TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER: 16-424

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: Lebanon

CRASH DATE: 12/12/2016

TIME OF CRASH: 1645

DAY OF WEEK: MON

DEGREES / MINUTES / SECONDS — LATITUDE: 0 ' " — LONGITUDE: 0 ' "

DECIMAL DEGREES — LATITUDE: 39.454400 — LONGITUDE: -84.178778

ROADWAY DIVISION: Undivided

DIVIDED LANE DIRECTION OF TRAVEL:

NUMBER OF THRU LANES: 2

ROAD TYPES OR MILEPOST: 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: SR

LOCATION ROUTE NUMBER: 48

LOCATION ROAD TYPE:

ROUTE TYPES: IR - Interstate Route (Inc. Turnpike); US - US Route; SR - State Route; CR - Numbered County Route; TR - Numbered Township Route

DISTANCE FROM REFERENCE: 5 (Miles, Feet, Yards)

DIRECTION FROM REFERENCE: S (N,S, E,W)

REFERENCE ROUTE TYPE:

REFERENCE ROUTE NUMBER:

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

REFERENCE NAME (Road, Milepost, House #): Columbus

REFERENCE ROAD TYPE: AV

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: 2 (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: 3; 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):

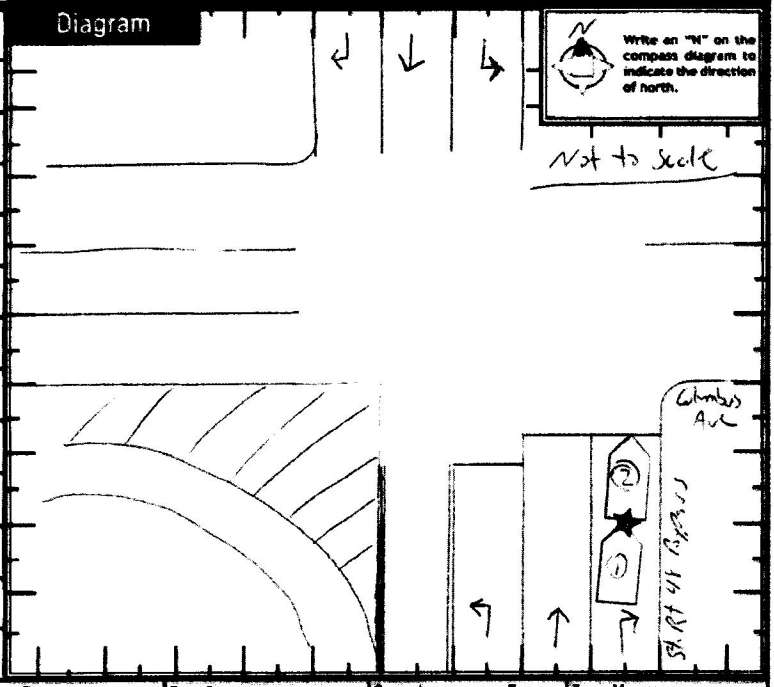
TYPE OF WORK ZONE: (1 - Lane Closure; 2 - Lane Shift/Crossover; 3 - Work on Shoulder or Median; 4 - Intermittent or Moving Work; 5 - Other)

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 northbound on St. Rt. 48 bypass and was stopped at a red light in the turn lane to turn right, onto Columbus Ave. Unit 1 struck the rear end of unit 2. There was no visible damage to either vehicle.

Diagram



REPORT TAKEN BY: Police Agency; Motorist; Supplement (Correction or Addition to an Existing Report Sent to ODPS)

DATE CRASH REPORTED: 12/12/2016

TIME CRASH REPORTED: 1645

DISPATCH TIME: 1648

ARRIVAL TIME: 1653

TIME CLEARED: 1721

OTHER INVESTIGATION TIME: 20

TOTAL MINUTES: 48

OFFICER'S NAME: Ptl. P. Jenkinson

OFFICER'S BADGE NUMBER: 112

CHECKED BY:

OHIO DEPARTMENT OF PUBLIC SAFETY

UNIT

16-424

Unit Number	Owner Name: Last, First, Middle (☐ Same As Driver)	Owner Phone Number: No Area Code (☐ Same As Driver)	Damage Scale	Damaged Area
01	Staten, Adele M	(513) 981-1856	1	

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

614 Grandview Ave. Lebanon, OH 45036

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	GTW8948	1G6CD53344L423788	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
1990	Cadillac	Deville	White

☐	Insurance Company	Policy Number	Towed By
	None		

Carrier Name, Address, City, State, Zip

Carrier Phone: (Include Area Code)

HM Placard ID No.

HM Class Number

Vehicle Weight GVWR/GCWR

☐ Hazardous Material Released

Cargo Body Type: 01

Trafficway Description: 1

☐ Hit/Skip (Unit)

Non-Motorist Location Prior to Impact

Unit Use: 1

☐ In Emergency Response

Unit Type: 04

☐ Has HM Placard

Special Function: 01

Most Damaged Area: 01

Impact Area: 02

Action: 3

Pre-Crash Actions: 11

Motorist

Non-Motorist

Contributing Circumstances

Primary: 09

Secondary:

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	Posted Speed	Traffic Control	Unit Direction
	50	04	From 2 To 1

UNIT

16-424

Unit Number	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number: Include Area Code (☑ Same As Driver)	Damage Scale	Damaged Area
02			1	Front: 02, 03, 04, 05, 06, 07, 08, 09, 10; Rear

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

LP State	License Plate Number	Vehicle Identification Number	# Occupants
OH	GHR9312	1HGCR2F72DA226061	01

Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Color
2013	Honda	Accord	Black

☑ Ins.	Insurance Company	Policy Number	Towed By
	State Farm	777-0040-E06-35B	

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

CDL	Vehicle Weight GVWR/GCWR	Cargo Body Type	Trafficway Description
		01	1

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

Non-Motorist Location Prior to Impact | Type of Use: 1 | Unit Type: 03 | Passenger Vehicles (Less Than Nine Seats) | Med/Heavy Trucks or Combo Unit | Bus/Van (Seats for Motorist Vehicle Driver) | Non-Motorist

☐ In Emergency Response | ☐ Has HM Placard

Special Function: 01 | Most Damaged Area: 01 | Impact Area: 06 | Action: 4

Pre-Crash Actions: 11 | Motorist | Non-Motorist

Contributing Circumstances: Primary 01 | Secondary | Motorist | Non-Motorist

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 Defects; 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

Non-Collision Events: 06 Equipment Failure; 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 Pedestrian; 17 Animal Other; 18 Animal Other; 19 Animal Other; 20 Motor Vehicle In Transport; 21 Parked Motor Vehicle; 22 Work Zone Maintenance Equipment; 23 Struck Pedestrian Or Cyclist; 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/Luminaries Support; 40 Utility Pole; 41 Other Post; 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: 50 | Traffic Control: 04 | 01 No Control; 02 Stop Sign; 03 Yield Sign; 04 Traffic Signal; 05 Traffic Flashers; 06 Cross Sign; 07 Railroad Crossing; 08 Railroad Flashers; 09 Railroad Gates; 10 Construction Barricade; 11 Person (Flagger, Officer); 12 Pavement Markings; 13 Crossing Sign; 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

HSY8304 OH1U (Rev. 01/12)

MOTORIST / NON-MOTORIST / OCCUPANT

16-424

Unit 01

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
01	White, Jeffries S.	07191987	29	M

Address, City, State, Zip	Contact Phone- Include Area Code
614 Grandview Ave. Lebanon, OH 45036	(513) 981-1856

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	//			99	☐	01	1	1	1

OL State	Operator License Number	OL Class	No Valid OL	M/C Endorsement	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
			☑	☐	1	1	1	1	.	1	1

Offense Charged (■ Local Code)	Offense Description	Citation Number	Hands-Free Device Used	Driver Distracted By
333.03(A)	ACDA	069295	☐	1

Unit 02

Unit Number	Name: Last, First, Middle	Date of Birth	Age	Gender
02	Morris, M. Paula	10071953	63	F

Address, City, State, Zip	Contact Phone- Include Area Code
221 ORchard Hill Dr. West Carrollton, OH 45449	(937) 623-1710

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	//			99	☐	01	1	1	1

OL State	Operator License Number	OL Class	No Valid OL	M/C Endorsement	Condition	Alcohol/Drug Suspected	Alcohol Test Status	Alcohol Test Type	Alcohol Test Value	Drug Test Status	Drug Test Type
OH	RM3472469	4	☐	☐	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
0 Not Transported / Treated at Scene
1 EMS
2 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 (Elbow, Knee, 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 Unenclosed Cargo Area
12 - Passenger in Enclosed 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 = 7)
5 - M/Motorcycle Class

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 Tampered
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 Not Distracted 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

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

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

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

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
					☐				