TRAFFIC CRASH REPORT

OHIO DEPARTMENT OF PUBLIC SAFETY

LOCAL INFORMATION

LOCAL REPORT NUMBER *: 16-290

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

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

PHOTOS TAKEN: OH-2 OH-1P OH-3 Other

PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

PRIVATE PROPERTY

REPORTING AGENCY NCIC *: 08303

REPORTING AGENCY NAME *: Lebanon Police

NUMBER OF UNITS: 2

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

2016-15757

COUNTY *: 83

☑ CITY * ☐ VILLAGE * ☐ TOWNSHIP *

CITY, VILLAGE, TOWNSHIP *: Lebanon

CRASH DATE *: 08 24 2016

TIME OF CRASH: 0923

DAY OF WEEK: WED

DEGREES / MINUTES / SECONDS
LATITUDE: ° ' . "
LONGITUDE: ° ' . "

DECIMAL DEGREES
LATITUDE: 39.434721
LONGITUDE: -84.208083

ROADWAY DIVISION: ☐ DIVIDED ☑ UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL: N (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 (N,S, E,W)

LOCATION ROAD NAME: Broadway

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: ☐ 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 #): 2

REFERENCE ROAD TYPE [2]

REFERENCE POINT USED: 1 (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: 7
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)

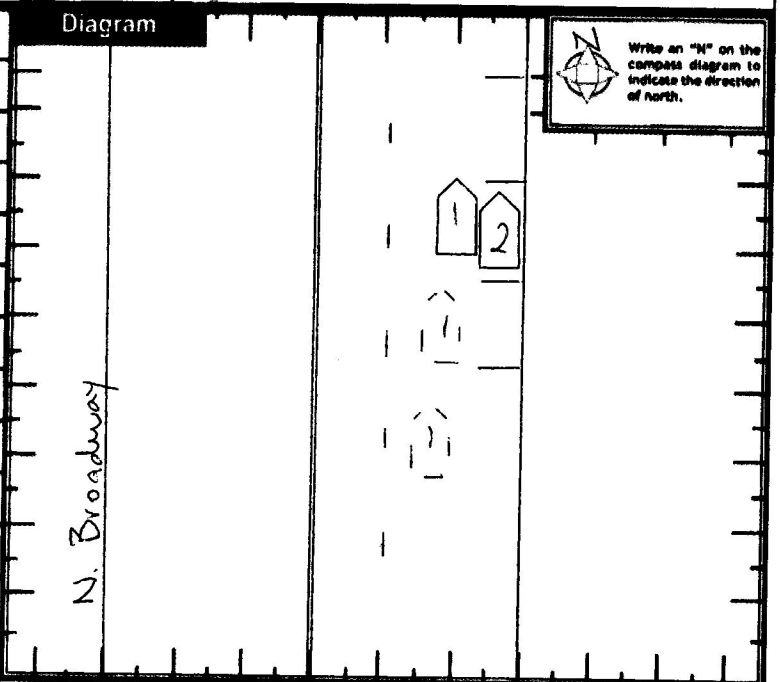
TYPE OF WORK ZONE
1 - Lane Closure, 2 - Lane Shift/Crossover, 3 - Work on Shoulder or Median, 4 - Intermittent or Moving Work, 5 - Other

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

Unit 2 was parked in front of 2 N. Broadway. Unit 2 was facing northbound. Unit 1 was traveling northbound on N. Broadway in the lane closest to the curb. Unit 1 sideswiped Unit 2. Unit 1 caused damage to Unit 2 on the driver side mirror. Unit 1 continued northbound on N. Broadway. Unit 1 nor the driver were identified.

Diagram



REPORT TAKEN BY: ☑ POLICE AGENCY ☐ MOTORIST

☐ SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED: 08 24 2016

TIME CRASH REPORTED: 0923

DISPATCH TIME: 0925

ARRIVAL TIME: 0928

TIME CLEARED: 0938

OTHER INVESTIGATION TIME: 20

TOTAL MINUTES: 30

OFFICER'S NAME *: Ptl. C. Brock

OFFICER'S BADGE NUMBER: 126

CHECKED BY: ACh

PAGE OF

HSY7001 OH1 (Rev 01/12)

UNIT

Local Report Number: 16-290

Unit Number: 02

Owner Name: Last, First, Middle (☐ Same As Driver): Community Blood Center

Owner Phone Number - Inc. Area Code (☐ Same As Driver): (800) 388-4483

Owner Address: City, State, Zip (☐ Same As Driver): 349 S. Main Street Dayton, OH 45402

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: PJF 7239

Vehicle Identification Number: 1BDJNCS76XF0812 70

Occupants: 00

Vehicle Year: 1999

Vehicle Make: Blue Bird

Vehicle Model: Vision

Vehicle Color: Blue

☑ Proof of Insurance Shown

Insurance Company: Great Northern

Policy Number: 73590830

Towed By:

Carrier Name, Address, City, State, Zip:

Carrier Phone - Include Area Code:

US DOT:

HM Placard ID No.:

HM Class Number:

☐ Hazardous Material Released

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

Cargo Body Type: 03
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: 22
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: 08
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: 09
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: 09

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

Pre-Crash Actions: 10
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 21, 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: 12
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

Page of

UNIT

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Unit Number: 01

Owner Name: Last, First, Middle (☐ Same As Driver)

Owner Phone Number - Inc. Area Code (☐ 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

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

LP State | License Plate Number | Vehicle Identification Number | # Occupants

Vehicle Year | Vehicle Make | Vehicle Model | Vehicle Color

☐ Proof of Insurance Shown | Insurance Company | Policy Number | Towed By

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: 99
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Impact Area: 99

Action: 3
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Posted Speed

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3 - East
4 - West
5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest
9 - Unknown

HSY8304 OH1U (Rev 01/12)