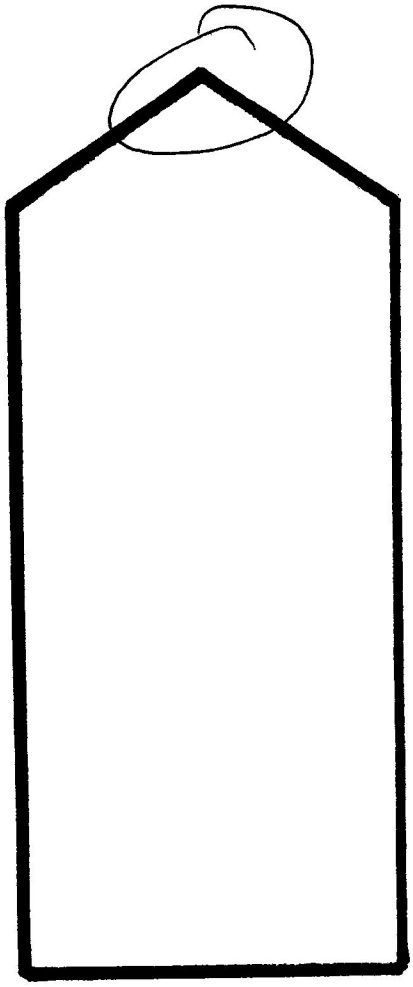
Plate #

Black

Color

None

Items in or on



Damaged area

OFFICER'S SIGNATURE X	BADGE NUMBER P122

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17

OHIO STATE HIGHWAY PATROL
WILMINGTON DISTRICT HEADQUARTERS
DISTRICT 8 COMMERCIAL ENFORCEMENT
TELEPHONE: (937) 655-9189
FAX REPAIR CERTIFICATION TO: (614)752-9274

Report Number: OH1110001736
Inspection Date: 07/02/2016
Start: 08:40 AM ET **End:** 10:14:00 AM ET
Inspection Level: I - Full
HM Inspection Type: None

AFFORDABLE PAVING CO
1755 S UNIVERSITY BLVD
MIDDLETOWN, OH 45044
USDOT#: 00849641
MC/MX#: 382998
State#:
Phone#: (513)420-0107
Fax#:

Driver: BRINSON, GLEN W
License#: RU155166
Date of Birth: 12/17/1967
State: OH
CoDriver:
License#:
Date of Birth:
State:

Location: CASE TOWING
Highway:
County: WARREN, OH
MilePost:
Origin: MIDDLETOWN, OH
Destination: LEBANON, OH
Shipper:
Bill of Lading:
Cargo: EMPTY

VEHICLE IDENTIFICATION

Unit	Type	Make	Year	State	Plate #	Equipment ID	VIN	GVWR	CVSA #	CVSA Issued #	OOS Sticker
1	TT	MACK	1998	OH	PGG1053		1M1AA12Y5WW081335				YES
2	ST	TRLR	2001	OH	TPF3715	T-019	4S0DP282811000397				YES

BRAKE ADJUSTMENTS

Axle #	1	2	3	4	5
Right	1 1/2	1 1/2	1 7/8	N/A	N/A
Left	1 1/2	1 3/8	1 7/8	N/A	N/A
Chamber	C-20	C-30	C-30	ELEC	ELEC

VIOLATIONS

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.207C	**393.207(c)**	**1**	**Y**		**U**	**Y**	**Leaf spring assembly defective/missing: RIGHT FRONT SPRING AND HANGER BENT. AXLE POSITION MOVEMENT.**
393.95A	393.95(a)	1	N		N	N	No/discharged/unsecured fire extinguisher: NO FIRE EXTINGUISHER.
393.75A	**393.75(a)**	**1**	**Y**		**U**	**Y**	**Flat tire or fabric exposed: LEFT AXLE # 3 OUTSIDE TIRE FLAT. SLICE IN SIDEWALL.**
396.3A1	**396.3(a)(1)**	**1**	**Y**		**U**	**N**	**Inspection, repair and maintenance of parts & accessories: LEFT BEARING FILLER PLUG ALLOWS VIEW INTO HUB ASSEMBLY.**
396.3A1	**396.3(a)(1)**	**1**	**Y**		**U**	**Y**	**Inspection, repair and maintenance of parts & accessories: RIGHT BEARING FILLER PLUG DAMAGED ALLOWING VIEW INTO HUB ASSEMBLY.**
393.209E	**393.209(e)**	**1**	**Y**		**U**	**N**	**Power steering violations: EXCESSIVE POWER STEERING LEAK. POWER STEERING INOP.**
393.9TS	393.9(a)	1	N		N	U	Inoperative turn signal: RIGHT FRONT TURN SIGNAL INOP.
393.83E	393.83(e)	1	N		N	N	Improper exhaust discharge (not rear of cab): EXHAUST LEAK AT TURBO.
393.60C	393.60(c)	1	N		N	N	Damaged or discolored windshield: INTERSECTING CRACKS IN WINDSHIELD.
396.3A1BOS	**396.3(a)(1)**	**2**	**Y**		**U**	**N**	**BRAKES OUT OF SERVICE: The number of defective brakes is equal to or greater than 20 percent of the service brakes on the vehicle or combination: ALL 4 TRAILER BRAKES INOP. BATTERY NOT CONNECTED.**
396.5B-HLIW	**396.5(b)**	**2**	**Y**		**U**	**N**	**Hubs - Oil and/or Grease Leaking from hub - inner wheel: RIGHT SIDE AXLE # 4.**
393.201A	**393.201(a)**	**2**	**Y**		**U**	**Y**	**Frame cracked / loose / sagging / broken: LEFT FRAME**

Report Prepared By: TPR R. S. ADAMS
Badge #: 1110
Copy Received By: GLEN BRINSON

X TPR RS Adams
X

00849641 OH OH1110001736

DRIVER/VEHICLE EXAMINATION REPORT

Aspen 3.0.0.17

OHIO STATE HIGHWAY PATROL
WILMINGTON DISTRICT HEADQUARTERS
DISTRICT 8 COMMERCIAL ENFORCEMENT
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1755 S UNIVERSITY BLVD
MIDDLETOWN, OH 45044
USDOT#: 00849641 **Phone#:** (513)420-0107
MC/MX#: 382998 **Fax#:**
State#:

Driver: BRINSON, GLEN W
License#: RU155166 **State:** OH
Date of Birth: 12/17/1967
CoDriver:
License#: **State:**
Date of Birth:

Location: CASE TOWING
Highway:
County: WARREN, OH

MilePost: **Shipper:**
Origin: MIDDLETOWN, OH **Bill of Lading:**
Destination: LEBANON, OH **Cargo:** EMPTY

VIOLATIONS (Continued)

Vio Code	Section	Unit	OOS	Citation #	Verify	Crash	Violations Discovered
393.201A	393.201(a)	2	N		N	N	**RAIL AT TONGUE CRACKED. 3" WIDE AND 5" HIGH.** Frame cracked / loose / sagging / broken: REAR CROSS MEMBER RIGHT SIDE BEHIND AXLE # 5 CRACKED
393.43	**393.43**	**2**	**Y**		**U**	**N**	**No/improper breakaway or emergency braking: EMERGENCY BRAKE CABLE CONNECTED TO RIGHT SAFETY CHAIN.**

HazMat: No HM Transported. **Placard:** No **Cargo Tank:**

Special Checks: Post Crash

State Information:

FMCSA Credentials Verified-Y/N: Y; CDL Verified (Y/N): N; FMCSA OOS Order Issued(Y/N): N; For-Hire Carrier: N; Reason Code: CRAS; Fatalities (Y/N): N; Crash Report #: 12318; Driver Address: 304 YOUNG ST; Driver City: MIDDLETOWN; Driver State: OH; Driver Zip: 45044; Photos Taken (Y/N): Y; Co-Investigator #: 3254;

* Pursuant to authority contained in Title 49, Code of Federal Regulations, Section 396.9, I hereby declare vehicles with defects followed by an "Y" in the "Out of Service" column in the violations discovered section of this report OUT OF SERVICE. No person shall remove the out of service stickers applied to these vehicles, or operate such vehicles until the out of service defects have been repaired and the vehicles have been restored to safe operating condition.

Failure to return this report with the required certification can result in penalties up to $1,000 per day for each day the violation continues, up to a total of $10,000.

Signature Of Repairer X:_____ Facility:_____ Date:_____

All violations of the FHMR and FMCSR or Title 49 of the Ohio Revised Code will be reviewed by the PUCO's Transportation Department to determine whether civil forfeitures should be assessed against any responsible parties in accordance with the penalty provisions of Title 49 of the Ohio Revised Code. If civil forfeitures are assessed, you will receive a separate notice by mail. These penalties may be assessed to motor carriers, shippers, and/or drivers.

ATTENTION DRIVER: This report must be sent to the motor carrier whose name appears at the top of this inspection report within 24 hours. If the inspection report cannot be delivered within 24 hours the driver must mail or fax the inspection report to the motor carrier.

ATTENTION MOTOR CARRIER: The motor carrier must examine this report and repair all the vehicle defects/violations noted above -AND- The motor carrier must sign the Certification of Repairs below and return the signed form to: Public Utilities Commission of Ohio, TASD - 4th floor, 180 E Broad St, Columbus, OH 43215-3793 -OR- Fax (614) 752-9274 within 15 days of the inspection. If "No Violations Were Discovered" then you do not need to return this report. Failure to return this report with the required certification can result in penalties up to $1,000 per day for each day the violation continues, up to a total of $10,000. If you have any questions, please contact (614) 466-0429.

MOTOR CARRIER CERTIFICATION OF COMPLETED REPAIRS: The undersigned certifies that all violations noted on this report have been corrected and action taken to assure compliance with the Federal Motor Carrier Safety & Hazardous Materials Regulations insofar as they are applicable to motor carriers and drivers. A false certification of repairs is required to be prosecuted with penalties up to $10,000.

Signature Of Motor Carrier X:_____ Title:_____ Date:_____

Report Prepared By: TPR R. S. ADAMS
Badge #: 1110
Copy Received By: GLEN BRINSON

X TPR RS Adams

X_____

00849641 OH OH1110001736

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

OH-3

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH
2016-12318	Lebanon PD	M 6 D 30 Y 16

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Erin Vultaggio (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO E. Holmes Pizz (OFFICER'S NAME) AT Main Street in front of Black Barn (LOCATION)

I was heading west on 63 when a car in front of me quickly turned Left into the Black Barn. I was unable to stop in time so I went off into the grass to the Right of the road to avoid getting hit by the truck behind me he slammed on his brakes but wasnt able to stop in time and his truck went across the double yellow line and hit into the car coming in the other direction.

ADDRESS OF WITNESS	PHONE
3773 trovillo road	513-7639959

SIGNATURE OF WITNESS	OFFICER'S SIGNATURE
X Erin Vultaggio	X Pizz LPD

HSY 7003 4/07