OHIO TRAFFIC CRASH REPORT

LOCAL INFORMATION

LOCAL REPORT NUMBER *: 16-413

CRASH SEVERITY: 3 (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 *: 08303

REPORTING AGENCY NAME *: Lebanon P.D.

NUMBER OF UNITS: 2

UNIT IN ERROR: 01 (98 - ANIMAL, 99 - UNKNOWN)

COUNTY *: 83

CITY * / VILLAGE * / TOWNSHIP *: CITY *

CITY, VILLAGE, TOWNSHIP *: Lebanon

CRASH DATE *: 11/28/2016

TIME OF CRASH: 0929

DAY OF WEEK: MON

DEGREES / MINUTES / SECONDS

LATITUDE: ° ' "

LONGITUDE: ° ' "

DECIMAL DEGREES

LATITUDE: 39.437326

LONGITUDE: -84.205016

ROADWAY DIVISION: DIVIDED / UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL: N - NORTHBOUND, E - EASTBOUND, S - SOUTHBOUND, 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:

LEAD PREFIX (N,S,E,W):

LEAD STREET NAME: Cherry

LOCATION ROAD TYPE [2]: ST

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 #): 223

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: 5 (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)

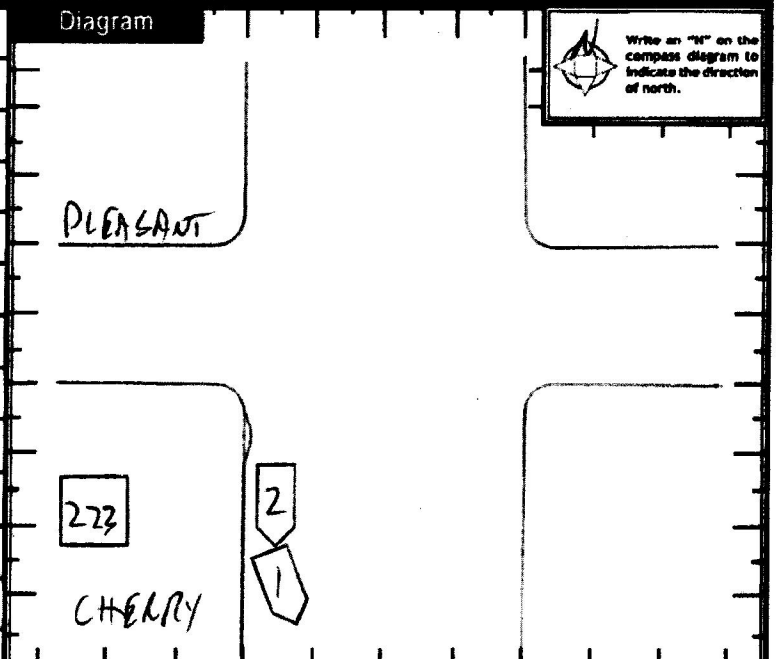
TYPE OF WORK ZONE: 1 - LANE CLOSURE, 2 - LANE SHIFT/CROSSOVER, 3 - WORK ON SHOULDER OR MEDIAN, 4 - INTERMITTENT OR MOVING WORK, 5 - OTHER

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 # 2 was parked curbside in front of 223 N. Cherry St. Unit # 1 was attempting to back into a parking spot, curbside in front of Unit # 2. Unit # 1 backed into Unit # 2.

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
11/28/2016	0929	0934	0934	0946		12

OFFICER'S NAME *: J. OEHLER

OFFICER'S BADGE NUMBER: 124

CHECKED BY:

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OHIO DEPARTMENT OF PUBLIC SAFETY
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UNIT

Block Number: 16-413

Unit Number	Owner Name (Last, First, Middle) (☐ Same As Driver)	Owner Phone Number (Inc. Area Code) (☐ Same As Driver)	Damage Scale	Damaged Area
01	Clark, Debra Jo		2	Front 02, 09, 03, 08, 10, 04, 07, 05, Rear

Owner Address (City, State, Zip) (☐ Same As Driver): 314 W Main St., Apt. A, Lebanon, OH 45036

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	GWP3482	1G6DP57777017017 2	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2007	Cadillac	CTS	silver

☑ Vehicle Drivable	Insurance Company	Policy Number	Towed By
	Erie Ins	Q10 6508805	

Carrier Name, Address, City, State, Zip: | Carrier Phone (Include Area Code):

US DOT: | Vehicle Weight GVWR/GCWR: | Cargo Body Type: 01 | Traffic Way Description: 1

HM Placard ID No: | HM Class Number: | ☐ Hazardous Material Release | ☐ Hit/Skip Unit

Non-Motorist Location Prior to Impact: | Type of Use: 1 | ☐ In Emergency Response | Unit Type: 03 | Passenger Vehicles (Not Taken Reinforcement) | Mini/Heavy Trucks or Combo Unit | Other | Bus/Van/Limo (Not Mini Including Driver) | Non-Motorists

☐ Has HM Placard

Special Function: 01 | Most Damaged Area: 06 | Impact Area: 06 | Action: 3

Pre-Crash Actions: 02

Contributing Circumstances: Primary 11 | Secondary | Motorist | Non-Motorist

Vehicle Defects: 01 Turn Signal, 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 Ranking, 05 Cargo/Equipment Loss, 06 Equipment Fail, 07 Separation of Units, 08 Ran Off Road Right, 09 Ran Off Road Left, 10 Cross Median, 11 Cross Centerline, 12 Downhill Runaway, 13 Other Non-Collision

Collision with Person, Vehicle or Object Not Fixed: 14 Pedestrian, 15 Pedestrian, 16 Railway Vehicle (Not Train), 17 Animal Farm, 18 Animal Other, 19 Animal Other, 20 Motor Vehicle in Transport, 21 Parked Motor Vehicle, 22 Work Zone Maintenance Equipment, 23 Struck Pedestrian, Shifting Cargo, Standing Sign Motion, Motor Vehicle, 24 Other Motor Vehicle 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/Luminaire Support, 40 Utility Pole, 41 Other Post, Pole or Support, 42 Culvert, 43 Curb, 44 Dirt, 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: | Posted Speed: | Traffic Control: 01 | Unit Direction: From 2 To 1

Traffic Control: 01 No Control, 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 Line, 14 Walk/Don't Walk, 15 Other, 16 Not Reported

Unit Direction: 1 North, 2 South, 3 East, 4 West, 5 Northeast, 6 Northwest, 7 Southeast, 8 Southwest, 9 Unknown

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MOTORIST / NON-MOTORIST / OCCUPANT

OHIO DEPARTMENT OF PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

16-413

MOTORIST / NON-MOTORIST / OCCUPANT

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	CLARK, MICHAEL A.	01/26/1989	27	M (F - Female, M - Male)

Address, City, State, Zip	Contact Phone - Include Area Code
209 B JUNEMARIE, LEBANON, OH 45036	513-491-6465

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	☐	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	SV889034	4	☐	☐	1	1	1	1	.	1	1

Offense Charged (☐ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
			☐	1

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

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
					☐				

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
					☐				

OHIO DEPARTMENT OF PUBLIC SAFETY
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UNIT

Report Number: 16-413

Unit Number	Owner Name (Last, First, Middle) (☐ Same As Driver)	Owner Phone Number (Inc. Area Code) (☐ Same As Driver)	Damage Scale	Damaged Area
02	Clark, Carrie	(513) 560-3989	2	Front: 09, 03, 08, 10, 04, 07, 06, 05 Rear

Owner Address (City, State, Zip) (☐ Same As Driver): 223 N. Cherry St., Lebanon, OH 45036

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	GCZ5660	1GNEC13243J326368	00

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2003	Chevy	Tahoe	black

☑	Insurance Company	Policy Number	Towed By
	Allstate	992522961	

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: 1 | ☐ HC Safe Unit

Non-Motorist Location Prior to Impact:

Type of Use: 1 | ☐ In Emergency Response

Unit Type: 06 | Passenger Vehicle (Pickup/Passenger) | Med Heavy Trucks or Combo Unit | 10K Lbs | Box/Van Cargo (Non Motor Including Driver) | Non Motorist

☐ Has HM Placard

Special Function: 01

Most Damaged Area: 02 | Impact Area: 02

Action: 4

Pre-Crash Actions: 10

Motorist | Non Motorist

Contributing Circumstances: Primary | Secondary

Motorist | Non-Motorist

Vehicle Defects: 01 Turn Signal, 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

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 | Traffic Control: 01

Unit Direction: From ☐ To ☐ | 1 Non | 2 | 3 | 4 West | 5 Northeast | 6 Northwest | 7 Southeast | 8 Southwest | 9 Unknown

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