APPLICATION FOR FINANCIAL ASSISTANCE
Revised 4/99

IMPORTANT: Please consult the "Instructions for Completing the Project Application" for assistance in completion of this form.

SUBDIVISION: Hamilton County **CODE#** 061-00061

DISTRICT NUMBER: 2 **COUNTY:** Hamilton **DATE** 09 / 07 / 07

CONTACT: Tim Gilday **PHONE #** (513) 946-8914

(THE PROJECT CONTACT PERSON SHOULD BE THE INDIVIDUAL WHO WILL BE AVAILABLE ON A DAY-TO-DAY BASISDURING THE APPLICATION REVIEW AND SELECTION PROCESS AND WHO CAN BEST ANSWER OR COORDINATE THE RESPONSE TO QUESTIONS)

FAX (513) 946-8901 **E-MAIL** tim.gilday@hamilton-co.org

PROJECT NAME: GALBRAITH ROAD RECONSTRUCTION

SUBDIVISION TYPE
(Check only 1)
X 1. County
__2. City
__3. Township
__4. Village
__5. Water/Sanitary District (Section 6119 O.R.C.)

FUNDING TYPE REQUESTED
(Check All Requested & Enter Amount)
X 1. Grant $ 1,368,495.00
__2. Loan $_____.00
__3. Loan Assistance $_____

PROJECT TYPE
(Check Largest Component)
X 1. Road
__2. Bridge/Culvert
__3. Water Supply
__4. Wastewater
__5. Solid Waste
__6. Stormwater

TOTAL PROJECT COST: $2,851,030.00

FUNDING REQUESTED: $ 1,368,495.00

DISTRICT RECOMMENDATION
To be completed by the District Committee ONLY

GRANT:$ 1,368,495 LOAN ASSISTANCE:$_____
SCIP LOAN: $_____ RATE:_____% TERM: _____yrs.
RLP LOAN: $_____ RATE:_____% TERM: _____yrs.

(Check only 1)
X State Capital Improvement Program
__Small Government Program
__Local Transportation Improvements Program

OFFICE OF NEW BURLINGTON
COUNTY ENGINEER
2007 SEP 13 PM 1:47

FOR OPWC USE ONLY

PROJECT NUMBER: C_____/C_____
Local Participation _____%
OPWC Participation _____%
Project Release Date: ___/___/___
OPWC Approval: _____

APPROVED FUNDING: $_____
Loan Interest Rate: _____%
Loan Term: _____years
Maturity Date: _____
Date Approved: ___/___/___
SCIP Loan _____ RLP Loan

1.0 PROJECT FINANCIAL INFORMATION

1.1	PROJECT ESTIMATED COSTS: (Round to Nearest Dollar)		TOTAL DOLLARS	FORCE ACCOUNT DOLLARS
a.)	Basic Engineering Services:		$_____.00	
	Preliminary Design	$_____. 00		
	Final Design	$_____. 00		
	Bidding	$_____. 00		
	Construction Phase	$_____. 00		
	Additional Engineering Services *Identify services and costs below.		$_____.00	
b.)	Acquisition Expenses: Land and/or Right-of-Way		$_____.00	
c.)	Construction Costs:		$ 2,851,030.00	
d.)	Equipment Purchased Directly:		$_____.00	
e.)	Permits, Advertising, Legal: (Or Interest Costs for Loan Assistance Applications Only)		$_____.00	
f.)	Construction Contingencies:		$_____.00	
g.)	TOTAL ESTIMATED COSTS:		$ 2,851,030.00	

*List Additional Engineering Services here:

Service: Cost:

1.2 PROJECT FINANCIAL RESOURCES:

(Round to Nearest Dollar and Percent)

		DOLLARS	%
a.)	Local In-Kind Contributions	$_____.00	
b.)	Local Revenues (Hamilton County)	$ 1,425,515.00	50
c.)	Other Public Revenues	$_____.00	
	ODOT	$_____.00	
	Rural Development	$_____.00	
	OEPA	$_____.00	
	OWDA	$_____.00	
	CDBG	$_____.00	
	OTHER (Springfield Twp.)	$ 57,020.00	2
	SUBTOTAL LOCAL RESOURCES:	$ 1,482,535.00	52
d.)	OPWC Funds		
	1. Grant	$ 1,368,495.00	48
	2. Loan	_____	
	3. Loan Assistance	$_____.00	
	SUBTOTAL OPWC RESOURCES:	$ 1,368,495.00	48
e.)	TOTAL FINANCIAL RESOURCES:	$ 2,851,030.00	100%

1.3 AVAILABILITY OF LOCAL FUNDS:

Attach a statement signed by the Chief Financial Officer listed in section 5.2 certifying all local share funds required for the project will be available on or before the earliest date listed in the Project Schedule section.

ODOT PID# _____ **Sale Date:**

STATUS: (Check one)

Traditional
Local Planning Agency (LPA)
State Infrastructure Bank

2.0 PROJECT INFORMATION

If project is multi-jurisdictional, information must be consolidated in this section.

2.1 PROJECT NAME: GALBRAITH ROAD RECONSTRUCTION

2.2 BRIEF PROJECT DESCRIPTION - (Sections A through C):

A: SPECIFIC LOCATION: *(Please see the attached location map).*
The project is located in Springfield Township. The construction limits are as follows:

From: a point 500' west of Winton Road ***to:*** the City of Cincinnati corp. line (near Daly Road)

PROJECT ZIP CODE: 45231

B: PROJECT COMPONENTS:
Remove the existing deteriorated composite pavement, curbs, catch basins, sidewalks and drive aprons. Correct areas of deficient sub-base/sub-grade and construct new widened full depth asphalt concrete pavement, curbs, catch basins, extended lateral storm sewers, sidewalk and drive aprons. Move existing fire hydrants as necessary due to pavement widening. ***Note: No new traffic lanes will be created. This is not an expansion of the existing roadway.***

C: PHYSICAL DIMENSIONS / CHARACTERISTICS:

The existing pavement width is 38 feet and will be widened to 46 feet to provide two 11-foot interior lanes, and two 12-foot curb lanes. Project length is 3,200 LF (0.7822 miles). The age of the existing concrete base is 40 plus years.

D: DESIGN SERVICE CAPACITY:
Detail current service capacity vs. proposed service level.
Road or Bridge: Current ADT: 15,713 Year: 2007 Projected ADT: __ Year:
Water/Wastewater: Based on monthly usage of 7,756 gallons per household, attach current rate ordinance. Current Residential Rate: $_____ Proposed Rate: $

Stormwater: Number of households served:

2.3 USEFUL LIFE / COST ESTIMATE: Project Useful Life: 30 Years.

Attach Registered Professional Engineer's statement, with original seal and signature confirming the project's useful life indicated above and estimated cost.

3.0 REPAIR/REPLACEMENT or NEW/EXPANSION:

TOTAL PORTION OF PROJECT REPAIR/REPLACEMENT	**$ 2,851,030.00**
TOTAL PORTION OF PROJECT NEW/EXPANSION	**$ 0.00**

4.0 PROJECT SCHEDULE: *

		BEGIN DATE	END DATE
4.1	**Engineering/Design:**	**06 / 30 / 07**	**08 / 31 / 08**
4.2	**Bid Advertisement and Award:**	**11 / 30 / 08**	**12 / 31 / 08**
4.3	**Construction:**	**02 / 15 / 09**	**12 / 31 / 09**
4.4	**Right-of-Way/Land Acquisition:**	N/A	N/A

* Failure to meet project schedule may result in termination of agreement for approved projects. Modification of dates must be requested in writing by the CEO of record and approved by the commission once the Project Agreement has been executed. The project schedule should be planned around receiving a Project Agreement on or about July 1st.

5.0 APPLICANT INFORMATION:

5.1 CHIEF EXECUTIVE OFFICER: William W. Brayshaw
TITLE: Hamilton County Engineer
STREET: 10480 Burlington Road
CITY/ZIP: Cincinnati, OH 45231
PHONE: (513) 946 - 8902
FAX: (513) 946 - 8901
E-MAIL: william.brayshaw@hamilton-co.org

5.2 CHIEF FINANCIAL OFFICER: Dusty Rhodes
TITLE: Hamilton County Auditor
STREET: 138 East Court Street
Room 304, CAB
CITY/ZIP: Cincinnati, OH 45202
PHONE: (513) 946 - 4045
FAX: (513) 946 - 4043
E-MAIL: auditor@fuse.net

5.3 PROJECT MANAGER: Timothy Gilday
TITLE: Planning & Design Engineer
STREET: 10480 Burlington Road
CITY/ZIP: Cincinnati, OH 45231
PHONE: (513) 946 - 8914
FAX: (513) 946 - 8901
E-MAIL: tim.gilday@hamilton-co.org

Changes in Project Officials must be submitted in writing from the CEO.

6.0 ATTACHMENTS/COMPLETENESS REVIEW:

Confirm in the blocks [ ] below that each item listed is attached.

[X] **A certified copy of the legislation by the governing body of the applicant authorizing a designated official to sign and submit this application and execute contracts. This individual should sign under 7.0, Applicant Certification, below.**

[X] **A certification signed by the applicant's chief financial officer stating all local share funds required for the project will be available on or before the dates listed in the Project Schedule section. If the application involves a request for loan (RLP or SCIP), a certification signed by the CFO which identifies a specific revenue source for repaying the loan also must be attached. Both certifications can be accomplished in the same letter.**

[X] **A registered professional engineer's detailed cost estimate and useful life statement, as required in 164-1-13, 164-1-14, and 164-1-16 of the Ohio Administrative Code. Estimates shall contain an engineer's original seal or stamp and signature.**

[ ] **A cooperation agreement (if the project involves more than one subdivision or district) which identifies the fiscal and administrative responsibilities of each participant.**

[ ] **Projects which include new and expansion components and potentially affect productive farmland should include a statement evaluating the potential impact. If there is a potential impact, the Governor's Executive Order 98-VII and the OPWC Farmland Preservation Review Advisory apply.**

[X] **Capital Improvements Report: (Required by O.R.C. Chapter 164.06 on standard form)**

[X] **Supporting Documentation: Materials such as additional project description, photographs, economic impact (temporary and/or full time jobs likely to be created as a result of the project), accident reports, impact on school zones, and other information to assist your district committee in ranking your project. Be sure to include supplements, which may be required by your *local* District Public Works Integrating Committee.**

7.0 APPLICANT CERTIFICATION:

The undersigned certifies that: (1) he/she is legally authorized to request and accept financial assistance from the Ohio Public Works Commission; (2) to the best of his/her knowledge and belief, all representations that are part of this application are true and correct; (3) all official documents and commitments of the applicant that are part of this application have been duly authorized by the governing body of the applicant; and, (4) should the requested financial assistance be provided, that in the execution of this project, the applicant will comply with all assurances required by Ohio Law, including those involving Buy Ohio and prevailing wages.

Applicant certifies that physical construction on the project as defined in the application has NOT begun, and will not begin until a Project Agreement on this project has been executed with the Ohio Public Works Commission. Action to the contrary will result in termination of the agreement and withdrawal of Ohio Public Works Commission funding of the project.

William W. Brayshaw, P.E., P.S., Hamilton County Engineer
Certifying Representative (Type or Print Name and Title)

William W. Brayshaw 9-13-07
Signature/Date Signed

County of Hamilton

WILLIAM W. BRAYSHAW, P.E.-P.S. COUNTY ENGINEER

700 COUNTY ADMINISTRATION BUILDING

138 EAST COURT STREET

CINCINNATI, OHIO 45202-1232

PHONE (513) 946-4250 FAX (513) 946-4288

STATEMENT OF USEFUL LIFE

As required by Chapter 164-1-13 of the Ohio Administrative Code, I hereby certify that the Galbraith Road Improvement project will have a useful life of at least 30 years.

CONSTRUCTION COSTS:

The opinion of Project Construction Costs is based on current unit price experience and is subject to adjustment upon completion of detailed plans and receipt of an acceptable proposal by a qualified contractor.

William W. Brayshaw

WILLIAM W. BRAYSHAW, P.E., - P.S.
HAMILTON COUNTY ENGINEER

PROJECT: GALBRAITH ROAD IMPROVEMENT
EST: $2,851,030.00

ENGINEER'S ESTIMATE

	ITEM	DESCRIPTION	UNIT	QUANT	UNIT COST	TOTAL
1	201	CLEARING & GRUBBING	LS	1	$25,000.00	$25,000.00
2	202	PAVEMENT REMOVED	SY	14,000	$10.00	$140,000.00
3	202	CONCRETE CURB REMOVED	F	6,400	$6.00	$38,400.00
4	202	CONCRETE WALK REMOVED	SF	20,000	$2.00	$40,000.00
5	202	PAVEMENT REMOVED DRIVES	SY	900	$12.00	$10,800.00
6	202	CATCH BASIN REMOVED	EA	15	$200.00	$3,000.00
7	203	EXCAVATION	CY	5,812	$15.00	$87,180.00
8	204	SUBGRADE COMPACTION	SY	20,000	$1.50	$30,000.00
9	301	ASPHALT CONC. BASE @ 10"	CY	5,000	$110.00	$550,000.00
10	448	ASPHALT CONC. INTERMEDIATE COURSE TYPE 1 PG(70 -22)	CY	800	$135.00	$108,000.00
11	448	ASPHALT CONCRETE SURFACE COURSE, TYPE 1H SURFACE	CY	800	$135.00	$108,000.00
12	301	ASPHALT CONC. BASE (DRIVES)	CY	100	$130.00	$13,000.00
13	448	ASPHALT CONC TYPE 1 PG(70-22) DRIVES	CY	50	$170.00	$8,500.00
14	452	PCCP DRIVES	SY	1,200	$80.00	$96,000.00
15	604	STORM MANHOLE, ADJ. TO GRADE (RING)	EA	10	$175.00	$1,750.00
16	604	STORM MANHOLE, ADJ. TO GRADE (BR & MORTAR)	EA	10	$500.00	$5,000.00
17	604	SAN. MANHOLE, ADJ. TO GRADE (RING)	EA	10	$500.00	$5,000.00
18	604	SAN. MANHOLE, ADJ. TO GRADE (CONCRETE RING)	EA	16	$500.00	$8,000.00
19	604	WATER VALVE CHAMBER ADJ. TO GRADE (RING)	EA	5	$500.00	$2,500.00
20	604	CATCH BASIN CB-3	EA	8	$3,000.00	$24,000.00
21	604	CATCH BASIN CB3MH	EA	5	$4,000.00	$20,000.00
22	604	MONUMENT BOX ADJUSTED TO GRADE	EA	3	$500.00	$1,500.00
23	608	CONCRETE WALK (5")	SF	30,000	$7.00	$210,000.00
24	608	CURB RAMP	EA	10	$1,250.00	$12,500.00
25	609	CONCRETE CURB, TYPE 6	F	6,400	$25.00	$160,000.00
26	614	MAINTAINING TRAFFIC	LS	1	$100,000.00	$100,000.00
27	619	FIELD OFFICE	LS	1	$5,000.00	$5,000.00
28	623	CONSTRUCTION LAYOUT STAKES	LS	1	$25,000.00	$25,000.00
29	646	CENTERLINE	M	1	$4,000.00	$4,000.00
30	646	EDGELINE	M	1	$2,300.00	$2,300.00
31	646	LANE LINE	M	1	$12.00	$12.00
32	646	CHANNELIZIING LINE	M	1	$3.00	$3.00
33	646	CROSSWALK	F	200	$5.00	$1,000.00
34	646	DIAGONAL LINE	F	100	$6.00	$600.00
35	646	LANE ARROW	EA	4	$115.00	$460.00
36	646	WORD ON PAVEMENT	EA	2	$150.00	$300.00
37	646	STOP LINE	F	100	$8.00	$800.00
38	646	CURB MARKING	F	50	$5.00	$250.00
39	646	ISLAND MARKING	SF	100	$4.00	$400.00
40	646	SCHOOL SYMBOL	EA	2	$500.00	$1,000.00
41	646	DOTTED LINE	F	50	$3.00	$150.00
42	SPL	PERFORMANCE BOND	LS	1	$10,000.00	$10,000.00
43	SPL	REMOVE EX. RAISED PAV'T MARK.	EA	100	$5.00	$500.00
44	SPL	BUTT JOINT (ASPHALT)	F	300	$15.00	$4,500.00
45	SPL	ADDITIONAL DRIVEWAY MODIFICATION	CY	10	$150.00	$1,500.00
46	SPL	DETECTOR LOOP	EA	10	$1,500.00	$15,000.00
47	SPL	MAILBOXES RELOCATED	EA	25	$125.00	$3,125.00
48	SPL	DOWNSPOUT PIPE	F	100	$15.00	$1,500.00
49	SPL	RAISED PAVEMENT MARKERS	EA	100	$20.00	$2,000.00
50	SPL	CONDUIT 12" AS DIRECTED	LF	200	$60.00	$12,000.00
51	SPL	CONDUIT 36" AS DIRECTED	LF	60	$200.00	$12,000.00
52	SPL	TRAFFIC SIGNAL @ MOCKING BIRD	LS	1	$100,000.00	$100,000.00
53	SPL	SLOTTED DRAIN	F	100	$35.00	$3,500.00
54	SPL	5' X 7' CATCH BASIN (10' DEEP)	EA	2	$10,000.00	$20,000.00
55	SPL	UNDER CUT @12"(9"OF#2STONE)&3"OF 304	CY	5,400	$70.00	$378,000.00
56	SPL	6"PERFORATED PIPE w/ SOCK	F	6,400	$10.00	$64,000.00
57	SPL	TOPSOIL	CY	400	$50.00	$20,000.00
58	SPL	SEED & MULCH	SY	4,600	$2.50	$11,500.00
59	SPL	STONE WALL REMOVE & REPLACE	LS	1	$10,000.00	$10,000.00
60	SPL	HEADWALL HW-2	EA	1	$10,000.00	$10,000.00
61	SPL	ODOT PRICE ADJUSTMENT MAX. INCREASE PG(70-22)	LS	1	$25,000.00	$25,000.00
62	SPL	ODOT PRICE ADJUSTMENT MAX. INCREASE PG(64-22)	LS	1	$30,000.00	$30,000.00
		SUB TOTAL				**$2,583,530.00**
		SUPPLEMENTALS				
63	448	ASPHALT CONC. INTERMEDIATE COURSE TYPE 1 PG(70 -22)	CY	200	135.00	$27,000.00
64	448	ASPHALT CONCRETE SURFACE COURSE, TYPE 1H SURFACE	CY	200	135.00	$27,000.00
65	452	PCCP DRIVES	SY	200	80.00	$16,000.00
66	301	ASPHALT CONC. BASE @ 10"	CY	1000	110.00	$110,000.00
67	609	CONCRETE CURB, TYPE 6	F	500	25.00	$12,500.00
68	202	PAVEMENT REMOVED	SY	500	10.00	$5,000.00
69	SPL	UNDER CUT @12"(9"OF#2STONE)&3"OF 304	CY	1000	70.00	$70,000.00
		SUBTOTAL SUPPLEMENTALS				**$267,500.00**
		TOTAL FOR PROJECT				**$2,851,030.00**

County of Hamilton

WILLIAM W. BRAYSHAW, P.E.-P.S. COUNTY ENGINEER

700 COUNTY ADMINISTRATION BUILDING

138 EAST COURT STREET

CINCINNATI, OHIO 45202-1232

PHONE (513) 946-4250 FAX (513) 946-4288

August 31, 2007

STATUS OF FUNDS REPORT

Project: **GALBRAITH ROAD IMPROVEMENT PROJECT – Winton Road to Corp. Line**

This is to certify that the sum of $1,425,515.00 is available as the local matching funds in connection with the application for State Capital Improvement Program Funds for the above-mentioned project.

The source of the local match will be Road and Bridge Funds. Local matching funds will be encumbered and certified upon completion of the Project Agreement with the Ohio Public Works Commission.

Chief Financial Officer: _____

DUSTY RHODES
HAMILTON COUNTY AUDITOR

HAMILTON COUNTY, OHIO
Founded 1795

ADMINISTRATION

9150 WINTON ROAD
CINCINNATI, OHIO 45231
Phone (513) 522-1410
Fax (513) 729-0818
www.springfieldtwp.org

Trustee
Tom Bryan

Trustee
Joseph Honerlaw

Trustee
Gwen McFarlin

Fiscal Officer
John Waksmundski

Township Administrator
Michael T. Hinnenkamp

Law Director
Laura A. Abrams

Assistant Township Administrator/
Development Services Director
Christopher D. Gilbert

Police Chief
David J. Heimpold

Recreation Director
Melanie McNulty

Service Director
John B. Musselman

Fire Chief
Robert W. Leininger

Senior/Community
Services Director
Sally Scigliulo

STATUS OF FUNDS REPORT

GALBRAITH ROAD (WINTON TO DALY)

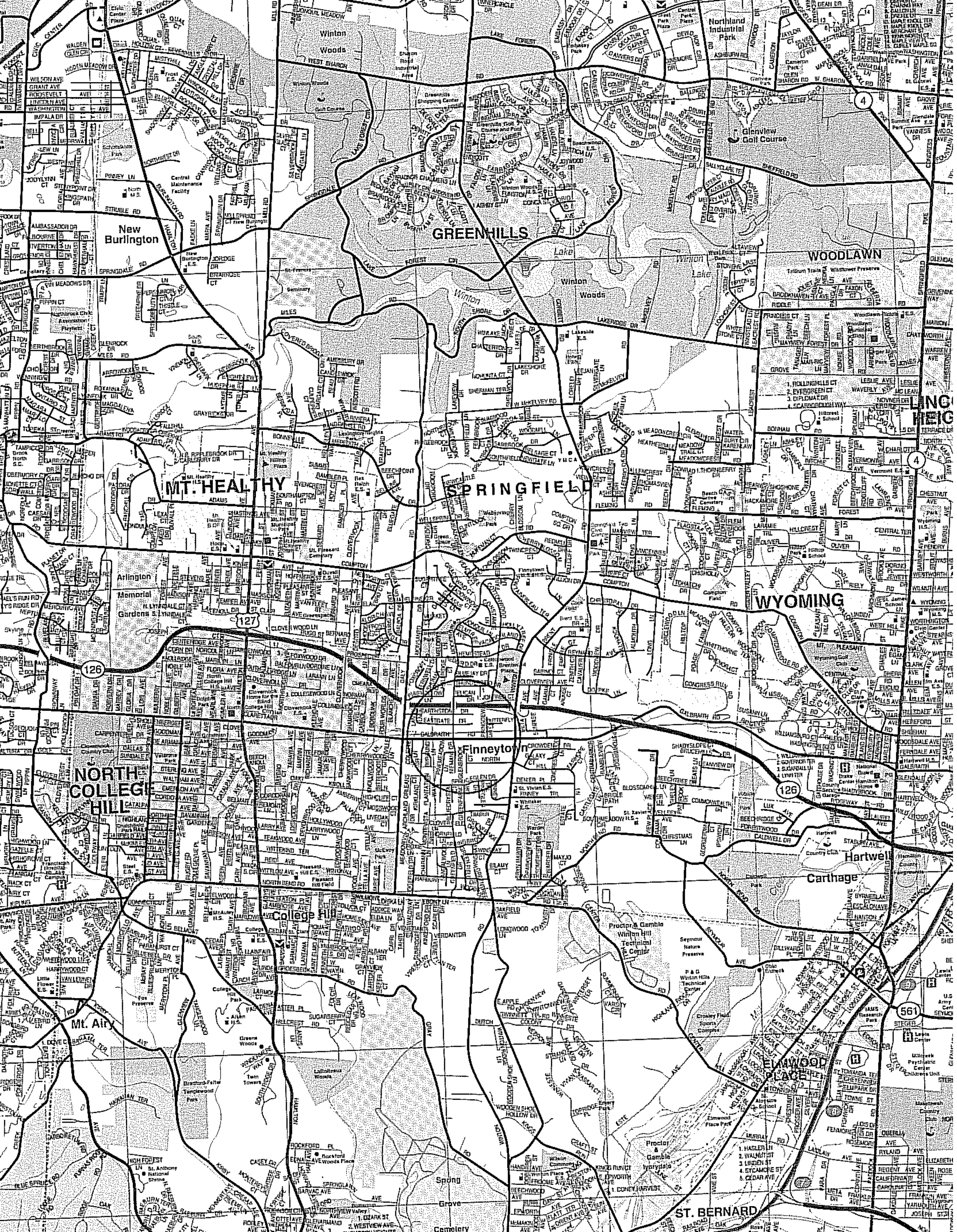
This is to certify that the sum of $57,020.00 is available as the local matching funds in connection with the application for State Capital Improvement Program Funds for the above-mentioned project.

The source of the local match will be Springfield Township Funds. Local matching funds will be encumbered and certified upon completion of the Project Agreement with the Ohio Public Works Commission.

SPRINGFIELD TOWNSHIP

Chief Financial Officer: John Waksmundski
John Waksmundski

Date: August 17, 2007



GREENHILLS
WOODLAWN
New Burlington
MT. HEALTHY
SPRINGFIELD
WYOMING
NORTH COLLEGE HILL
Finneytown
College Hill
Mt. Airy
Hartwell
Carthage
ELMWOOD PLACE
ST. BERNARD
Winton Woods
Northland Industrial Park
Glenview Golf Course
Arlington Memorial Gardens
Spring Grove Cemetery
Winton Lake
Seymour Nature Preserve
Proctor & Gamble Winton Hill Technical Center
LaBoiteaux Woods
Bradford-Felter Tanglewood Park
Greene Woods
Twin Towers
Clovernook Country Club
Wyoming Golf Club
Hartwell Country Club
Proctor & Gamble Ivorydale
Sheffield Rd
Winton Rd
Hamilton Ave
Galbraith Rd
North Bend Rd
Compton Rd
Springdale Rd
Kemper Rd
126
127
4
561

COM'RS MIN.
VOL. 307
AUG 29 2007
IMAGE 4937

A RESOLUTION AUTHORIZING THE COUNTY ENGINEER TO PREPARE AND SUBMIT AN APPLICATION TO PARTICIPATE IN THE OHIO PUBLIC WORKS COMMISSION (OPWC) STATE CAPITAL IMPROVEMENT AND/OR LOCAL TRANSPORTATION IMPROVEMENT PROGRAM(S) AND TO EXECUTE CONTRACTS AS REQUIRED.

BY THE BOARD:

WHEREAS, the State Capital Improvement Program and the Local Transportation Improvement Program both provide financial assistance to political subdivisions for capital improvements to public infrastructure; and

WHEREAS, the County of Hamilton, State of Ohio, is planning to make capital improvements to Blue Rock Road, Galbraith Road, Winton Road and Cheviot Road; and

WHEREAS, the infrastructure improvement herein above descried is considered to be a priority need for the community and is a qualified project under the OPWC programs.

NOW, THEREFORE BE IT RESOLVED by the Board of County Commissioners of Hamilton County, State of Ohio as follows:

SECTION I

The Hamilton County Engineer, William W. Brayshaw, P.E.-P.S., is hereby authorized to apply to the OPWC for funds as described above.

SECTION II

The Hamilton County Engineer, William W. Brayshaw, P.E.-P.S., is further authorized to enter into any agreements as may be necessary and appropriate for obtaining this financial assistance.

SECTION III

It is found and determined that all formal action of this Board of Hamilton County Commissioners concerning or related to the adoption of this resolution were adopted in an open meeting of this Board of Hamilton County Commissioners and all deliberations of this Board of Hamilton County Commissioners and any of its committees, if any, that resulted in such formal actions were adopted in meetings open to the public, in compliance with all applicable legal requirements of the Ohio Revised Code.

This resolution shall be in full force and effect from and immediately after its adoption.

BE IT RESOLVED that the Clerk of this Board be, and she is hereby authorized and directed to certify a copy of this Resolution to the County Engineer, County Auditor, County Recorder and Hamilton County Regional Planning Commission.

ADOPTED at a regular meeting of the Board of County Commissioners of Hamilton County, Ohio this 29th day of August, 2007.

Mr. DeWine, ABSENT Mr. Pepper, YES Mr. Portune, YES

COM'RS MIN.
VOL. 307
AUG 29 2007
IMAGE 4938

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a Resolution adopted by this Board of County Commissioners of Hamilton County, Ohio, this 29th day of August, 2007.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Official Seal ~~of the Office~~ of theCounty Commissioners of Hamilton County, Ohio, this 29th day of August, 2007.

Jacqueline Panioto

Jacqueline Panioto, County Clerk
Board of County Commissioners
Hamilton County, Ohio

County of Hamilton

WILLIAM W. BRAYSHAW, P.E.-P.S. COUNTY ENGINEER

700 COUNTY ADMINISTRATION BUILDING

138 EAST COURT STREET

CINCINNATI, OHIO 45202-1232

PHONE (513) 946-4250 FAX (513) 946-4288

CERTIFICATION OF TRAFFIC COUNT

As required by the District 2 Integrating Committee, I hereby certify that the traffic counts herein attached to the **Galbraith Road Improvement** project application are a true and accurate count done by the Hamilton County Engineer's Office, Traffic Division.

William W. Brayshaw

WILLIAM W. BRAYSHAW, P.E.- P.S.
HAMILTON COUNTY ENGINEER

William W. Brayshaw, P.E.-P.S.
Hamilton County Engineeer

Traffic Department

Count Dates: March 27 & 28, 2007
Count Days: Tuesday & Wednesday
Count By: Marc W. Allen
Weather: Cloudy & Rain

Site Code: 101
Galbraith Road
@ 1020
Date Start: 27-Mar-07
Date End: 28-Mar-07
Date Printed: 29-Mar-07

Start Time	Mon 26-Mar-07	Tue 27-Mar-07	Wed 28-Mar-07	Thu 29-Mar-07	Fri 30-Mar-07	Average Day	Sat 31-Mar-07	Sun 01-Apr-07	Week Average
12:00 AM	*	*	191	*	*	191	*	*	191
01:00	*	*	91	*	*	91	*	*	91
02:00	*	*	50	*	*	50	*	*	50
03:00	*	*	48	*	*	48	*	*	48
04:00	*	*	86	*	*	86	*	*	86
05:00	*	*	188	*	*	188	*	*	188
06:00	*	*	498	*	*	498	*	*	498
07:00	*	*	**944**	*	*	**944**	*	*	**944**
08:00	*	*	814	*	*	814	*	*	814
09:00	*	*	647	*	*	647	*	*	647
10:00	*	*	494	*	*	494	*	*	494
11:00	*	**795**	*	*	*	795	*	*	795
12:00 PM	*	927	*	*	*	927	*	*	927
01:00	*	804	*	*	*	804	*	*	804
02:00	*	1018	*	*	*	1018	*	*	1018
03:00	*	1057	*	*	*	1057	*	*	1057
04:00	*	1194	*	*	*	1194	*	*	1194
05:00	*	1210	*	*	*	1210	*	*	1210
06:00	*	**1222**	*	*	*	**1222**	*	*	**1222**
07:00	*	978	*	*	*	978	*	*	978
08:00	*	868	*	*	*	868	*	*	868
09:00	*	787	*	*	*	787	*	*	787
10:00	*	494	*	*	*	494	*	*	494
11:00	*	308	*	*	*	308	*	*	308
Day Total	0	11662	4051	0	0	15713	0	0	15713
% Avg. WkDay	0.0%	74.2%	25.8%	0.0%	0.0%				
% Avg. Week	0.0%	74.2%	25.8%	0.0%	0.0%	100.0%	0.0%	0.0%	
AM Peak		11:00	07:00			07:00			07:00
Vol.		795	944			944			944
PM Peak		18:00				18:00			18:00
Vol.		1222				1222			1222
Grand Total	0	11662	4051	0	0	15713	0	0	15713

ADT ADT 15,713 AADT 15,713

GALBRAITH ROAD
BETWEEN WINTON & DALY

ADDITIONAL SUPPORT INFORMATION

For Program Year 2008 (July 1, 2008 through June 30, 2009), jurisdictions shall provide the following support information to help determine which projects will be funded. Information on this form must be accurate, and where called for, based on sound engineering principles. Documentation to substantiate the individual items, as noted, is required. The applicant should also use the rating system and its' addendum as a guide. The examples listed in this addendum are not a complete list, but only a small sampling of situations that may be relevant to a given project.

IF YOU ARE APPLYING FOR A GRANT, WILL YOU BE WILLING TO ACCEPT A LOAN IF ASKED BY THE DISTRICT? __X__YES ____NO (ANSWER REQUIRED)
Note: Answering "Yes" will not increase your score and answering "NO" will not decrease your score.

1) What is the physical condition of the existing infrastructure that is to be replaced or repaired?
Give a statement of the nature of the deficient conditions of the present facility exclusive of capacity, serviceability, health and/or safety issues. If known, give the approximate age of the infrastructure to be replaced, repaired, or expanded. Use documentation (if possible) to support your statement. Documentation may include (but is not limited to): ODOT BR86 reports, pavement management condition reports, televised underground system reports, age inventory reports, maintenance records, etc., and will only be considered if included in the original application. Examples of deficiencies include: structural condition; substandard design elements such as widths, grades, curves, sight distances, drainage structures, etc.

The condition of the existing pavement is "failed" (by definition) with evidence of continual maintenance effort to keep the road as a usable facility. Cores taken at multiple locations demonstrate the deteriorating condition of the old (40+ years) concrete base. The visible mud that pumps up to the surface indicates the deteriorated condition of the sub-base/sub-grade. The existing curbs show extensive failures and extensive temporary patching. Many of the catch basins are cracked within the wall areas. The attached service reports shows that the Hamilton County Engineer's Office spent more than $ 37,000 on maintenance between January 2004 and August 2007. The present 38-foot width of the pavement is substandard for the volume and type of vehicular traffic using the road. Please see the attached photos and Pavement Core report.

2) How important is the project to the safety of the Public and the citizens of the District and/or service area?
Give a statement of the projects effect on the safety of the service area. The design of the project is intended to reduce existing accident rate, promote safer conditions, and reduce the danger of risk, liability or injury. (Typical examples may include the effects of the completed project on accident rates, emergency response time, fire protection, and highway capacity.) Please be specific and provide documentation if necessary to substantiate the data. The applicant must demonstrate the type of problems that exist, the frequency and severity of the problems and the method of correction.

Safety is an issue with Galbraith Road due to its existing substandard lane widths of 9 feet. The pavement will be widened to 46 feet to provide two 11-foot interior lanes and two 12-foot curb lanes, thus reducing the possibility of sideswipe accidents. In the years 2001 through August 2007 there have been 29 sideswipe accidents with in the project limits on Galbraith Road. ***(Please see the Accident Summary forms attached).*** With large trucks using Galbraith Road due to its regional nature, sideswipe accidents will continue with the existing 9-foot lanes. The widened lanes will significantly reduce the opportunity for sideswipe type accidents, particularly those involving large trucks.

3) How important is the project to the health of the Public and the citizens of the District and/or service area?
Give a statement of the projects effect on the health of the service area. The design of the project will improve the overall condition of the facility so as to reduce or eliminate potential for disease, or correct concerns regarding the environmental health of the area. (Typical examples may include the effects of the completed project by improving or adding storm drainage or sanitary facilities, replacing lead jointed water lines, etc.). Please be specific and provide documentation if necessary to substantiate the data. The applicant must demonstrate the type of problems that exist, the frequency and severity of the problems and the method of correction.

There are no significant health issues involved with this project.

4) Does the project help meet the infrastructure repair and replacement needs of the applying jurisdiction?

The jurisdiction must submit a listing in priority order of the projects for which it is applying. Points will be awarded on the basis of most to least importance.

Priority 1 Galbraith Road Reconstruction

Priority 2 Cheviot Road Improvement

Priority 3 Blue Rock/Cheviot Road North Intersection

Priority 4 Galbraith Road Rehabilitation

Priority 5

5) To what extent will the user fee funded agency be participating in the funding of the project?

(Example: rates for water or sewer, frontage assessments, etc.).

_____

6) Economic Growth – How will the completed project enhance economic growth

Give a statement of the projects effect on the economic growth of the service area (be specific).

The proposed project will have a minimal impact on economic growth in the immediate area.

7) Matching Funds - LOCAL

The information regarding local matching funds is to be filed by the applicant in Section 1.2 (b) of the Ohio Public Works Association's "Application For Financial Assistance" form.

8) Matching Funds - OTHER

The information regarding local matching funds is to be filed by the applicant in Section 1.2 (c) of the Ohio Public Works Association's "Application For Financial Assistance" form. If MRF funds are being used for matching funds, the MRF application must have been filed by Friday, August 31, 2007 for this project with the Hamilton County Engineer's Office. List below, the source(s) of all "other" funding.

_____

9) Will the project alleviate serious capacity problems or hazards or respond to the future level of service needs of the district?

Describe how the proposed project will alleviate serious capacity problems or hazards (be specific).

The increased lane widths will improve the capacity by improving the traffic flow.

For roadway betterment projects, provide the existing and proposed Level of Service (LOS) of the facility using the methodology outlined within AASHTO'S "Geometric Design of Highways and Streets" and the 1985 Highway Capacity Manual.

Existing LOS _____ Proposed LOS _____

If the proposed design year LOS is not "C" or better, explain why LOS "C" cannot be achieved.

10) If SCIP/LTIP funds are granted, when would the construction contract be awarded?

If SCIP/LTIP funds are awarded, how soon after receiving the Project Agreement from OPWC (tentatively set for July 1 of the year following the deadline for applications) would the project be under contract? The Support Staff will review status reports of previous projects to help judge the accuracy of a jurisdiction's anticipated project schedule.

Number of months 6

a.) Are preliminary plans or engineering completed? Yes X No ____ N/A ____

b.) Are detailed construction plans completed? Yes ____ No X N/A ____

c.) Are all utility coordination's completed? Yes ____ No X N/A ____

d.) Are all right-of-way and easements acquired (if applicable)? Yes ____ No ____ N/A X

If no, how many parcels needed for project? 0 Of these, how many are: Takes ____

Temporary ____

Permanent ____

For any parcels not yet acquired, explain the status of the ROW acquisition process for this project.
Once funding is secured, Hamilton County will pursue the establishment of the project that permits appropriation to acquire the needed parcels if necessary. A neutral party will appraise each parcel and R/W agents will meet with owners. If negotiations are not successful, a court case will be filed and the property acquired by appropriation.

e.) Give an estimate of time needed to complete any item above not yet completed. 12 months.

11) Does the infrastructure have regional impact?

Give a brief statement concerning the regional significance of the infrastructure to be replaced, repaired, or expanded.
Galbraith Road is on the longest roads in the Hamilton County road system, extending from Blue Rock Road in Colerain Township to Miami Road in the City of Madeira. It intersects with US 27 (Colerain Avenue), US 127 (Hamilton Avenue), SR 4 (Vine Street), US 42 (Reading Road), SR 126 (Ronald Reagan Highway), and US 22 (Montgomery Road) and I-75.

12) What is the overall economic health of the jurisdiction?

The District 2 Integrating Committee predetermines the jurisdiction's economic health. The economic health of a jurisdiction may periodically be adjusted when census and other budgetary data are updated.

13) Has any formal action by a federal, state, or local government agency resulted in a partial or complete ban of the usage or expansion of the usage for the involved infrastructure?

Describe what formal action has been taken which resulted in a ban of the use of or expansion of use for the involved infrastructure? Typical examples include weight limits, truck restrictions, and moratoriums or limitations on issuance of building permits, etc. The ban must have been caused by a structural or operational problem to be considered valid. Submission of a copy of the approved legislation would be helpful.
NO BAN

Will the ban be removed after the project is completed? Yes ____ No ____ N/A X

14) What is the total number of existing daily users that will benefit as a result of the proposed project?

For roads and bridges, multiply current Average Daily Traffic (ADT) by 1.20. For inclusion of public transit, submit documentation substantiating the count. Where the facility currently has any restrictions or is partially closed, use documented traffic counts prior to the restriction. For storm sewers, sanitary sewers, water lines, and other related facilities, multiply the number of households in the service area by 4. User information must be documented and certified by a professional engineer or the jurisdictions' C.E.O.

Traffic: ADT 15,713 X 1.20 = 18,856 Users

Water/Sewer: Homes _____ X 4.00 = _____ Users

15) Has the jurisdiction enacted the optional $5 license plate fee, an infrastructure levy, a user fee, or dedicated tax for the pertinent infrastructure?

The applying jurisdiction shall list what type of fees, levies or taxes they have dedicated toward the type of infrastructure being applied for.

Optional $5.00 License Tax X

Infrastructure Levy _____ Specify type _____

Facility Users Fee _____ Specify type _____

Dedicated Tax _____ Specify type _____

Other Fee, Levy or Tax _____ Specify type _____

SCIP/LTIP PROGRAM
ROUND 22 - PROGRAM YEAR 2008
PROJECT SELECTION CRITERIA
JULY 1, 2008 TO JUNE 30, 2009

NAME OF APPLICANT: Hamilton County

NAME OF PROJECT: Galbraith Rd. Reconstruction

RATING TEAM: 5

General Statement for Rating Criteria

Points awarded for all items will be based on engineering experience, field verification, application information and other information supplied by the applying agency, which is deemed to be relevant by the Support Staff. The examples listed in this addendum are not a complete list, but only a small sampling of situations that may be relevant to a given project.

CIRCLE THE APPROPRIATE RATING

1) What is the physical condition of the existing infrastructure that is to be replaced or repaired?

25 - Failed
23 - Critical
20 - Very Poor
17 - Poor
15 - Moderately Poor
10 - Moderately Fair
5 - Fair Condition
0 - Good or Better

Appeal Score
20

Criterion 1 - Condition
Condition of the particular infrastructure to be repaired, reconstructed or replaced shall be a measure of the degree of reduction in condition from its original state. Historic pavement management data based on ASTM D6433-99 rating system may be submitted as documentation. Capacity, serviceability, safety and health shall not be considered in this criterion. Any documentation the Applicant wishes to be considered must be included in the application package.

Definitions:

Failed Condition - requires complete reconstruction where no part of the existing facility is salvageable. (E.g. Roads: complete reconstruction of roadway, curbs and base; Bridges: complete removal and replacement of bridge; Underground: removal and replacement of an underground drainage or water system.

Critical Condition - requires partial reconstruction to maintain integrity. (E.g. Roads: reconstruction of roadway/curbs can be saved; Bridges: removal and replacement of bridge with abutment modification; Underground: removal and replacement of part of an underground drainage or water system.

Very Poor Condition - requires extensive rehabilitation to maintain integrity. (E.g. Roads: extensive full depth, partial depth and curb repair of a roadway with a structural overlay; Bridges: superstructure replacement; Underground: repair of joints and/or replacement of pipe sections.

Poor Condition - requires standard rehabilitation to maintain integrity. (E.g. Roads: moderate full depth, partial depth and curb repair to a roadway with no structural overlay needed or structural overlay with minor repairs to a roadway needed; Bridges: extensive patching of substructure and replacement of deck; Underground: insituform or other in ground repairs.

Moderately Poor Condition - requires minor rehabilitation to maintain integrity. (E.g. Roads: minor full depth, partial depth or curb repairs to a roadway with either a thin overlay or no overlay needed; Bridges: major structural patching and/or major deck repair.

Moderately Fair Condition - requires extensive maintenance to maintain integrity. (E.g. Roads: thin or no overlay with extensive crack sealing, minor partial depth and/or slurry or rejuvenation; Bridges: minor structural patching, deck repair, erosion control.)

Fair Condition - requires routine maintenance to maintain integrity. (E.g. Roads: slurry seal, rejuvenation or routine crack sealing to the roadway; Bridges: minor structural patching.)

Good or Better Condition - little to no maintenance required to maintain integrity.

Note: **If the infrastructure is in "good" or better condition, it will NOT be considered for SCIP/LTIP funding unless it is an expansion project that will improve serviceability.**

2) How important is the project to the safety of the Public and the citizens of the District and/or service area?

25 - Highly significant importance
20 - Considerably significant importance
15 - Moderate importance
10 - Minimal importance
5 – Poorly documented importance
0 - No measurable impact

Appeal Score

_____

Criterion 2 – Safety

The applying agency shall include in its application the type ~~frequency, and severity~~ of ~~the safety problem~~ deficiency that currently exists and how the intended project would improve the situation. For example, have there been vehicular accidents attributable to the problems cited? Have they involved injuries or fatalities? In the case of water systems, are existing hydrants non-functional? In the case of water lines, is the present capacity inadequate to provide volumes or pressure for adequate fire protection? **In all cases, specific documentation is required.** Mentioned problems, which are poorly documented, ~~shall~~ generally will not receive more than 5 points.

Note: Each project is looked at on an individual basis to determine if any aspects of this category apply. **Examples given above are NOT intended to be exclusive.**

3) How important is the project to the health of the Public and the citizens of the District and/or service area?

25 - Highly significant importance
20 - Considerably significant importance
15 - Moderate importance
10 - Minimal importance
5 - Poorly documented importance
0 - No measurable impact

Appeal Score

_____

Criterion 3 – Health

The applying agency shall include in its application the type, frequency, and severity of the health problem that would be eliminated or reduced by the intended project. For example, can the problem be eliminated only by the project, or would routine maintenance be satisfactory? If basement flooding has occurred, was it storm water or sanitary flow? What complaints if any are recorded? In the case of underground improvements, how will they improve health if they are storm sewers? How would improved sanitary sewers improve health or reduce health risk? **In all cases, quantified documentation is required.** Mentioned problems, which are poorly documented, ~~shall~~ generally will not receive more than 5 points.

Note: Each project is looked at on an individual basis to determine if any aspects of this category apply. **Examples given above are NOT intended to be exclusive.**

4) **Does the project help meet the infrastructure repair and replacement needs of the applying agency?**
Note: Applying agency's priority listing (part of the Additional Support Information) must be filed with application(s).

25 - First priority project
20 - Second priority project
15 -Third priority project
10 - Fourth priority project
5 - Fifth priority project or lower

Appeal Score

_____

Criterion 4 – Jurisdiction's Priority Listing

The applying agency must submit a listing in priority order of the projects for which it is applying. Points will be awarded on the basis of most to least importance. The form is included in the Additional Support Information.

5) To what extent will a user fee funded agency be participating in the funding of the project?

10 – Less than 10%
9 – 10% to 19.99%
8 – 20% to 29.99%
7 – 30% to 39.99%
6 – 40% to 49.99%
5 – 50% to 59.99%
4 – 60% to 69.99%
3 – 70% to 79.99%
2 – 80% to 89.99%
1 – 90% to 95%
0 – Above 95%

Appeal Score

_____

Criterion 5 – User Fee-funded Agency Participation
To what extent will a user fee funded agency be participating in the funding of the project? (Example: rates for water or sewer, frontage assessments, etc.). The applying agency must submit documentation.

6) **Economic Growth – How the completed project will enhance economic growth (See definitions).**

10 – The project will directly secure new employment
5 – The project will permit more development
0 – The project will not impact development

Appeal Score

_____

Criterion 6 – Economic Growth
Will the completed project enhance economic growth and/or development in the service area?
Definitions:
Secure new employment: The project as designed will secure development/employers, which will immediately add new permanent employees to the jurisdiction. The applying agency must submit details.
Permit more development: The project as designed will permit additional business development/employment. The applying agency must supply details.
The project will not impact development: The project will have no impact on business development.

Note: **Each project is looked at on an individual basis to determine if any aspects of this category apply.**

7) Matching Funds - LOCAL

10 - This project is a loan or credit enhancement
10 – 50% or higher
8 – 40% to 49.99%
6 – 30% to 39.99%
4 – 20% to 29.99%
2 – 10% to 19.99%
0 – Less than 10%

List total percentage of "Local" funds 50 %

Criterion 7 – Matching Funds – Local

The percentage of matching funds which come directly from the budget of the applying agency. Ten points shall be awarded if a loan request is at least 50% of the total project cost. (If the applying agency is not a user fee funded agency, any funds to be provided by a user fee generating agency will be considered "Matching Funds – Other").

8) Matching Funds – OTHER

List total percentage of "Other" funds 2 %

10 – 50% or higher
8 – 40% to 49.99%
6 – 30% to 39.99%
4 – 20% to 29.99%
2 – 10% to 19.99%
1 – 1% to 9.99%
0 – Less than 1%

List below each funding source and percentage

Springfield Township	2 %
	%
	%
	%
	%

Criterion 8 – Matching Funds - Other

The percentage of matching funds that come from funding sources other than those mentioned in Criterion 7. A letter from the outside funding agency stating their financial participation in the project and the amount of funding is required to receive points. For MRF, a copy of the current application form filed with the Hamilton County Engineer's Office meets the requirement.

9) **Will the project alleviate serious capacity problems or hazards or respond to the future level of service needs of the district?**

10 - Project design is for future demand.
8 - Project design is for partial future demand.
6 - Project design is for current demand.
4 - Project design is for minimal increase in capacity.
2 - Project design is for no increase in capacity.

Argument for large lane widths improving flow

Appeal Score

4

No argument. Just general statement. Is capacity a problem now?

Criterion 9 – Alleviate Capacity Problems

The applying agency shall provide a narrative, along with pertinent support documentation, which describe the existing deficiencies and showing how congestion will be reduced or eliminated and how service will be improved to meet the needs of any expected growth or development. A formal capacity analysis accompanying the application would be beneficial. Projected traffic or demand should be calculated as follows:

Formula:

Existing users x design year factor = projected users

Design Year	Design year factor		
	Urban	Suburban	Rural
20	1.40	1.70	1.60
10	1.20	1.35	1.30

Definitions:

Future demand – Project will eliminate existing congestion or deficiencies and will provide sufficient capacity or service for twenty-year projected demand or fully developed area conditions. Justification must be supplied if the area is already largely developed or undevelopable and thus the projection factors used deviate from the above table.

Partial future demand – Project will eliminate existing congestion or deficiencies and will provide sufficient capacity or service for ten-year projected demand or partially developed area conditions. Justification must be supplied if the area is already largely developed or undevelopable and thus the projection factors used deviate from the above table.

Current demand – Project will eliminate existing congestion or deficiencies and will provide sufficient capacity or service only for existing demand and conditions.

Minimal increase – Project will reduce but not eliminate existing congestion or deficiencies and will provide a minimal but less than sufficient increase in existing capacity or service for existing demand and conditions.

No increase – Project will have no effect on existing congestion or deficiencies and provide no increase in capacity or service for existing demand and conditions.

10) **Readiness to Proceed - If SCIP/LTIP funds are granted, when would the construction contract be awarded?**

5 - Will be under contract by December 31, 2008 and no delinquent projects in Rounds 19 & 20
3 - Will be under contract by March 31, 2009 and/or one delinquent project in Rounds 19 & 20
0 - Will not be under contract by March 31, 2009 and/or more than one delinquent project in Rounds 19 & 20

Criterion 10 – Readiness to Proceed
The Support Staff will assign points based on engineering experience and status of design plans. A project is considered delinquent when it has not received a notice to proceed within the time stated on the original application and no time extension has been granted by the OPWC. An applying agency receiving approval for a project and subsequently canceling the same after the bid date on the application will receive zero (0) points under this round and the following round.

11) **Does the infrastructure have regional impact? Consider origination and destination of traffic, functional classifications, size of service area, and number of jurisdictions served, etc.**

10 – Major Impact
8 – Significant Impact
6 – Moderate Impact
4 – Minor Impact
2 – Minimal or No Impact

Appeal Score

_____

Criterion 11 - Regional Impact
The regional significance of the infrastructure that is being repaired or replaced.
Definitions:

Major Impact – Roads: Major Arterial: A direct connector to an Interstate Highway; Arterials are intended to provide a greater degree of mobility rather than land access. Arterials generally convey large traffic volumes for distances greater than one mile. A major arterial is a highway that is of regional importance and is intended to serve beyond the county. It may connect urban centers with one another and/or with outlying communities and employment or shopping centers. A major arterial is intended primarily to serve through traffic.

Significant Impact – Roads: Minor Arterial: A roadway, also serving through traffic, that is similar in function to a major arterial, but operates with lower traffic volumes, serves trips of shorter distances (but still greater than one mile), and may provide a higher degree of property access than do major arterials.

Moderate Impact – Roads: Major Collector: A roadway that provides for traffic movement between local roads/streets and arterials or community-wide activity centers and carries moderate traffic volumes over moderate distances (generally less than one mile). Major collectors may also provide direct access to abutting properties, such as regional shopping centers, large industrial parks, major subdivisions and community-wide recreational facilities, but typically not individual residences. Most major collectors are also county roads and are therefore through streets.

Minor Impact – Roads: Minor Collector: A roadway similar in functions to a major collector but which carries lower traffic volumes over shorter distances and has a higher degree of property access. Minor collectors may serve as main circulation streets within large, residential neighborhoods. Most minor collectors are also township roads and streets and may, or may not, be through streets.

Minimal or No Impact - Roads: Local: A roadway that is primarily intended to provide access to abutting properties. It tends to accommodate lower traffic volumes, serves short trips (generally within neighborhoods), and provides connections preferably only to collector streets rather than arterials.

12) What is the overall economic health of the jurisdiction?

10 Points
8 Points
6 Points
4 Points
2 Points

Criterion 12 – Economic Health
The District 2 Integrating Committee predetermines the applying agency's economic health. The economic health of a jurisdiction may periodically be adjusted when census and other budgetary data are updated.

13) Has any formal action by a federal, state, or local government agency resulted in a partial or complete ban of the usage or expansion of the usage for the involved infrastructure?

10 - Complete ban, facility closed
8 – 80% reduction in legal load or 4-wheeled vehicles only
7 – Moratorium on future development, *not* functioning for current demand
6 – 60% reduction in legal load
5 - Moratorium on future development, functioning for current demand
4 – 40% reduction in legal load
2 – 20% reduction in legal load
0 – Less than 20% reduction in legal load

Appeal Score

_____

Criterion 13 - Ban
The applying agency shall provide documentation to show that a facility ban or moratorium has been formally placed. The ban or moratorium must have been caused by a structural or operational problem. Points will only be awarded if the end result of the project will cause the ban to be lifted.

14) What is the total number of existing daily users that will benefit as a result of the proposed project?

10 - ~~16,000~~ 30,000 or more
8 - ~~12,000~~ 21,000 to 29,999 ~~15,999~~
6 - ~~8,000~~ 12,000 to 20,999 ~~11,999~~
4 - ~~4,000~~ 3,000 to 11,999 ~~7,999~~
2 - ~~3,999~~ 2,999 and under

Appeal Score

_____

Criterion 14 - Users
The applying agency shall provide documentation. A registered professional engineer or the applying agency's C.E.O must certify the appropriate documentation. Documentation may include current traffic counts, households served, when converted to a measurement of persons. Public transit users are permitted to be counted for the roads and bridges, but only when certifiable ridership figures are provided.

15) Has the applying agency enacted the optional $5 license plate fee, an infrastructure levy, a user fee, or dedicated tax for the pertinent infrastructure? *(Provide documentation of which fees have been enacted.)*

5 - Two or more of the above
3 - One of the above
0 - None of the above

Appeal Score

_____

Criterion 15 – Fees, Levies, Etc.
The applying agency shall document (in the "Additional Support Information" form) which type of fees, levies or taxes they have dedicated toward the type of infrastructure being applied for.

PAVEMENT CORES

WINTON, GALBRAITH, KENWOOD & BLUE ROCK ROADS

HAMILTON COUNTY, OHIO

Prepared for: County of Hamilton
Hamilton County Engineers
Thelen Project No.: 060699NE

THELEN ASSOCIATES, INC.
Geotechnical • Testing Engineers

○ 1398 Cox Avenue / Erlanger, Kentucky 41018-1002 / 859-746-9400 / Fax 859-746-9408
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GALBRAITH ROAD

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August 18, 2006
Revised: August 23, 2006

County of Hamilton
Hamilton County Engineer
223 W. Galbraith Road
Cincinnati, Ohio 45215

Attention: Mr. Eric Beck, P.E.

Re: Pavement Cores
Winton, Galbraith, Kenwood &
Blue Rock Roads
Hamilton County, Ohio

Ladies and Gentlemen:

Contained herein are the results of pavement cores performed along Winton, Galbraith, Kenwood & Blue Rock Roads in Hamilton County, Ohio. This work was requested and authorized by Mr. Eric Beck, P.E., County of Hamilton, during a telephone conversation with our Ms. Nancy M. Goins on July 11, 2006.

The purpose of our services were to sample the depth and composition of the existing pavement along the specific sections of these project streets. An evaluation of the soil subgrade was not requested.

The pavement core locations were determined by the County of Hamilton and staked in the field by their office. The pavement cores were offset as required due to overhead power lines. Ground surface elevations were not determined. The location of the cores are noted on the Pavement Core Summaries enclosed with this report.

The cores were obtained by our personnel by coring through the existing pavement utilizing 3-1/4, 4 and 6 inch diameter diamond bit core barrels. The recovered samples were marked in the field for future identification and field measurements of the total pavement depth was documented. Mr. Pat Ashcraft, County of Hamilton, was present during the coring process and recorded the pavement cores with the use of a camera.

Upon receipt of the samples to our Construction Materials Laboratory, the samples were measured and reviewed for composition. The Pavement Core Summaries were developed at this time.

For Phase I of Winton Road, which extends from North Bend Road to Denier Place included Pavement Cores 1, 2, 3, 9, 10 and 11. Pavement Cores 1 and 2 encountered full depth asphalt pavement consisting of 7-1/2 and 5-1/4 inches, respectively. Pavement Cores 3, 9, 10 and 11 encountered 3 to 5-1/2 inches of asphaltic concrete underlain by 7-7/8 to 10-7/8 inches of Portland cement concrete. Total pavement thickness ranged between 5-1/4 inches in Pavement Core 2 to 15-7/8 inches in Pavement Core 10.

For Phase II of Winton Road between North Hill Lane and Reynard Avenue, Pavement Cores 4 through 8 and 12 through 18 were performed. These pavement cores encountered 3-1/2 to 12-1/2 inches of asphaltic concrete underlain by 7 to 15 inches of Portland cement concrete. Total pavement thicknesses ranged between 11-1/4 inches in Pavement Core 7 to 27-1/2 inches in Pavement Core 18.

For Galbraith Road between Winton Road and Bobolink Drive eight (8) cores were performed. These cores encountered 1-1/2 to 2-7/8 inches of asphaltic concrete underlain by 7 to 9 inches of Portland cement concrete. Total pavement thicknesses ranged between 9-1/4 inches in Pavement Core 4 to 11-3/4 inches in Pavement Core 6.

For Kenwood Road between Montgomery Road to Euclid Road four (4) pavement cores were performed. Pavement Cores 2 and 3 encountered 15 inches and 12 inches of full-

depth asphalt pavement, respectively. Pavement Cores 1 and 4 encountered 4 inches and 3-1/2 inches of asphaltic concrete underlain by 8 inches and 6 inches of Portland cement concrete, respectively. Total pavement thicknesses ranged between 9-1/2 inches in Pavement Core 4 to 15 inches in Pavement Core 2.

For Blue Rock Road between Galbraith Road and Sheed Road four (4) pavement cores were performed. These pavement cores encountered full-depth asphalt pavement ranging from 10-1/4 inches in Pavement Core 4 to 13 inches in Pavement Core 3.

Enclosed with this report are the Pavement Core Summaries, which provide additional information, concerning the condition of the pavement core and composition of the pavements encountered. The pavement cores are available for review in our Forest Park, Ohio office.

For pavements which are underlain by fractured to disintegrated concrete, the pavement section will have two (2) major issues. The first issue is that the concrete will continue to disintegrate with each freeze/thaw cycle. This weakening of the rigid pavement beneath the flexible pavement will result in continued and worsening reflective cracking within the asphalt overlays.

The second issue is that the surface drainage and runoff will not be completely controlled and diverted to the storm sewer inlets. Water will filter down through any unsealed fractured pavement and pond on the clayey subgrade. This water is likely not outletted by gravity with a crowned subgrade and granular base which will result in a saturation and softening of the subgrade soils. This condition will become more pronounced once the rigid concrete pavement has fractured to the point that it is not dissipating the loads as originally designed, and will ultimately result in rutted pavements and depressions in areas where the subgrade soils have become weakened. These soft saturated soils will also be an issue if the existing pavement sections are to be removed. The subgrade soils will be above their optimum moisture contents and will be required to be moisture-

conditioned or removed and replaced to prepared a suitable soil subgrade for placing new pavements.

These issues will result in the pavement deterioration to accelerate to their design service life. These issues can only be remediated with a replacement of a new pavement section.

We appreciate the opportunity to be of service to you on this project. Should you have any questions concerning the data presented, or if we may be of additional assistance, please do not hesitate to contact us.

Respectfully submitted,
THELEN ASSOCIATES, INC.

8-24-06

Kevin D. Weaver, P.E.
Staff/Materials Engineer

STATE OF OHIO
KEVIN
D.
WEAVER
E-69808
REGISTERED
PROFESSIONAL ENGINEER

KDW:ph
060699NE

Enclosure: Pavement Core Summary, Winton Road Phase I
Pavement Core Summary, Winton Road Phase II
Pavement Core Summary, Galbraith Road
Pavement Core Summary, Kenwood Road
Pavement Core Summary, Blue Rock Road

Copies submitted: 2 - Client

THELEN ASSOCIATES, INC.
Geotechnical • Testing Engineers
1398 Cox Avenue / Erlanger, Kentucky 41018-1002 / 859-746-9400 / Fax 859-746-9408
2140 Waycross Road / Cincinnati, Ohio 45240-2719 / 513-825-4350 / Fax 513-825-4756

COUNTY OF HAMILTON
PAVEMENT CORES
WINTON, GALBRAITH, KENWOOD
& BLUE ROCK ROADS
HAMILTON COUNTY, OHIO
060699NE

PAVEMENT CORE SUMMARY
GALBRAITH ROAD

Core No. 1 Southern westbound lane in front of 994 Galbraith Road
1-3/4" Asphaltic Concrete: 1 apparent course
8" Portland Cement Concrete: Fractured

Total Pavement Thickness: 9-3/4"

Core No. 2 Southern westbound lane in front of 1034 Galbraith Road
2-7/8" Asphaltic Concrete: 2 apparent courses
7" Portland Cement Concrete: Disintegrated

Total Pavement Thickness: 9-7/8"

Core No. 3 Southern westbound lane in front of 1110 Galbraith Road
2" Asphaltic Concrete: 1 apparent course
7-7/8" Portland Cement Concrete: Intact, 1/4" diameter wire mesh 5-1/2" below pavement surface

Total Pavement Thickness: 9-7/8"

Core No. 4 Southern westbound lane in front of 1160 Galbraith Road
2" Asphaltic Concrete: 1 apparent course
7-1/4" Portland Cement Concrete: Fractured, 1/8" wire mesh 5-1/8" below pavement surface

Total Pavement Thickness: 9-1/4"

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2140 Waycross Road / Cincinnati, Ohio 45240-2719 / 513-825-4350 / Fax 513-825-4756

COUNTY OF HAMILTON
PAVEMENT CORES
WINTON, GALBRAITH, KENWOOD
& BLUE ROCK ROADS
HAMILTON COUNTY, OHIO
060699NE

PAVEMENT CORE SUMMARY
GALBRAITH ROAD

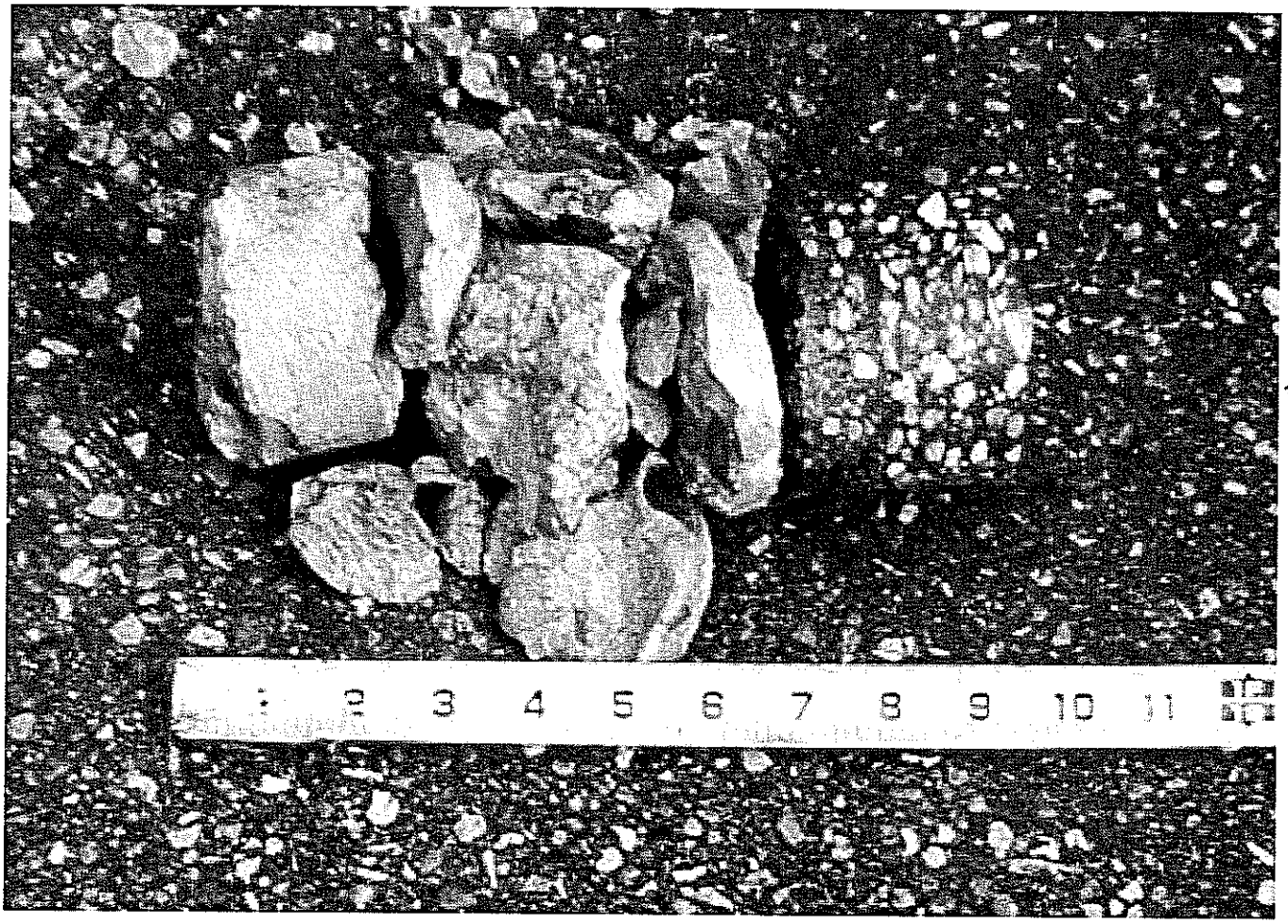
Core No. 5 Northern eastbound lane in front of 1143 Galbraith Road
2-7/8" Asphaltic Concrete: 1 apparent course
8" Portland Cement Concrete: Fractured, 1/4" diameter wire mesh 6-1/8" below pavement surface
Total Pavement Thickness: 10-7/8"

Core No. 6 Southern eastbound lane in front of 1081 Galbraith Road
2-3/4" Asphaltic Concrete: 2 apparent courses
9" Portland Cement Concrete: Fractured, 1/4" diameter wire mesh 6-3/4" below pavement surface
Total Pavement Thickness: 11-3/4"

Core No. 7 Northern eastbound lane in front of 961 Galbraith Road
1-7/8" Asphaltic Concrete: 1 apparent course
9" Portland Cement Concrete: Heavily fractured, 1/4" diameter wire mesh 5-5/8" below pavement surface
Total Pavement Thickness: 10-7/8"

Core No. 8 Northern eastbound lane in front of 947 Galbraith Road
1-1/2" Asphaltic Concrete: 1 apparent course
9" Portland Cement Concrete: Heavily fractured, 1/4" diameter wire mesh 5" below pavement surface
Total Pavement Thickness: 10-1/2"

Key of Terms
Fractured: Generally intact, few random cracks
Heavily Fractured: Generally cracked into several pieces
Disintegrated: Broken to aggregate size with some matrix remaining



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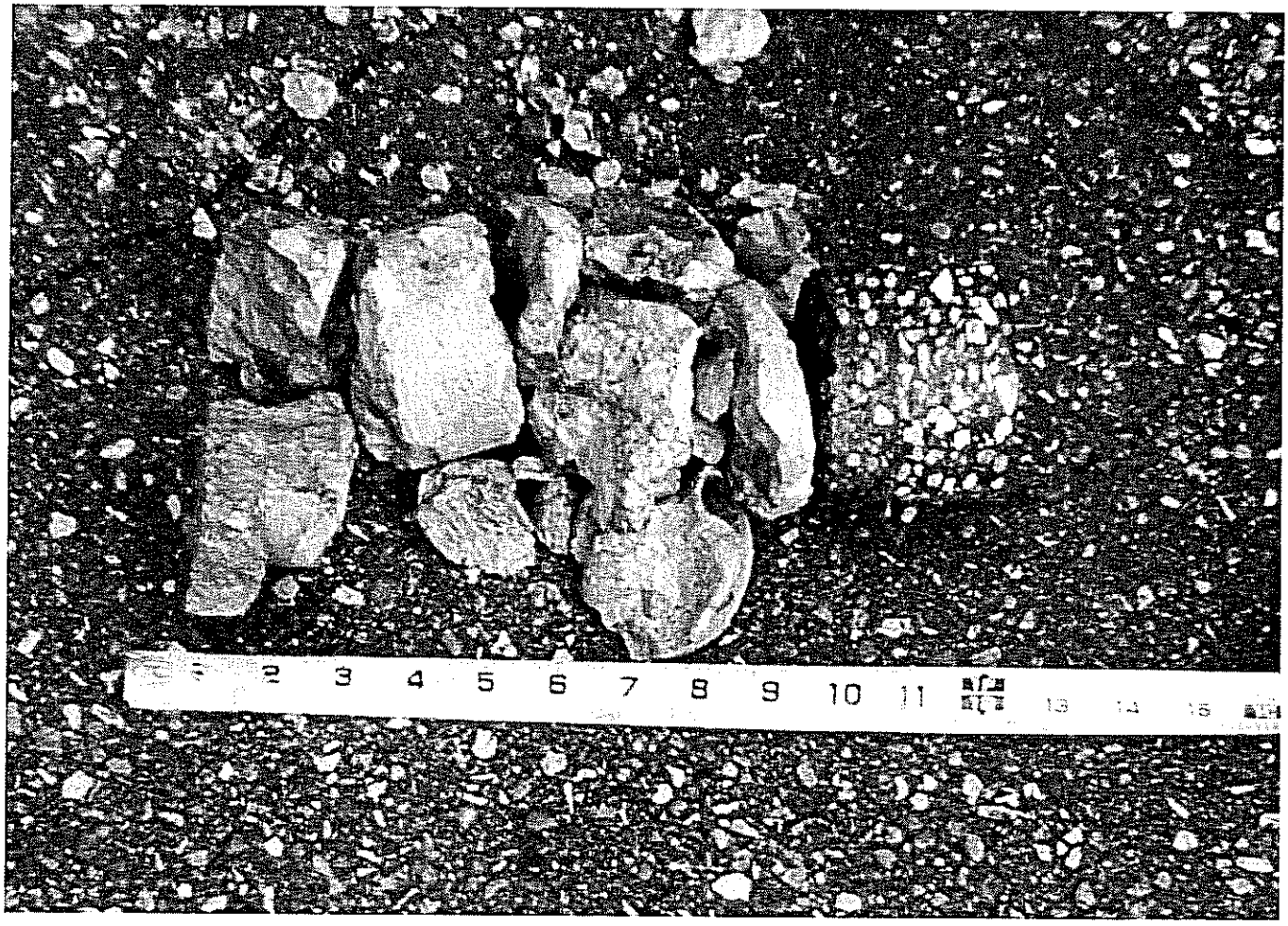

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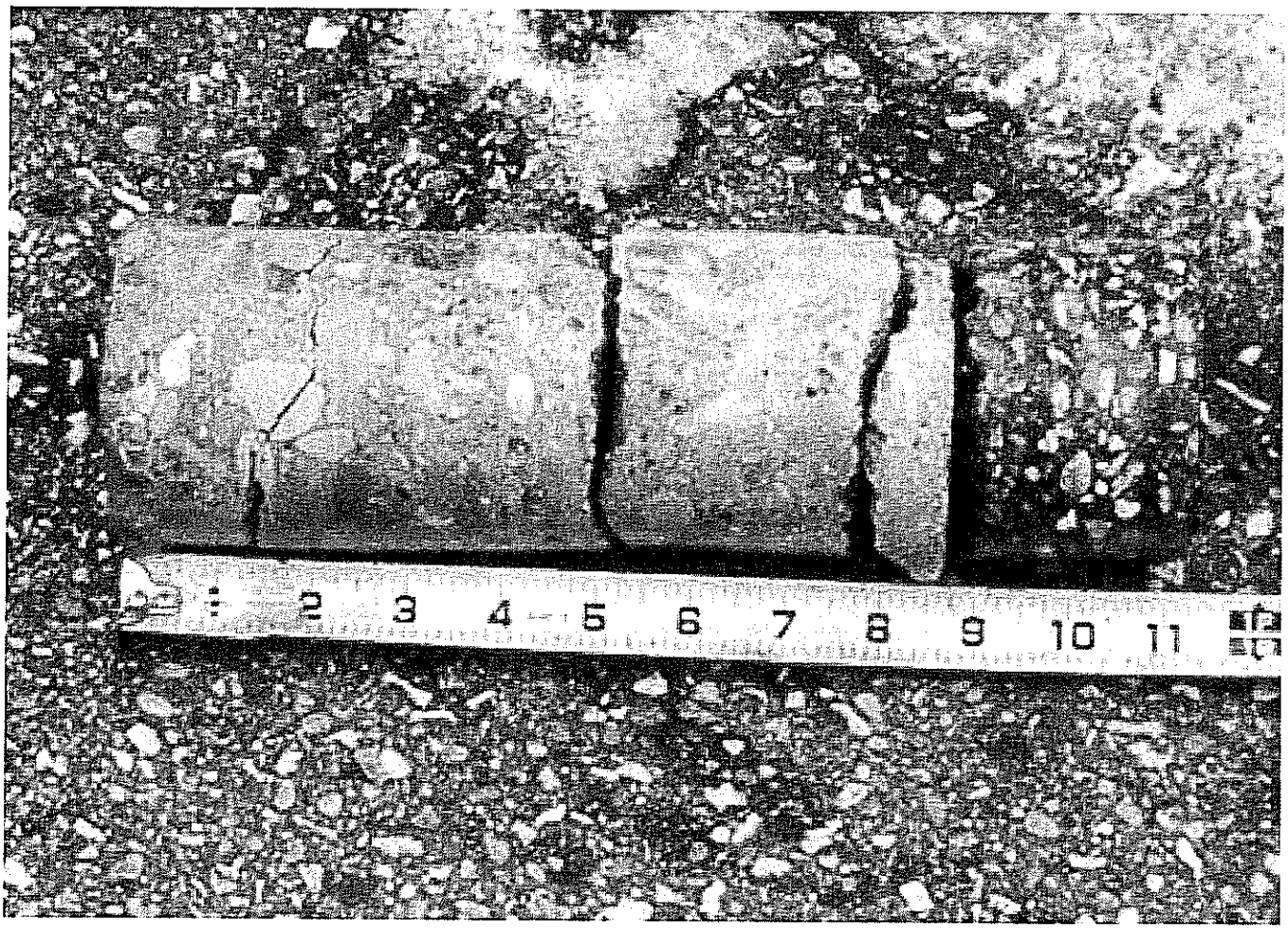

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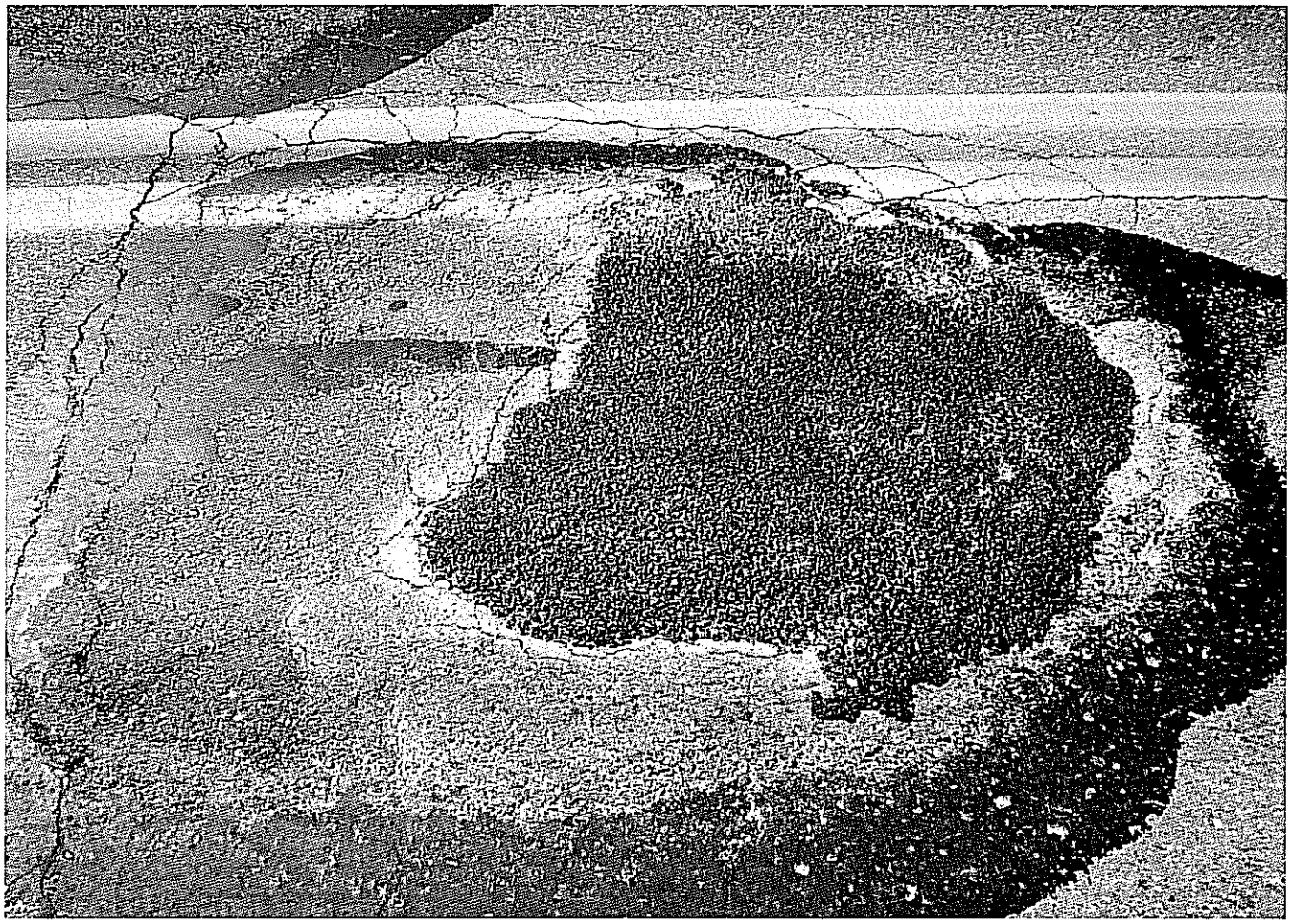

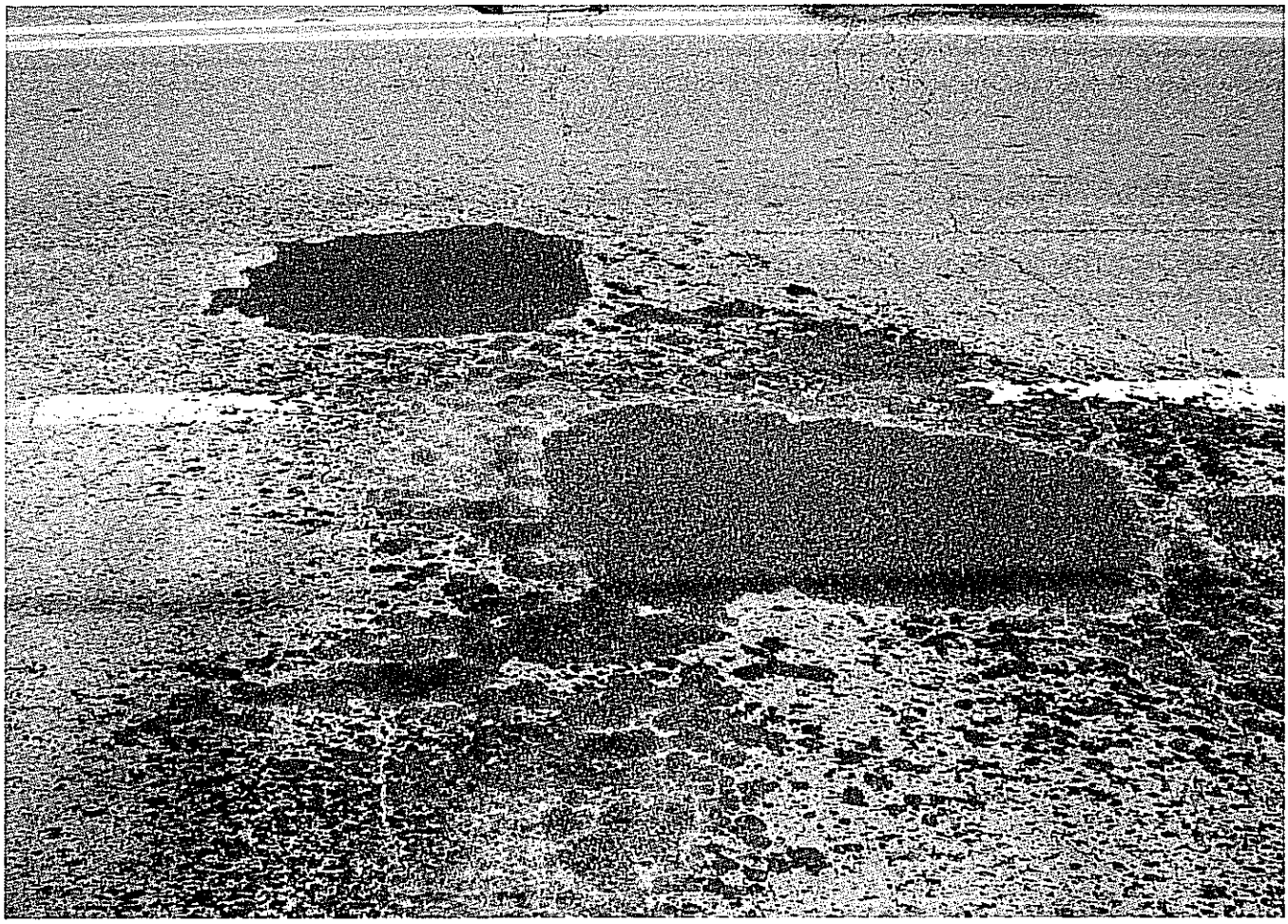

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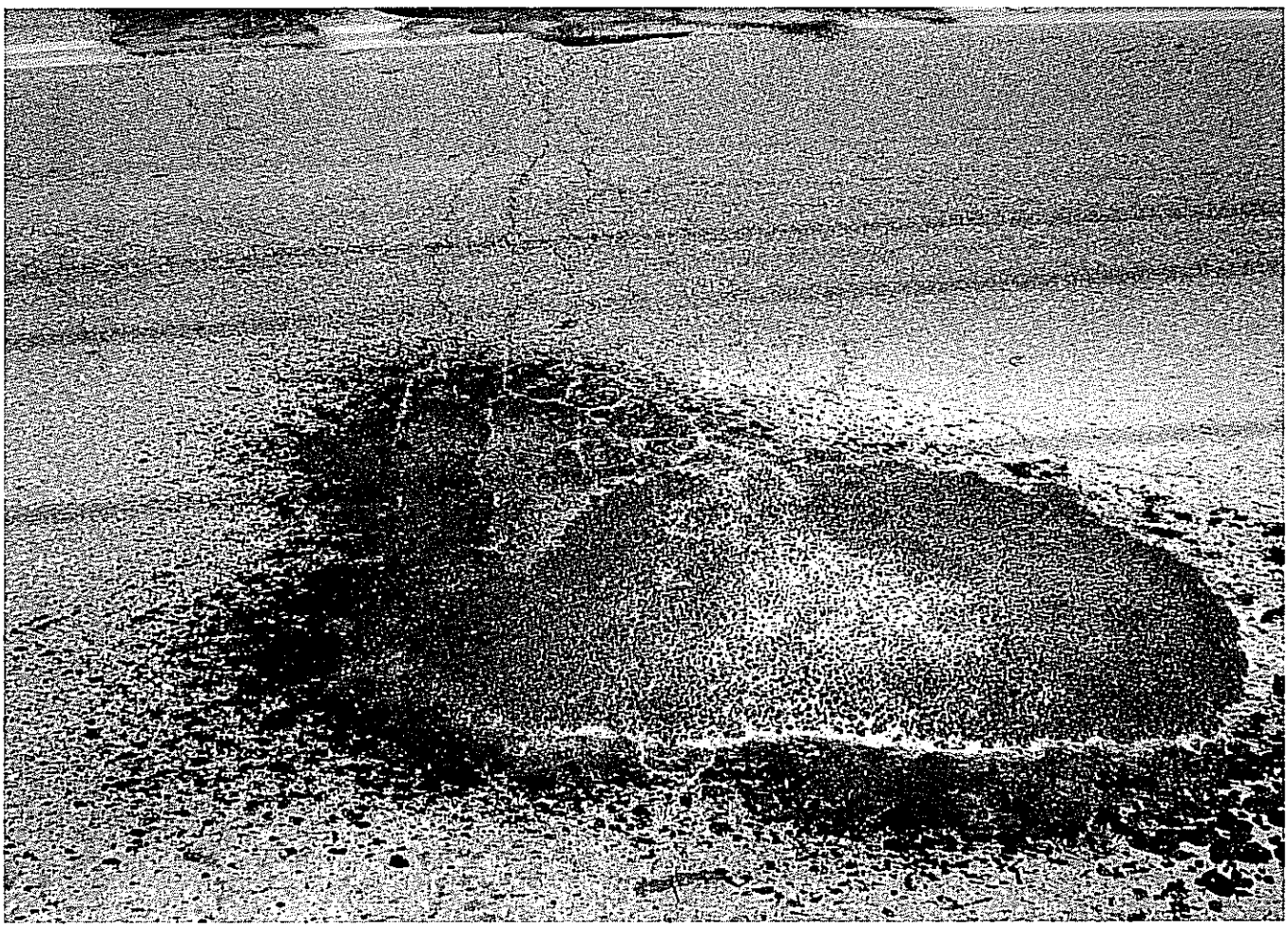

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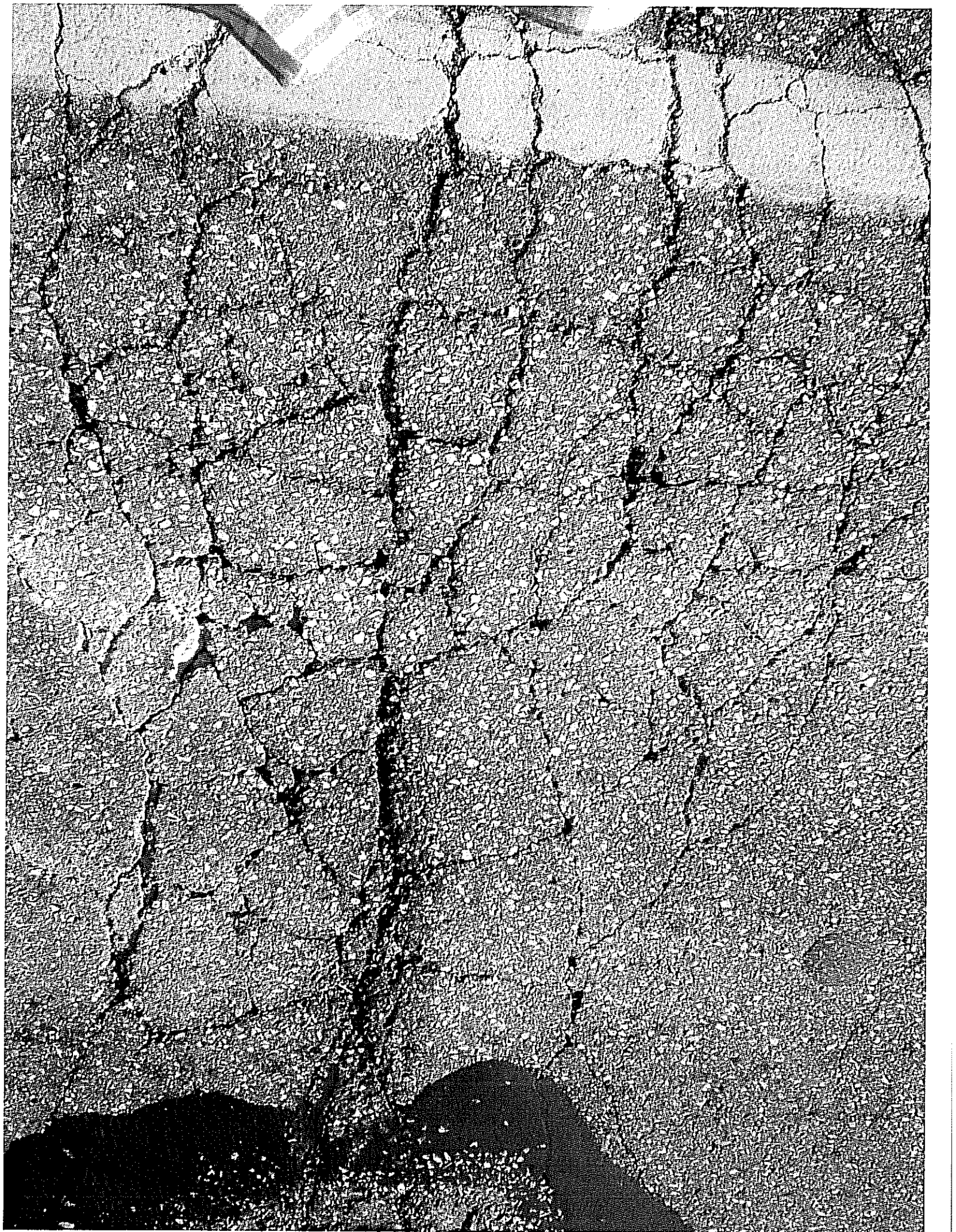
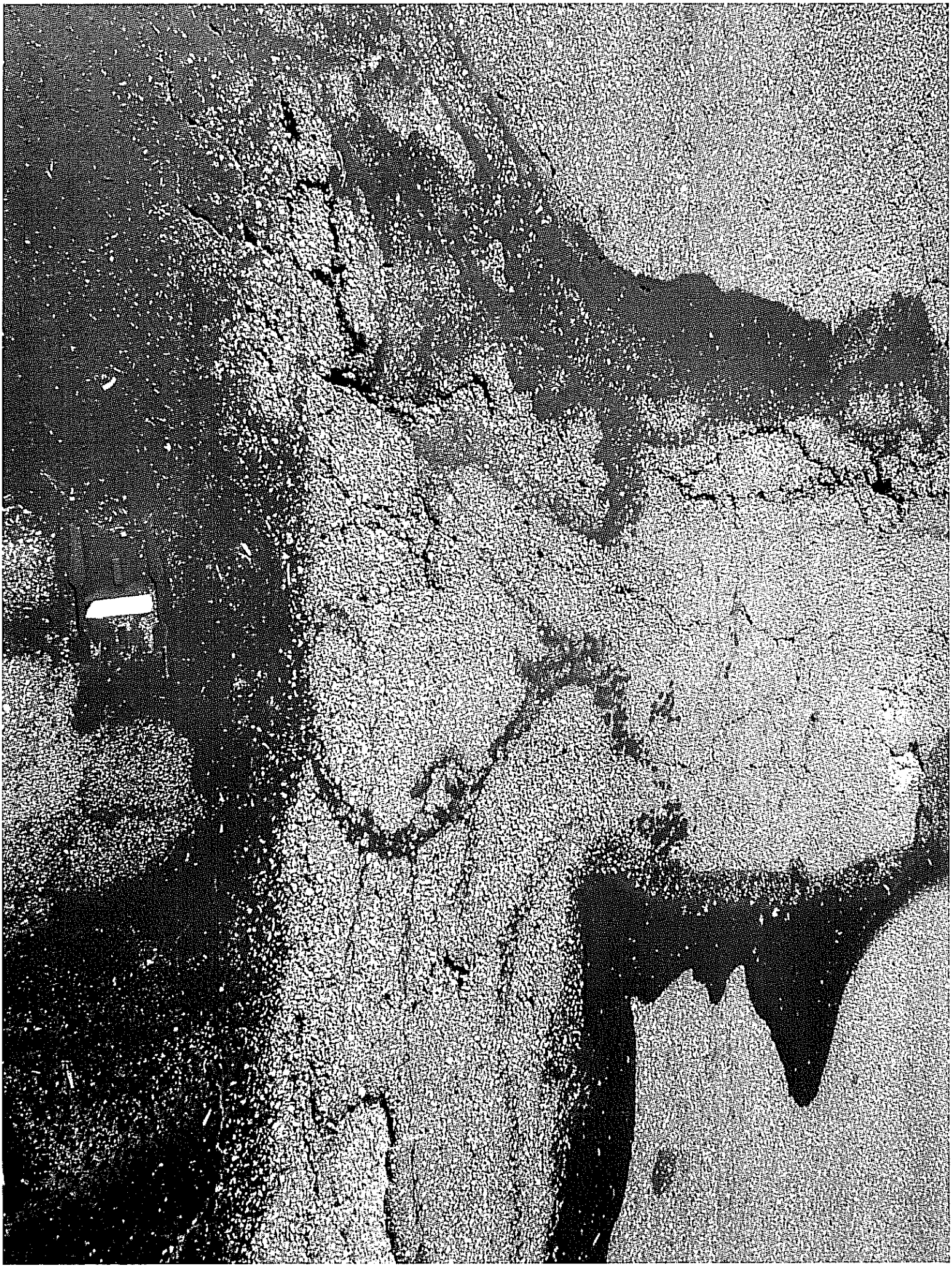
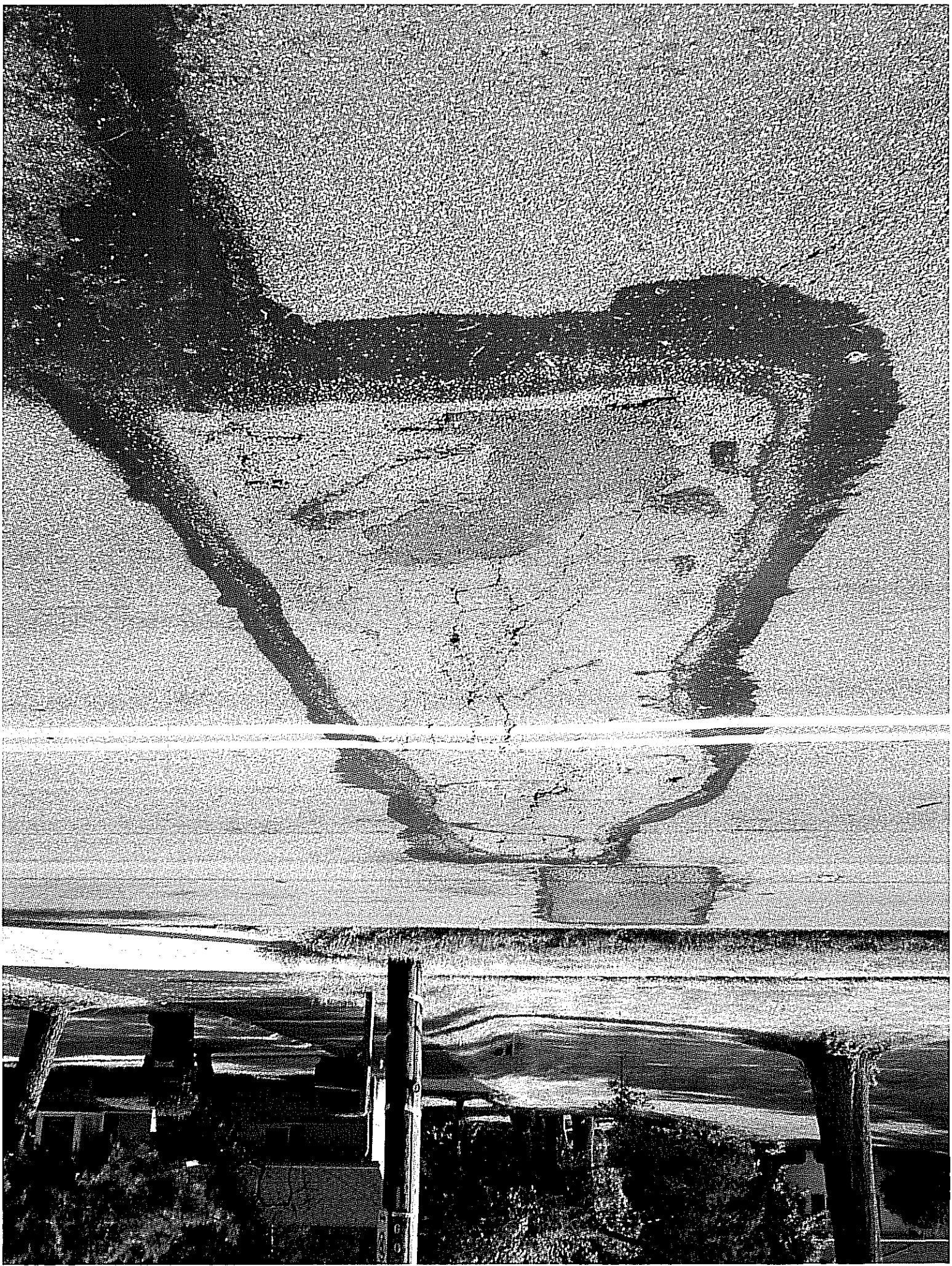
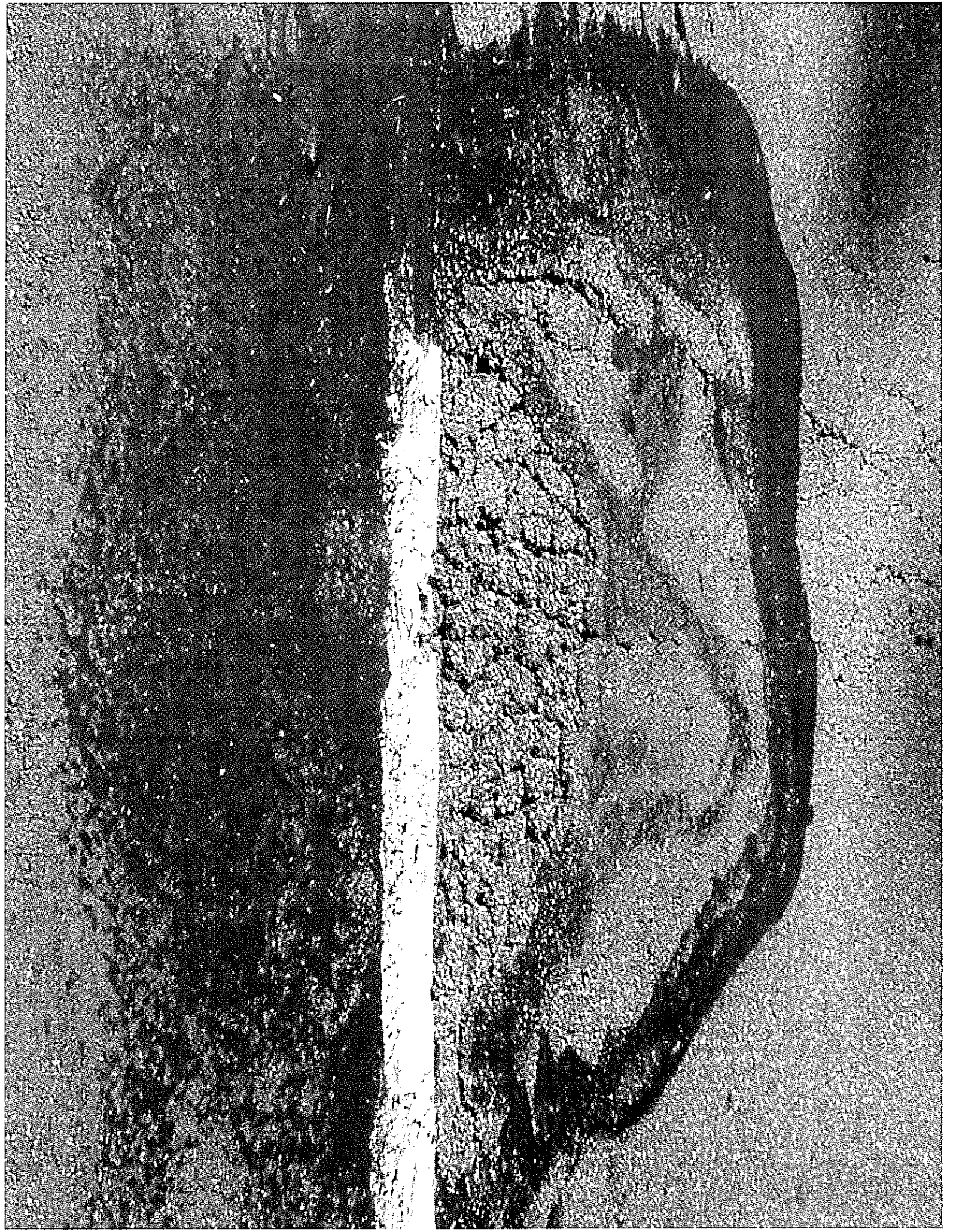
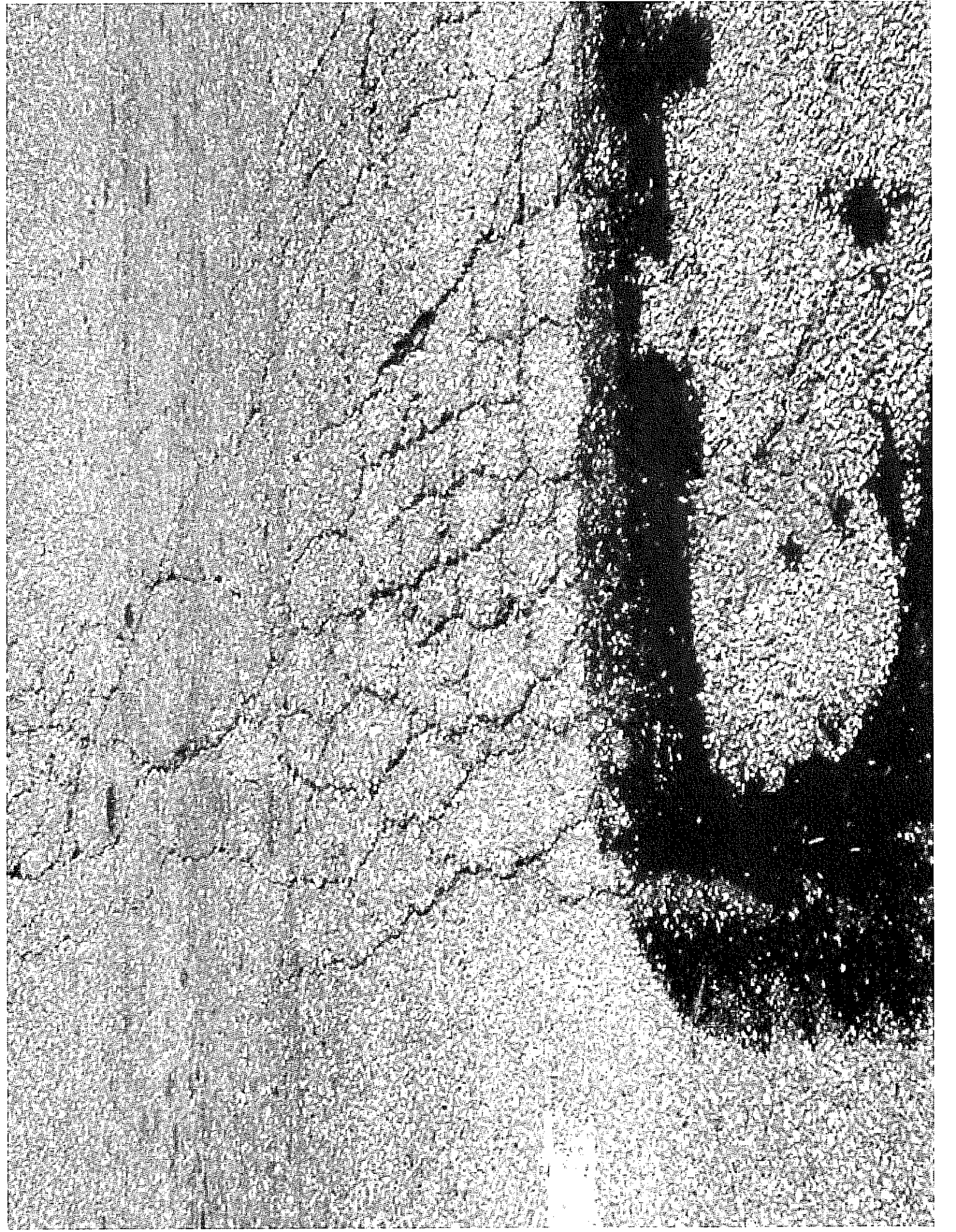
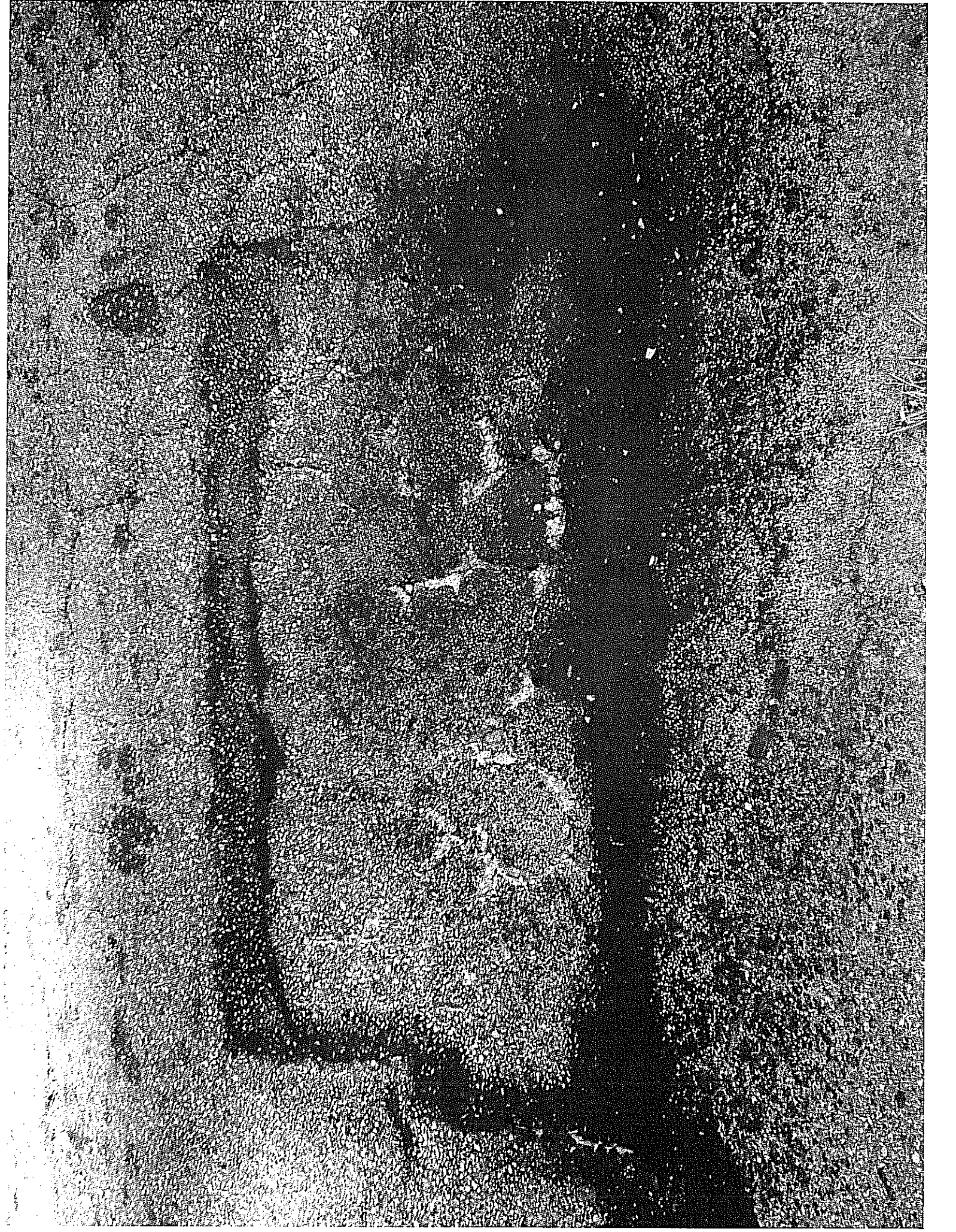












GALBRAITH ROAD BETWEEN RR HWY & DALY

Galbraith and Winton intersection (01/01/04-08/29/06)	$ 1,752.53
Section C (Daly to Winton)	10,710.63
Section D (Winton to Wyoming Corp. line)	24,757.66
TOTAL:	**$ 37,220.82**

Galbraithroadcost.doc

2.201.c pp4

Galbraith

Report No: WSC782 10:33:10
Requested By: SHERA
Workstation: QPADEV0009

Work Order Cost Summary
Selected Viewing Sequence: Location ID

7/25/07 /

Location ID: R.101

WR/WO No:	Short Problem Descr:	LABOR	PART/SAL	EQUIPMNT	FUEL/GRT	MSC/CALC	Total for W/O:
		Cost Categories					
5 Work Orders	Subtotals:	3,047.36	2,529.58	3,492.80	.00	.00	9,069.74
5 Work Orders	Report Totals:	3,047.36	2,529.58	3,492.80	.00	.00	9,069.74

7/01/04 - 7/01/07

Grinding & patching Daly to Winton

2.101.c PPS

Galbraith

Report No: WSC782 10:41:10
Requested By: SHERA
Workstation: QPADEV0009

Work Order Cost Summary
Selected Viewing Sequence: Location ID

7/25/07 /

Location ID: R.101

WR/WO No:	Short Problem Descr:	LABOR	PART/SAL	EQUIPMNT	FUEL/GRT	MSC/CALC	Total for W/O:
		Cost Categories					
10 Work Orders	Subtotals:	3,206.52	2,084.37	4,940.50	.00	.00	10,231.39
10 Work Orders	Report Totals:	3,206.52	2,084.37	4,940.50	.00	.00	10,231.39

7/01/04 - 7/01/07

patching potholes Daly to Winton

2.101.D pp5

Galbraith

Report No: WSC782 10:58:36
Requested By: SHERA
Workstation: QPADEV0009

Work Order Cost Summary
Selected Viewing Sequence: Location ID

7/25/07 /

Location ID: R.101

WR/WO No:	Short Problem Descr:	LABOR	PART/SAL	EQUIPMNT	FUEL/GRT	MSC/CALC	Total for W/O:
		Cost Categories					
13 Work Orders	Subtotals:	3,030.23	1,820.18	2,860.28	.00	.00	7,710.69
13 Work Orders	Report Totals:	3,030.23	1,820.18	2,860.28	.00	.00	7,710.69

7/01/04-7/01/07

patching potholes - Winton to Wyoming Corp.

2.101.D pp4

Galbraith

Report No: WSC782 10:50:28
Requested By: SHERA
Workstation: QPADEV0009

Work Order Cost Summary
Selected Viewing Sequence: Location ID

7/25/07 /

Location ID: R.101

WR/WO No:	Short Problem Descr:	LABOR	PART/SAL	EQUIPMNT	FUEL/GRT	MSC/CALC	Total for W/O:
		Cost Categories					
12 Work Orders	Subtotals:	6,368.99	5,096.78	6,502.40	.00	.00	17,968.17
12 Work Orders	Report Totals:	6,368.99	5,096.78	6,502.40	.00	.00	17,968.17

7/01/04 - 7/01/07

grinding & patching Winton to Wyoming Corp.

Report No: WSC782 10:48:59
Requested By: SHERA
Workstation: QPADEV0002

Work Order Cost Summary
Selected Viewing Sequence: Parent W/O

8/31/06 /

Parent W/O No: M0501300
WR/WO No: Short Problem Descr:

		Cost Categories					
		LABOR	PART/SAL	EQUIPMNT	FUEL/GRT	MSC/CALC	Total for W/O:
1 Work Order	Subtotals:	261.84	.00	84.50	.00	.00	346.34
1 Work Order	Report Totals:	261.84	.00	84.50	.00	.00	346.34

INTERSECTION of Galbraith & Winton

Report No: WSC782 10:53:29
Requested By: SHERA
Workstation: QPADEV0002

Work Order Cost Summary
Selected Viewing Sequence: Parent W/O

8/31/06 /

Parent W/O No: M0602296

WR/WO No:	Short Problem Descr:	Cost Categories LABOR	PART/SAL	EQUIPMNT	FUEL/GRT	MSC/CALC	Total for W/O:
1 Work Order	Subtotals:	509.99	200.20	696.00	.00	.00	1,406.19
1 Work Order	Report Totals:	509.99	200.20	696.00	.00	.00	1,406.19

INTERSECTION of Galbraith & Winton

Machine ID: 2.101.C

WR/WO No:	Short Problem Descr:	LABOR	PART/SAL	EQUIPMNT	FUEL/GRT	MSC/CALC	Total for W/O:
		Cost Categories					
7 Work Orders	Subtotals:	3,858.80	2,549.70	4,029.35	.00	.00	10,437.85
7 Work Orders	Report Totals:	3,858.80	2,549.70	4,029.35	.00	.00	10,437.85

"PP4" 01/01/04- 08/29/06

-- Summary --

AC:	W/O-W/R:	Sts:	Machine ID:	Short Problem Description:
_	M040121200	30	2.101.C	PAVEMENT (REPAIR CODES P40-P46)
_	M040140100	30	2.101.C	PAVEMENT (REPAIR CODES P40-P46)
_	M040142400	30	2.101.C	PAVEMENT (REPAIR CODES P40-P46)

Action Commands: 1-Header 2-Tasks 3-Parts

F11=Alt View F12=Return F16=Sequence F18=Continue Scan F21=Print List

PP4

2004

"Grind & Patch bet Winton & Day"

-- Summary --

AC:	W/O-W/R:	Sts:	Machine ID:	Short Problem Description:
_	M050023000	30	2.101.C	PAVEMENT (REPAIR CODES P40-P46)
_	M050075300	30	2.101.C	PAVEMENT (REPAIR CODES P40-P46)
_	M050075900	30	2.101.C	PAVEMENT (REPAIR CODES P40-P46)
_	M050106900	30	2.101.C	PAVEMENT (REPAIR CODES P40-P46)

Action Commands: 1-Header 2-Tasks 3-Parts

F11=Alt View F12=Return F16=Sequence F18=Continue Scan F21=Print List

PP4

2005

Machine ID: 2.101.C

WR/WO No:	Short Problem Descr:	LABOR	PART/SAL	EQUIPMNT	FUEL/GRT	MSC/CALC	Total for W/O:
		Cost Categories					
2 Work Orders	Subtotals:	136.68	52.10	84.00	.00	.00	272.78
2 Work Orders	Report Totals:	136.68	52.10	84.00	.00	.00	272.78

"PP5" 01/01/04 - 08/29/06

Work Request/Work Order Inquiry
-- Header --

Work Request/Order:	M0504889 00 PP5 PAVEMENT (REPAIR CODES P50-P56)		
Machine Location:	2 R.101 GALBRAITH ROAD		
Machine ID:	2.101.C GALBRAITH ROAD SECT C		
Component ID:			
Full Problem Text:	Y	Request Date:	8/16/05
		Issued:	
Planner:		Needed By:	8/16/05
Supervisor:	MV	Planned Start:	8/16/05
Crew:		Actual Start:	8/16/05
Lead Person ID:	R8246	Planned Complete:	8/16/05
Department ID:	CENTRAL	Actual Complete:	8/16/05
Reference ID:		Date Due:	
Permit No:			
		Requested By:	JLC
Status Code:	30	Approvals:	
Priority Code:	A	Approval Route:	
Work Type:	P50	Approval Status:	
Shutdown Class:		Sign Off Initials:	
Repair Code:	P54	Shop Order No:	

F5=Cost Dist F6=Parts F7=Tasks F8=Next F11=Stats F12=Rtrn F14=Text F15=Warnty

2005

PP5

Work Request/Work Order Inquiry
-- Header --

Work Request/Order:	M0600722 00 PP5 PAVEMENT (REPAIR CODES P50-P56)		
Machine Location:	2 R.101 GALBRAITH ROAD		
Machine ID:	2.101.C GALBRAITH ROAD SECT C		
Component ID:			
Full Problem Text:	Y	Request Date:	2/08/06
		Issued:	2/09/06
Planner:		Needed By:	2/08/06
Supervisor:	PH	Planned Start:	2/08/06
Crew:		Actual Start:	2/08/06
Lead Person ID:	F7792	Planned Complete:	2/08/06
Department ID:	CENTRAL	Actual Complete:	2/08/06
Reference ID:		Date Due:	
Permit No:			
		Requested By:	JLC
Status Code:	30	Approvals:	
Priority Code:	A	Approval Route:	
Work Type:	P50	Approval Status:	
Shutdown Class:		Sign Off Initials:	
Repair Code:	P55	Shop Order No:	

F5=Cost Dist F6=Parts F7=Tasks F8=Next F11=Stats F12=Rtrn F14=Text F15=Warnty

PP5
2006

Machine ID: 2.101.D

WR/WO No:	Short Problem Descr:	LABOR	PART/SAL	EQUIPMNT	FUEL/GRT	MSC/CALC	Total for W/O:
		Cost Categories					
13 Work Orders	Subtotals:	6,991.84	5,470.33	6,605.90	.00	.00	19,068.07
13 Work Orders	Report Totals:	6,991.84	5,470.33	6,605.90	.00	.00	19,068.07

<(346.34) intersecti

"PP4" 01/01/04 - 08/29/06

-- Summary --

AC:	W/O-W/R:	Sts:	Machine ID:	Short Problem Description:
_	M040090000	30	2.101.D	PAVEMENT (REPAIR CODES P40-P46)
_	M040142000	30	2.101.D	PAVEMENT (REPAIR CODES P40-P46)

Action Commands: 1-Header 2-Tasks 3-Parts

F11=Alt View F12=Return F16=Sequence F18=Continue Scan F21=Print List

PPL)
2004)

Grind & Patch on Galbraith

Work Request/Work Order Inquiry
-- Header --

Work Request/Order:	M0404394 00 PP5 PAVEMENT (REPAIR CODES P50-P56)		
Machine Location:	2 R.101 GALBRAITH ROAD		
Machine ID:	2.101.D GALBRAITH ROAD SECT D		
Component ID:			
Full Problem Text:	Y	Request Date:	8/03/04
		Issued:	8/04/04
Planner:		Needed By:	8/03/04
Supervisor:	MV	Planned Start:	8/03/04
Crew:		Actual Start:	8/03/04
Lead Person ID:	B9260	Planned Complete:	8/03/04
Department ID:	CENTRAL	Actual Complete:	8/03/04
Reference ID:		Date Due:	
Permit No:			
		Requested By:	JLC
Status Code:	30	Approvals:	
Priority Code:	A	Approval Route:	
Work Type:	P50	Approval Status:	
Shutdown Class:		Sign Off Initials:	
Repair Code:	P55	Shop Order No:	

F5=Cost Dist F6=Parts F7=Tasks F8=Next F11=Stats F12=Rtrn F14=Text F15=Warnty

2004

wrong section

wrong repair code (changed to correct one)

-- Summary --

AC:	W/O-W/R:	Sts:	Machine ID:		Short Problem Description:
_	M050101300	30	2.101.D	Intersection	PAVEMENT (REPAIR CODES P40-P46)
_	M050160800	30	2.101.D		PAVEMENT (REPAIR CODES P40-P46)
_	M050174100	30	2.101.D		PAVEMENT (REPAIR CODES P40-P46)
_	M050174900	30	2.101.D		PAVEMENT (REPAIR CODES P40-P46)
_	M050186400	30	2.101.D		PAVEMENT (REPAIR CODES P40-P46)
_	M050192700	30	2.101.D		PAVEMENT (REPAIR CODES P40-P46)
_	M050194800	30	2.101.D		PAVEMENT (REPAIR CODES P40-P46)
_	M050198300	30	2.101.D		PAVEMENT (REPAIR CODES P40-P46)
_	M050222100	30	2.101.D		PAVEMENT (REPAIR CODES P40-P46)
_	M050239000	30	2.101.D		PAVEMENT (REPAIR CODES P40-P46)

Action Commands: 1-Header 2-Tasks 3-Parts

F11=Alt View F12=Return F16=Sequence F18=Continue Scan F21=Print List

2005
Grind & Patch

Report No: WSC782 9:48:20
Requested By: SHERA
Workstation: QPADEV0002

Work Order Cost Summary
Selected Viewing Sequence: Machine ID

8/31/06 /

Machine ID: 2.101.D

WR/WO No:	Short Problem Descr:	LABOR	PART/SAL	EQUIPMNT	FUEL/GRT	MSC/CALC	Total for W/O:
		Cost Categories					
11 Work Orders	Subtotals:	2,762.26	1,726.25	2,800.28	.00	.00	7,288.79
11 Work Orders	Report Totals:	2,762.26	1,726.25	2,800.28	.00	.00	7,288.79

<1,406.19> intersectio

"PP5" 01/01/04 - 08/29/06

-- Summary --

AC:	W/O-W/R:	Sts:	Machine ID:	Short Problem Description:
_	M050117100	30	2.101.D	PAVEMENT (REPAIR CODES P50-P56)
_	M050152300	30	2.101.D	PAVEMENT (REPAIR CODES P50-P56)
_	M050195600	30	2.101.D	PAVEMENT (REPAIR CODES P50-P56)
_	M050243700	30	2.101.D	PAVEMENT (REPAIR CODES P50-P56)
_	M050581700	30	2.101.D	PAVEMENT (REPAIR CODES P50-P56)

Action Commands: 1-Header 2-Tasks 3-Parts

F11=Alt View F12=Return F16=Sequence F18=Continue Scan F21=Print List

PPS
2005

-- Summary --

AC:	W/O-W/R:	Sts:	Machine ID:	Short Problem Description:
_	M060008300	30	2.101.D	PAVEMENT (REPAIR CODES P50-P56)
_	M060026100	30	2.101.D	PAVEMENT (REPAIR CODES P50-P56)
_	M060193800	30	2.101.D	PAVEMENT (REPAIR CODES P50-P56)
)N/	M060229600	30	2.101.D	PAVEMENT (REPAIR CODES P50-P56)
_	M060233700	30	2.101.D	PAVEMENT (REPAIR CODES P50-P56)
_	M060464500	30	2.101.D	PAVEMENT (REPAIR CODES P50-P56)

Action Commands: 1-Header 2-Tasks 3-Parts

F11=Alt View F12=Return F16=Sequence F18=Continue Scan F21=Print List

PPS
2006

Parent W/O No: M0404598

WR/WO No:	Short Problem Descr:	Cost Categories LABOR	PART/SAL	EQUIPMNT	FUEL/GRT	MSC/CALC	Total for W/O:
1 Work Order	Subtotals:	24.50	37.40	3.90	.00	.00	65.80
1 Work Order	Report Totals:	24.50	37.40	3.90	.00	.00	65.80

Work Request/Work Order Inquiry
-- Header --

Work Request/Order:	M0404598 00 PP6 PAVEMENT (REPAIR CODES P60-P81)		
Machine Location:	2 R.101 GALBRAITH ROAD		
Machine ID:	2.101.D GALBRAITH ROAD SECT D		
Component ID:			
Full Problem Text:	Y	Request Date:	8/11/04
		Issued:	
Planner:		Needed By:	8/11/04
Supervisor:	MV	Planned Start:	8/11/04
Crew:		Actual Start:	8/11/04
Lead Person ID:	T8129	Planned Complete:	8/11/04
Department ID:	CENTRAL	Actual Complete:	8/11/04
Reference ID:		Date Due:	
Permit No:			
		Requested By:	JLC
Status Code:	30	Approvals:	
Priority Code:	A	Approval Route:	
Work Type:	P60	Approval Status:	
Shutdown Class:		Sign Off Initials:	
Repair Code:	P61	Shop Order No:	

F5=Cost Dist F6=Parts F7=Tasks F8=Next F11=Stats F12=Rtrn F14=Text F15=Warnty

2004

Sealing surface patch

Parent W/O No: M0404775

WR/WO No:	Short Problem Descr:	LABOR	PART/SAL	EQUIPMNT	FUEL/GRT	MSC/CALC	Total for W/O:
		Cost Categories					
1 Work Order	Subtotals:	73.53	13.10	.90	.00	.00	87.53
1 Work Order	Report Totals:	73.53	13.10	.90	.00	.00	87.53

Work Request/Work Order Inquiry
-- Header --

Work Request/Order: M0404775 00 PP1 PAVEMENT (REPAIR CODES P10-P16)
Machine Location: 2 R.101 GALBRAITH ROAD
Machine ID: 2.101.D GALBRAITH ROAD SECT D
Component ID:
Full Problem Text: Y

Request Date: 8/12/04
Issued: 8/24/04
Needed By: 8/12/04
Planned Start: 8/12/04
Actual Start: 8/12/04
Planned Complete: 8/12/04
Actual Complete: 8/12/04
Date Due:

Planner:
Supervisor: MV
Crew:
Lead Person ID: T8129
Department ID: CENTRAL
Reference ID:
Permit No:

Requested By: JLC
Approvals:
Approval Route:
Approval Status:
Sign Off Initials:
Shop Order No:

Status Code: 30
Priority Code: A
Work Type: P10
Shutdown Class:
Repair Code: P15

F5=Cost Dist F6=Parts F7=Tasks F8=Next F11=Stats F12=Rtrn F14=Text F15=Warnty

2004

repair curb @ 1000 Galbraith

2001 Crash Report

William W. Brayshaw PE - PS *The Hamilton County Engineer's Traffic Department*

Source	Report #	Date	Day	Time	Twp	Address	Road	Intersects	Distance/Dir.	Inj	Ped	Fat	Accident Type	Comments
Spr	20198	9/3/2001	MO	19:05	Spr	904	Galbraith	Winton	70 W	0	0	0	Angle	Ex.pr.dr.into WB
Spr	8771	4/28/2001	SA	18:58	Spr	912	Galbraith	Winton	215 W	0	0	0	Rear End	EB - ACD
Spr	14321	6/29/2001	FR	12:35	Spr	912	Galbraith	Winton	215 W	0	0	0	Rear End	WB - ACD
Spr	7190	4/9/2001	MO	7:45	Spr	912	Galbraith	Winton	215 W	0	0	0	Rear End	EB - ACD
Spr	10018	5/13/2001	SU	0:53	Spr	950	Galbraith	Springdew	375 E	1	0	0	Fail to Control	WB into pole, etc
Spr	1759	1/27/2001	FR	14:28	Spr	999	Galbraith	Springdew	330 W	0	0	0	Rear End	WB - ACD in rain
Spr	1646	1/24/2001	WE	22:20	Spr	1000	Galbraith	Springdew	330 W	0	0	0	Rear End	WB - ACD in snow
Spr	24661	10/28/2001	SU	6:59	Spr	1028	Galbraith	Mockingbird & Nieman	470 E	0	0	0	Animal Action	Deer
Spr	3951	2/25/2001	SU	11:04	Spr	1034	Galbraith	Mockingbird & Nieman	180 E	1	0	0	Fail to control	WB into tree, etc
Spr	8649	4/27/2001	FR	14:18	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Angle	Conflicting statemts
Spr	21060	9/14/2001	FR	7:40	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Angle	EB ran red into N&W
Spr	20861	9/11/2001	TU	19:05	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Angle	WB ran red into SB
Spr	18304	8/12/2001	SU	18:45	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Angle	WB ran red into NB's
Spr	15351	7/9/2001	MO	18:30	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Angle	WB ran red into SB
Spr	19277	8/23/2001	TH	16:25	Spr	1150	Galbraith	Kirkland	0	0	0	0	Angle	Ent.pr.dr.into WB
Spr	29470	12/29/2001	SA	17:34	Spr	1150	Galbraith	Kirkland	0	0	0	0	Left Turn	WB to SB into EB
Spr	19274	8/23/2001	TH	16:12	Spr	1150	Galbraith	Kirkland	0	0	0	0	Rear End	WB - ACD
Spr	8502	4/25/2001	WE	18:15	Spr	1150	Galbraith	Kirkland	0	0	0	0	Rear End	WB - ACD
Spr	25851	11/12/2001	MO	15:05	Spr	1172	Galbraith	Colette	0	0	0	0	Fail to Control	WB into post

2001 Crash Report

William W. Brayshaw PE - PS *The Hamilton County Engineer's Traffic Department*

Source	Report #	Date	Day	Time	Twp	Address	Road	Intersects	Distance/Dir.	Inj	Ped	Fat	Accident Type	Comments
Spr	13582	6/21/2001	TH	18:00	Spr	900	Galbraith	Winton	0	0	0	0	Angle	NB ran red into SW
Spr	269	1/4/2001	TH	15:29	Spr	900	Galbraith	Winton	0	3	0	0	Angle	EB ran red into SB
Spr	686	1/11/2001	TH	9:10	Spr	900	Galbraith	Winton	0	0	0	0	Angle	EB ran red into SW
Spr	3740	2/21/2001	TH	9:10	Spr	900	Galbraith	Winton	0	1	0	0	Rear End	WB-ACD in snow
Spr	5110	3/14/2001	WE	6:49	Spr	900	Galbraith	Winton	0	1	0	0	Left Turn	SW ran red into EB
Spr	6567	4/2/2001	MO	10:23	Spr	900	Galbraith	Winton	0	0	0	0	Angle	EB improper lane chg
Spr	8100	4/20/2001	FR	12:45	Spr	900	Galbraith	Winton	0	0	0	0	Angle	Conflicting statemts
Spr	9191	5/4/2001	FR	7:00	Spr	900	Galbraith	Winton	0	0	0	0	Improper Backing	Back into SE
Spr	11018	5/24/2001	TH	9:35	Spr	900	Galbraith	Winton	0	0	0	0	Angle	SB ran red into WB
Spr	12168	6/6/2001	WE	17:00	Spr	900	Galbraith	Winton	0	0	0	0	Rear End	SB - ACD in rain
Spr	13443	6/20/2001	WE	8:55	Spr	900	Galbraith	Winton	0	0	0	0	Rear End	WB - ACD
Spr	13702	6/23/2001	SA	13:50	Spr	900	Galbraith	Winton	0	0	0	0	Rear End	WB-ACD in rain
Spr	15266	7/8/2001	SU	19:30	Spr	900	Galbraith	Winton	0	0	1	0	Pedestrian Action	Ped.in crosswalk
Spr	24221	10/22/2001	MO	18:57	Spr	900	Galbraith	Winton	0	0	0	0	Rear End	WB - ACD
Spr	28599	12/18/2001	TU	10:37	Spr	900	Galbraith	Winton	0	0	0	0	Left Turn	EB to NB into WB
Spr	12516	6/9/2001	SA	23:50	Spr	900	Galbraith	Winton	0	0	0	0	Rear End	EB - ACD
Spr	15379	7/10/2001	TU	10:55	Spr	900	Galbraith	Winton	0	3	0	0	Left Turn	SW into EB
Spr	23721	10/16/2001	TU	19:05	Spr	900	Galbraith	Winton	0	0	0	0	Rear End	NB - ACD
Spr	23537	10/14/2001	SU	14:30	Spr	904	Galbraith	Winton	70 W	0	0	0	Angle	Ex.ShellOil into EB
Spr	3	1/1/2001	MO	0:40	Spr	904	Galbraith	Winton	70 W	0	0	0	Sideswipe/Passing	EB improper lane chg

OHIO

TRAFFIC CRASH REPORT

OH-1 (REV. 10/99)

Local Report # *	Crash Severity	Private Property	Hit/Skip	Photos Taken	OH-2	OH-3	OH-1P	Other
0 1 0 0 0 0 3	3 (1 Fatal 2 Injury 3 PDO 4 Unknown)	X Yes	1 (1 Not Hit/Skip 2 Solved 3 Unsolved)	X Yes				

City *	Reporting Agency *	# Units	Number of Occupants	Date
1 3 4	Springfield Twp	02	01 (98 = Animal 99 = Unknown)	01/01/2001

Time	Day of Week	Name (of City, Village or Township) *	County #	Latitude	Longitude
0040	MON	X Springfield	311		

Crash Occurred On

Prefix	Crash Location	Type Loc
W	Gallagher Blvd	

Type Location Point Used: 1 Named Street 2 Numbered Street 3 Numbered Route

Local Information:

At/Reference

Dist Reference	Or	Prefix	Reference	Ref Point
75 F	W		Winton Rd (CR)	02

Reference Point Used: 01 State Line 02 Intersection 2 Streets 03 County Line 04 House Number 05 Township Boundary 06 Mile Post 07 Corporation Limit 08 Place Name W/O Reference 09 Driveway 10 Street Or Route W/O Reference

Motorist/Non-Motorist

A — Unit # 01 — Driver's License Number / State

Name (Last, First, Middle): Fost Heidi M

Address (Street, City, State, Zip Code): 472 Lakeridge Dr Cinti OH 45231

Date of Birth: 05251984 — Age: 16 — Sex: F — Home Phone #: 772-4757 — Work Phone #:

DL State	DL #	LP State	LP #	Injured Taken By	Transported By	Injured Taken To
OH	SD654750	OH	ADU3109	1 None 2 EMS 3 Police 4 Other 5 Unknown		

Owner Name (If Same, Write "Same"): Gordon Fost — Address (Street, City, State, Zip Code): Same

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1996	Volks	Jetta	Red	Nationwide		772-4757

Offense Charged	Offense Description	Citation #
4511.33	Imp Lane Change	34039820

B — Unit # 02 — Driver's License Number / State

Name (Last, First, Middle): Taylor Brian W

Address (Street, City, State, Zip Code): 3299 Cooper Rd Cinti OH 45241

Date of Birth: 12-31-1980 — Age: 20 — Sex: M — Home Phone #: 733-8235 — Work Phone #:

DL State	DL #	LP State	LP #	Injured Taken By	Transported By	Injured Taken To
OH	RQ612881	OH	CIE9603	1 None 2 EMS 3 Police 4 Other 5 Unknown		

Owner Name (If Same, Write "Same"): Charlette Taylor — Address (Street, City, State, Zip Code): Same

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1990	Lexus	LS400	Silver	Progressive		733 8235

Offense Charged	Offense Description	Citation #

Occupant

C — Unit # — Name (Last, First, Middle): — Home Phone #: — Date of Birth: — Age: — Sex:

Address (Street, City, State, Zip Code): — Injured Taken By (1 None 2 EMS 3 Police 4 Other 5 Unknown): — Transported By: — Injured Taken To:

D — Unit # — Name (Last, First, Middle): — Home Phone #: — Date of Birth: — Age: — Sex:

Address (Street, City, State, Zip Code): — Injured Taken By (1 None 2 EMS 3 Police 4 Other 5 Unknown): — Transported By: — Injured Taken To:

	Seating Position	Safety Equipment	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
A	01	04	1	1	1	1	1
B	01	04	1	1	1	3	1
C							
D							

Seating Position: 01 Front – Left (MC Driver) 02 Front – Middle 03 Front – Right 04 Second – Left (MC Pass) 05 Second – Middle 06 Second – Right 07 Third – Left (MC Passenger/Side Car) 08 Third – Middle 09 Third – Right 10 Sleeper Section Of Cab 11 Enclosed Cargo Area 12 Unenclosed Cargo Area 13 Trailing Unit 14 Exterior 15 Other 16 Non-Motorist 17 Unknown

Blank for Witness

Safety Equipment — Motorist: 01 None Used 02 Shoulder Belt Only 03 Lap Belt Only 04 Shoulder/Lap Belt 05 Child Safety Seat 06 MC Helmet Used 07 Use Unknown. Non-Motorist: 08 None Used 09 Helmet Used 10 Protective Pads 11 Reflective Clothing 12 Lighting 13 Other 14 Unknown

Air Bag: 1 Not Deployed 2 Deployed-Front 3 Deployed-Side 4 Deployed Both Front/Side 5 Not Applicable 6 Unknown

Air Bag Switch: 1 Not Present 2 In On Position 3 In Off Position 4 Unknown

Ejection: 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 4 Not Applicable 5 Unknown

Trapped: 1 Not Trapped 2 Extricated By Mechanical Means 3 Freed By Non-Mechanical Means 4 Unknown

Injuries: 1 No Injury 2 Possible 3 Non-Incapacitating 4 Incapacitating 5 Fatal Injury 6 Unknown

Supplement Values

0005

HSY7001 — Top Copy - ODPS Bottom Copy - Agency

Unit Numbers

A: 01 B: 02

Non-Motorist Location

01 Marked crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

A: 03 B: 03

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

A: B:

1 No
2 Yes
3 Unknown

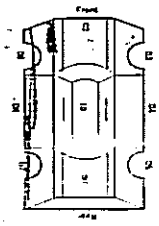
Damage Scale

A: 3 B: 3

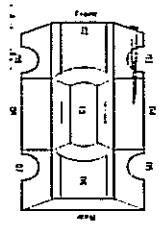
1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area

A



B



Most Damaged Area

A: 08 B: 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
15 Unknown

Point of Impact

A: 08 B: 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
15 Unknown

Action

A: 3 B: 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

A: 1 B: 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

A: 03 B: 01

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

A: 09 B: 01

Motorist
01 None
02 Failure To Yield
03 Ran Red Light, Or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left Of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped Or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving To Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure To Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only If '19' Selected Above

A: B:

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 Crash
11 Other Defects

Sequence Of Events

A: 29 B: 20

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

A: 1 B: 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

A: 1 B: 1

Of the Sequence of events – Which one is the Most Harmful Event (1-4)

Speed Detected

A: 1 B:

1 Stated
2 Estimated Speed

Speed

A: 15 B: 15

Posted Speed

A: 35 B: 35

Traffic Control

A: 12 B: 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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
15 Other

Direction

From	To	From	To
4	3	4	3

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

Condition

A: 1 B: 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

A: 1 B: 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

A: 1 B: 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

A: 1 B: 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

A:

B:

Drug Test Status

A: 1 B: 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

A: 1 B: 1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

A: 11 B: 11

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

Primary: 02 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
11 Unknown

** Secondary Road Conditions ONLY

Supplement * "X" If Yes

Local Report # * 0100003

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Narrative

Unit #1 east on W. Galbraith Rd: improperly changed lanes colliding into unit #2. Unit #2 was east / on W. Galbraith Rd. PRIOR to auto crash.

Manner of Collision or Impact: 6

1 Not Collision Between Two 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

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Type Of Work Zone:

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

Location Of Crash In Work Zone:

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present:

1 No
2 Yes
3 Unknown

Weather: 02

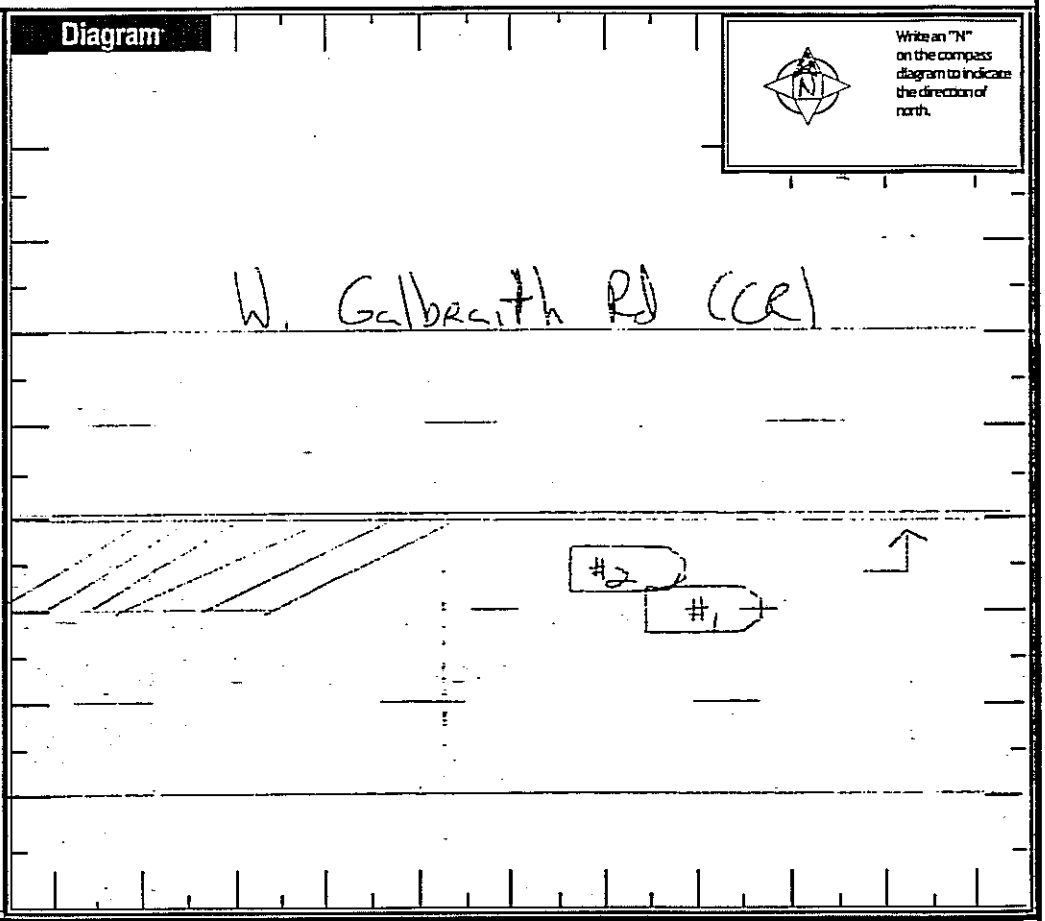
01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Light Conditions: Primary 1; Secondary

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

Diagram

Write an "N" on the compass diagram to indicate the direction of north.



Truck/Bus

Unit #

The Crash INVOLVED one or more of the following:
A truck (motor vehicle) with a GVWR more than 10,000 pounds; or
A truck (motor vehicle) with a hazardous materials placard; or
A bus designed for at least 8 persons, including driver.

AND

The Crash RESULTED in one or more of the following:
A fatality; or
An injury requiring transportation for immediate medical treatment; or
At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

Company (From Shipping Papers)

Company Phone

Address (Street, City, St, Zip Code)

US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP # | Placard # | HM

Cargo Body Type

01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tan
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR)

1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class

1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard

1 No
2 Yes
3 Unknown

Hazardous Material Released

1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
01012001	0045	0046	0050	0106		21

Officer's Name *: TSO Medecke

Badge # *: 163

Checked By: [signature]

Date Report Filed *: 01012001

Report Taken By: 1 — 1 Police Agency, 2 Motorist

Report Taken At: 1 — 1 Scene, 2 Station, 3 Other

Supplement *: "X" if Yes

Local Report # *: 01000003

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OHIO

TRAFFIC CRASH REPORT

CH-1 (Rev. 10/99)

Local Report # *	Crash Severity	Private Property	Hit/Skip	Photos Taken	OH-2	OH-3	OH-1P	Other
01003951	2 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)	X if yes	1 (1 Not Hit/Skip, 2 Solved, 3 Unsolved)	X if yes				

N.C.I.C. # *	Reporting Agency *	# Units	Unit Error	Date of Crash *
03134	SPRINGFIELD TWP PD	02	01 (98 = Animal, 99 = Unknown)	02/25/2001

Time of Crash	Day of Week	City *	Village *	TWP *	Name (of City, Village or Township) *	County # *	Latitude	Longitude
1104	SUN			X	SPRINGFIELD	31		

Crash Occurred On

Prefix	Crash Location	Type Loc
	W. GALBRAITH RD	1

Type Location Point Used: 1 Named Street, 2 Numbered Street, 3 Numbered Route

Local Information:

At / Reference

Dist Reference	DR	Prefix	Reference	Ref Point
			1034 W. GALBRAITH	04

Reference Point Used: 01 State Line, 02 Intersection, 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

A

Unit #	# of Occ.	Name (Last, First, Middle)
01	01	SIMPSON, STANLEY

Address (Street, City, State, Zip Code): 6582 DALY RD CINTI, OH 45231

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #
	04/21/1948	52	M	931-6796	

DL State	DL #	LP State	LP #	Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown)	Transported By	Injured Taken To
OH	RE977378	OH	AEC1307			

Owner Name (if same, write "Same"): TAYLOR, DONALD

Address (Street, City, State, Zip Code):

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1988	CHEV	C1500	BLUE	AMERICAN FAMILY	ENGEL'S	681-3623

Offense Charged	Offense Description	Citation #
4507.02/4511.33	D.U.S. / MARKED LANES	3403870

B

Unit #	# of Occ.	Name (Last, First, Middle)
02	01	JONES, RUBY M

Address (Street, City, State, Zip Code): 1807 CATALINA AVE CINTI, OH 45237

Social Security Number	Date of Birth	Age	Sex	Home Phone #	Work Phone #
	04/14/1927	73	F	531-7901	

DL State	DL #	LP State	LP #	Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown)	Transported By	Injured Taken To
OH	RP212475	OH	AY48427	1		

Owner Name (if same, write "Same"): SAME

Address (Street, City, State, Zip Code):

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1993	CADILLAC	SEVILLE	WHITE	PHOENIX		531-7901

Offense Charged	Offense Description	Citation #

Occupant

C

Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
W1	COY, DAVID	541-4084	08/09/1965	35	M

Address (Street, City, State, Zip Code): 1448 LARRYWOOD LN CINTI, OH 45224

Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown)	Transported By	Injured Taken To
1		

D

Unit #	Name (Last, First, Middle)	Home Phone #	Date of Birth	Age	Sex
W2	BLACK, BARBARA	541-4084	04/14/1973	27	F

Address (Street, City, State, Zip Code): 1448 LARRYWOOD LN, CINTI, OH 45224

Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown)	Transported By	Injured Taken To
1		

Seating Position	Safety Equipment	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
A: 01	A: 04	A: 1	A: 4	A: 1	A: 1	A: 1
B: 01	B: 04	B: 1	B: 4	B: 1	B: 1	B: 3
C:	C:	C:	C:	C:	C:	C:
D:	D:	D:	D:	D:	D:	D:

Seating Position: 01 Front – Left (MC Driver), 02 Front – Middle, 03 Front – Right, 04 Second – Left (MC Pass), 05 Second – Middle, 06 Second – Right, 07 Third – Left (MC Passenger/Side Car), 08 Third – Middle, 09 Third – Right, 10 Sleeper Section Of Cab, 11 Enclosed Cargo Area, 12 Unenclosed Cargo Area, 13 Trailing Unit, 14 Exterior, 15 Other, 16 Non-Motorist, 17 Unknown

Blank for Witness

Safety Equipment – Motorist: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 MC Helmet Used, 07 Use Unknown

Safety Equipment – Non-Motorist: 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown

Air Bag: 1 Not-Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown

Air Bag Switch: 1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown

Ejection: 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown

Trapped: 1 Not Trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown

Injuries: 1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown

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Unit Numbers

A: 0 1 B: 0 2

Non-Motorist Location

A: B:

01 Marked crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

A: 0 7 B: 0 4

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

A: 1 B: 1

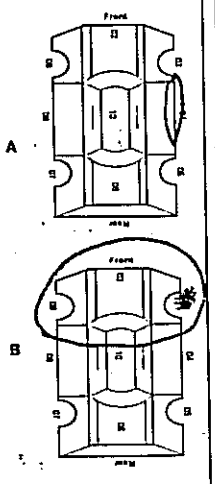
1 No
2 Yes
3 Unknown

Damage Scale

A: 2 B: 4

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area



Most Damaged Area

A: 0 4 B: 0 2

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
15 Unknown

Point of Impact

A: 0 4 B: 0 8

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
15 Unknown

Action

A: 3 B: 5

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

A: 1 B: 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

A: 0 1 B: 0 1

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

A: 0 9 B: 0 1

Motorist
01 None
02 Failure To Yield
03 Ran Red Light, or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving to Avoid (Due To Wind, Suppery Surface, Vehicle, Object, Non-Motorist in Roadway, Etc)
15 Failure to Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only If '19' Selected Above

A: B:

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 Crash
11 Other Defects

Sequence Of Events

A	B
2 0 (1)	2 0 (1)
(2)	3 6 (2)
(3)	3 7 (3)
(4)	4 4 (4)

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/ Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

A: 1 B: 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

A: 1 B: 2

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

A: 1 B: 1

1 Stated
2 Estimated Speed

Speed

3 5
3 5

Posted Speed

A: 3 5 B: 3 5

Traffic Control

A: 1 2 B: 1 2

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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
15 Other

Direction

From	To	From	To
3	4	3	4

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

Condition

A: 1 B: 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

A: 1 B: 1

1 None
2 Yes – Alcohol Suspected
3 Yes - HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

A: 1 B: 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

A: 1 B: 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

A: 0
B: 0

Drug Test Status

A: 1 B: 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

A: 1 B: 1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

A: 1 2 B: 1 2

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

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
11 Unknown
* *Secondary Road Conditions ONLY

Supplement * "X" if Yes

Local Report # * 0T00395 1

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Narrative

UNIT #1 WESTBOUND ON GALBRAITH RD DRIFTED ACROSS LANE STRIKING UNIT #2. UNIT #2 RAN OFF ROAD STRIKING TELEPHONE POLE POLE # H57783, SHEARING OFF THE POLE. UNIT #2 THEN CONTINUED ACROSS LAWN TEARING OFF A GUIDE WIRE AND COMING TO REST IN BUSHES AT CORNER OF GALBRAITH RD AND MOCKINGBIRD LN.

Manner of Collision or Impact: 7

1 Not Collision Between Two 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: 01

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Light Conditions: Primary 1; Secondary

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Type Of Work Zone:

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

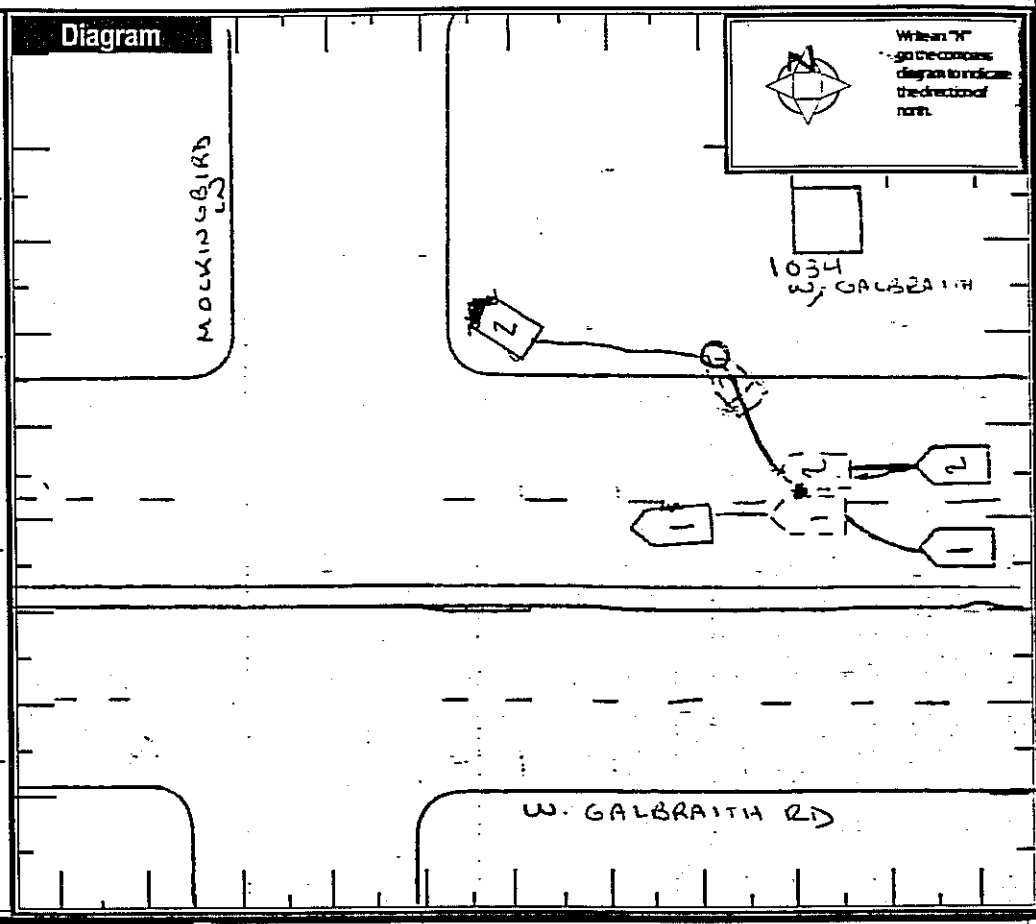
Location Of Crash In Work Zone:

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present: 1

1 No
2 Yes
3 Unknown

Diagram



Truck/Bus

Unit #:

The Crash Involved one or more of the following:
A truck (motor vehicle) with a GVWR more than 10,000 pounds; or
A truck (motor vehicle) with a hazardous materials placard; or
A bus designed for at least 8 persons, including driver.

AND

The crash resulted in one or more of the following:
A fatality; or
An injury requiring transportation for immediate medical treatment; or
At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

Company (From Shipping Papers):
Company Phone:
Address (Street, City, St, Zip Code):

US DOT | CC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP # | Placard # | EDA

Cargo Body Type:

01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tan
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR):

1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class:

1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard:

1 No
2 Yes
3 Unknown

Hazardous Material Released:

1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

Date Crash Reported	Time Rec Call	Dispatch	Arrived	Cleared	Other	Total Minutes
02 25 2001	1104	1104	1107	1153	0	49

Officer's Name *: P.O. JOHN E. BUXSEL
Badge # *: 213
Checked By: J. McDaniel
Date Report Filed *: 02 25 2001

Report Taken By: 1 Police Agency; 2 Motorist
Report Taken At: 1 Scene; 2 Station; 3 Other
Supplement *: "X" = Yes
Local Report # *: 01 00 39 51

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OH-1 Rev. 10/97

OHIO TRAFFIC CRASH REPORT

Crash Number	Crash Severity	Private Property	Hit/Skip	Photos Taken	OH-2	OH-3	OH-1P	Other
01 01 0 0 1 8	2 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)		1 (1 Not Hit/Skip, 2 Solved, 3 Unsolved)					

County	Reporting Agency	Route	Date Reported	Date of Crash
31340	SPRINGFIELD TWP	02	01 (98 = Animal, 99 = Unknown)	05/13/2001

Time of Crash	Day of Week	City	Village	Twp	Name (of City, Village or Township)	County	Latitude	Longitude
0053	SUN			X	SPRINGFIELD	31		

Crash Occurred On

Prefix	Crash Location	Type Loc	Type Location Point Used (1 Named Street, 2 Numbered Street, 3 Numbered Route)	Local Information
W	GALBRAITH RD	1		

At/Reference

Dist Reference	DR	Prefix	Reference	Ref Point	Reference Point Used
			950	04	01 State Line, 02 Intersection, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

Driver 1 — Unit 01, Occ. 01
Name (Last, First, Middle): SMITH, IVA J.
Address (Street, City, State, Zip Code): 1445 RANDOLPH RD CINN OH 45231
Date of Birth: 12/27/19 | Age: 43 | Sex: F | Home Phone #: 729-3907 | Work Phone #:
DL State: OH | DL #: RR569130 | LP State: OH | LP #: CMU417 | Injured Taken By: 2 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) | Transported By: SPRINGFIELD TWP FD | Injured Taken To: FMA
Owner Name (If Same, Write "Same"): GAINES, CHARLES T. III | Address (Street, City, State, Zip Code): SAME
Year: 1999 | Make: CHEV. | Model: PRIZM | Color: BLUE | Insurance Company: PROGRESSIVE | Towing Service: C+L | Owner Phone #: 729-3907
Offense Charged: 4511.202 | Offense Description: FAILURE TO CONTROL | Citation #: 3H 04 2653

Driver 2 — Unit 02, Occ. 01
Name (Last, First, Middle): CALDWELL, RAYMOND A.
Address (Street, City, State, Zip Code): 1325 W. NORTHBEND RD CINN OH 45224
Date of Birth: 05/15/1943 | Age: 57 | Sex: M | Home Phone #: 542-9455 | Work Phone #:
DL State: OH | DL #: RN 722736 | LP State: OH | LP #: CIG4136 | Injured Taken By: (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) | Transported By: | Injured Taken To:
Owner Name (If Same, Write "Same"): SAME | Address (Street, City, State, Zip Code):
Year: 2000 | Make: CAD | Model: DEVILLE | Color: BLUE | Insurance Company: HARTFORD UNDERWRITERS | Towing Service: | Owner Phone #:
Offense Charged: | Offense Description:

Occupant

Name (Last, First, Middle): | Home Phone #:
Address (Street, City, State, Zip Code): | Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown): | Transported By: | Injured Taken To:

Name (Last, First, Middle): | Home Phone #:
Address (Street, City, State, Zip Code): | Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown): | Transported By: | Injured Taken To:

Unit	Seating Position	Safety Equipment	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
01	01 (01 Front – Left (MC Driver), 02 Front – Middle, 03 Front – Right, 04 Second – Left (MC Pass), 05 Second – Middle, 06 Second – Right, 07 Third – Left (MC Passenger/Side Car), 08 Third – Middle, 09 Third – Right, 10 Sleeper Section Of Cab, 11 Enclosed Cargo Area, 12 Unenclosed Cargo Area, 13 Trailing Unit, 14 Exterior, 15 Other, 16 Non-Motorist, 17 Unknown)	01 (Motorist: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 MC Helmet Used, 07 Use Unknown; Non-Motorist: 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown)	4 (1 Not-Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown)	1 (1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown)	1 (1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown)	3 (1 Not Trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown)	(1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown)
01	04	1	2	1	1		

Blank for Witness

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Unit Numbers

01 02

Non-Motorist Location

01 Marked crosswalk at intersection
02 Intersection/ No Crosswalk
03 Non-intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
96 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

03 04

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minvan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

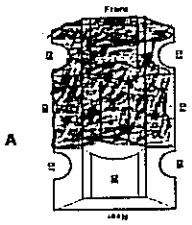
1 No
2 Yes
3 Unknown

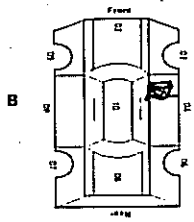
Damage Scale

4 2

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6-Unknown

Damage Area





Most Damaged Area

02 04

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
15 Unknown

Point of Impact

09 04

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
15 Unknown

Action

3 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7- Unknown

Pre-Crash Actions

01 01

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

13 01

Motorist
01 None
02 Failure to Yield
03 Ran Red Light, or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving to Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure to Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only if '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

20 20
08
36
01

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

2 1a

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

3 1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

2 1

1 Stated
2 Estimated Speed

Speed

30
30

Posted Speed

35 35

Traffic Control

12 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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

3 4 3 4

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

Condition

6 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

2 1

1 None
2 Yes – Alcohol Suspected
3 Yes - HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

2

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

01

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
11 Unknown

**Secondary Road Conditions Only

01 01 [illegible]

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Narrative

UNIT 2 WESTBOUND ON W. GALBRAITH RD IN INSIDE LANE. UNIT 1 WESTBOUND ON W. GALBRAITH RD IN OUTSIDE LANE DRIVER OF UNIT 2 STATED UNIT 1 CAME INTO HIS LANE AND STRUCK HIS VEHICLE. AFTER CONTACT UNIT 1 WENT OFF RIGHT SIDE OF ROADWAY STRIKING A UTILITY POLE AND FLIPPING ON ITS TOP.

Manner of Collision or Impact: 7

1 Not Collision Between Two 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: 01

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Light Conditions: Primary 5 Secondary

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Type Of Work Zone:

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

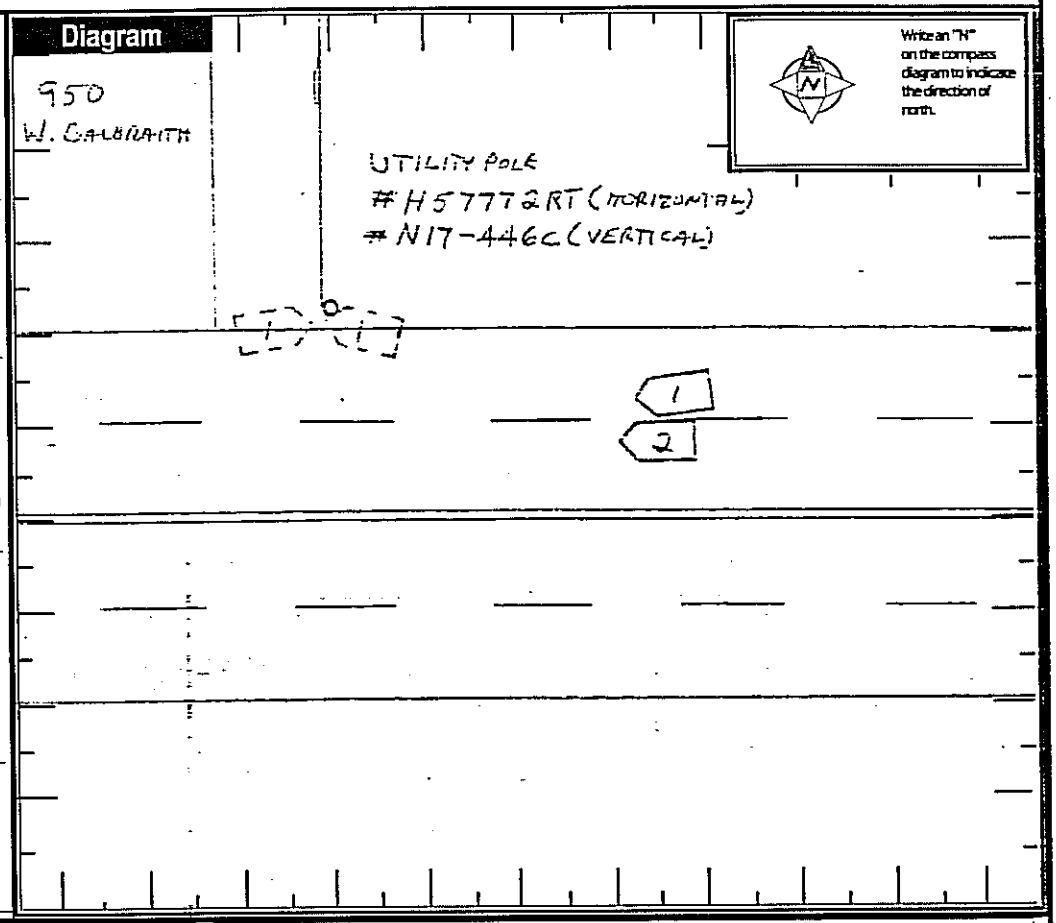
Location Of Crash in Work Zone:

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present:

1 No
2 Yes
3 Unknown

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

Truck/Bus

Unit #

The Crash INVOLVED one or more of the following:
A truck (motor vehicle) with a GVWR more than 10,000 pounds; or
A truck (motor vehicle) with a hazardous materials placard; or
A bus designed for at least 8 persons, including driver.

AND

The crash RESULTED in one or more of the following:
A fatality; or
An injury requiring transportation for immediate medical treatment; or
At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

Company (From Shipping Papers) | Company Phone

Address (Street, City, St, Zip Code)

US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP # | Placard # | Pole

Cargo Body Type:

01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR):

1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class:

1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard:

1 No
2 Yes
3 Unknown

Hazardous Material Released:

1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

Date Reported	Time Reported	Dispatch	Arrived	Cleared	Other	Total Minutes
05132001	0053	0054	0056	0216	20	160

Officer's Name *	Badge #	Checked By	Date Report Filed *
J. Cole	211	[illegible]	05132001

Report Taken By: 1 — 1 Police Agency, 2 Motorist

Report Taken At: 1 — 1 Scene, 2 Station, 3 Other

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OH-1 (Rev. 10/99)

OHIO TRAFFIC CRASH REPORT

01025851

Crash Severity: 3 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)

Private Property:

Hit/Skip: 2 (1 Not Hit/Skip, 2 Solved, 3 Unsolved)

Photos Taken: OH-2 | OH-3 | OH-1P | Other

Reporting Agency *: 03134 SPRINGFIELD TWP

01 01 (98 = Animal, 99 = Unknown)

11 12 20 01

Day of Week: 1505 MON

X

Name (of city, village or township) *: SPRINGFIELD TWP 31

Latitude / Longitude:

Crash Occurred On

Prefix: W

Crash Location: GALBRAITH RD

Type Loc: 1

Type Location Point Used: 1 Named Street, 2 Numbered Street, 3 Numbered Route

Local Information

At / Reference

Dist Reference | DR | Prefix | Reference: 1172

Ref Point: 04

Reference Point Used: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

A 01 01 — Name (Last, First, Middle): BAKKAR AHMAD

Address (Street, City, State, Zip Code): 27 MAPLE AVE #8 CINTI OH 45212

01 01 1981 20 M — Home Phone #: 924-0213 — Work Phone #:

DL State: OH — DL #: SH842312 — LP State: OH — LP #: CRV 5941 — Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — Transported By: — Injured Taken To:

Owner Name (if same, write "SAME"): BAKKAR AHMAD — Address (Street, City, State, Zip Code):

Year: 1984 — Make: HONDA — Model: ACCORD — Color: GOLD — Insurance Company: — Towing Service: — Owner Phone #:

Offense Charged: 4511.202 / 4507.02 — Offense Description: FAIL TO CONTROL / NO DRIVERS LIC. 34054634

B — Name (Last, First, Middle):

Address (Street, City, State, Zip Code):

Home Phone # — Work Phone #

DL State — DL # — LP State — LP # — Injured Taken By — Transported By — Injured Taken To

Owner Name (if same, write "SAME") — Address (Street, City, State, Zip Code)

Year — Make — Model — Color — Insurance Company — Towing Service — Owner Phone #

Offense Charged — Offense Description

Occupant

C — Name (Last, First, Middle): FOX, HEATHER (WITNESS) — Home Phone #: 385-7533 — 03 21 1973 28 F

Address (Street, City, State, Zip Code): 3114 BANNING RD CINTI OH 45239 — Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — Transported By: — Injured Taken To:

D — Name (Last, First, Middle) — Home Phone #

Address (Street, City, State, Zip Code) — Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — Transported By: — Injured Taken To:

Seating Position	Safety Equipment	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
01	04	5	1	1	1	1

Seating Position: 01 Front – Left (MC Driver), 02 Front – Middle, 03 Front – Right, 04 Second – Left (MC Pass), 05 Second – Middle, 06 Second – Right, 07 Third – Left (MC Passenger/Side Car), 08 Third – Middle, 09 Third – Right, 10 Sleeper Section Of Car, 11 Enclosed Cargo Area, 12 Unenclosed Cargo Area, 13 Trailing Unit, 14 Exterior, 15 Other, 16 Non-Motorist, 17 Unknown

Blank for Witness

Safety Equipment — Motorist: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 MC Helmet Used, 07 Use Unknown. Non-Motorist: 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown

Air Bag: 1 Not-Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown

Air Bag Switch: 1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown

Ejection: 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown

Trapped: 1 Not Trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown

Injuries: 1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown

HSY7001

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Unit Numbers

01

Non-Motorist Location

01 Marked crosswalk at intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

03

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

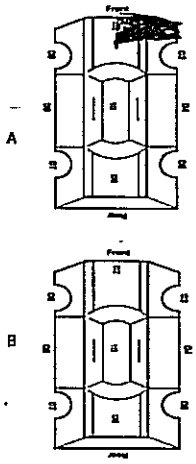
1 No
2 Yes
3 Unknown

Damage Scale

3

1 None
2 Non-Functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area



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
15 Unknown

Point Of Impact

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
15 Unknown

Action

3

1 Non-Contact
2 Non-Collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

01

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

15

Motorist
01 None
02 Failure to Yield
03 Ran Red Light, or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving to Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist in Roadway, Etc)
15 Failure to Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only if '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

20
08
37

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

3

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

2

1 Stated
2 Estimated Speed

Speed

035

Posted Speed

35

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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

34

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

Condition

1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Faintd, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1

1 None
2 Yes – Alcohol Suspected
3 Yes - HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 1

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type Of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

4

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

2

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

01

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
11 Unknown

** Secondary Road Conditions Only

01025851

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Narrative

UNIT #1 WAS WESTBOUND ON GALBRAITH RD AT 1172 WHEN HE FAILED TO MAINTAIN CONTROL OF HIS VEHICLE AND RAN OFF THE RIGHT SIDE OF THE ROAD STRIKING A FIXED SIGN POST. UNIT #1 THEN BACKED UP AND LEFT THE SCENE IN A WESTERLY DIRECTION. UNIT #1 AND DRIVER WERE BOTH LOCATED.

Manner of Collision or Impact: 1

1 Not Collision Between Two 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

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Weather: 01

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Type Of Work Zone:

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

Light Conditions: Primary 1; Secondary

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

Location Of Crash In Work Zone:

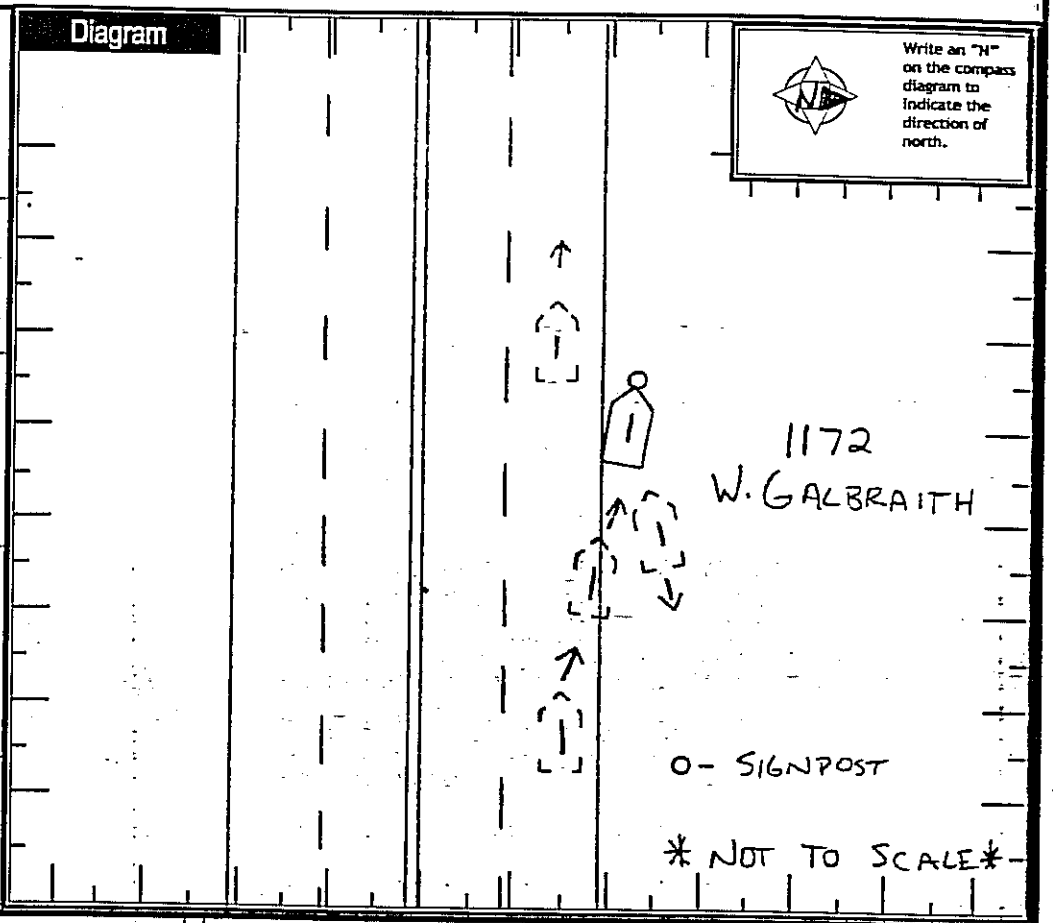
1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present:

1 No
2 Yes
3 Unknown

Diagram

Write an "N" on the compass diagram to indicate the direction of north.



Truck/Bus

Unit #

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company (From Shipping Papers)

Company Phone

Address (Street, City, St, Zip Code)

US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP #

Cargo Body Type:

01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR):

1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class:

1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard:

1 No
2 Yes
3 Unknown

Hazardous Material Released:

1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

Crash Date: 11/22/2011 | Time: 1505 | Dispatch: 1505 | Arrived: 1510 | Cleared: 1538 | Other:

Officer's Name *: P.O. ROBERTS | 177 | Checked By: Sgt. Brandt | Date Report Filed *: 11/22/2011

Report Taken By: 1 Police Agency, 2 Motorist

Report Taken At: 1 Scene, 2 Station, 3 Other

010258

Top Copy - ODPS Bottom Copy - Agency

2002 Crash Report

William W. Brayshaw PE - PS *The Hamilton County Engineer's Traffic Department*

Source	Report #	Date	Day	Time	Twp	Address	Road	Intersects	Distance/Dir.	Inj	Ped	Fat	Accident Type	Comments
Spr	23644	11/13/2002	WE	15:00	Spr	900	Galbraith	Winton	0	0	0	0	Angle	Ex.pr.dr.into WB
Spr	19028	9/6/2002	FR	14:20	Spr	900	Galbraith	Winton	0	0	0	0	Rear End	WB - ACD
Spr	17938	8/23/2002	FR	7:00	Spr	900	Galbraith	Winton	0	0	0	0	Left Turn	WB to SB into EB
Spr	18887	9/4/2002	WE	18:04	Spr	900	Galbraith	Winton	0	2	0	0	Fail to Control	SB into EB & WB
Spr	8646	4/17/2002	WE	7:45	Spr	904	Galbraith	Winton	70 W	0	0	0	Angle	Ex.ShellOil into WB
Spr	14209	7/3/2002	WE	18:15	Spr	904	Galbraith	Winton	70 W	0	0	0	Rear End	EB - ACD
Spr	538	1/7/2002	MO	0:05	Spr	912	Galbraith	Winton	215 W	0	0	0	Fail to Control	WB into pole in snow
Spr	14144	7/2/2002	TU	18:58	Spr	912	Galbraith	Winton	215 W	0	0	0	Sideswipe/Meeting	EB into WB
Spr	7531	4/4/2002	TH	14:15	Spr	915	Galbraith	Winton	250 W	0	0	0	Angle	Ex.ShellOil into EB
Spr	23687	11/14/2002	TH	7:35	Spr	940	Galbraith	Winton	450 W	0	0	0	Sideswipe/Passing	WB improper lane ch
Spr	6681	3/24/2002	SU	18:50	Spr	973	Galbraith	Springdew	0	0	0	0	Sideswipe/Passing	EB improper passing
Spr	20588	9/28/2002	SA	12:39	Spr	974	Galbraith	Springdew	0	0	0	0	Sideswipe/Passing	Improper Lane Chang
Spr	6031	3/16/2002	SA	12:55	Spr	1004	Galbraith	Springdew	330 W	0	0	0	Fail to Control	EB into tree
Spr	10704	5/17/2002	FR	10:45	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Rear End	EB - ACD
Spr	9709	5/2/2002	TH	22:32	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Rear End	WB - ACD
Spr	16986	8/9/2002	FR	3:13	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Left Turn	EB to NB into WB
Spr	19156	9/7/2002	SA	22:30	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Left Turn	WB to SB into EB
Spr	24668	11/30/2002	SA	1:20	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Fail to Control	EB into pole
Spr	15857	7/25/2002	TH	17:42	Spr	1068	Galbraith	Mockingbird & Nieman	0	1	0	0	Angle	EB ran red into NB
Spr	4983	3/3/2002	SU	16:39	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Rear End	EB - ACD

2002 Crash Report

William W. Brayshaw PE - PS *The Hamilton County Engineer's Traffic Department*

Source	Report #	Date	Day	Time	Twp	Address	Road	Intersects	Distance/Dir.	Inj	Ped	Fat	Accident Type	Comments
Spr	25055	12/5/2002	TH	18:21	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Left Turn	WB to SB into EB
Spr	6928	3/28/2002	TH	7:45	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Left Turn	WB to SB into EB
Spr	17535	8/17/2002	SA	13:49	Spr	1150	Galbraith	Kirkland	0	0	0	0	Sideswipe/Passing	EB improper lane chg
Spr	26366	12/29/2002	SU	18:16	Spr	1150	Galbraith	Kirkland	0	0	0	0	Sideswipe/Passing	EB improper lane chg
Spr	16808	8/7/2002	WE	12:25	Spr	1150	Galbraith	Kirkland	0	0	0	0	Fail to Control	WB into pole
Spr	17255	8/13/2002	TU	15:55	Spr	1150	Galbraith	Kirkland	0	0	0	0	Angle	NB @ SS into WB

6

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

OH-1 (REV. 1/98)

2002-18887

CRASH SEVERITY: 2 — 1 FATAL, 2 INJURY, 3 PDO, 4 UNKNOWN

PRIVATE PROPERTY

HIT/SKIP: 1 — 1 NOT HIT/SKIP, 2 SOLVED, 3 UNSOLVED

PHOTOS TAKEN: OH-2 X, OH-3 X, OH-1P, OTHER

03134 — REPORTING AGENCY: SPRINGFIELD TWSP PD — 03 01 (98 = ANNUAL, 99 = UNKNOWN) — 09042002

1804 — DAY OF WEEK: WED — X — NAME (OF CITY, VILLAGE OR TOWNSHIP): SPRINGFIELD TWSP — 31

LATITUDE / LONGITUDE

CRASH OCCURRED ON

PREFIX: | CRASH LOCATION: GALBRAITH RD | TYPE LOC: 1 | TYPE LOCATION POINT USED: 1 NAMED STREET, 2 NUMBERED STREET, 3 NUMBERED ROUTE

LOCAL INFORMATION:

AT / REFERENCE

DIST REFERENCE: 50' | OR: E | PREFIX: | REFERENCE: GALBRAITH RD + WINTON RD | REF POINT: 02

REFERENCE POINT USED: 01 STATE LINE, 02 INTERSECTION 2 STREETS, 03 COUNTY LINE, 04 HOUSE NUMBER, 05 TOWNSHIP BOUNDARY, 06 MILE POST, 07 CORPORATION LIMIT, 08 PLACE NAME W/O REFERENCE, 09 DRIVEWAY, 10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist

0101 — NAME (LAST, FIRST, MIDDLE): GLUECK, LILLIAN, W

ADDRESS (STREET, CITY, STATE, ZIP CODE): 3501 SECTION RD, CINC OH 45237

09211912 — 89 — F — HOME PHONE #: 513-731-2387 — WORK PHONE #:

DL STATE: OH — DL #: RK390734 — LP STATE: OH — LP #: CFOHXW — INJURED TAKEN BY: 2 (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN) — TRANSPORTED BY: 579 — INJURED TAKEN TO: MERCY HOSPITAL

OWNER NAME (IF SAME, WRITE "SAME"): SAME — ADDRESS (STREET, CITY, STATE, ZIP CODE): SAME

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
2000	HONDA	ACCORD	SILVER	STATE FARM	NORTHGATE	

OFFENSE CHARGED: 4511.202 — OFFENSE DESCRIPTION: FAIL TO CONTROL — 3408853

0201 — NAME (LAST, FIRST, MIDDLE): WINKLER, MATTHEW

ADDRESS (STREET, CITY, STATE, ZIP CODE): 8070 CALLETTE LN, CINC OH

09031966 — 46 — M — HOME PHONE #: 513-521-1253 — WORK PHONE #:

DL STATE: OH — DL #: RF318507 — LP STATE: OH — LP #: AG96US — INJURED TAKEN BY: 1 (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN) — TRANSPORTED BY: — INJURED TAKEN TO:

OWNER NAME (IF SAME, WRITE "SAME"): KINGS TOYOTA INC — ADDRESS (STREET, CITY, STATE, ZIP CODE): 9500 KINGS AUTO MALL

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
2002	TOYOTA	HIGHLANDER	TAN	STATE FARM	NONE	

OFFENSE CHARGED: — OFFENSE DESCRIPTION:

Occupant

NAME (LAST, FIRST, MIDDLE): GARRETT, JOANNA — HOME PHONE #: 521-3299 — 10201966 — 46 — F

ADDRESS (STREET, CITY, STATE, ZIP CODE): 8218 W. GALBRAITH RD, CINC OH 45231 — INJURED TAKEN BY: 1 (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN) — TRANSPORTED BY: — INJURED TAKEN TO:

NAME (LAST, FIRST, MIDDLE): — HOME PHONE #:

ADDRESS (STREET, CITY, STATE, ZIP CODE): — INJURED TAKEN BY: 1 (1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN) — TRANSPORTED BY: — INJURED TAKEN TO:

SEATING POSITION
01 FRONT – LEFT (MC DRIVER)
02 FRONT – MIDDLE
03 FRONT – RIGHT
04 SECOND – LEFT (MC PASS)
05 SECOND – MIDDLE
06 SECOND – RIGHT
07 THIRD – LEFT (MC PASSENGER/SIDE CAR)
08 THIRD – MIDDLE
09 THIRD – RIGHT
10 SLEEPER SECTION OF CAB
11 ENCLOSED CARGO AREA
12 UNENCLOSED CARGO AREA
13 TRAILING UNIT
14 EXTERIOR
15 OTHER
16 NON-MOTORIST
17 UNKNOWN

01 — 04 — 01 — 04 — 0

SAFETY EQUIPMENT
MOTORIST: 01 NONE USED, 02 SHOULDER BELT ONLY, 03 LAP BELT ONLY, 04 SHOULDER/LAP BELT, 05 CHILD SAFETY SEAT, 06 MC HELMET USED, 07 USE UNKNOWN
NON-MOTORIST: 08 NONE USED, 09 HELMET USED, 10 PROTECTIVE PADS, 11 REFLECTIVE CLOTHING, 12 LIGHTING, 13 OTHER, 14 UNKNOWN

1 — 4

AIR BAG
1 NOT DEPLOYED, 2 DEPLOYED-FRONT, 3 DEPLOYED-SIDE, 4 DEPLOYED BOTH FRONT/SIDE, 5 NOT APPLICABLE, 6 UNKNOWN

4

AIR BAG SWITCH
1 NOT PRESENT, 2 IN ON POSITION, 3 IN OFF POSITION, 4 UNKNOWN

1

EJECTION
1 NOT EJECTED, 2 TOTALLY EJECTED, 3 PARTIALLY EJECTED, 4 NOT APPLICABLE, 5 UNKNOWN

1

TRAPPED
1 NOT TRAPPED, 2 EXTRICATED BY MECHANICAL MEANS, 3 FREED BY NON-MECHANICAL MEANS, 4 UNKNOWN

1

INJURIES
1 NO INJURY, 2 POSSIBLE, 3 NON-INCAPACITATING, 4 INCAPACITATING, 5 FATAL INJURY, 6 UNKNOWN

3

BLANK FOR WITNESS

OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

2002-18887 2

CRASH SEVERITY: 1 FATAL, 2 INJURY, 3 PDO, 4 UNKNOWN

PRIVATE PROPERTY

HIT/SKIP: 1 NOT HIT/SKIP, 2 SOLVED, 3 UNSOLVED — 1

PHOTOS TAKEN: OH-2 X, OH-3 X, OH-1P, OTHER

REPORTING AGENCY ★: V 03134 SPRINGFIELD TWSP PD 03 01

98 = ANIMAL, 99 = UNKNOWN: 09042002

DAY OF WEEK: 1804 WED

NAME (OF CITY, VILLAGE OR TOWNSHIP) ★: X SPRINGFIELD TWSP 31

LATITUDE / LONGITUDE

CRASH OCCURRED ON

PREFIX / CRASH LOCATION: GALBRAITH RD

TYPE LOC: 01

TYPE LOCATION POINT USED: 1 NAMED STREET, 2 NUMBERED STREET, 3 NUMBERED ROUTE

LOCAL INFORMATION

AT / REFERENCE

DIST REFERENCE: 50' | DIR: E | PREFIX | REFERENCE: GALBRAITH RD + WINTON RD

REF POINT: 02

REFERENCE POINT USED: 01 STATE LINE, 02 INTERSECTION 2 STREETS, 03 COUNTY LINE, 04 HOUSE NUMBER, 05 TOWNSHIP BOUNDARY, 06 MILE POST, 07 CORPORATION LIMIT, 08 PLACE NAME W/O REFERENCE, 09 DRIVEWAY, 10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist

NAME (LAST, FIRST, MIDDLE): 0301 LARKIN, TIFFANY

ADDRESS (STREET, CITY, STATE, ZIP CODE): 8769 VENUS LN CINC OH 45231

HOME PHONE #: 513-521-7052 | WORK PHONE #:

11261982 20 F

DL STATE: OH | DL #: SB099871 | LP STATE: OH | LP #: CTV4575

INJURED TAKEN BY: 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY: - | INJURED TAKEN TO:

OWNER NAME (IF SAME, WRITE "SAME"): RANDALL LARKIN

ADDRESS (STREET, CITY, STATE, ZIP CODE): 8769 VENUS LN CINC OH 45231

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
1998	CHEV		MAROON	ALL STATE		

OFFENSE CHARGED | OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE):

ADDRESS (STREET, CITY, STATE, ZIP CODE):

HOME PHONE # | WORK PHONE #:

DL STATE | DL # | LP STATE | LP # | INJURED TAKEN BY: 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN | TRANSPORTED BY | INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") | ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #

OFFENSE CHARGED | OFFENSE DESCRIPTION

Occupant

NAME (LAST, FIRST, MIDDLE) | HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE) | INJURED TAKEN BY: 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN | TRANSPORTED BY | INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE) | HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE) | INJURED TAKEN BY: 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN | TRANSPORTED BY | INJURED TAKEN TO

SEATING POSITION (01): 01 FRONT – LEFT (MC DRIVER), 02 FRONT – MIDDLE, 03 FRONT – RIGHT, 04 SECOND – LEFT (MC PASS), 05 SECOND – MIDDLE, 06 SECOND – RIGHT, 07 THIRD – LEFT (MC PASSENGER/SIDE CAR), 08 THIRD – MIDDLE, 09 THIRD – RIGHT, 10 SLEEPER SECTION OF CAB, 11 ENCLOSED CARGO AREA, 12 UNENCLOSED CARGO AREA, 13 TRAILING UNIT, 14 EXTERIOR, 15 OTHER, 16 NON-MOTORIST

SAFETY EQUIPMENT (04)
MOTORIST: 01 NONE USED, 02 SHOULDER BELT ONLY, 03 LAP BELT ONLY, 04 SHOULDER/LAP BELT, 05 CHILD SAFETY SEAT, 06 MC HELMET USED, 07 USE UNKNOWN
NON-MOTORIST: 08 NONE USED, 09 HELMET USED, 10 PROTECTIVE PADS, 11 REFLECTIVE CLOTHING, 12 LIGHTING, 13 OTHER, 14 UNKNOWN

AIR BAG (2): 1 NOT DEPLOYED, 2 DEPLOYED-FRONT, 3 DEPLOYED-SIDE, 4 DEPLOYED BOTH FRONT/SIDE, 5 NOT APPLICABLE, 6 UNKNOWN

AIR BAG SWITCH (1): 1 NOT PRESENT, 2 IN ON POSITION, 3 IN OFF POSITION, 4 UNKNOWN

EJECTION (1): 1 NOT EJECTED, 2 TOTALLY EJECTED, 3 PARTIALLY EJECTED, 4 NOT APPLICABLE, 5 UNKNOWN

TRAPPED (1): 1 NOT TRAPPED, 2 EXTRICATED BY MECHANICAL MEANS, 3 FREED BY NON-MECHANICAL MEANS, 4 UNKNOWN

INJURIES (3): 1 NO INJURY, 2 POSSIBLE, 3 NON-INCAPACITATING, 4 INCAPACITATING, 5 FATAL INJURY, 6 UNKNOWN

BLANK FOR WITNESS

OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 2002-18887	REPORTING AGENCY SPRINGFIELD TOWNSHIP	DATE OF ACCIDENT M 9 D 4 Y 02
IN COUNTY OF HAMILTON	ACCIDENT LOCATION GALBRAITH ROAD (50' EAST OF WINTON)	

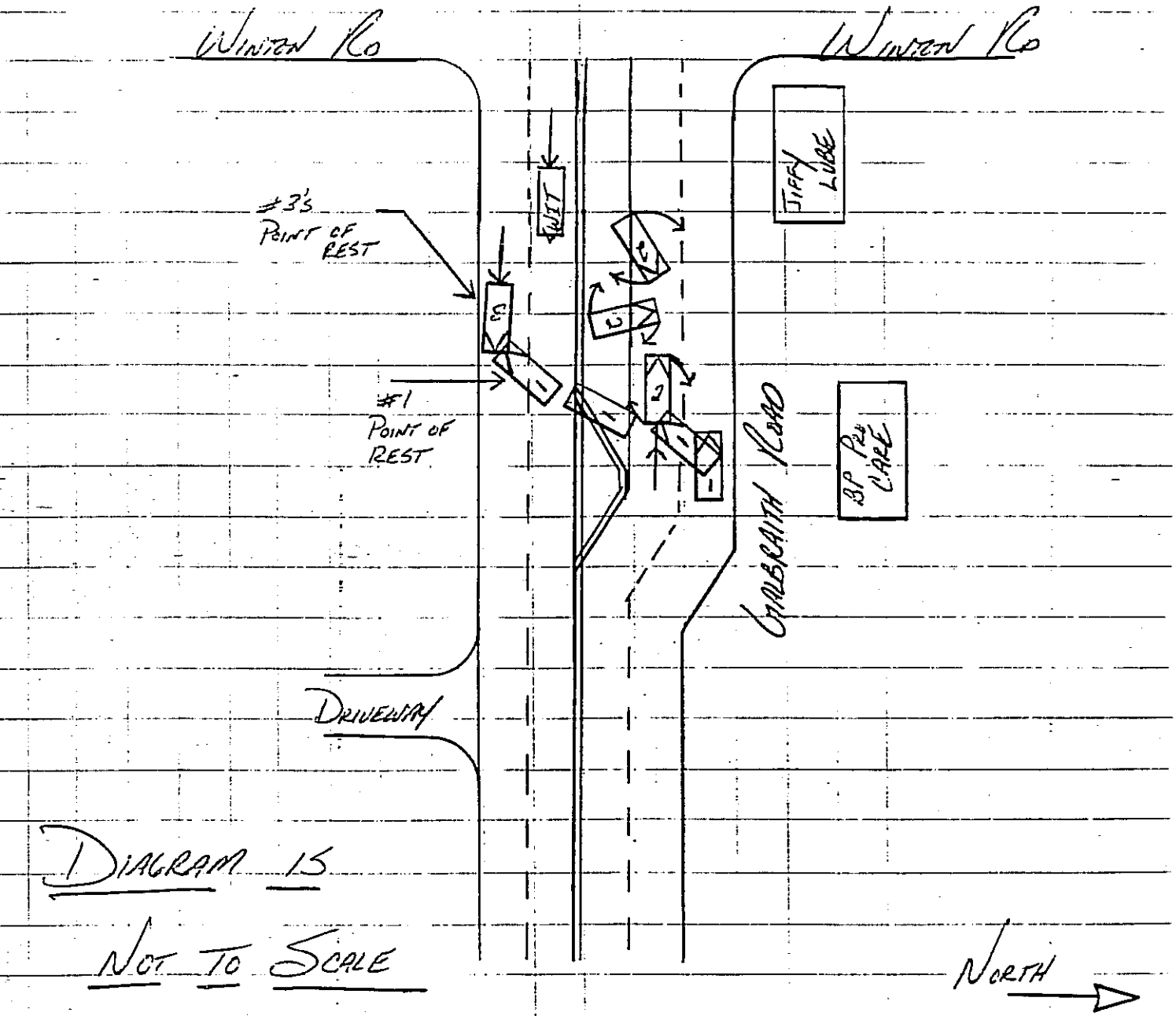


DIAGRAM IS NOT TO SCALE

OFFICERS SIGNATURE | BADGE NO

HSY 7002

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

2002-14144

Crash Severity	Private Property	Hit/Skip	Photos Taken	OH-2	OH-3	OH-1P	Other
3 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)		1 (1 Not Hit/Skip, 2 Solved, 3 Unsolved)					

Reporting Agency	# Units	Unit Error	Date
3134 SPRINGFIELD TWP	02	01 (98 = Animal, 99 = Unknown)	07022002

Day of Week	Name (of City, Village or Township)	County	Latitude	Longitude
1858 TUE	X SPRINGFIELD	31		

Crash Occurred On

Prefix	Crash Location	Type Loc	Type Location Point Used
	GALBRAITH RD.	1	1 Named Street, 2 Numbered Street, 3 Numbered Route

Local Information

At/Reference

Dist Reference	DR	Prefix	Reference	Ref Point
200F	W	OF	WINTON RD.	

Reference Point Used: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

0101 — Name (Last, First, Middle): ALLGEIER, JAMES, A.

Address (Street, City, State, Zip Code): 8767 WOODVIEW LN. CINCINNATI, OHIO 45230

100-21948 | 53 | M | Home Phone: 542-0321 | Work Phone:

DL State: OH | DL #: RT236335 | LP State: OH | LP #: ATR-1522 | Injured Taken By: 1 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) | Transported By: | Injured Taken To:

Owner Name (If same, write "Same"): "SAME" | Address (Street, City, State, Zip Code):

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1993	CHEV	VAN	WHITE	NATIONWIDE MUTUAL		

Offense Charged	Offense Description	Citation #
4511.29	LEFT OF CENTER	34084217

0201 — Name (Last, First, Middle): NELSON, DOREATHA

Address (Street, City, State, Zip Code): 4720 HAMILTON AVE CINCINNATI, OHIO 45223

071960 | 41 | F | Home Phone: 542-6546 | Work Phone:

DL State: OH | DL #: SD698421 | LP State: OH | LP #: B719194 | Injured Taken By: 1 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) | Transported By: | Injured Taken To:

Owner Name (If same, write "Same"): SAME | Address (Street, City, State, Zip Code):

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1995	PONT.	VAN	GRN	SAFE AUTO		

Offense Charged	Offense Description	Citation #

Occupant

Name (Last, First, Middle): | Home Phone: | Date of Birth: | Age: | Sex:

Address (Street, City, State, Zip Code): | Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown): | Transported By: | Injured Taken To:

Name (Last, First, Middle): | Home Phone: | Date of Birth:

Address (Street, City, State, Zip Code): | Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown): | Transported By: | Injured Taken To:

Seating Position	Safety Equipment	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
01 (01 Front – Left (MC Driver), 02 Front – Middle, 03 Front – Right, 04 Second – Left (MC Pass), 05 Second – Middle, 06 Second – Right, 07 Third – Left (MC Passenger/Side Car), 08 Third – Middle, 09 Third – Right, 10 Sleeper Section Of Cab, 11 Enclosed Cargo Area, 12 Unenclosed Cargo Area, 13 Trailing Unit, 14 Exterior, 15 Other, 16 Non-Motorist, 17 Unknown)	04 (Motorist: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 MC Helmet Used, 07 Use Unknown; Non-Motorist: 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown)	1 (1 Not-Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown)	4 (1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown)	1 (1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown)	1 (1 Not Trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown)	1 (1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown)
01	04					

Blank for Witness

HSY7001

Top Copy - ODPS Bottom Copy - Agency

Unit Numbers

01 02

Non-Motorist Location

01 Marked crosswalk at intersection
02 Intersection/ No Crosswalk
03 Non-intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

05 05

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

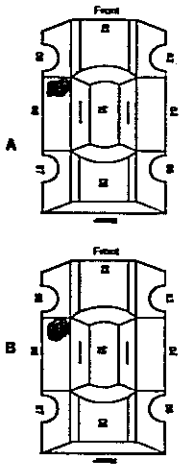
1 No
2 Yes
3 Unknown

Damage Scale

3 3

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area



Most Damaged Area

08 08

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
15 Unknown

Point Of Impact

08 08

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
15 Unknown

Action

3 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

01 01

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

07 01

Motorist
01 None
02 Failure To Yield
03 Ran Red Light, Or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped Or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving to Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure to Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only If '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

20 20

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

1 1

1 Stated
2 Estimated Speed

Speed

35
35

Posted Speed

35 35

Traffic Control

01 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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

From	To	From	To
4	3	3	4

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

Condition

1 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 1 1 1

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

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
11 Unknown

* *Secondary Road Conditions Only

Supplement #

Local Report # 2002-141414

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Narrative

UNIT # 01 WAS E/B ON GALBRAITH APPROX 200 FEET WEST OF WINTON RD. UNIT # 02 WAS W/B ON GALBRAITH RD APPROX 200 FEET WEST OF WINTON RD. UNIT # 01 STATED THAT ANOTHER VEHICLE ~~[illegible]~~ LOOKED LIKE IT WAS COMING OVER INTO HIS LANE OF TRAVEL. UNIT # 01 THEN MOVED LEFT OF CENTER STRIKING UNIT # 02. BOTH UNIT #01 AND UNIT # 02 HAD DAMAGE ONLY TO THE DRIVER SIDE MIRRORS.

"SEE DIAGRAM BELOW"

Manner of Collision or Impact: 8
1 Not Collision Between Two 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

School Bus Related: 1
1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1
1 No
2 Yes
3 Unknown

Type Of Work Zone:
1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

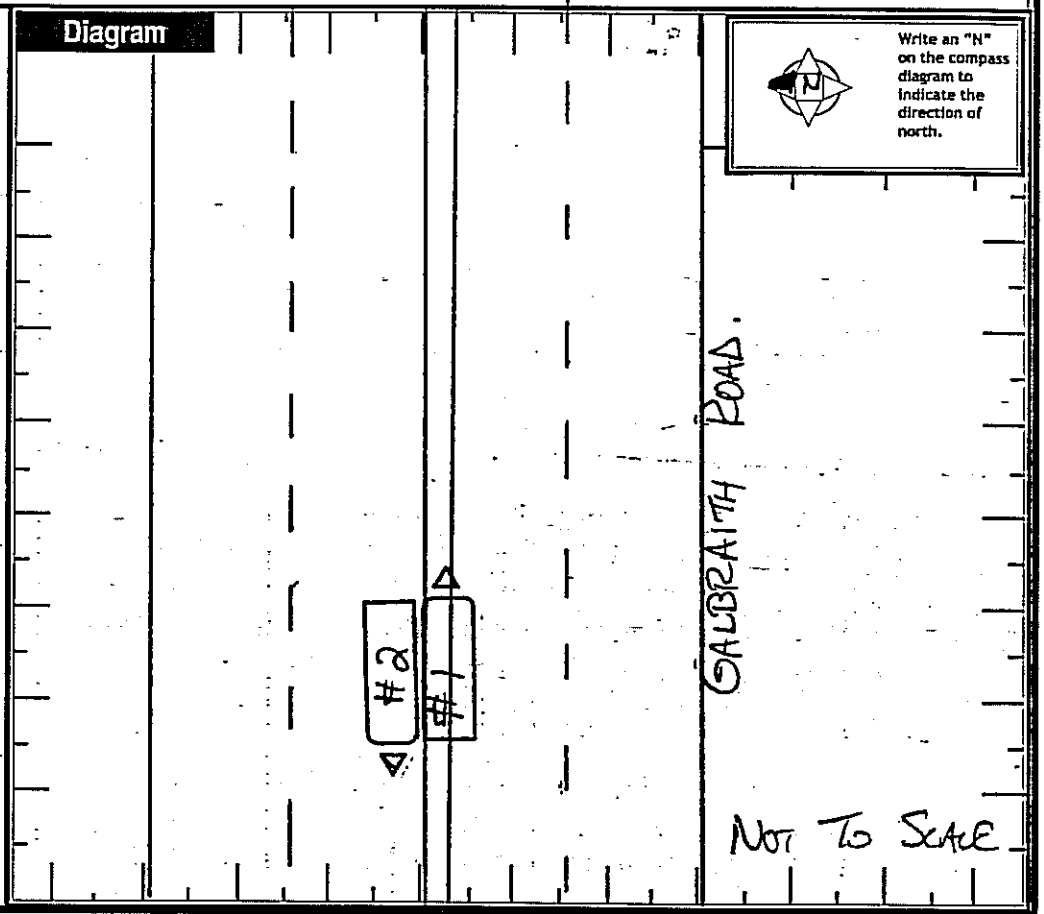
Location Of Crash In Work Zone:
1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present: 1
1 No
2 Yes
3 Unknown

Weather: 01
01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Light Conditions: Primary 1 / Secondary
1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

Diagram



Truck/Bus

Unit #

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company (From Shipping Papers) | Company Phone

Address (Street, City, St, Zip Code)

US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP #

Cargo Body Type:
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR):
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class:
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard:
1 No
2 Yes
3 Unknown

Hazardous Materials Released:
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

Case #	Dispatch	Arrived	Cleared	Other	Total Minutes
07022002 1858	1858	1901	1930		32

Officer's Name*		Checked By	Date Report Filed*
WILCHER	2201	[illegible]	07/02/2002

Report Taken By: 1 — 1 Police Agency, 2 Motorist

Report Taken At: 1 — 1 Scene, 2 Station, 3 Other

Supplement

2002-14144

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OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

2002-23687 2

Crash Severity: 1 Fatal, 2 Injury, 3 PDO, 4 Unknown

Private Property:

Hit/Skip: 1 Not Hit/Skip, 2 Solved, 3 Unsolved

Photos Taken: OH-2 | OH-3 | OH-1P | Other

pl 0313 4 | Reporting Agency *: Springfield Twp | 02 | 01 | 98 = Animal, 99 = Unknown | 11 14 2002

Day of Week: T H R | 0735 | X | Name (of City, Village or Township) *: Springfield | 31 | Latitude | Longitude

Crash Occurred On

Prefix: W | Crash Location: Galbraith Rd (CR) | Type Loc: 1

Type Location Point Used: 1 Named Street, 2 Numbered Street, 3 Numbered Route

Local Information

At/Reference

Dist Reference | OR | Prefix | Reference: 940 | Ref Point: 04

Reference Point Used: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

Name (Last, First, Middle): 01 01 Bailey Lawrence E

Address (Street, City, State, Zip Code): 8303 Fare Worlds Cinti OH 45231

10 27 1958 44 M | Home Phone #: 931-9220 | Work Phone #:

DL State: OH | DL #: RG 282384 | LP State: OH | LP #: AGO9PT | Injured Taken By: 4 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) | Transported By: Self | Injured Taken To: Hosp / Doctor

Owner Name (If Same, Write "Same"): Same | Address (Street, City, State, Zip Code):

Year: 1993 | Make: Olds | Model: Silhouette | Color: White | Insurance Company: Guide ONE | Towing Service: | Owner Phone #: 931-9220

Offense Charged: 451133 | Offense Description: Top Lane Change | 34097651

Name (Last, First, Middle): 02 01 Jones Rosa L

Address (Street, City, State, Zip Code): 5546 Belmont St #305 Cinti OH 45224

07 09 1965 37 F | Home Phone #: 681-5080 | Work Phone #:

DL State: OH | DL #: RQ 621749 | LP State: OH | LP #: CB7JM | Injured Taken By: 2 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) | Transported By: Twp Fire | Injured Taken To: F.M.A.

Owner Name (If Same, Write "Same"): Same | Address (Street, City, State, Zip Code):

Year: 1990 | Make: Ford | Model: Escort | Color: Mar | Insurance Company: UNKNOWN | Towing Service: Engels | Owner Phone #:

Offense Charged: | Offense Description:

Occupant

Name (Last, First, Middle): 01 Davis-Bailey Shirley | Home Phone #: 931-9220 | Date of Birth: 08 18 1951 51 F

Address (Street, City, State, Zip Code): 8303 Fare Worlds Cinti OH | Injured Taken By: 4 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) | Transported By: Self | Injured Taken To: Hosp / Doctor

Name (Last, First, Middle): | Home Phone #: | Date of Birth:

Address (Street, City, State, Zip Code): | Injured Taken By: (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) | Transported By: | Injured Taken To:

Seating Position	Safety Equipment	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
01	04 (Motorist)	1		1	1	2
01	04 (Motorist)	1		1	1	2
03	04 (Non-Motorist)	1		1	1	2

Seating Position: 01 Front – Left (MC Driver), 02 Front – Middle, 03 Front – Right, 04 Second – Left (MC Pass), 05 Second – Middle, 06 Second – Right, 07 Third – Left (MC Passenger/Side Car), 08 Third – Middle, 09 Third – Right, 10 Sleeper Section Of Cab, 11 Enclosed Cargo Area, 12 Unenclosed Cargo Area, 13 Trailing Unit, 14 Exterior, 15 Other, 16 Non-Motorist, 17 Unknown

Safety Equipment — Motorist: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 MC Helmet Used, 07 Use Unknown. Non-Motorist: 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown

Air Bag: 1 Not Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown

Air Bag Switch: 1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown

Ejection: 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown

Trapped: 1 Not Trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown

Injuries: 1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown

Blank for Witness

HSY7001 — Top Copy - ODPS, Bottom Copy - Agency

Unit Numbers

01 02

Non-Motorist Location

01 Marked crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

05 02

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

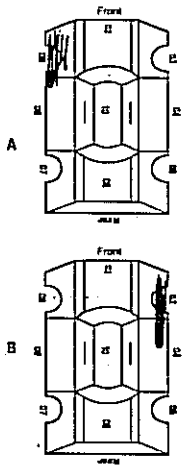
1 No
2 Yes
3 Unknown

Damage Scale

3 3

1 None
2 Non-Functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area



Most Damaged Area

08 04

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
15 Unknown

Point Of Impact

08 04

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
15 Unknown

Action

3 4

1 Non-Contact
2 Non-Collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

03 01

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

09 01

Motorist
01 None
02 Failure To Yield
03 Ran Red Light, Or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left Of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped Or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving To Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure To Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only If '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

20 20

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/ Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

A B

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

A B

Of the Sequence of Events – Which one is the Most Harmful Event (1-4)

Speed Detected

A B

1 Stated
2 Estimated Speed

Speed

30

30

Posted Speed

35 35

Traffic Control

12 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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

From	To	From	To
3	4	3	4

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

Condition

A E

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

A B

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

A B

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

A B

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

Primary Secondary

0 1

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
11 Unknown

** Secondary Road Conditions ONLY

Supervisor Verified Yes

2002-236-89

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Narrative

Unit #1 west on W Galbraith Rd; in the curb lane; improperly changed into the center lane: colliding into unit #2. Unit #2 was west on W. Galbraith Rd in the center lane prior to crash.

Manner of Collision or Impact: 6

1 Not Collision Between Two 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: 01

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Light Conditions: 1

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Type Of Work Zone

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

Location Of Crash in Work Zone

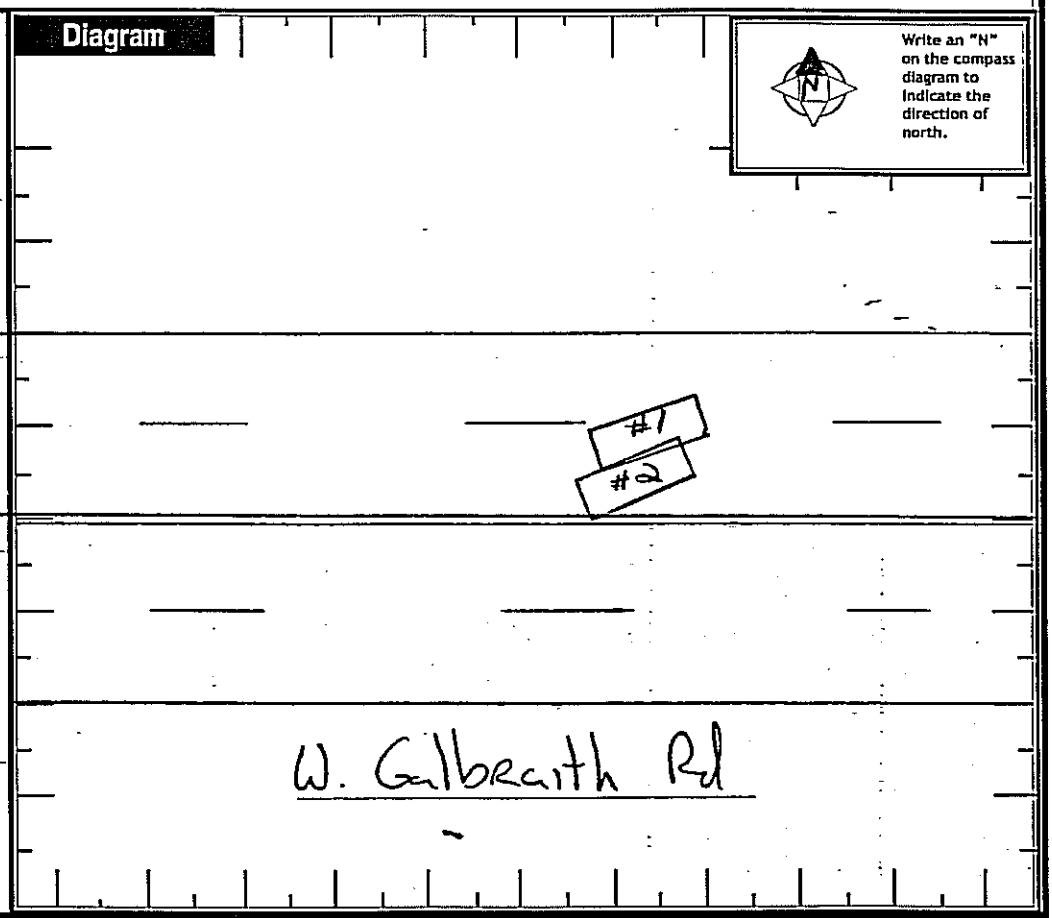
1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present

1 No
2 Yes
3 Unknown

Diagram

Write an "N" on the compass diagram to indicate the direction of north.



Truck/Bus

The Crash INVOLVED one or more of the following:
A truck (motor vehicle) with a GVWR more than 10,000 pounds; or
A truck (motor vehicle) with a hazardous materials placard; or
A bus designed for at least 8 persons, including driver.

AND

The crash RESULTED in one or more of the following:
A fatality; or
An injury requiring transportation for immediate medical treatment; or
At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

Company (From Shipping Papers) | Company Phone

Address (Street, City, St, Zip Code)

US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP #

Cargo Body Type
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR)
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard
1 No
2 Yes
3 Unknown

Hazardous Materials Released
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

11142002 0735

Dispatch: 0736 | Arrived: 0740 | Cleared: 0810 | Other: 35

Officer's Name*: TSO Medecke 163

Checked By: Sgt [signature]

Date Report Filed*: 11142002

Report Taken By: 1 Police Agency, 2 Motorist

Report Taken At: 1 Scene, 2 Station, 3 Other

2002-23687

Top Copy - ODPS Bottom Copy - Agency

OHIO TRAFFIC CRASH REPORT

K09

000 200 6681

Crash Severity	Private Property	Hit/Skip	Photos Taken	OH-2	OH-3	OH-1P	Other
3 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)		1 (1 Not Hit/Skip, 2 Solved, 3 Unsolved)					

Reporting Agency *				98 = Animal, 99 = Unknown
31340	SPR. NGField TWP	02	01	03242002

Day of Week	Name (of City, Village or Township) *		Latitude	Longitude
1850 SUN	X SPR NGField	31		

Crash Occurred On

Prefix	Crash Location	Type Loc	Type Location Point Used (1 Named Street, 2 Numbered Street, 3 Numbered Route)	Local Information
	W. Galbraith Rd	1		

At / Reference

Dist Reference	DR	Prefix	Reference	Ref Point	Reference Point Used
			977 W Galbraith Rd	04	01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

A — Name (Last, First, Middle): 0101 Finfrock, Bradley

Address (Street, City, State, Zip Code): 5198 Deer Run Dr. Fairfield, OHIO 45014

02151968 | 24 | M | Home Phone #: 547-7703 | Work Phone #:

DL State	DL #	LP State	LP #	Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown)	Transported By	Injured Taken To
OH	RM251053	OH	RJ4413	1		

Owner Name (If same, write "Same"): SAME

Address (Street, City, State, Zip Code):

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1987	Chevy	Celebrity	Black	Victoria		

Offense Charged: | Offense Description:

B — Name (Last, First, Middle): 0202 Bailey, Christie, L.

Address (Street, City, State, Zip Code): 1924 Westmont #1108 Cinti, OHIO 45205

21119 74 | 28 | F | Home Phone #: 251-3207 | Work Phone #:

DL State	DL #	LP State	LP #	Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown)	Transported By	Injured Taken To
OH	RK222593	Ky	RV[illegible]	1		

Owner Name (If same, write "Same"): SAME

Address (Street, City, State, Zip Code):

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1997	Mercury	Tracer	Red	Safe Auto		

Offense Charged: | Offense Description:

Occupant

C — Name (Last, First, Middle): | Home Phone #:

Address (Street, City, State, Zip Code): | Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) | Transported By | Injured Taken To

D — Name (Last, First, Middle): | Home Phone #:

Address (Street, City, State, Zip Code): | Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) | Transported By | Injured Taken To

Seating Position	Safety Equipment	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
A: 01	A: 04	A: 1	A: 1	A: 1	A: 1	A: 1
B: 01	B: 04	B: 5	B: 1	B: 1	B: 1	B: 1
C: 16	C:	C:	C:	C:	C:	C:
D:	D:	D:	D:	D:	D:	D:

Seating Position: 01 Front – Left (MC Driver), 02 Front – Middle, 03 Front – Right, 04 Second – Left (MC Pass), 05 Second – Middle, 06 Second – Right, 07 Third – Left (MC Passenger/Side Car), 08 Third – Middle, 09 Third – Right, 10 Sleeper Section Of Cab, 11 Enclosed Cargo Area, 12 Unenclosed Cargo Area, 13 Trailing Unit, 14 Exterior, 15 Other, 16 Non-Motorist, 17 Unknown

Safety Equipment — Motorist: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 MC Helmet Used, 07 Use Unknown. Non-Motorist: 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown

Air Bag: 1 Not Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown

Air Bag Switch: 1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown

Ejection: 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown

Trapped: 1 Not Trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown

Injuries: 1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown

Blank for Witness

HSY7001 — White - Agency, Yellow - Bottom Copy - Agency

Unit Numbers

01 02

Non-Motorist Location

01 Marked crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

02 03

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

1 No
2 Yes
3 Unknown

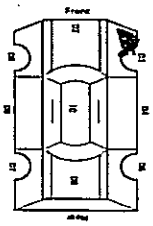
Damage Scale

2 2

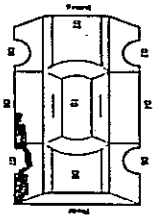
1 None
2 Non-Functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area

A



B



Most Damaged Area

03 07

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
15 Unknown

Point of Impact

03 07

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
15 Unknown

Action

3 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

03 11

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

08 01

Motorist
01 None
02 Failure to Yield
03 Ran Red Light, or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving to Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist in Roadway, Etc)
15 Failure to Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only if '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

20 20

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

1 1

1 Stated
2 Estimated Speed

Speed

35
00

Posted Speed

35 35

Traffic Control

12 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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

From To From To

4 3 4 3

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

Condition

1 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Faintied, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 1

1 None
2 Yes – Alcohol Suspected
3 Yes - HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 1

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

2

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

01

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
11 Unknown

** Secondary Road Conditions Only

000200608

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Narrative

UNIT #2 WAS E/B ON W. GALBRAITH Rd STOPPED IN ROADWAY - UNIT #1 ALSO E/B ON SAME ROADWAY did FAIL TO MAINTAIN ASSURED CLEARED DISTANCE, AND NOT BEING ABLE TO STOP IN TIME ATTEMPTED TO PASS UNIT #2 ON the LEFT, STRIKING UNIT #2 IN the LEFT REAR QUARTER PANEL

Manner of Collision or Impact: 7

1 Not Collision Between Two 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: 01

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Light Conditions: Primary 1 / Secondary

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Type Of Work Zone:

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

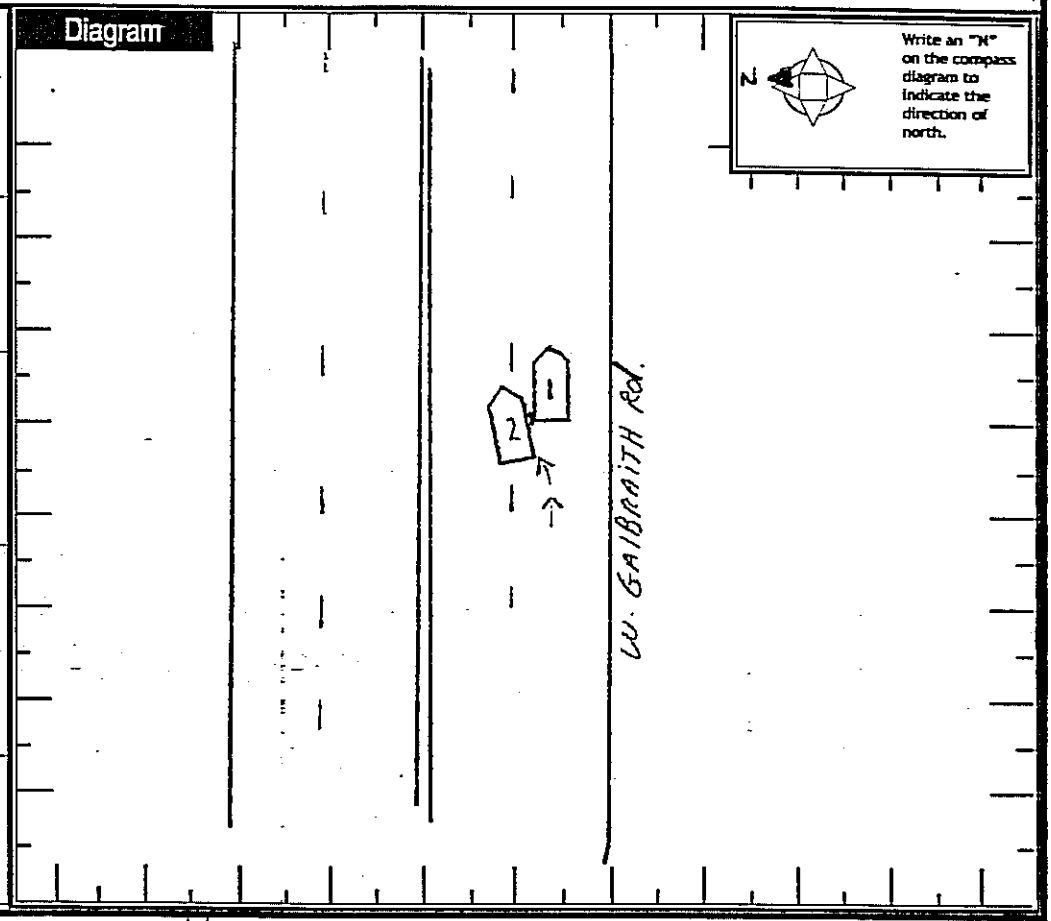
Location Of Crash In Work Zone:

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present:

1 No
2 Yes
3 Unknown

Diagram



Truck/Bus

Unit #

The crash INVOLVED one or more of the following:
A truck (motor vehicle) with a GVWR more than 10,000 pounds; or
A truck (motor vehicle) with a hazardous materials placard; or
A bus designed for at least 8 persons, including driver.

AND

The crash RESULTED in one or more of the following:
A fatality; or
An injury requiring transportation for immediate medical treatment; or
At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

Company (From Shipping Papers) | Company Phone

Address (Street, City, St, Zip Code)

US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP #

Cargo Body Type:

01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR):

1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class:

1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard:

1 No
2 Yes
3 Unknown

Hazardous Material Released:

1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

Crash Date	Time	Dispatch	Arrived	Cleared	Other	
03 24 2002	1850	1850	1855	1915	0000	0020

Officer's Name *: SGT. N. RICHTER — 0015 8

Checked By: Sgt. Browder

Date Report Filed *: 03 24 2002

Report Taken By: 1 — 1 Police Agency, 2 Motorist

Report Taken At: 1 — 1 Scene, 2 Station, 3 Other

00D20 0668

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OH-1 (Rev. 10/99)

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

2002-20588

CRASH SEVERITY: 3 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)

PRIVATE PROPERTY

HIT/SKIP: 1 (1 Not Hit/Skip, 2 Solved, 3 Unsolved)

PHOTOS TAKEN: OH-2 | OH-3 | OH-1P | OTHER

REPORTING AGENCY ★: 03134 Springfield Twp — 02 01 (98 = Animal, 99 = Unknown) — 09282002

DAY OF WEEK: 1239 SAT

NAME (OF CITY, VILLAGE OR TOWNSHIP) ★: X Springfield — 31

LATITUDE | LONGITUDE

CRASH OCCURRED ON: PREFIX | CRASH LOCATION: West Galbraith — TYPE LOC: 1

TYPE LOCATION POINT USED: 1 Named Street, 2 Numbered Street, 3 Numbered Route

LOCAL INFORMATION

AT/REFERENCE: DIST REFERENCE | DR | PREFIX | REFERENCE: Springdew — REF POINT: 02

REFERENCE POINT USED: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

NAME (LAST, FIRST, MIDDLE): 01 01 Clarisey, Matthew

ADDRESS (STREET, CITY, STATE, ZIP CODE): 6720 Fair Acres Lane Cincinnati Ohio 45213

11 19 1985 16 M — HOME PHONE #: 513-351-3225 — WORK PHONE #:

DL STATE: OH — DL #: SJ51926 — LP STATE: OH — LP #: CC77BX — INJURED TAKEN BY: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — TRANSPORTED BY — INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME"): Clarisey Kevin — ADDRESS (STREET, CITY, STATE, ZIP CODE): 6720 Fair Acres Ln. Cinti Ohio 45213

YEAR: 1995 — MAKE: Saturn — MODEL: SL2 — COLOR: White — INSURANCE COMPANY: Cincinnati Ins — TOWING SERVICE: Northgate — OWNER PHONE #: 513-351-3225

OFFENSE CHARGED: 4511.33A — OFFENSE DESCRIPTION: Improper Passing — 34 08637 0

NAME (LAST, FIRST, MIDDLE): 0203 Sommer, Patricia

ADDRESS (STREET, CITY, STATE, ZIP CODE): 8976 Hollyhock Cincinnati Ohio 45231

05081937 65 F — HOME PHONE #: 513-931-5599 — WORK PHONE #:

DL STATE: OH — DL #: RV279523 — LP STATE: OH — LP #: ART-4973 — INJURED TAKEN BY: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — TRANSPORTED BY — INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME"): Same — ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR: 1996 — MAKE: Mercury — MODEL: Villager — COLOR: Red — INSURANCE COMPANY: Royal Sun — TOWING SERVICE: Engels — OWNER PHONE #

OFFENSE CHARGED — OFFENSE DESCRIPTION

Occupant

NAME (LAST, FIRST, MIDDLE) — HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE) — INJURED TAKEN BY: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — TRANSPORTED BY — INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE) — HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE) — INJURED TAKEN BY: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — TRANSPORTED BY — INJURED TAKEN TO

SEATING POSITION: 01 Front - Left (MC Driver), 02 Front - Middle, 03 Front - Right, 04 Second - Left (MC Pass), 05 Second - Middle, 06 Second - Right, 07 Third - Left (MC Passenger/Side Car), 08 Third - Middle, 09 Third - Right, 10 Sleeper Section Of Car, 11 Enclosed Cargo Area, 12 Unenclosed Cargo Area, 13 Trailing Unit, 14 Exterior, 15 Other, 16 Non-Motorist, 17 Unknown

01 — 04

01 — 04

BLANK FOR WITNESS

SAFETY EQUIPMENT — MOTORIST: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 MC Helmet Used, 07 Use Unknown — NON-MOTORIST: 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown

1 — 2

AIR BAG: 1 Not-Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown

1 — 1

AIR BAG SWITCH: 1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown

1 — 1

EJECTION: 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown

1 — 1

TRAPPED: 1 Not trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown

1 — 1

INJURIES: 1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown

1 — 1

Unit Numbers

01 02

Non-Motorist Location

01 Marked crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

03 05

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

1 1

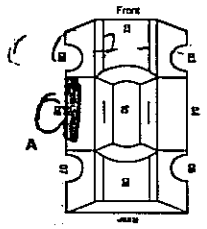
1 No
2 Yes
3 Unknown

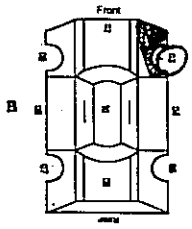
Damage Scale

4 4

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area





Most Damaged Area

08 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
15 Unknown

Point of Impact

08 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
15 Unknown

Action

3 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

03 01

Motorist
01 Movements Essentially Straight Ahead
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03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
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08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
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14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
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21 Standing
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Contributing Circumstances

09 01

Motorist
01 None
02 Failure to Yield
03 Ran Red Light, or Stop Sign
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06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving to Avoid (Due To Wind, Suppery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure to Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
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21 Other Improper Action
22 Unknown

Non-Motorist
23 None
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25 Darting
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05 Steering
06 Tire Blowout
07 Worn Or Slick Tires
08 Trailer Equipment Defective
09 Motor Trouble
10 Disabled From Prior Crash
11 Other Defects

Sequence Of Events

20 20

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Moyable Object
24 Unknown Moyable 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

2 2

1 Stated
2 Estimated Speed

Speed

20
30

Posted Speed

35 35

Traffic Control

12 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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

Facing To Facing

3 4 3 4

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

Condition

1 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 1 1 1

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

03

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

2

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

01

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
11 Unknown

* Secondary Road Conditions Only

Supplement Number: 2002-20550

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Narrative

BOTH UNIT'S #1 & #2 WERE TRAVELING WEST-BOUND ON WEST GALBRAITH ROAD WHEN UNIT #1 MADE AN IMPROPER LANE CHANGE AND SIDESWIPED UNIT #2. BOTH UNITS SUSTAINED DISABLING DAMAGE. UNIT #1 WAS CITED FOR IMPROPER LANE CHANGE.

Manner of Collision or Impact: 7
1 Not Collision Between Two 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

School Bus Related: 1
1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1
1 No
2 Yes
3 Unknown

Type Of Work Zone:
1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

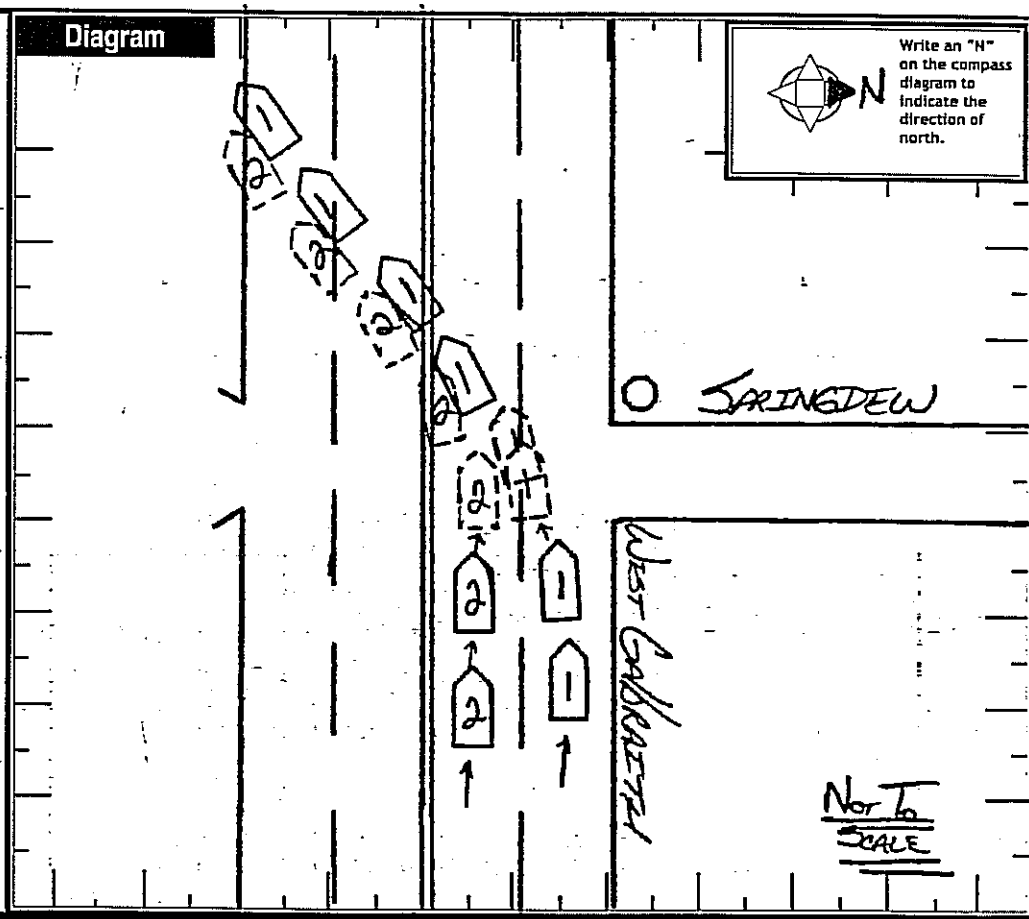
Weather: 01
01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Location Of Crash In Work Zone:
1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Light Conditions: Primary 1 / Secondary
1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

Workers Present: 1
1 No
2 Yes
3 Unknown

Diagram



Truck/Bus

Unit #

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company (From Shipping Papers):
Company Phone:
Address (Street, City, St, Zip Code):

US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP #

Cargo Body Type:
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR):
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class:
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard:
1 No
2 Yes
3 Unknown

Hazardous Materials Released:
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

Dispatch	Arrived	Cleared	Other
1239	1243	1320	41

09282002 1239

Officer's Name*: P.O. Jim Stroud 210

Checked By: [signature]

Date Report Filed*: 09/28/02

Report Taken By: 1 — 1 Police Agency, 2 Motorist

Report Taken At: 1 — 1 Scene, 2 Station, 3 Other

2002-20588

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OHIO

TRAFFIC CRASH REPORT

02006031

Crash Severity	Private Property	Hit/Skip	Photos Taken	OH-2	OH-3	OH-1P	Other
2 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)		1 (1 Not Hit/Skip, 2 Solved, 3 Unsolved)					

Reporting Agency *				
03134	SPRINGFIELD TWP	01	01 (98 = Animal, 99 = Unknown)	03162002

Day of Week	Name (of City, Village or Township) *		Latitude	Longitude
1255 SAT	X SPRINGFIELD	31		

Crash Occurred On

Prefix	Crash Location	Type Loc	Type Location Point Used
	W. GALSTAITH RD.	1	1 Named Street, 2 Numbered Street, 3 Numbered Route

Local Information

At / Reference

Dist Reference	DR	Prefix	Reference	Ref Point
			1004	04

Reference Point Used: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

A 01 01 — Name (Last, First, Middle): TANKS TERRELL L.

Address (Street, City, State, Zip Code): 6933 NOBLE AVE CINTI. 45239

02041983 19 M — Home Phone #: 227-7522 — Work Phone #:

DL State	DL #	LP State	LP #	Injured Taken By	Transported By	Injured Taken To
OH	RV289557	OH	CKN6224	2 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown)	STFD	FMA

Owner Name (if same, write "Same"): TRACEY WHITE — Address (Street, City, State, Zip Code): 11029 QUAIL RIDGE CT.

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1995	FORD	MUSTANG	BLK		ENGELS	227-7522

Offense Charged	Offense Description	
4511.202	FAIL TO CONTROL	3406211

B — Name (Last, First, Middle):

Address (Street, City, State, Zip Code):

Home Phone #: — Work Phone #:

DL State	DL #	LP State	LP #	Injured Taken By	Transported By	Injured Taken To
				(1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown)		

Owner Name (if same, write "Same"): — Address (Street, City, State, Zip Code):

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #

Offense Charged	Offense Description

Occupant

C — Name (Last, First, Middle): — Home Phone #:

Address (Street, City, State, Zip Code): — Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) — Transported By: — Injured Taken To:

D — Name (Last, First, Middle): — Home Phone #:

Address (Street, City, State, Zip Code): — Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) — Transported By: — Injured Taken To:

Seating Position: 01 (01 Front – Left (MC Driver), 02 Front – Middle, 03 Front – Right, 04 Second – Left (MC Pass), 05 Second – Middle, 06 Second – Right, 07 Third – Left (MC Passenger/Side Car), 08 Third – Middle, 09 Third – Right, 10 Sleeper Section Of Cab, 11 Enclosed Cargo Area, 12 Unenclosed Cargo Area, 13 Trailing Unit, 14 Exterior, 15 Other, 16 Non-Motorist, 17 Unknown)

Safety Equipment: 03 — Motorist: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 MC Helmet Used, 07 Use Unknown. Non-Motorist: 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown

Air Bag: 2 (1 Not-Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown)

Air Bag Switch: 4 (1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown)

Ejection: 1 (1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown)

Trapped: 1 (1 Not Trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown)

Injuries: 2 (1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown)

Blank for Witness

HSY7001 — Top Copy - CORS — Bottom Copy - Agency

Unit Numbers

0 1

Non-Motorist Location

01 Marked crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

0 2

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

1 No
2 Yes
3 Unknown

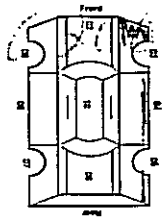
Damage Scale

3

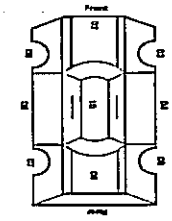
1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area

A



B



Most Damaged Area

0 3

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
15 Unknown

Point Of Impact

0 3

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
15 Unknown

Action

3

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

0 9

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

1 5

Motorist
01 None
02 Failure To Yield
03 Ran Red Light, Or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left Of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped Or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving To Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure To Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only If '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

0 9

4 4

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

2

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

1

1 Stated
2 Estimated Speed

Speed

40

Posted Speed

3 5

Traffic Control

1 2

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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

From 4 To 3

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

Condition

1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1

1 None
2 Yes – Alcohol Suspected
3 Yes - HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

6

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

0 1

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
11 Unknown

** Secondary Road Conditions Only

Narrative

OPERATOR OF UNIT #1 STATED HE WAS TRAVELING E.B. ON W. GALBRAITH RD. WHEN HE SWERVED TO AVOID AN ANIMAL THAT RAN IN FRONT OF HIS VEHICLE UNIT #1 LEFT THE LEFT SIDE OF ROADWAY STRIKING TWO LARGE MAGNOLIA TREES. BOTH TREES BELONG TO PROPERTY. OWNER AT 1004 W. GALBRAITH RD, MR. CHARLES HAFFLY, TELEPHONE # 521-6434.

MANNER OF COLLISION OR IMPACT

1

1 NOT COLLISION BETWEEN TWO 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

02

01 CLEAR
02 CLOUDY
03 FOG, SMOG, SMOKE
04 RAIN
05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
06 SNOW
07 SEVERE CROSSWINDS
08 BLOWING SAND, SOIL, DIRT, SNOW
09 OTHER
10 UNKNOWN

LIGHT CONDITIONS

1

1 DAYLIGHT
2 DAWN
3 DUSK
4 DARK – LIGHTED ROADWAY
5 DARK – NOT LIGHTED
6 DARK – UNKNOWN LIGHTING
7 GLARE
8 OTHER
9 UNKNOWN

SCHOOL BUS RELATED

1

1 NO
2 YES, DIRECTLY INVOLVED
3 YES, INDIRECTLY INVOLVED
4 UNKNOWN

WORK ZONE RELATED

1

1 NO
2 YES
3 UNKNOWN

TYPE OF WORK ZONE

1 LANE CLOSURE
2 LANE SHIFT/CROSSOVER
3 WORK ON SHOULDER OR MEDIAN
4 INTERMITTENT/ MOVING WORK
5 OTHER

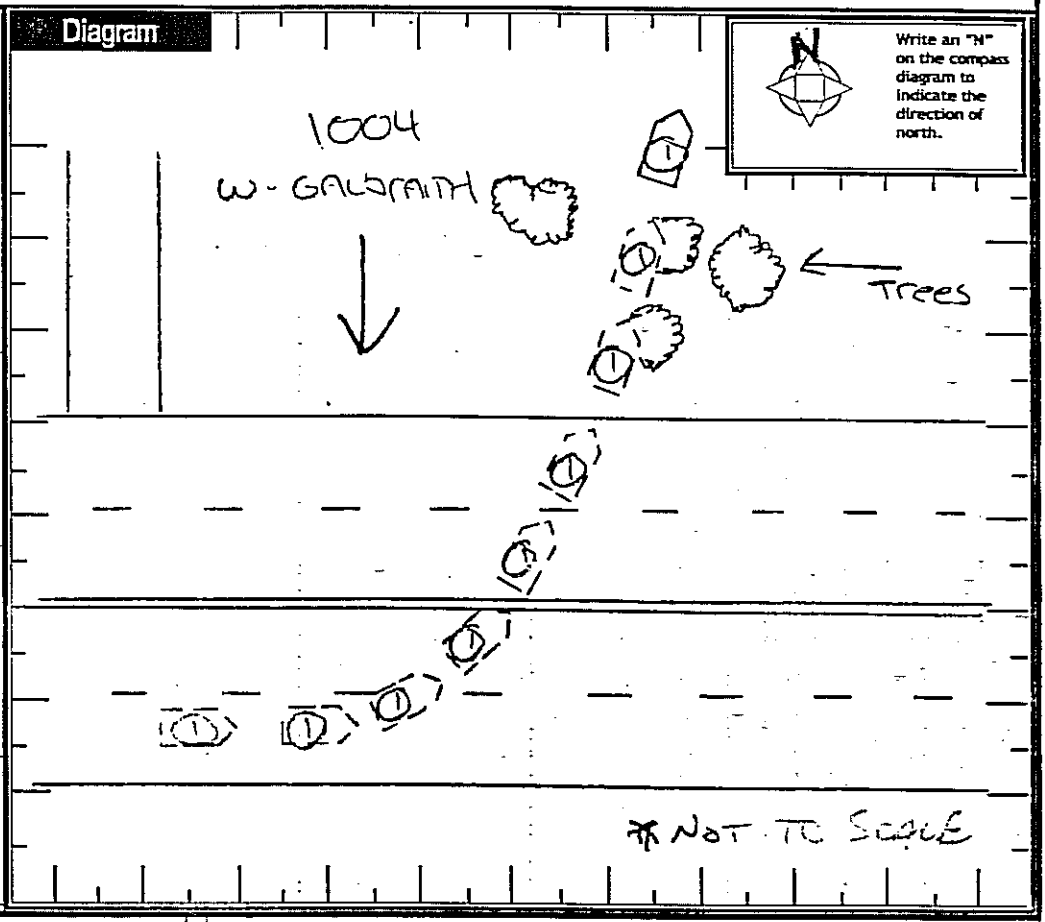
LOCATION OF CRASH IN WORK ZONE

1 BEFORE FIRST WORK ZONE WARNING SIGN
2 ADVANCE WARNING AREA
3 TRANSITION AREA
4 ACTIVITY AREA

WORKERS PRESENT

1 NO
2 YES
3 UNKNOWN

Diagram



Truck/Bus

UNIT #

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT | ICC MC | PUCO | TRAILER LP ST. | TRAILER LP YEAR | TRAILER LP #

CARGO BODY TYPE

01 NOT APPLICABLE
02 BUS (9-15 INCLUDING DRIVER)
03 VAN/ENCLOSED BOX
04 GRAIN/CHIPS/GRAVEL
05 POLE
06 CARGO TANK
07 FLATBED
08 DUMP
09 CONCRETE MIXER
10 AUTO TRANSPORTER
11 GARBAGE/REFUSE
12 OTHER
13 UNKNOWN

Weight (GVWR)

1 LESS/EQUAL 10,000
2 10,001 - 26,000
3 MORE THAN 26,000

CDL Class

1 CLASS A
2 CLASS B
3 CLASS C
4 CLASS M
5 CLASS D

Hazardous Materials Placard

Hazardous Material Released

1 NOT APPLICABLE
2 UNKNOWN

Police Action

	Dispatch	Arrived	Cleared	Other	
03162002 1255	255	256	330		35

OFFICER'S NAME * P.O. VOIZ 172

CHECKED BY R. BLEY

DATE REPORT FILED * 02 16 2002

REPORT TAKEN BY: 1 POLICE AGENCY, 2 MOTORIST

REPORT TAKEN AT: 1 SCENE, 2 STATION, 3 OTHER

02004631

TOP COPY - OPS BOTTOM COPY - AGENCY

OH-1 (Rev.10-99)

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

2002-17535 3

CRASH SEVERITY: 1 FATAL 2 INJURY 3 PDO 4 UNKNOWN

PRIVATE PROPERTY

HIT/SKIP: 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED

PHOTOS TAKEN: OH-2 | OH-3 | OH-1P | OH-5

W 31340 REPORTING AGENCY * SPRINGFIELD TWP 02 01 98 = ANIMAL 99 = UNKNOWN 08172002

1349 DAY OF WEEK SAT X NAME (OF CITY, VILLAGE OR TOWNSHIP) * SPRINGFIELD 31 LATITUDE LONGITUDE

CRASH OCCURRED ON: PREFIX W CRASH LOCATION GALBRAITH RD TYPE LOC 1

TYPE LOCATION POINT USED: 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE

LOCAL INFORMATION

AT/REFERENCE: DIST REFERENCE | OR | PREFIX | REFERENCE KIRKLAND | REF POINT 02

REFERENCE POINT USED: 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist

NAME (LAST, FIRST, MIDDLE): 01 01 ARMSTRONG, KENNETH W.

ADDRESS (STREET, CITY, STATE, ZIP CODE): 7420 FAIRPARK #1 CINTI OH 45216

10101964 37 M

HOME PHONE # 761-2217 WORK PHONE # 681-7650

DL STATE OH DL # RT190824 LP STATE OH LP # ARW9755

INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

TRANSPORTED BY | INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME"): SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR 1994 MAKE CHEV MODEL LUMINA COLOR RED INSURANCE COMPANY STATE FARM TOWING SERVICE | OWNER PHONE #

OFFENSE CHARGED 4511.39 OFFENSE DESCRIPTION IMP. LANE CHANGE 34079366

NAME (LAST, FIRST, MIDDLE): 02 04 MITCHELL, TAMARA C.

ADDRESS (STREET, CITY, STATE, ZIP CODE): 5634 VIEWPOINT DR. APT. C CINTI OH 45229

12151973 28 F

HOME PHONE # 731-9118 WORK PHONE # 349-9517

DL STATE OH DL # RK491111 LP STATE OH LP # CN62SF

INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

TRANSPORTED BY | INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME"): SAME

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR 1992 MAKE DODGE MODEL DYNASTY COLOR BLUE INSURANCE COMPANY LINCOLN GENERAL TOWING SERVICE | OWNER PHONE #

OFFENSE CHARGED | OFFENSE DESCRIPTION

Occupant

NAME (LAST, FIRST, MIDDLE) HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE) HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION: 01 FRONT – LEFT (MC DRIVER) 02 FRONT – MIDDLE 03 FRONT – RIGHT 04 SECOND – LEFT (MC PASS) 05 SECOND – MIDDLE 06 SECOND – RIGHT 07 THIRD – LEFT (MC PASSENGER/SIDE CAR) 08 THIRD – MIDDLE 09 THIRD – RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT

01 04

SAFETY EQUIPMENT: MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING

AIR BAG: 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN

AIR BAG SWITCH: 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN

EJECTION: 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN

TRAPPED: 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN

INJURIES: 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN

Unit Numbers

01 02

Non-Motorist Location

01 Marked crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

05 03

Motorist

01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist

35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

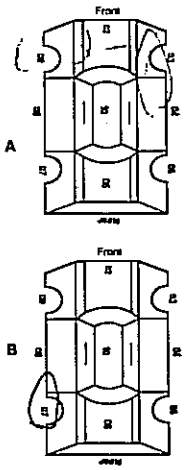
1 No
2 Yes
3 Unknown

Damage Scale

2 2

1 None
2 Non-Functional Damage
3 Functional Damage
4 Disabling Damage

Damage Area



Most Damaged Area

04 07

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
15 Unknown

Point of Impact

04 07

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
15 Unknown

Action

3 4

1 Non-Contact
2 Non-Collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport

Pre-Crash Actions

03 01

Motorist

01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist

15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

17 01

Motorist

01 None
02 Failure To Yield
03 Ran Red Light, Or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left Of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped Or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving To Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure To Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist

23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only If '19' - Selected Above

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

Sequence Of Events

20 20

Non-Collision

01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/ Person, Vehicle, Or Object Not Fixed

14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

1 1

1 Stated
2 Estimated Speed

Speed

35
35

Posted Speed

35 35

Traffic Control

12 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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

43 43

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

Condition

1 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

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
11 Unknown

** Secondary Road Conditions Only

Narrative

UNITS 1 + 2 EASTBOUND ON W. GALBRAITH RD, UNIT 1 IN INSIDE LANE + UNIT 2 IN OUTSIDE LANE. DRIVER OF UNIT 1 IMPROPERLY CHANGED LANES INTO THE OUTSIDE LANE AND UNIT 1 STRUCK UNIT 2.

MANNER OF COLLISION OR IMPACT

7

1 NOT COLLISION BETWEEN TWO 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

01

01 CLEAR
02 CLOUDY
03 FOG, SMOG, SMOKE
04 RAIN
05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
06 SNOW
07 SEVERE CROSSWINDS
08 BLOWING SAND, SOIL, DIRT, SNOW
09 OTHER
10 UNKNOWN

LIGHT CONDITIONS

1

1 DAYLIGHT
2 DAWN
3 DUSK
4 DARK – LIGHTED ROADWAY
5 DARK – NOT LIGHTED
6 DARK – UNKNOWN LIGHTING
7 GLARE
8 OTHER
9 UNKNOWN

SCHOOL BUS RELATED

1

1 NO
2 YES, DIRECTLY INVOLVED
3 YES, INDIRECTLY INVOLVED
4 UNKNOWN

WORK ZONE RELATED

1

1 NO
2 YES
3 UNKNOWN

TYPE OF WORK ZONE

1 LANE CLOSURE
2 LANE SHIFT/CROSSOVER
3 WORK ON SHOULDER OR MEDIAN
4 INTERMITTENT/ MOVING WORK
5 OTHER

LOCATION OF CRASH IN WORK ZONE

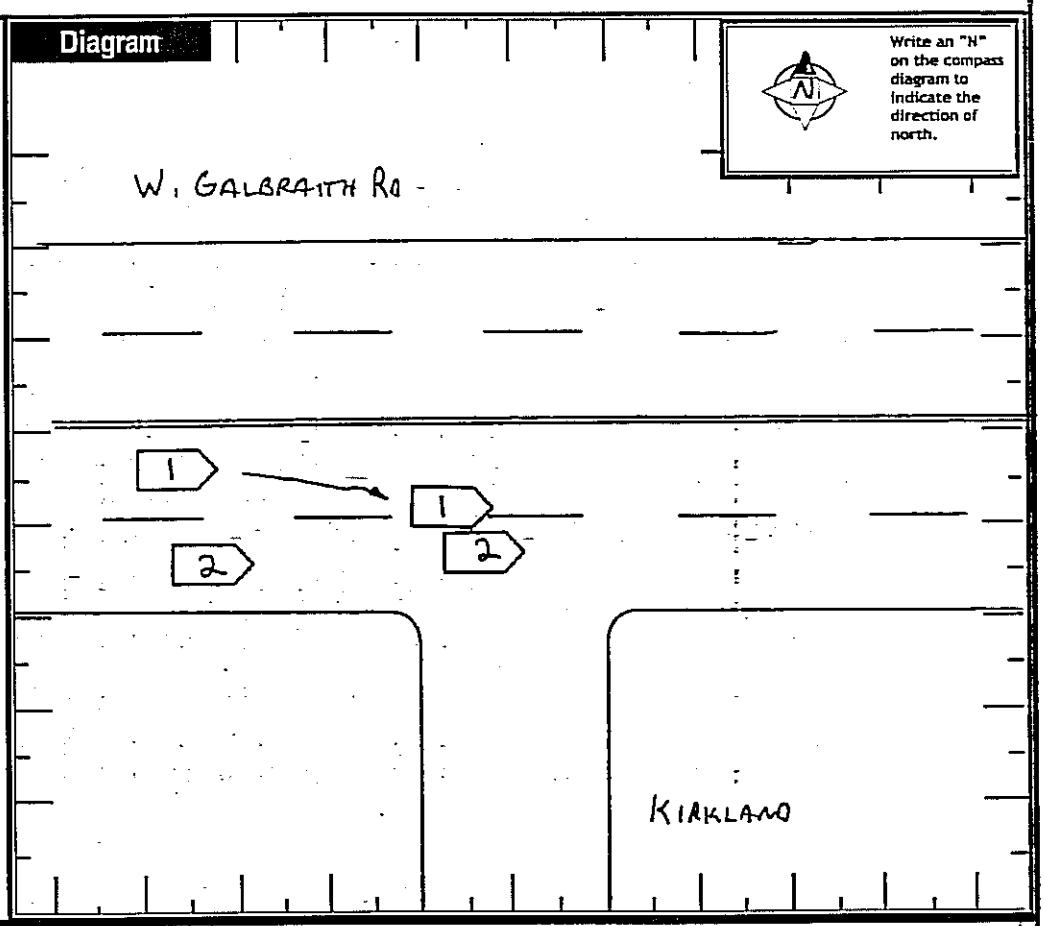
1 BEFORE FIRST WORK ZONE WARNING SIGN
2 ADVANCE WARNING AREA
3 TRANSITION AREA
4 ACTIVITY AREA

WORKERS PRESENT

1 NO
2 YES
3 UNKNOWN

Diagram

Write an "N" on the compass diagram to indicate the direction of north.



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT | ICC MC | PUCO | TRAILER LP ST. | TRAILER LP YEAR | TRAILER LP #

CARGO BODY TYPE

01 NOT APPLICABLE
02 BUS (9-15 INCLUDING DRIVER)
03 VAN/ENCLOSED BOX
04 GRAIN/CHIPS/GRAVEL
05 POLE
06 CARGO TANK
07 FLATBED
08 DUMP
09 CONCRETE MIXER
10 AUTO TRANSPORTER
11 GARBAGE/REFUSE
12 OTHER
13 UNKNOWN

Weight (GVWR)

1 LESS/EQUAL 10,000
2 10,001 - 26,000
3 MORE THAN 26,000

CDL Class

1 CLASS A
2 CLASS B
3 CLASS C
4 CLASS M
5 CLASS D

Hazardous Materials Placard

1 NO
2 YES
3 UNKNOWN

Hazardous Materials Released

1 NO
2 YES
3 NOT APPLICABLE
4 UNKNOWN

Police Action

08172002 1349

DISPATCH	ARRIVED	CLEARED	OTHER
1350	1354	1426	20 56

OFFICER'S NAME*: J. COLE 211

CHECKED BY: R. A. CHEY

DATE REPORT FILED*: 08172002

OH-1 (Rev.10/99)

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

Local Report # 2002-263666

Crash Severity: 3 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)

Private Property: "X" if Yes

Hit/Skip: 1 (1 Not Hit/Skip, 2 Solved, 3 Unsolved)

Photos Taken: "X" if Yes

OH-2 | OH-3 | OH-1P | Other

Agency # 03134 — Reporting Agency: SPRINGFIELD TWP — # Units: 02 — Unit Error: 01 (96 = Animal, 99 = Unknown) — Date of Crash: 12/29/2002

Time of Crash: 1816 — Day of Week: SUN — City: — Village: — TWP: ✓ — Name (of City, Village or Township): SPRINGFIELD TWP — County #: 31 — Latitude: — Longitude:

Crash Occurred On

Prefix: — Crash Location: GALBRAITH RD — Type Loc: 1 (1 Named Street, 2 Numbered Street, 3 Numbered Route)

Point Used: 1 Named Street, 2 Numbered Street, 3 Numbered Route

Local Information

At / Reference

Dist Reference: — DR: — Prefix: — Reference: KIRKLAND DR — Ref Point: 2

Reference Point Used: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

A — Unit #: 01 — # of Occ.: 01 — Name (Last, First, Middle): CONVERS, AUDREY

Address (Street, City, State, Zip Code): 5700 LESTER RD CINTI OH 45213

Social Security Number: — Date of Birth: 12/27/1929 — Age: 73 — Sex: F — Home Phone #: 731-7606 — Work Phone #:

DL State: OH — DL #: RQ652206 — LP State: OH — LP #: PUR2040 — Injured Taken By: 1 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) — Transported By: — Injured Taken To:

Owner Name (if same, write "Same"): JERRY CONVERS — Address (Street, City, State, Zip Code): 5700 LESTER RD CINTI OH 45213

Year: 1990 — Make: CHEV — Model: 4DR — Color: TAN — Insurance Company: STATE FARM — Towing Service: — Owner Phone #: 731-7606

Offense Charged: — Offense Description: — Citation #: — Local Code: — "X" if Yes

B — Unit #: 02 — # of Occ.: 01 — Name (Last, First, Middle): FAUGN, DEBORAH E

Address (Street, City, State, Zip Code): 5110 PORTHOLE AVE CINTI OH 45213

Social Security Number: — Date of Birth: 04/13/1958 — Age: 44 — Sex: F — Home Phone #: 841-0490 — Work Phone #:

DL State: OH — DL #: RQ614354 — LP State: OH — LP #: CPG7EE — Injured Taken By: 1 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) — Transported By: — Injured Taken To:

Owner Name (if same, write "Same"): SAME — Address (Street, City, State, Zip Code):

Year: 1998 — Make: CHRY — Model: 4DR — Color: BLU — Insurance Company: PERMANANT GENERAL — Towing Service: — Owner Phone #:

Offense Charged: — Offense Description: — Citation #: — Local Code: — "X" if Yes

Occupant

C — Unit #: — Name (Last, First, Middle): — Home Phone #: — Date of Birth: — Age: — Sex:

Address (Street, City, State, Zip Code): — Injured Taken By: 1 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) — Transported By: — Injured Taken To:

D — Unit #: — Name (Last, First, Middle): — Home Phone #: — Date of Birth: — Age: — Sex:

Address (Street, City, State, Zip Code): — Injured Taken By: 1 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) — Transported By: — Injured Taken To:

	Seating Position	Safety Equipment	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
A	01	04	1	4	1	1	1
B	01	04	1	4	1	1	1
C							
D							

Seating Position: 01 Front – Left (MC Driver), 02 Front – Middle, 03 Front – Right, 04 Second – Left (MC Pass), 05 Second – Middle, 06 Second – Right, 07 Third – Left (MC Passenger/Side Car), 08 Third – Middle, 09 Third – Right, 10 Sleeper Section Of Cab, 11 Enclosed Cargo Area, 12 Unenclosed Cargo Area, 13 Trailing Unit, 14 Exterior, 15 Other, 16 Non-Motorist, 17 Unknown

Blank for Witness

Safety Equipment — Motorist: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 MC Helmet Used, 07 Use Unknown — Non-Motorist: 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown

Air Bag: 1 Not-Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown

Air Bag Switch: 1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown

Ejection: 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown

Trapped: 1 Not Trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown

Injuries: 1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown

Supplement * "X" if Yes

HSY7001 — Top Copy - ODPS — Bottom Copy - Agency

Unit Numbers

A: 01 B: 02

Non-Motorist Location

A: 99 B:

01 Marked crosswalk at intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

A: 03 B: 02

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

A: B:

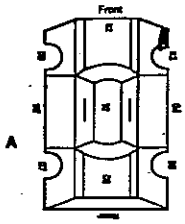
1 No
2 Yes
3 Unknown

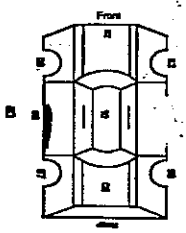
Damage Scale

A: 2 B: 2

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area





Most Damaged Area

A: 03 B: 08

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
15 Unknown

Point Of Impact

A: 03 B: 08

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
15 Unknown

Action

A: 3 B: 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

A: 1 B: 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

A: 03 B: 01

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

A: 09 B: 01

Motorist
01 None
02 Failure To Yield
03 Ran Red Light, Or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left Of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped Or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving To Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure To Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only If '19' Selected Above

A: B:

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 Crash
11 Other Defects

Sequence Of Events

A	B
20	20

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaires Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

A: 1 B: 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

A: 1 B: 1

Of the Sequence of Events – Which one is the Most Harmful Event (1-4)

Speed Detected

A: 2 B: 2

1 Stated
2 Estimated Speed

Speed

A: 35 B: 35

Posted Speed

A: 35 B: 35

Traffic Control

A: 12 B: 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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

From A	To A	From B	To B
4	3	4	3

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

Condition

A: 1 B: 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

A: 1 B:

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

A: B:

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

A: B:

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

A: B:

Drug Test Status

A: B:

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

A: B:

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

A 1	A 2	B 1	B 2

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

03

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

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
11 Unknown

* *Secondary Road Conditions ONLY

Supplement & A = Yes

Local Report # * 2002-263666

Top Copy - ODPS Bottom Copy - Agency

Narrative

UNIT 1 AND UNIT 2 WAS EAST BOUND NEAR KIRKLAND ON GALBRAITH RD. UNIT 1 WAS WAS IN THE INSIDE LANE NEAR THE DOUBLE YELLOW LINE AND UNIT 2 WAS IN THE CURB LANE. UNIT 1 INITIATED A LANE CHANGE INTO THE CURB LANE AND STUCK UNIT 2 ON THE LEFT SIDE DOOR.

Manner of Collision or Impact: 6

1 Not Collision Between Two 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

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Type Of Work Zone:

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

Location Of Crash In Work Zone:

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present:

1 No
2 Yes
3 Unknown

Weather: 01

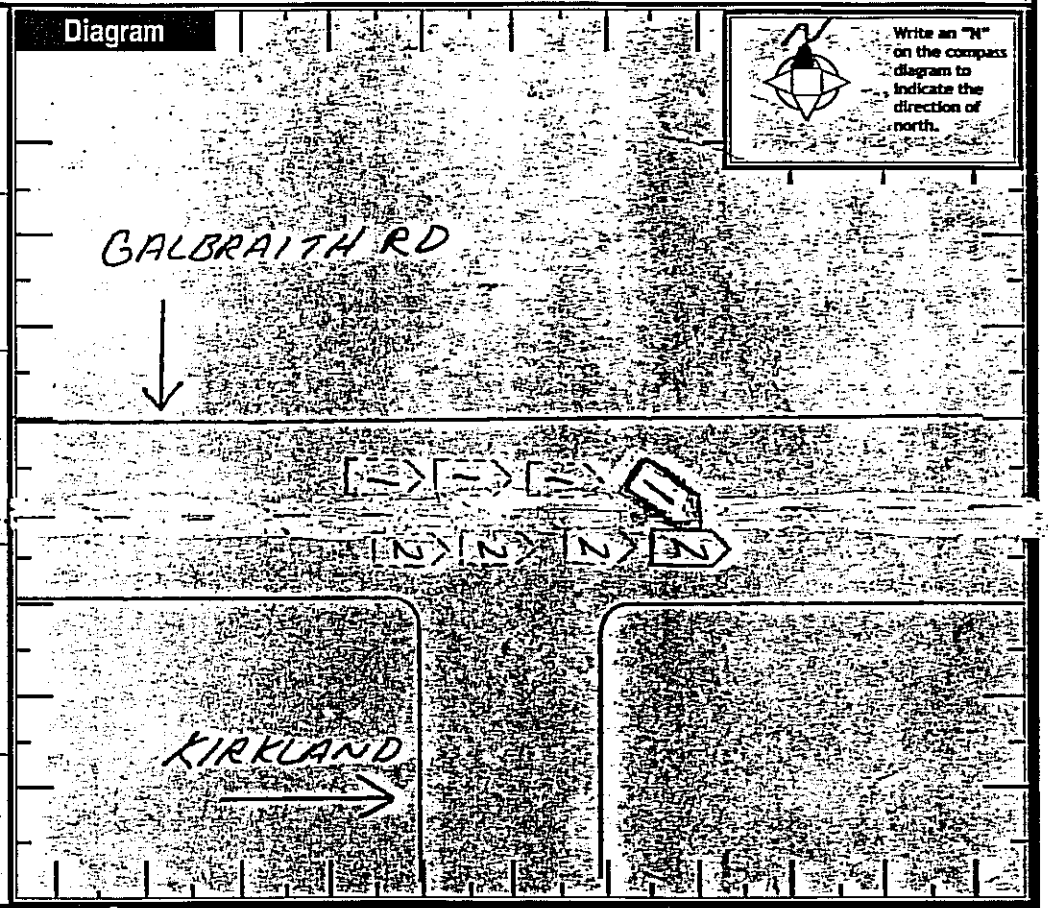
01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Light Conditions: Primary 4 / Secondary

1 Daylight
2 Dawn
3 Dusk
4 Dark - Lighted Roadway
5 Dark - Not Lighted
6 Dark - Unknown Lighting
7 Glare
8 Other
9 Unknown

Diagram

Write an "N" on the compass diagram to indicate the direction of north.



Truck/Bus

Unit #

The Crash Involved one or more of the following:
A truck (motor vehicle) with a GVWR more than 10,000 pounds; or
A truck (motor vehicle) with a hazardous materials placard; or
A bus designed for at least 8 persons, including driver.

AND

The crash resulted in one or more of the following:
A fatality; or
An injury requiring transportation for immediate medical treatment; or
At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

Company (From Shipping Papers)

Company Phone

Address (Street, City, St, Zip Code)

US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP # | Placard # | DOT

Cargo Body Type:
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR):
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class:
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard:
1 No
2 Yes
3 Unknown

Hazardous Materials Released:
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

Date Crash Reported: 12292002
Time Rec Call: 1819
Dispatch: 1819
Arrived: 1827
Cleared: 1849
Other:
Total Minutes: 22

Officer's Name: FITZGERALD
Badge #: 225
Checked By: Po Stone
Date Report Filed: 12/30/2002

Report Taken By: 1 (1 Police Agency, 2 Motorist)
Report Taken At: 1 (1 Scene, 2 Station, 3 Other)
Supplement (X = Yes):
Local Report #: 2002-26366

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2003 Crash Report

William W. Brayshaw PE - PS *The Hamilton County Engineer's Traffic Department*

Source	Report #	Date	Day	Time	Twp	Address	Road	Intersects	Distance/Dir.	Inj	Ped	Fat	Accident Type	Comments
Spr	6008	4/10/2003	TH	17:20	Spr	900	Galbraith	Winton	0	0	0	0	Rear End	WB - ACD
Spr	24331	12/30/2003	TU	17:54	Spr	900	Galbraith	Winton	0	0	0	0	Rear End	WB - ACD
Spr	15129	8/12/2003	TU	17:41	Spr	900	Galbraith	Winton	0	0	0	0	Sideswipe/Passing	EB improper lane chg ✓ ✓
Spr	15742	8/21/2003	TH	7:55	Spr	900	Galbraith	Winton	0	0	0	0	Left Turn	WB to SB into EB
Spr	10546	6/12/2003	TH	7:30	Spr	900	Galbraith	Winton	0	0	0	0	Left Turn	EB into WB to SB
Spr	7476	5/2/2003	FR	14:18	Spr	900	Galbraith	Winton	0	0	0	0	Rear End	EB - ACD
Spr	6796	4/21/2003	MO	13:40	Spr	900	Galbraith	Winton	0	0	0	0	Sideswipe/Passing	WB improper lane chg ✓ Not Lane
Spr	1958	2/3/2003	MO	17:50	Spr	900	Galbraith	Winton	0	0	0	0	Rear End	WB - ACD
Spr	6517	4/16/2003	WE	17:00	Spr	900	Galbraith	Winton	0	0	0	0	Angle	SB into WB
Spr	11551	6/25/2003	WE	12:50	Spr	900	Galbraith	Winton	0	0	0	0	Rear End	WB - ACD
Spr	20610	10/31/2003	FR	9:15	Spr	900	Galbraith	Winton	0	0	0	0	Rear End	WB - ACD
Spr	20890	11/3/2003	MO	15:45	Spr	900	Galbraith	Winton	0	1	0	0	Left Turn	WB to SB into EB
Spr	21052	11/6/2003	TH	7:20	Spr	900	Galbraith	Winton	0	0	0	0	Left Turn	WB to SB into EB
Spr	2351	2/10/2003	MO	8:30	Spr	900	Galbraith	Winton	0	0	0	0	Rear End	WB - ACD in snow
Spr	21885	11/20/2003	TH	6:19	Spr	900	Galbraith	Winton	0	0	0	0	Sideswipe/Passing	EB improper merging ✓ Not Lane
Spr	19108	10/9/2003	TH	10:25	Spr	900	Galbraith	Winton	0	0	0	0	Angle	EB ran red into SB
Spr	4705	3/20/2003	TH	7:45	Spr	904	Galbraith	Winton	60 W	0	0	0	Angle	Ex.Shell into EB
Spr	15006	8/10/2003	SU	23:25	Spr	912	Galbraith	Winton	215 W	3	0	0	Angle	Ex.pr.dr.into WB
Spr	15767	8/21/2003	TH	19:10	Spr	974	Galbraith	Springdew	0	0	0	0	Sideswipe/Passing	EB improper lane chg ✓ ✓
Spr	17676	9/18/2003	TH	7:54	Spr	974	Galbraith	Springdew	0	0	0	0	Rear End	EB - ACD

2003 Crash Report

William W. Brayshaw PE - PS *The Hamilton County Engineer's Traffic Department*

Source	Report #	Date	Day	Time	Twp	Address	Road	Intersects	Distance/Dir.	Inj	Ped	Fat	Accident Type	Comments
Spr	21160	11/7/2003	FR	21:00	Spr	974	Galbraith	Springdew	0	0	0	0	Sideswipe/Passing	WB improper lane chg
Spr	2208	2/7/2003	FR	23:15	Spr	1055	Galbraith	Mockingbird & Nieman	100 E	0	0	0	Sideswipe/Passing	WB improper lane chg
Spr	19330	10/12/2003	SU	12:55	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Left Turn	WB to SB into EB
Spr	20081	10/23/2003	TH	18:02	Spr	1068	Galbraith	Mockingbird & Nieman	0	2	0	0	Left Turn	EB to NB into WB
Spr	4922	3/23/2003	SU	14:40	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Left Turn	EB to NB into WB
Spr	20283	10/26/2003	SU	16:00	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Left Turn	EB to NB into WB
Spr	2853	2/18/2003	TU	18:00	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Rear End	WB-ACD mult.pileup
Spr	7848	5/8/2003	TH	10:30	Spr	1069	Galbraith	Mockingbird & Nieman	0	2	0	0	Angle	EB ran red into NB
Spr	5879	4/8/2003	TU	8:45	Spr	1069	Galbraith	Mockingbird & Nieman	0	0	0	0	Rear End	EB into park car
Spr	5875	4/8/2003	TU	8:45	Spr	1069	Galbraith	Mockingbird & Nieman	0	0	0	0	Angle	EB ran red into NB
Spr	17818	9/20/2003	SA	8:10	Spr	1133	Galbraith	Kirkland	185 E	0	0	0	Angle	Ex.pr.dr.into EB
Spr	14132	7/29/2003	TU	10:40	Spr	1150	Galbraith	Kirkland	0	0	0	0	Rear End	WB - ACD

12

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

2003-15129

CRASH SEVERITY: 3 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)

PRIVATE PROPERTY

HIT/SKIP: 1 (1 Not Hit/Skip, 2 Solved, 3 Unsolved)

PHOTOS TAKEN: OH-2 | OH-3 | OH-1P | OTHER

REPORTING AGENCY ★: 31340 SPRINGFIELD

02 01 (98 = Animal, 99 = Unknown) 08122003

DAY OF WEEK: TUE

1741

NAME (OF CITY, VILLAGE OR TOWNSHIP) ★: X SPRINGFIELD 31

LATITUDE / LONGITUDE

CRASH OCCURRED ON

PREFIX: W | CRASH LOCATION: GALBRAITH RD | TYPE LOC: 1

TYPE LOCATION POINT USED: 1 Named Street, 2 Numbered Street, 3 Numbered Route

LOCAL INFORMATION

AT/REFERENCE

DIST REFERENCE: 50 FT. | DR: E | PREFIX: | REFERENCE: WINTON RD. | REF POINT: 02

REFERENCE POINT USED: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

NAME (LAST, FIRST, MIDDLE): 01 01 GARDNER, FREDERICK R.

ADDRESS (STREET, CITY, STATE, ZIP CODE): 8945 CHERRY BLOSSOM DR, CINTI, OH 45231

0701 1924 79 M

HOME PHONE #: 522-3[illegible] | WORK PHONE #:

DL STATE: OH | DL #: RR 581322 | LP STATE: OH | LP #: [illegible]

INJURED TAKEN BY: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown

TRANSPORTED BY | INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME"): "SAME"

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
1998	TOYOTA	Corolla	WH	COMMERCIAL UNION		

OFFENSE CHARGED | OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE): 02 01 GOODE, JACQUETTA N.

ADDRESS (STREET, CITY, STATE, ZIP CODE): 895 CLINTON SPRINGS #8 CINTI, OH 45229

0321 1977 26 F

HOME PHONE #: 281-[illegible] | WORK PHONE #:

DL STATE: OH | DL #: RU266814 | LP STATE: OH | LP #: [illegible]

INJURED TAKEN BY: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown

TRANSPORTED BY | INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME"): "SAME"

ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
1998	FORD	ESCORT	WH	STATE FARM		

OFFENSE CHARGED | OFFENSE DESCRIPTION

Occupant

NAME (LAST FIRST MIDDLE) | HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown | TRANSPORTED BY | [illegible]

NAME (LAST, FIRST, MIDDLE) | HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown | TRANSPORTED BY | INJURED TAKEN TO

BLANK FOR WITNESS

SEATING POSITION
01 Front – Left (MC Driver)
02 Front – Middle
03 Front – Right
04 Second – Left (MC Pass)
05 Second – Middle
06 Second – Right
07 Third – Left (MC Passenger/Side Car)
08 Third – Middle
09 Third – Right
10 Sleeper Section Of Cab
11 Enclosed Cargo Area
12 Unenclosed Cargo Area
13 Trailing Unit
14 Exterior
15 Other
16 Non-Motorist
17 Unknown

01 | 01

SAFETY EQUIPMENT
Motorist: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 MC Helmet Used, 07 Use Unknown
Non-Motorist: 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown

04 | 04

AIR BAG: 1 Not-Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown

1 | 1

AIR BAG SWITCH: 1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown

EJECTION: 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown

TRAPPED: 1 Not Trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown

INJURIES: 1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown

Unit Numbers

1 2

Non-Motorist Location

01 Marked crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

03 03

01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck: 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others
Non-Motorist
35 Animal Ridden
36 Animal Driven
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

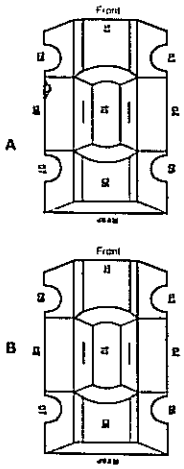
In Emergency Response

1 No
2 Yes
3 Unknown

Damage Scale

1 None
2 Non-Functional Damage
3 Functional Damage
4 Disabling Damage

Damage Area



Most Damaged Area

03 04

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
15 Unknown

Point Of Impact

03 04

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
15 Unknown

Action

3 4

1 Non-Contact
2 Non-Collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

03 01

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

17 01

Motorist
01 None
02 Failure To Yield
03 Ran Red Light, Or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left Of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped Or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving To Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure To Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only If '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

20 20

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 1

Of the Sequence of Events – Which one is the Most Harmful Event (1-4)

Speed Detected

1 1

1 Stated
2 Estimated Speed

Speed

25

23

Posted Speed

35 35

Traffic Control

12 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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

4 3 4 3

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

Condition

1 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

2

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

0 1

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
11 Unknown

** Secondary Road Conditions ONLY

Narrative

UNIT #1 WAS E/B ON W. GALBRAITH RD. IN THE CURB LANE.
UNIT #2 WAS E/B ON W. GALBRAITH RD. IN THE INNER LANE.
UNIT #1 ATTEMPTED TO CHANGE LANES STRIKING UNIT #2'S SIDEVIEW MIRROR.

Manner of Collision or Impact: 7

1 Not Collision Between Two 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: 01

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Light Conditions: 1

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Type Of Work Zone

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

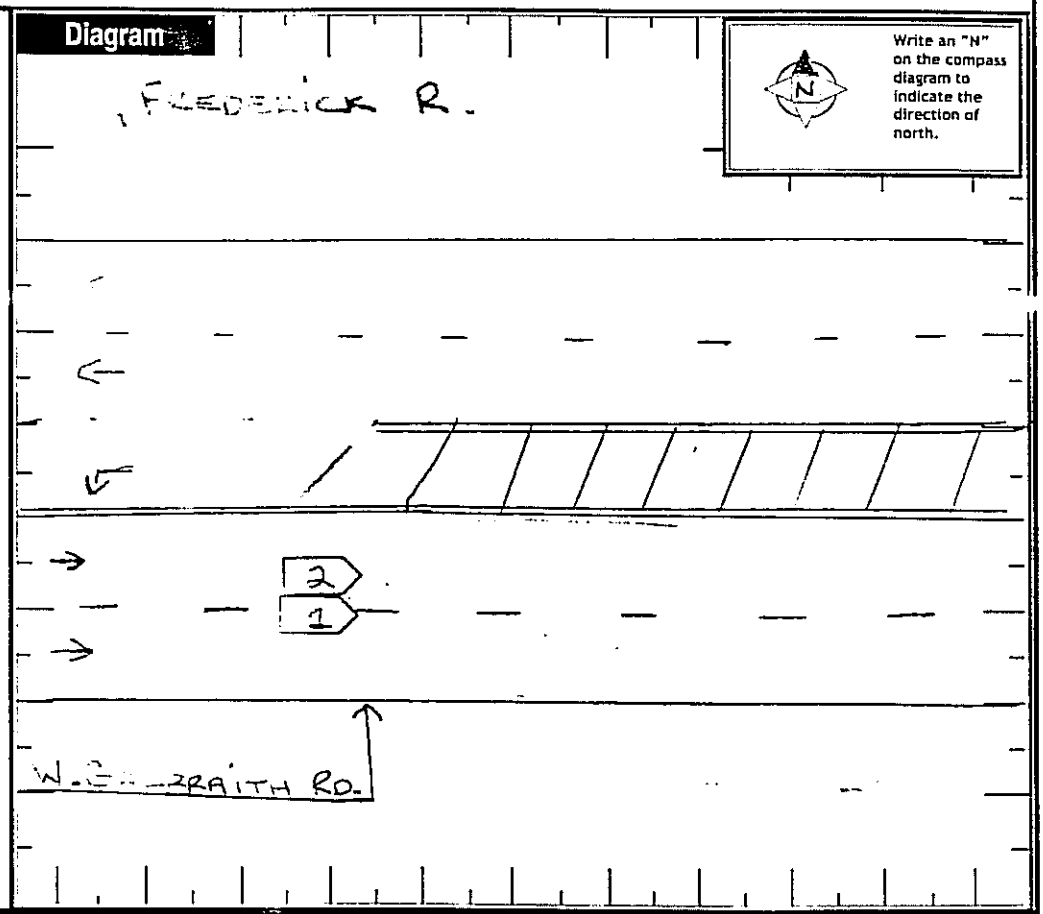
Location Of Crash In Work Zone

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present

1 No
2 Yes
3 Unknown

Diagram



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT [illegible]
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRE[illegible] ASSISTANCE BEFORE [illegible] UNDER ITS OWN POWER.

Company (From Shipping Papers)

Company Phone

Address (Street, City, St, Zip Code)

US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP #

Cargo Body Type
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR)
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard
1 No
2 Yes
3 Unknown

Hazardous Materials Released
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

Dispatch	Arrived	Cleared	Other
08/22/2003 1744	1744	1748	1815

31

Officer's Name*: ANDERSON 178

Checked By: R. Bley

Date Report Filed*: 08/22/2003

Report Taken By: 1 (1 Police Agency, 2 Motorist)

Report Taken At: 1 (1 Scene, 2 Station, 3 Other)

2003-1512

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TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

CASE 15767

CRASH SEVERITY: 1 Fatal, 2 Injury, 3 PDO, 4 Unknown — 5

PRIVATE PROPERTY

HIT/SKIP: 1 Not Hit/Skip, 2 Solved, 3 Unsolved — 2

PHOTOS TAKEN: OH-2 | OH-3 | OH-1P | OTHER

REPORTING AGENCY *: 03134 SPRINGFIELD TWP 02 01 (98 = Animal, 99 = Unknown) 08212003

DAY OF WEEK: 1910 F H 4

NAME (OF CITY, VILLAGE OR TOWNSHIP) *: 1 SPRINGFIELD TWP 31

LATITUDE / LONGITUDE

CRASH OCCURRED ON

PREFIX | CRASH LOCATION: GALBRAITH RD | TYPE LOC: 1

TYPE LOCATION POINT USED: 1 Named Street, 2 Numbered Street, 3 Numbered Route

LOCAL INFORMATION

AT/REFERENCE

DIST REFERENCE | DR | PREFIX | REFERENCE: SPRINGDEN | REF POINT: 2

REFERENCE POINT USED: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

01 01 NAME (LAST, FIRST, MIDDLE): DAUGHTRY, FAITH

ADDRESS (STREET, CITY, STATE, ZIP CODE): 1908 WASHINGTON CIR. CINTI. OH. 45215

01121974 29 F — HOME PHONE #: 821-1985 — WORK PHONE #:

DL STATE: OH — DL #: RR550281 — LP STATE: OH — LP #: BD952W

INJURED TAKEN BY: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — TRANSPORTED BY — INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME"): SAME — ADDRESS (STREET, CITY, STATE, ZIP CODE):

YEAR: 1997 — MAKE: BUICK — MODEL: SKYLARK — COLOR: GREEN — INSURANCE COMPANY: GENERAL MOTOR — TOWING SERVICE — OWNER PHONE #:

OFFENSE CHARGED: 4511.21 — OFFENSE DESCRIPTION: ASSURED CLEARED DISTANCE AHEAD — 34124505

02 01 NAME (LAST, FIRST, MIDDLE): JOHNSON, KELVIN

ADDRESS (STREET, CITY, STATE, ZIP CODE): 1537 BLAIR AVE CINTI OH 45207

04131976 17 M — HOME PHONE #: 861-1128 — WORK PHONE #:

DL STATE: OH — DL #: SP289292 — LP STATE: OH — LP #: [illegible]

INJURED TAKEN BY: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — TRANSPORTED BY — INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME"): SAME — ADDRESS (STREET, CITY, STATE, ZIP CODE):

YEAR: 1991 — MAKE: FORD — MODEL: PROBE — COLOR: WHITE — INSURANCE COMPANY: UNKNOWN — TOWING SERVICE — OWNER PHONE #:

OFFENSE CHARGED — OFFENSE DESCRIPTION

Occupants

NAME (LAST, FIRST, MIDDLE) — HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — TRANSPORTED BY — INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE) — HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — TRANSPORTED BY — INJURED TAKEN TO

	Seating Position	Safety Equipment	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
02	14	Motorist 6	4	1	1	1	
01	14	5	4	1	1	1	

Seating Position: 01 Front – Left (MC Driver), 02 Front – Middle, 03 Front – Right, 04 Second – Left (MC Pass), 05 Second – Middle, 06 Second – Right, 07 Third – Left (MC Passenger/Side Car), 08 Third – Middle, 09 Third – Right, 10 Sleeper Section Of Cab, 11 Enclosed Cargo Area, 12 Unenclosed Cargo Area, 13 Trailing Unit, 14 Exterior, 15 Other, 16 Non-Motorist, 17 Unknown

Safety Equipment: Motorist — 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 MC Helmet Used, 07 Use Unknown. Non-Motorist — 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown

Air Bag: 1 Not Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown

Air Bag Switch: 1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown

Ejection: 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown

Trapped: 1 Not Trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown

Injuries: 1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown

BLANK FOR WITNESS

HSY7001 — TOP COPY - ODPS — BOTTOM COPY - AGENCY

Unit Numbers

—

Non-Motorist Location

01 Marked crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

12 02

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck: 2 Axles, 6 Tires
10 Single Unit Truck: 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal With Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

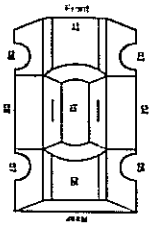
1 No
2 Yes
3 Unknown

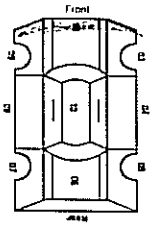
Damage Scale

6 3

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area





Most Damaged Area

05 02

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
15 Unknown

Point Of Impact

05 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
15 Unknown

Action

2 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

4 T C

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

0 0 0 1

Motorist
01 None
02 Failure To Yield
03 Ran Red Light, or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving to Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist in Roadway, Etc)
15 Failure to Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only If '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

20 20

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

2 Ø

1 Stated
2 Estimated Speed

Speed

35
100

Posted Speed

35 35

Traffic Control

12 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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

43 43

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

Condition

3 1 2 4 5

1 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

6 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type Of Intersection

03

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 On Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

01 1

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
11 Unknown

**Secondary Road Conditions Only

2003 15767

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Narrative

[illegible] TO TURN LEFT INTO SPRINGDEW WHEN UNIT 1 [illegible] FROM BEHIND AND PASSED UNIT 2 LEFT OF CENTER AND STRUCK UNIT 2 ON THE LEFT FRONT SIDE. UNIT 2 STOPPED AND GOT OUT OF THE VEHICLE AND TRIED TO UNIT 2 [illegible] UNIT 1 [illegible] UNIT 1 THEN FLED FROM THE SCENE. [illegible] OF UNIT 1 [illegible] TO LEAVE AND RETURN [illegible] WAS [illegible] FOR EXCHANGE.

Manner of Collision or Impact: 7

1 Not Collision Between Two 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

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Weather: 01

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Type Of Work Zone

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

Light Conditions

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark –Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

Location Of Crash in Work Zone

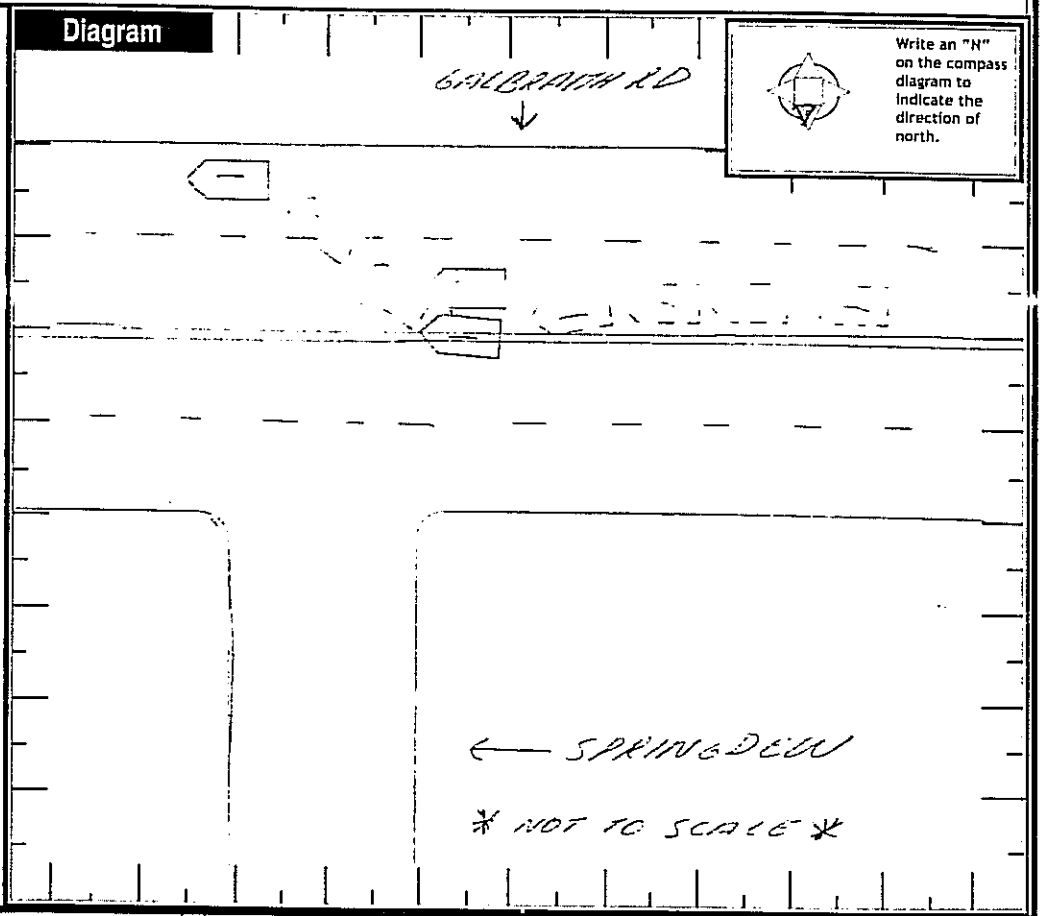
1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present

1 No
2 Yes
3 Unknown

Diagram

Write an "N" on the compass diagram to indicate the direction of north.



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK TRACTOR (VEHICLE) WITH [illegible] OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER

Company (From Shipping Papers)

Company Phone

Address (Street, City, St, Zip Code)

US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP #

Cargo Body Type
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR)
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard
1 No
2 Yes
3 Unknown

Hazardous Materials Released
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

[illegible] 45

Dispatch	Arrived	Cleared	Other
1945	1950	1952	

47

Officer's Name *

225

Checked By: M. Blu

Date Report Filed *: 0 7 2 1 2 0 0 7

Report Taken By: 1 Police Agency, 2 Motorist

Report Taken At: 1 Scene, 2 Station, 3 Other

1

[illegible]

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TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

OH-1 (Rev.10/99

2003 21160 3

CRASH SEVERITY: 1 FATAL 2 INJURY 3 PDO 4 UNKNOWN

PRIVATE PROPERTY

HIT/SKIP: 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED

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

REPORTING AGENCY *: 03134 SPRINGFIELD TWP. POLICE 02 01 (98 = ANIMAL, 99 = UNKNOWN) 11072003

DAY OF WEEK: 2100 FRI

NAME (OF CITY, VILLAGE OR TOWNSHIP) *: X SPRINGFIELD 31

LATITUDE / LONGITUDE

CRASH OCCURRED ON

PREFIX: W | CRASH LOCATION: GALBRAITH RD | TYPE LOC

TYPE LOCATION POINT USED: 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE

LOCAL INFORMATION

AT/REFERENCE

DIST REFERENCE: 50 F | DR: E | PREFIX | REFERENCE: SPRINGDEW LN | REF POINT: 02

REFERENCE POINT USED: 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist

NAME (LAST, FIRST, MIDDLE): 01 01 RICHARDSON, TORIS

ADDRESS (STREET, CITY, STATE, ZIP CODE): 1255 DUXBERRY AV. COLUMBUS, OH 43211

04041975 28 M

HOME PHONE #: (614) 841-9016 | WORK PHONE #:

DL STATE: OH | DL #: PY042266 | LP STATE: OH | LP #: EA535J

INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN | TRANSPORTED BY | INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME"): SAME | ADDRESS (STREET, CITY, STATE, ZIP CODE):

YEAR: 1996 | MAKE: DODGE | MODEL: INTREPID | COLOR: BLACK | INSURANCE COMPANY: GENERAL | TOWING SERVICE | OWNER PHONE #

OFFENSE CHARGED: 4511.25 | OFFENSE DESCRIPTION: LANES OF TRAVEL 34135672

NAME (LAST, FIRST, MIDDLE): 02 01 VESER, TRAVIS

ADDRESS (STREET, CITY, STATE, ZIP CODE): 1043 THUNDERBIRD DR, CINTI, OH 45231

11131981 21 M

HOME PHONE #: (513) 521-1199 | WORK PHONE #:

DL STATE: OH | DL #: RT231729 | LP STATE: OH | LP #: E885512

INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN | TRANSPORTED BY | INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME"): SAME | ADDRESS (STREET, CITY, STATE, ZIP CODE):

YEAR: 2004 | MAKE: DODGE | MODEL: INTREPID | COLOR: | INSURANCE COMPANY: GEICO | TOWING SERVICE | OWNER PHONE #

OFFENSE CHARGED: | OFFENSE DESCRIPTION:

Occupant

NAME (LAST, FIRST, MIDDLE) | HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE) | INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN | TRANSPORTED BY | INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE) | HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE) | INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN | TRANSPORTED BY | INJURED TAKEN TO

SEATING POSITION: 01 FRONT – LEFT (MC DRIVER) 02 FRONT – MIDDLE 03 FRONT – RIGHT 04 SECOND – LEFT (MC PASS) 05 SECOND – MIDDLE 06 SECOND – RIGHT 07 THIRD – LEFT (MC PASSENGER/SIDE CAR) 08 THIRD – MIDDLE 09 THIRD – RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN

01 04

01 04

SAFETY EQUIPMENT

MOTORIST: 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN

NON-MOTORIST: 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN

AIR BAG: 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN

AIR BAG SWITCH: 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN

EJECTION: 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN

TRAPPED: 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN

INJURIES: 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN

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HSY7001

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Unit Numbers

01 02

Non-Motorist Location

01 Marked crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

04 04

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

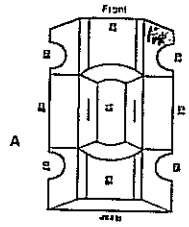
1 No
2 Yes
3 Unknown

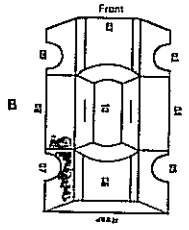
Damage Scale

2 2

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area





Most Damaged Area

03 08

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
15 Unknown

Point Of Impact

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
15 Unknown

Action

3 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

01 01

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

1 5 01

Motorist
01 None
02 Failure To Yield
03 Ran Red Light, Or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left Of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped Or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving To Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure To Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only If '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

20 20

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision W/ Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

1 1

1 Stated
2 Estimated Speed

Speed

3 0

1 0

Posted Speed

35 35

Traffic Control

1 2 1 2

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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

3 4 3 4

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

Condition

1 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 1 1 1

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

01

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
11 Unknown

** Secondary Road Conditions Only

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Narrative

UNIT 2 WAS WESTBOUND ON GALBRAITH RD AND IN THE RIGHT LANE. UNIT 1 WAS ALSO WESTBOUND ON GALBRAITH RD. IN THE LEFT LANE. OVER CORRECTED HIS VEHICLE AND MERGES INTO UNIT 2'S LANE STRIKING UNIT 2.

Manner of Collision or Impact

7

1 Not Collision Between Two 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

01

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Light Conditions

5

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

School Bus Related

1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related

1

1 No
2 Yes
3 Unknown

Type Of Work Zone

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

Location Of Crash In Work Zone

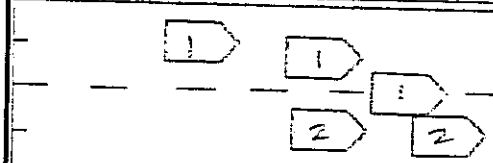
1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present

1 No
2 Yes
3 Unknown

Diagram

Write an "N" on the compass diagram to indicate the direction of north.



W. GALBRAITH RD
(50 FT. EAST OF SPRINGER)

NOT TO SCALE

Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company (From Shipping Papers)

Company Phone

Address (Street, City, St, Zip Code)

US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP #

Cargo Body Type

01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR)

1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class

1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard

1 No
2 Yes
3 Unknown

Hazardous Materials Released

1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

Dispatch: 2180 | Arrived: 2115 | Cleared: 2140 | Other:

Officer's Name*: 110320032106

CASE 222

Checked By: [illegible]

Date Report Filed*: 110705

Report Taken By: 1 Police agency, 2 Motorist

Report Taken At: 1 Scene, 2 Station, 3 Other

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TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

3463-0206 3

CRASH SEVERITY: 1 Fatal, 2 Injury, 3 PDO, 4 Unknown

PRIVATE PROPERTY

HIT/SKIP: 1 Not Hit/Skip, 2 Solved, 3 Unsolved — 1

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

3134 — REPORTING AGENCY *: Springfield Township — 02 01 (98 = Animal, 99 = Unknown) — 02072003

2315 — DAY OF WEEK: F R I

NAME (OF CITY, VILLAGE OR TOWNSHIP) *: X Springfield — 31

LATITUDE / LONGITUDE

CRASH OCCURRED ON

PREFIX: W — CRASH LOCATION: Galbraith Rd — TYPE LOC: 1

TYPE LOCATION POINT USED: 1 Named Street, 2 Numbered Street, 3 Numbered Route

LOCAL INFORMATION

AT / REFERENCE

DIST REFERENCE: 100FT — DIR: E — PREFIX: — REFERENCE: Mockingbird Ln — REF POINT: 02

REFERENCE POINT USED: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

01 02 NAME (LAST, FIRST, MIDDLE): Rhodes, Terrance B

ADDRESS (STREET, CITY, STATE, ZIP CODE): 1398 Biloxi Cinti OH 45231

01 04 1970 33 M — HOME PHONE #: 522-7136 — WORK PHONE #:

DL STATE: OH — DL #: RU202035 — LP STATE: OH — LP #: C767503 — INJURED TAKEN BY: 1 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) — TRANSPORTED BY — INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME"): Rhodes, Robin — ADDRESS (STREET, CITY, STATE, ZIP CODE): 1398 Biloxi Cinti OH 45231

YEAR: 1987 — MAKE: Dodge — MODEL: Van — COLOR: Red/Silver — INSURANCE COMPANY: None — TOWING SERVICE — OWNER PHONE #

OFFENSE CHARGED: 4511.33A (ORC) — OFFENSE DESCRIPTION: Improper Lane Change — 34037860

02 02 NAME (LAST, FIRST, MIDDLE): Burgs, Kenneth W

ADDRESS (STREET, CITY, STATE, ZIP CODE): 1138 Meadowind Cinti OH 45231

04 11 1954 58 M — HOME PHONE #: 522-3275 — WORK PHONE #:

DL STATE: OH — DL #: RX415991 — LP STATE: OH — LP #: LVEBUG — INJURED TAKEN BY: 1 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) — TRANSPORTED BY — INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME"): Same — ADDRESS (STREET, CITY, STATE, ZIP CODE):

YEAR: 1999 — MAKE: Chrysler — MODEL: LHS — COLOR: Black — INSURANCE COMPANY: Progressive — TOWING SERVICE — OWNER PHONE #

OFFENSE CHARGED: — OFFENSE DESCRIPTION:

Occupant

01 NAME (LAST, FIRST, MIDDLE): Rhodes, Robin — HOME PHONE #: 522-7136 — F

ADDRESS (STREET, CITY, STATE, ZIP CODE): 1398 Biloxi Cinti OH 45231

INJURED TAKEN BY: 1 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) — TRANSPORTED BY — INJURED TAKEN TO

02 NAME (LAST, FIRST, MIDDLE): Burgs, Brenda — HOME PHONE #: 522-3275 — 06 21 1953 59 F

ADDRESS (STREET, CITY, STATE, ZIP CODE): 1138 Meadowind Cinti OH 45231

INJURED TAKEN BY: 1 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) — TRANSPORTED BY — INJURED TAKEN TO

	Seating Position	Safety Equipment	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
01	01 Front – Left (MC Driver)	04 Motorist: 01 None Used	1 Not-Deployed	1 Not Present	1 Not Ejected	1 Not Trapped	1 No Injury
	02 Front – Middle	02 Shoulder Belt Only	2 Deployed-Front	2 In On Position	2 Totally Ejected	2 Extricated By Mechanical Means	2 Possible
	03 Front – Right	03 Lap Belt Only	3 Deployed-Side	3 In Off Position	3 Partially Ejected		3 Non-Incapacitating
	04 Second – Left (MC Pass)	04 Shoulder/Lap Belt	4 Deployed Both Front/Side	4 Unknown	4 Not Applicable		4 Incapacitating
	05 Second – Middle	05 Child Safety Seat	5 Not Applicable		5 Unknown		5 Fatal Injury
	06 Second – Right	06 MC Helmet Used	6 Unknown				6 Unknown
	07 Third – Left (MC Passenger/Side Car)	07 Use Unknown					
01	08 Third – Middle	04 Non-Motorist: 08 None Used	1	4	1	1	1
	09 Third – Right	09 Helmet Used					
	10 Sleeper Section Of Cab	10 Protective Pads					
	11 Enclosed Cargo Area	11 Reflective Clothing					
	12 Unenclosed Cargo Area	12 Lighting					
	13 Trailing Unit	13 Other					
	14 Exterior	14 Unknown					
	15 Other						
	16 Non-Motorist						
	17 Unknown						
03	08 Third – Middle	04	1	4	1	1	1
	09 Third – Right						
	10 Sleeper Section Of Cab						
	11 Enclosed Cargo Area						
	12 Unenclosed Cargo Area						
	13 Trailing Unit						
	14 Exterior						
	15 Other						
	16 Non-Motorist						
	17 Unknown						
03	08 Third – Middle	04	1	4	1	1	1
	09 Third – Right						
	10 Sleeper Section Of Cab						
	11 Enclosed Cargo Area						
	12 Unenclosed Cargo Area						
	13 Trailing Unit						
	14 Exterior						
	15 Other						
	16 Non-Motorist						
	17 Unknown						

BLANK FOR WITNESS

Unit Numbers

1 2

Non-Motorist Location

01 Marked crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

0 8 0 4

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

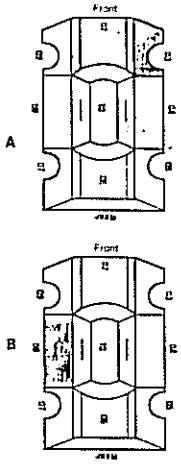
1 No
2 Yes
3 Unknown

Damage Scale

1 1

1 None
2 Non-Functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area



Most Damaged Area

0 3 0 8

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
15 Unknown

Point Of Impact

0 3 0 8

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
15 Unknown

Action

3 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

0 3 0 1

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

0 9 0 1

Motorist
01 None
02 Failure To Yield
03 Ran Red Light, Or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left Of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped Or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving To Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure To Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only If '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

2 0 2 0

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/ Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

2 2

1 Stated
2 Estimated Speed

Speed

3 5

3 5

Posted Speed

3 5 3 5

Traffic Control

1 2 1 2

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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

3 4 3 4

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

Condition

1 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

0 1

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
11 Unknown

* *Secondary Road Conditions Only

2003-02203

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Narrative

Unit #1 was traveling WB on West Galbraith Rd in the Center Lane
Unit #2 was traveling WB on West Galbraith Rd in the right Lane
Unit #1 attempted to change lanes to the right and struck
unit #2 which was alongside unit #1

Manner of Collision or Impact

7

1 Not Collision Between Two 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

01

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Light Conditions

4

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

School Bus Related

1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related

1

1 No
2 Yes
3 Unknown

Type Of Work Zone

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

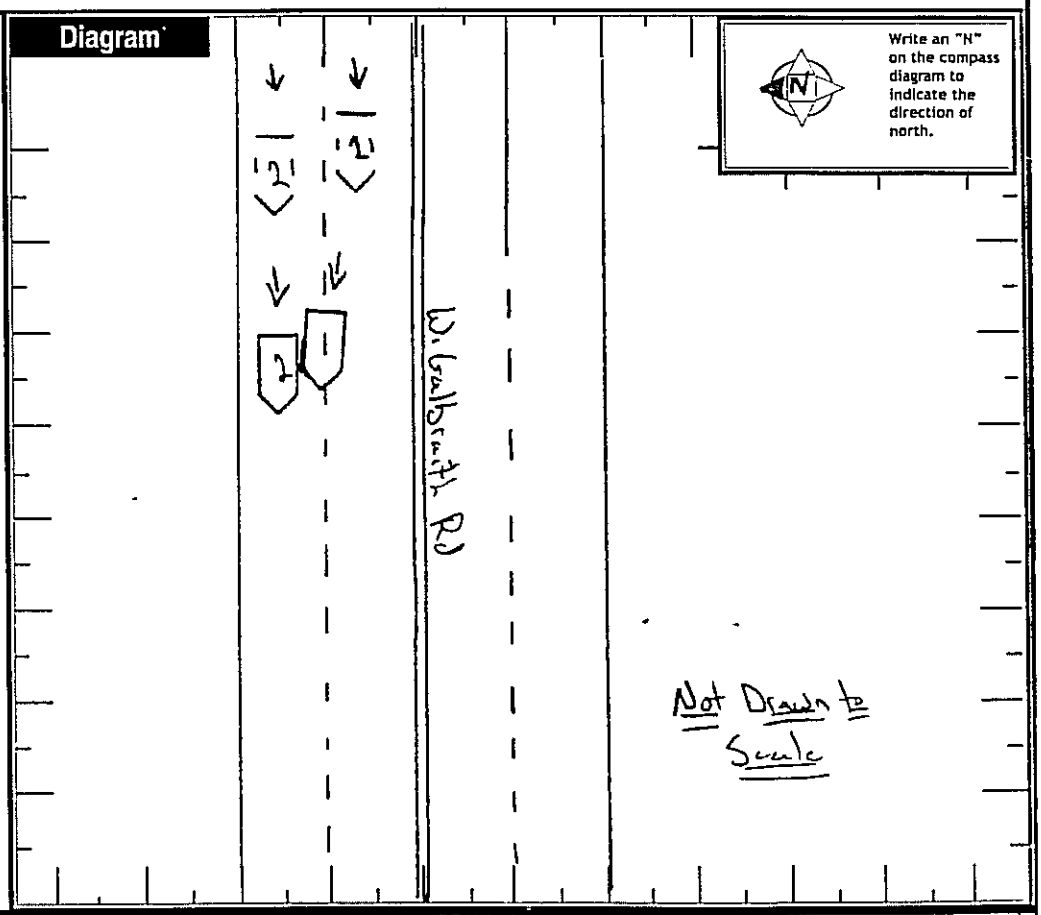
Location Of Crash In Work Zone

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present

1 No
2 Yes
3 Unknown

Diagram



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company (From Shipping Papers):
Company Phone:
Address (Street, City, St, Zip Code):

US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP #

Cargo Body Type
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR)
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard
1 No
2 Yes
3 Unknown

Hazardous Materials Released
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

02 07 2003 2322

Dispatch	Arrived	Cleared	Other
2322	2322	2348	0

26

Officer's Name*: C. Williams

195

Checked By: [signature]

Date Report Filed*: 02 07 2003

Report Taken By: 1 Police agency, 2 Motorist

Report Taken At: 1 Scene, 2 Station, 3 Other

2003-[illegible]

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2004 Crash Report

William W. Brayshaw PE - PS *The Hamilton County Engineer's Traffic Department*

Source	Report #	Date	Day	Time	Twp	Address	Road	Intersects	Distance/Dir.	Inj	Ped	Fat	Accident Type	Comments
Spr	16171	8/31/2004	TU	7:55	Spr	912	Galbraith	Winton	215 W	0	0	0	Rear End	EB - ACD
Spr	19693	10/21/2004	TH	21:59	Spr	912	Galbraith	Winton	215 W	1	0	0	Angle	Ex.pr.dr.into WB
Spr	23340	12/21/2004	TU	19:50	Spr	913	Galbraith	Winton	215 W	0	0	0	Sideswipe/Passing	EB improper lane chg
Spr	17708	9/21/2004	TU	7:45	Spr	947	Galbraith	Springdew	375 E	0	0	0	Rear End	EB - ACD
Spr	8067	5/12/2004	WE	12:55	Spr	961	Galbraith	Springdew	130 E	0	0	0	Rear End	EB - ACD
Spr	20974	11/10/2004	WE	20:58	Spr	961	Galbraith	Springdew	130 E	1	0	0	Fail to Control	Utility Pole
Spr	8094	5/12/2004	WE	18:50	Spr	1027	Galbraith	Mockingbird & Nieman	470 E	1	0	0	Rear End	EB - ACD
Spr	14789	8/11/2004	WE	15:34	Spr	1030	Galbraith	Mockingbird & Nieman	300 E	0	0	0	Sideswipe/Passing	WB improper lane chg
Spr	12494	7/12/2004	MO	10:10	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Angle	EB ran red into SB
Spr	6984	4/26/2004	MO	19:57	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Left Turn	WB to SB into EB
Spr	5078	3/28/2004	SU	14:30	Spr	1068	Galbraith	Mockingbird & Nieman	0	4	0	0	Left Turn	EB to NB into WB
Spr	3142	2/25/2004	WE	13:00	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Rear End	EB - ACD
Spr	13838	7/29/2004	TH	18:26	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Rear End	WB - ACD
Spr	12969	7/18/2004	SU	5:22	Spr	1108	Galbraith	Mockingbird & Nieman	485 W	0	0	0	Fail to Control	WB into pole, etc Not Land
Spr	23966	12/31/2004	FR	15:15	Spr	1150	Galbraith	Kirkland	0	0	0	0	Fail to Control	WB into pole not land
Spr	18665	10/6/2004	WE	9:53	Spr	1150	Galbraith	Kirkland	0	4	0	0	Angle	NB @ SS into EB
Spr	22544	12/7/2004	TU	17:46	Spr	1173	Galbraith	Colette	0	0	0	0	Pedestrian Action	WB into pedestrian

17

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

OHIO PUBLIC SAFETY — EDUCATION · SERVICE · PROTECTION

2004-23340

Crash Severity	Private Property	Hit/Skip	Photos Taken	OH-2	OH-3	OH-1P	Other
3 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)		1 (1 Not Hit/Skip, 2 Solved, 3 Unsolved)					

03134 — Reporting Agency ★: SPRINGFIELD TWP. — 02 01 (99 = Animal, 99 = Unknown) — 1 22 1 2004

1950 — Day of Week: TUE — X — Name (of City, Village or Township) ★: SPRINGFIELD — 31

Latitude / Longitude:

Crash Occurred On

Prefix	Crash Location	Type Loc
	GALBRAITH RD.	1

Type Location Point Used: 1 Named Street, 2 Numbered Street, 3 Numbered Route

Local Information

At / Reference

Dist Reference	DR	Prefix	Reference	Ref Point
			913	04

Reference Point Used: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

01 01 — Name (Last, First, Middle): HOWARD MICHAEL G.

Address (Street, City, State, Zip Code): 8639 PRINGLE DR CINTI OH 45231

0508 1986 18 M — Home Phone #: 931-0877 — Work Phone #: 348-0506

DL State: OH — DL #: SK148887 — LP State: OH — LP #: DGB6463 — Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown): — Transported By: — Injured Taken To:

Owner Name (If same, write "Same"): VERA SUGGS — Address (Street, City, State, Zip Code): 8639 PRINGLE DR. CINTI OH 45231

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
2004	CHEV	AVEO	BLUE	AMERICAN FAMILY	N/A	

Offense Charged: — Offense Description:

0201 — Name (Last, First, Middle): BYERS ARCHIE

Address (Street, City, State, Zip Code): 8302 FOUR WINDS DR. #3 CINTI OH 45231

0317 1967 37 M — Home Phone #: 729-2783 — Work Phone #: 258-1932

DL State: OH — DL #: RP211493 — LP State: — LP #: DBG5577 — Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown): — Transported By: — Injured Taken To:

Owner Name (If same, write "Same"): SAME — Address (Street, City, State, Zip Code):

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1997	BUICK	CENTURY	GOLD	SAFE AUTO	N/A	

Offense Charged: — Offense Description:

Occupant

Name (Last, First, Middle): — Home Phone #:

Address (Street, City, State, Zip Code): — Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown): — Transported By: — Injured Taken To:

Name (Last, First, Middle): — Home Phone #:

Address (Street, City, State, Zip Code): — Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown): — Transported By: — Injured Taken To:

	Seating Position		Safety Equipment		Air Bag		Air Bag Switch		Ejection		Trapped		Injuries
01	01 Front – Left (MC Driver)	04	Motorist: 01 None Used	1	1 Not-Deployed	4	1 Not Present	1	1 Not Ejected	1	1 Not trapped	1	1 No Injury
	02 Front – Middle		02 Shoulder Belt Only		2 Deployed-Front		2 In On Position		2 Totally Ejected		2 Extricated By Mechanical Means		2 Possible
	03 Front – Right		03 Lap Belt Only		3 Deployed-Side		3 In Off Position		3 Partially Ejected		3 Freed By Non-Mechanical Means		3 Non-Incapacitating
	04 Second – Left (MC Pass)		04 Shoulder/Lap Belt		4 Deployed Both Front/Side		4 Unknown		4 Not Applicable		4 Unknown		4 Incapacitating
01	05 Second – Middle	04	05 Child Safety Seat	1	5 Not Applicable	4		1	5 Unknown	1		1	5 Fatal Injury
	06 Second – Right		06 MC Helmet Used		6 Unknown								6 Unknown
	07 Third – Left (MC Passenger/Side Car)		07 Use Unknown										
	08 Third – Middle		Non-Motorist: 08 None Used										
	09 Third – Right		09 Helmet Used										
	10 Sleeper Section Of Cab		10 Protective Pads										
	11 Enclosed Cargo Area		11 Reflective Clothing										
	12 Unenclosed Cargo Area		12 Lighting										
	13 Trailing Unit		13 Other										
	14 Exterior		14 Unknown										
	15 Other												
	16 Non-Motorist												
	17 Unknown												

Blank for Witness

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Unit Numbers

01 02

Non-Motorist Location

01 Marked Crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

02 03

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

1 1

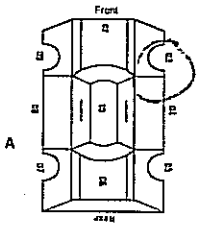
1 No
2 Yes
3 Unknown

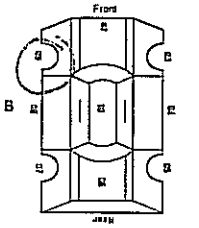
Damage Scale

2 2

1 None
2 Non-Functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area





Most Damaged Area

03 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
15 Unknown

Point Of Impact

03 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
15 Unknown

Action

3 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

03 01

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

09 01

Motorist
01 None
02 Failure To Yield
03 Ran Red Light, Or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped Or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving To Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure To Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only If '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

20 20

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/ Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

1 Stated
2 Estimated Speed

Speed

Posted Speed

35 35

Traffic Control

1 2 1 2

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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

4 3 4 3

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

Condition

1 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

02

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
11 Unknown

**Secondary Road Conditions Only

2004-23540

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Narrative

UNIT # 2 WAS W/B GALBRAITH RD IN THE CURB LANE. UNIT # 1 WAS W/B GALBRAITH IN THE CENTER LANE. UNIT # 1 CHANGED LANES TO AVOID CRASH AND STRUCK UNIT # 2 IN THE LEFT FRONT.

Manner of Collision or Impact: 7

1 Not Collision Between Two 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: 02

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Light Conditions: 4

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Type Of Work Zone

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

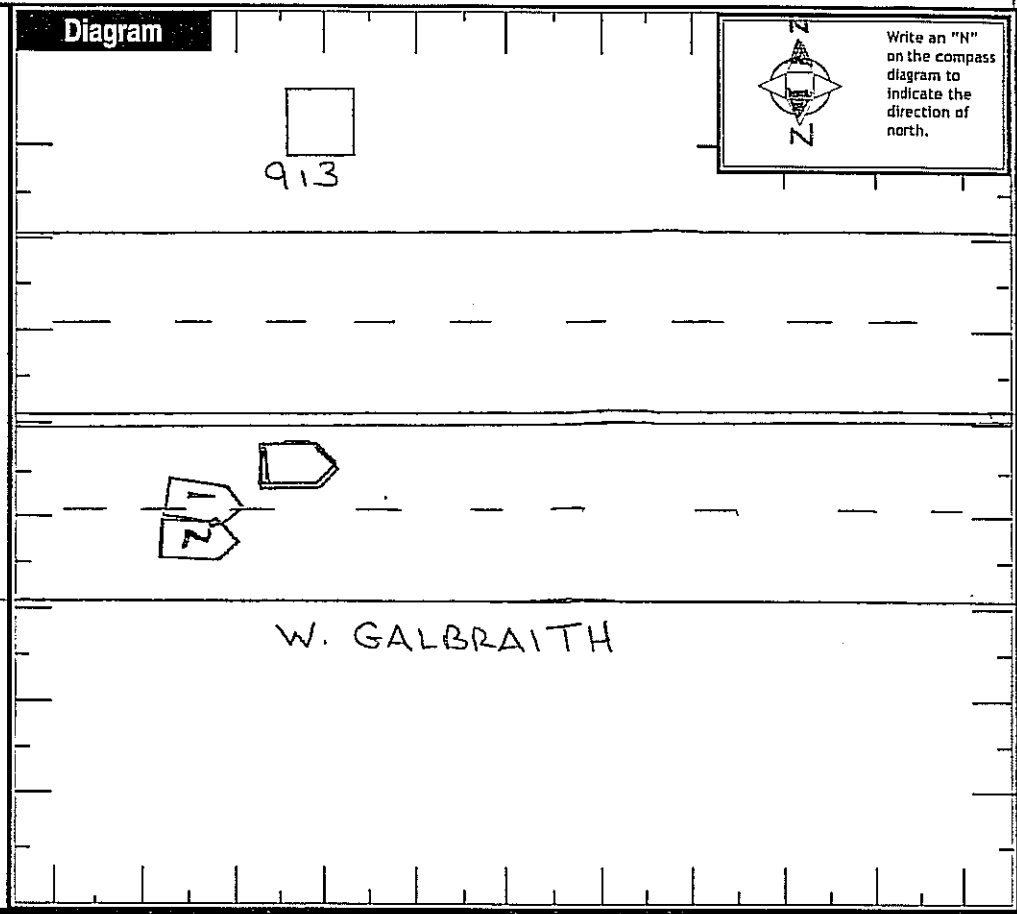
Location Of Crash In Work Zone

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present

1 No
2 Yes
3 Unknown

Diagram



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company (From Shipping Papers):
Company Phone:
Address (Street, City, St, Zip Code):

US DOT:
ICC MC:
PUCO:
Trailer LP St.:
Trailer LP Year:
Trailer LP #:

Cargo Body Type
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR)
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard
1 No
2 Yes
3 Unknown

Hazardous Materials Released
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

12212004 1955

Dispatch	Arrived	Cleared	Other
1957	2005	2020	10

35

Officer's Name*: K. SMITH

197

Checked By: [illegible]

Date Report Filed*: 12/12/2004

Report Taken By: 1 Police Agency, 2 Motorist

Report Taken At: 1 Scene, 2 Station, 3 Other

2004-23345

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TRAFFIC CRASH REPORT

OH-1 (Rev.10/99)

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

2004-14789

CRASH SEVERITY: 3 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)

PRIVATE PROPERTY

HIT/SKIP: 1 Not Hit/Skip, 2 Solved, 3 Unsolved

PHOTOS TAKEN: OH-2 | OH-3 | OH-1P | OTHER

REPORTING AGENCY *: 3134 SPRINGFIELD 02

98 = Animal, 99 = Unknown

DAY OF WEEK: WED

08 11 2004

1534

NAME (OF CITY, VILLAGE OR TOWNSHIP) *: X SPRINGFIELD

LATITUDE / LONGITUDE

CRASH OCCURRED ON

PREFIX: W — CRASH LOCATION: Galbraith Rd — TYPE LOC: 1

TYPE LOCATION POINT USED: 1 Named Street, 2 Numbered Street, 3 Numbered Route

LOCAL INFORMATION

AT/REFERENCE

DIST REFERENCE | DR | PREFIX | REFERENCE: 1030 — REF POINT: 04

REFERENCE POINT USED: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

1 2 NAME (LAST, FIRST, MIDDLE): McCormick Jessica

ADDRESS (STREET, CITY, STATE, ZIP CODE): 1396 Waverly Hill Ln. Loveland OH 45140

11 29 1984 19 F — HOME PHONE #: 677-5696 — WORK PHONE #:

DL STATE: OH — DL #: SJ735343 — LP STATE: OH — LP #: DH32NT

INJURED TAKEN BY: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — TRANSPORTED BY — INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME"): Debra Hall — ADDRESS (STREET, CITY, STATE, ZIP CODE): 5849 Bayberry Dr Cint. OH 45242

YEAR: 2002 — MAKE: Ford — MODEL: ZX2 — COLOR: Red — INSURANCE COMPANY: Allstate — TOWING SERVICE — OWNER PHONE #

OFFENSE CHARGED — OFFENSE DESCRIPTION

0202 NAME (LAST, FIRST, MIDDLE): Thompson Joshua

ADDRESS (STREET, CITY, STATE, ZIP CODE): 1412 View Terrace Dr Southgate Ky. 41070

08 15 1983 20 M — HOME PHONE #: 687-2585 — WORK PHONE #:

DL STATE: OH — DL #: SP296235 — LP STATE: OH — LP #: DFV4319

INJURED TAKEN BY: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — TRANSPORTED BY — INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME"): ENTERPRISE RENT A Car — ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR: 2004 — MAKE: Chrys — MODEL: PT Cruiser — COLOR: Blue — INSURANCE COMPANY — TOWING SERVICE — OWNER PHONE #

OFFENSE CHARGED — OFFENSE DESCRIPTION

Occupant

NAME (LAST, FIRST, MIDDLE) — HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — TRANSPORTED BY — INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE) — HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — TRANSPORTED BY — INJURED TAKEN TO

SEATING POSITION

01 Front – Left (MC Driver)
02 Front – Middle
03 Front – Right
04 Second – Left (MC Pass)
05 Second – Middle
06 Second – Right
07 Third – Left (MC Passenger/Side Car)
08 Third – Middle
09 Third – Right
10 Sleeper Section Of Cab
11 Enclosed Cargo Area
12 Unenclosed Cargo Area
13 Trailing Unit
14 Exterior
15 Other
16 Non-Motorist
17 Unknown

01 — 01

SAFETY EQUIPMENT

Motorist: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 MC Helmet Used, 07 Use Unknown

Non-Motorist: 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown

04 — 04

AIR BAG: 1 Not-Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown

AIR BAG SWITCH: 1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown

EJECTION: 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown

TRAPPED: 1 Not Trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown

INJURIES: 1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown

BLANK FOR WITNESS

HSY7001

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Unit Numbers

01 02

Non-Motorist Location

01 Marked crosswalk at intersection
02 Intersection/ No Crosswalk
03 Non-intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

03 03

Motorist

01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist

35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

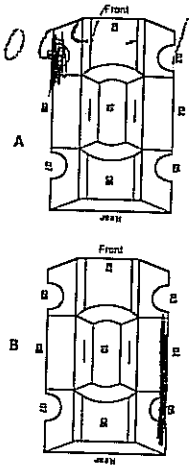
1 No
2 Yes
3 Unknown

Damage Scale

2 2

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area



Most Damaged Area

08 04

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
15 Unknown

Point of Impact

08 04

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
15 Unknown

Action

3 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

40 B 01

Motorist

01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist

15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

09 01

Motorist

01 None
02 Failure to Yield
03 Ran Red Light, or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving to Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist in Roadway, Etc)
15 Failure to Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-motorist

23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only if '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

20 20

Non-Collision

01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed

14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

1 1

1 Stated
2 Estimated Speed

Speed

25
35

Posted Speed

35 35

Traffic Control

1 2 1 2

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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

3 4 3 4

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

Condition

1 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

01

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
11 Unknown

**Secondary Road Conditions Only

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2004-14789

Narrative

Unit # 2 west Bound GAlb Rd in the Center lane, Unit # 1 west Bound GAlb Rd in the outside lane attempted to change Lanes to Avoid another Vehicle did not see unit #2 and crossed into there Lane of Travel

Manner of Collision or Impact: 7

1 Not Collision Between Two 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

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Weather: 01

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Type Of Work Zone:

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

Light Conditions: Primary 1 / Secondary

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

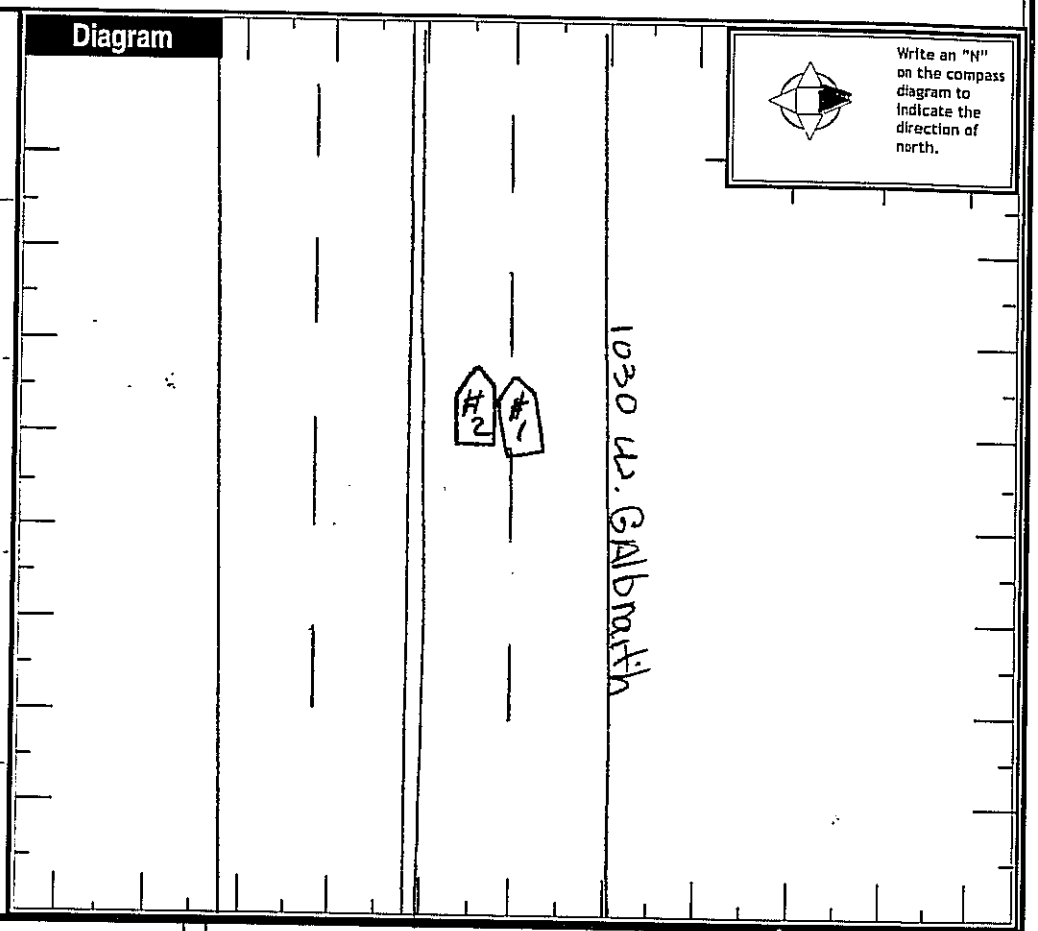
Location Of Crash in Work Zone:

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present:

1 No
2 Yes
3 Unknown

Diagram



Truck/Bus

Unit #

The Crash INVOLVED one or more of the following:
A truck (motor vehicle) with a GVWR more than 10,000 pounds; or
A truck (motor vehicle) with a hazardous materials placard; or
A bus designed for at least 8 persons, including driver.

AND

The crash RESULTED in one or more of the following:
A fatality; or
An injury requiring transportation for immediate medical treatment; or
At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

Company (From Shipping Papers)

Company Phone

Address (Street, City, St, Zip Code)

US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP #

Cargo Body Type
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR)
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard
1 No
2 Yes
3 Unknown

Hazardous Materials Released
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

08 11 2004 1533

Dispatch: 1534 | Arrived: 1545 | Cleared: 1604 | Other: 10 | 41

Officer's Name*: PO Paul Root | 139

Checked By: R. Bly

Date Report Filed*: 08 11 2004

Report Taken By: 1 Police agency, 2 Motorist

Report Taken At: 1 Scene, 2 Station, 3 Other

2004-14789

Top Copy - ODPS Bottom Copy - Agency

2005 Crash Report

William W. Brayshaw PE - PS *The Hamilton County Engineer's Traffic Department*

Source	Report #	Date	Day	Time	Twp	Address	Road	Intersects	Distance/Dir.	Inj	Ped	Fat	Accident Type	Comments
Spr	14847	8/19/2005	FR	14:45	Spr	899	Galbraith	Winton	0	0	0	0	Angle	Ex.JiffyLube into WB
Spr	3055	2/22/2005	TU	12:41	Spr	899	Galbraith	Winton	0	0	0	0	Fail to Control	NB into pole/signal
Spr	4308	3/15/2005	TU	15:20	Spr	899	Galbraith	Winton	0	0	0	0	Rear End	EB - ACD
Spr	8293	5/15/2005	SU	21:35	Spr	899	Galbraith	Winton	0	0	0	0	Rear End	WB - ACD
Spr	8572	5/19/2005	TH	20:55	Spr	899	Galbraith	Winton	0	0	0	0	Angle	NB into WB
Spr	9710	6/6/2005	MO	15:10	Spr	899	Galbraith	Winton	0	0	0	0	Angle	Ex.JifLube into WB
Spr	10040	6/10/2005	FR	23:50	Spr	899	Galbraith	Winton	0	0	0	0	Rear End	EB - ACD
Spr	13195	7/25/2005	MO	22:05	Spr	899	Galbraith	Winton	0	0	0	0	Sideswipe/Passing	WB improper lane chg
Spr	13307	7/27/2005	WE	15:10	Spr	899	Galbraith	Winton	0	2	0	0	Rear End	EB - ACD
Spr	13761	8/3/2005	WE	13:35	Spr	899	Galbraith	Winton	0	0	0	0	Rear End	WB - ACD
Spr	274	1/5/2005	WE	15:30	Spr	899	Galbraith	Winton	0	0	0	0	Rear End	EB - ACD
Spr	14623	8/15/2005	MO	20:00	Spr	899	Galbraith	Winton	0	0	0	0	Sideswipe/Passing	WB into pole
Spr	15510	8/29/2005	MO	13:50	Spr	899	Galbraith	Winton	0	0	0	0	Rear End	WB - ACD
Spr	16882	9/19/2005	MO	19:00	Spr	899	Galbraith	Winton	0	0	0	0	Left Turn	WB ran red into NE
Spr	21642	12/2/2005	FR	18:32	Spr	899	Galbraith	Winton	0	0	0	0	Angle	SB into EB
Spr	22343	12/15/2005	TH	7:15	Spr	899	Galbraith	Winton	0	0	0	0	Left Turn	WB to SB into EB
Spr	14467	8/13/2005	SA		Spr	899	Galbraith	Winton	0	0	0	0	Rear End	WB - ACD
Spr	22257	12/13/2005	TU	13:10	Spr	899	Galbraith	Winton	0	0	0	0	Rear End	WB - ACD
Spr	21545	12/1/2005	TH	7:50	Spr	899	Galbraith	Winton	0	0	0	0	Rear End	EB - ACD
Spr	17566	9/30/2005	FR	14:52	Spr	899	Galbraith	Winton	0	0	0	0	Head On	EB into WB

2005 Crash Report

William W. Brayshaw PE - PS *The Hamilton County Engineer's Traffic Department*

Source	Report #	Date	Day	Time	Twp	Address	Road	Intersects	Distance/Dir.	Inj	Ped	Fat	Accident Type	Comments
Spr	20550	11/14/2005	MO	16:56	Spr	899	Galbraith	Winton	0	0	0	0	Rear End	WB - ACD
Spr	18807	10/18/2005	TU	14:15	Spr	899	Galbraith	Winton	0	0	0	0	Left Turn	EB to NB into WB
Spr	21328	11/27/2005	SU	17:10	Spr	900	Galbraith	Winton	0	0	0	0	Sideswipe/Passing	Improper Lane Change
Spr	18881	10/19/2005	WE	15:30	Spr	904	Galbraith	Winton	70 W	0	0	0	Rear End	WB - ACD
Spr	6919	4/25/2005	MO	9:50	Spr	905	Galbraith	Winton	100 W	0	0	0	Angle	Ex.Shell into EB
Spr	22070	12/9/2005	FR	18:15	Spr	906	Galbraith	Winton	100 W	0	0	0	Angle	Ex.pr.dr.into WB
Spr	3764	3/6/2005	SU	13:20	Spr	913	Galbraith	Winton	215 W	0	0	0	Rear End	EB - ACD
Spr	20804	11/18/2005	FR	21:10	Spr	973	Galbraith	Springdew	0	0	0	0	Left Turn	WB to SB into EB
Spr	14162	8/8/2005	MO	17:42	Spr	980	Galbraith	Springdew	0	0	0	0	Sideswipe/Passing	WB improper lane chg
Spr	4884	3/25/2005	FR	11:25	Spr	980	Galbraith	Springdew	0	0	0	0	Sideswipe/Passing	WB improper lane chg
Spr	17120	9/23/2005	FR	17:56	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Rear End	WB - ACD
Spr	22517	12/18/2005	SU	11:00	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Sideswipe/Meeting	EB into WB
Spr	3634	3/4/2005	FR	17:42	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Left Turn	EB to NB into WB
Spr	22780	12/23/2005	FR	12:25	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Left Turn	EB to NB into WB
Spr	8381	5/17/2005	TU	7:31	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Left Turn	SB to EB into NB
Spr	22985	12/27/2005	TU	15:40	Spr	1150	Galbraith	Kirkland	0	0	0	0	Rear End	WB - ACD
Spr	4751	3/23/2005	WE	12:35	Spr	1172	Galbraith	Collette	0	0	0	0	Angle	Ex.pr.dr.into EB

17

4

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev.10/99)

2005-13195

Crash Severity	Private Property	Hit/Skip	Photos Taken	OH-2	OH-3	OH-1P	Other
3 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)		1 (1 Not Hit/Skip, 2 Solved, 3 Unsolved)					

Reporting Agency *: 31 34 0 SPRINGFIELD TWP. 02 01 (99 = Animal, 99 = Unknown) 05 25 2005

Day of Week: 2205 MON

Name (of City, Village or Township) *: X SPRINGFIELD 31

Latitude / Longitude:

Crash Occurred On

Prefix / Crash Location: GAILBRAITH RD

Type Loc: 1

Type Location Point Used: 1 Named Street, 2 Numbered Street, 3 Numbered Route

Local Information:

At / Reference

Dist Reference: 40FT. DR: Prefix: Reference: WINTON RD

Ref Point: 02

Reference Point Used: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

Name (Last, First, Middle): 01 01 CALATAY DUANDA K

Address (Street, City, State, Zip Code): 1506 WM HOWARD TAFT RD #10 45206

Home Phone #: 631-1411 Work Phone #: 541-0475

DL State: OH DL #: RG 411117 LP State: OH LP #: DMR-7975 Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown: 1 Transported By: Injured Taken To:

Owner Name (if same, write "SAME"): SAME Address (Street, City, State, Zip Code):

Year: 2005 Make: FORD Model: EXPLORER Color: BLACK Insurance Company: AMERICAN FAMILY Towing Service: Owner Phone #:

Offense Charged: 4511.33 A Offense Description: TURNING LANE CLOSE 3420 8855

Name (Last, First, Middle): 02 01 DAVIS IRENE

Address (Street, City, State, Zip Code): 6040 LANTANA AVE #2 CINCINNATI OH 45224

Home Phone #: 681-5766 Work Phone #: 931-5560

DL State: OH DL #: RS 419 435 LP State: OH LP #: AG3320 Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown: 1 Transported By: Injured Taken To:

Owner Name (if same, write "SAME"): SAME Address (Street, City, State, Zip Code):

Year: 1990 Make: DODGE Model: OMNI Color: BLACK Insurance Company: PROAC Towing Service: Owner Phone #:

Offense Charged: Offense Description:

Occupant

Name (Last, First, Middle): Home Phone #:

Address (Street, City, State, Zip Code): Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown: Transported By: Injured Taken To:

Name (Last, First, Middle): Home Phone #:

Address (Street, City, State, Zip Code): Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown: Transported By: Injured Taken To:

Seating Position	Safety Equipment	Air Bag	Air Bag Switch	Ejection	Trapped	Injuries
01	04	1	4	1	1	1
01	04	1	4	1	1	1

Seating Position: 01 Front – Left (MC Driver), 02 Front – Middle, 03 Front – Right, 04 Second – Left (MC Pass), 05 Second – Middle, 06 Second – Right, 07 Third – Left (MC Passenger/Side Car), 08 Third – Middle, 09 Third – Right, 10 Sleeper Section Of Cab, 11 Enclosed Cargo Area, 12 Unenclosed Cargo Area, 13 Trailing Unit, 14 Exterior, 15 Other, 16 Non-Motorist, 17 Unknown

Safety Equipment
Motorist: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 MC Helmet Used, 07 Use Unknown
Non-Motorist: 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown

Air Bag: 1 Not-Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown

Air Bag Switch: 1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown

Ejection: 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown

Trapped: 1 Not Trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown

Injuries: 1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown

Blank for Witness

HSY7001

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Unit Numbers

01 02

Non-Motorist Location

01 Marked crosswalk at intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

06 02

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

1 No
2 Yes
3 Unknown

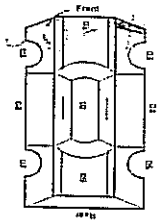
Damage Scale

3 3

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area

A



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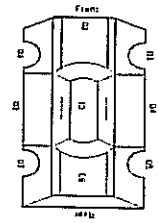

Most Damaged Area

03 08

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
15 Unknown

Point of Impact

09 08

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
15 Unknown

Action

3 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

09 01

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

09 01

Motorist
01 None
02 Failure to Yield
03 Ran Red Light, or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving to Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist in Roadway, Etc)
15 Failure to Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only if '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

20 20

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

2 2

1 Stated
2 Estimated Speed

Speed

5
10

Posted Speed

35 35

Traffic Control

12 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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
15 Other

Direction

3 4 3 4

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

Condition

1 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 1

1 None
2 Yes – Alcohol Suspected
3 Yes - HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 1

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

6 2

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

2

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

01

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
11 Unknown

**Secondary Road Conditions ONLY

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Narrative

Unit #2 who was traveling WB on Galbraith Rd in the center was struck by Unit #1 who was in the left turn lane - wanted to get over into the center lane. Unit #1 made a improper lane change - struck Unit #2 Unit #1 with the right front corner of the vehicle struck Unit #2 on the left side door.

Manner of Collision or Impact

6

1 Not Collision Between Two 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

School Bus Related

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related

1 No
2 Yes
3 Unknown

Weather

6 1

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Type Of Work Zone

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

Location Of Crash in Work Zone

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Light Conditions

4

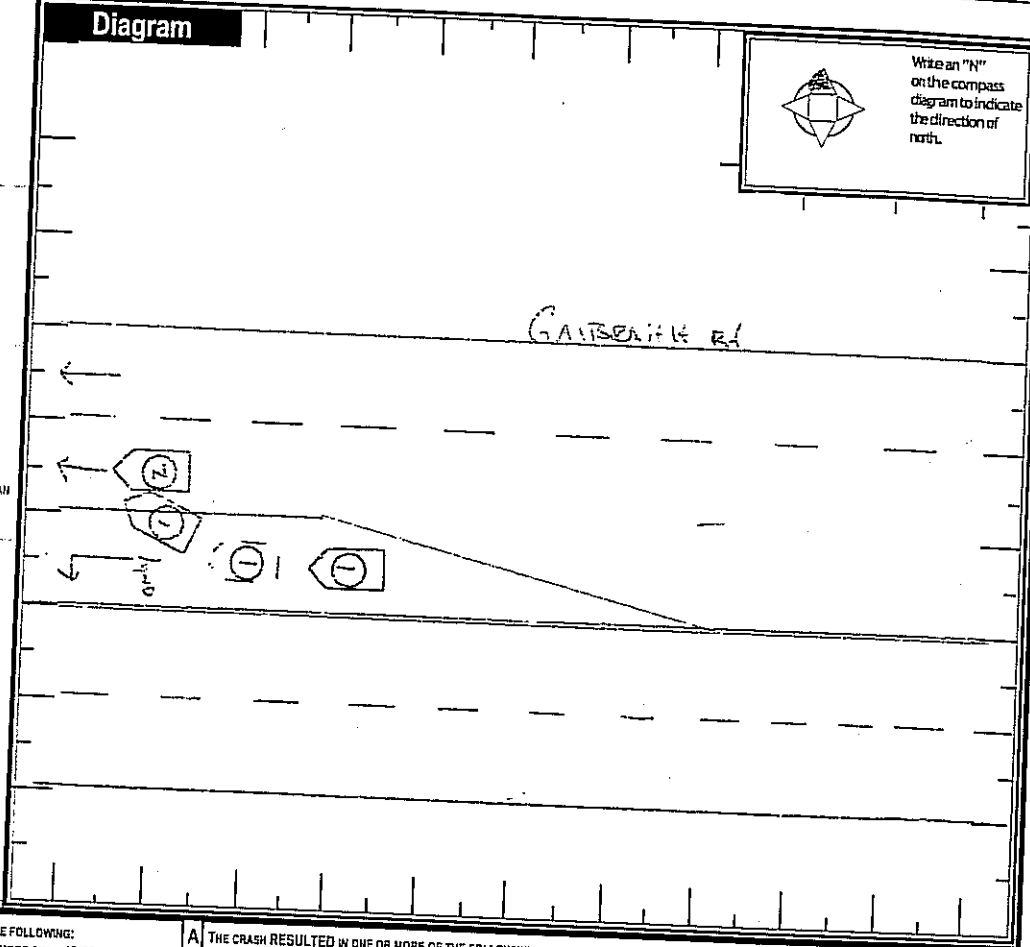
1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

Workers Present

1 No
2 Yes
3 Unknown

Diagram

Write an "N" on the compass diagram to indicate the direction of north.



Truck/Bus

The Crash INVOLVED one or more of the following:
A truck (motor vehicle) with a GVWR more than 10,000 pounds; or
A truck (motor vehicle) with a hazardous materials placard; or
A bus designed for at least 8 persons, including driver.

AND

The crash RESULTED in one or more of the following:
A fatality; or
An injury requiring transportation for immediate medical treatment; or
At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

Company (From Shipping Papers)

Company Phone

Address (Street, City, St, Zip Code)

US DOT

ICC MC

PUCO

Trailer LP St.

Trailer LP Year

Trailer LP #

Cargo Body Type

01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tan
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR)

1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class

1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard

1 No
2 Yes
3 Unknown

Hazardous Material Released

1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

0 7 2 5 2 0 0 5 2 2 0 8

Dispatch: 2 2 0 8

Arrived: 2 2 0 F

Cleared: 2 2 3 0

Other

22

Officer's Name *: P.O. Hudge

155

Checked By: [signature]

Date Report Filed *

Report Taken By: 1 Police agency, 2 Motorist

Report Taken At: 1 Scene, 2 Station, 3 Other

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TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

OH-1 (Re

2005-14623 3

CRASH SEVERITY: 1 FATAL 2 INJURY 3 PDO 4 UNKNOWN

PRIVATE PROPERTY

HIT/SKIP: 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED

PHOTOS TAKEN: OH-2 X | OH-3 | OH-1P

03134

REPORTING AGENCY ★: SPRINGFIELD TWP

01 01 98 = ANIMAL 99 = UNKNOWN 08152005

2000 DAY OF WEEK: MON

NAME (OF CITY, VILLAGE OR TOWNSHIP) ★: X SPRINGFIELD 31

LATITUDE | LONGITUDE

CRASH OCCURRED ON

PREFIX | CRASH LOCATION: GALBRAITH RD

TYPE LOC: 1

TYPE LOCATION POINT USED: 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE

LOCAL INFORMATION

AT/REFERENCE

DIST REFERENCE | DR | PREFIX | REFERENCE: WINTON RD

REF POINT: 2

REFERENCE POINT USED: 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

01 01 NAME (LAST, FIRST, MIDDLE): GLAZER, JEFFERY

ADDRESS (STREET, CITY, STATE, ZIP CODE): 5421 KENWOOD RD CINC OH 45227

05131982 23 M

Motorist/Non-Motorist

DL STATE: OH | DL #: RV268086 | LP STATE: OH | LP #: T354188

INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

HOME PHONE #: 513-254-1008 | WORK PHONE #:

OWNER NAME (IF SAME, WRITE "SAME"): USA TRUCK INC

ADDRESS (STREET, CITY, STATE, ZIP CODE): 4303 N MAIN ST E PEORIA ILL 61611

TRANSPORTED BY | INJURED TAKEN TO

YEAR: 2005 | MAKE: GDAN | MODEL: TRAILER | COLOR: WHT | INSURANCE COMPANY: SELF INS. | TOWING SERVICE | OWNER PHONE #

OFFENSE CHARGED | OFFENSE DESCRIPTION

NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

DL STATE | DL # | LP STATE | LP # | INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN | HOME PHONE # | WORK PHONE #

OWNER NAME (IF SAME, WRITE "SAME") | ADDRESS (STREET, CITY, STATE, ZIP CODE) | TRANSPORTED BY | INJURED TAKEN TO

YEAR | MAKE | MODEL | COLOR | INSURANCE COMPANY | TOWING SERVICE | OWNER PHONE #

OFFENSE CHARGED | OFFENSE DESCRIPTION

Occupant

NAME (LAST, FIRST, MIDDLE) | HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE) | INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN | TRANSPORTED BY | INJURED TAKEN TO

NAME (LAST, FIRST, MIDDLE) | HOME PHONE #

ADDRESS (STREET, CITY, STATE, ZIP CODE) | INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN | TRANSPORTED BY | INJURED TAKEN TO

01 SEATING POSITION: 01 FRONT – LEFT (MC DRIVER) 02 FRONT – MIDDLE 03 FRONT – RIGHT 04 SECOND – LEFT (MC PASS) 05 SECOND – MIDDLE 06 SECOND – RIGHT 07 THIRD – LEFT (MC PASSENGER/SIDE CAR) 08 THIRD – MIDDLE 09 THIRD – RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN

07 SAFETY EQUIPMENT

MOTORIST: 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER/LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN

NON-MOTORIST: 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN

AIR BAG: 1 NOT-DEPLOYED 2 DEPLOYED-FRONT 3 DEPLOYED-SIDE 4 DEPLOYED BOTH FRONT/SIDE 5 NOT APPLICABLE 6 UNKNOWN

AIR BAG SWITCH: 1 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN

EJECTION: 1 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN

TRAPPED: 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN

INJURIES: 1 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN

BLANK FOR WITNESS

HSY7001

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Unit Numbers

01

Non-Motorist Location

01 Marked Crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

13

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

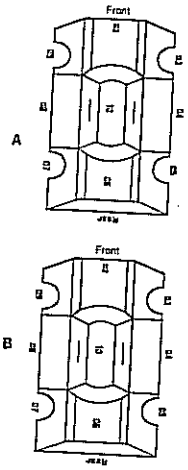
1 No
2 Yes
3 Unknown

Damage Scale

2

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area



Most Damaged Area

12

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
15 Unknown

Point of Impact

12

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
15 Unknown

Action

2

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

05

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
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14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

17

Motorist
01 None
02 Failure To Yield
03 Ran Red Light, Or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left Of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped Or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving To Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure To Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
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29 Inattentive
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Vehicle Defect Code Only if '19' Selected Above

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02 Head Lamps
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04 Brakes
05 Steering
06 Tire Blowout
07 Worn Or Slick Tires
08 Trailer Equipment Defective
09 Motor Trouble
10 Disabled From Prior Crash
11 Other Defects

Sequence Of Events

08

36

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/ Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

2

1 Stated
2 Estimated Speed

Speed

10

Posted Speed

35

Traffic Control

04

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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

31

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

Condition

1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

02

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

4

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

01

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
11 Unknown

** Secondary Road Conditions Only

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2005-146623

Narrative

UNIT 1 WAS WEST ON GALBRAITH RD APPROACHING WINTON. UNIT 1 PROCEEDED TO TURN RIGHT ONTO WINTON AT WHICH POINT THE TRAILER TRAVELLED OFF RIGHT SIDE OF THE ROAD STRIKING A UTILITY POLE (N17-35).

Manner of Collision or Impact: 1

1 Not Collision Between Two 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

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Weather: 01

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Type Of Work Zone

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

Light Conditions: 1

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark –Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

Location Of Crash in Work Zone

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present

1 No
2 Yes
3 Unknown

Diagram

Write an "N" on the compass diagram to indicate the direction of north.

SEE OH-2

Truck/Bus

The crash INVOLVED one or more of the following:
A truck (motor vehicle) with a GVWR more than 10,000 pounds; or
A truck (motor vehicle) with a hazardous materials placard; or
A bus designed for at least 8 persons, including driver.

AND

The crash RESULTED in one or more of the following:
A fatality; or
An injury requiring transportation for immediate medical treatment; or
At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

Company (From Shipping Papers):
Company Phone:
Address (Street, City, St, Zip Code):

US DOT:
ICC MC:
PUCO:
Trailer LP St.:
Trailer LP Year:
Trailer LP #:

Cargo Body Type

01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR)

1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class

1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard

1 No
2 Yes
3 Unknown

Hazardous Materials Released

1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

08152005 2000

Dispatch: 2000
Arrived: 2005
Cleared: 2015
Other:

10

Officer's Name*: PRICHARD

221

Checked By: R. B[illegible]

Date Report Filed*: 08152005

Report Taken By: 1 — 1 Police Agency, 2 Motorist

Report Taken At: 1 — 1 Scene, 2 Station, 3 Other

2005-14623

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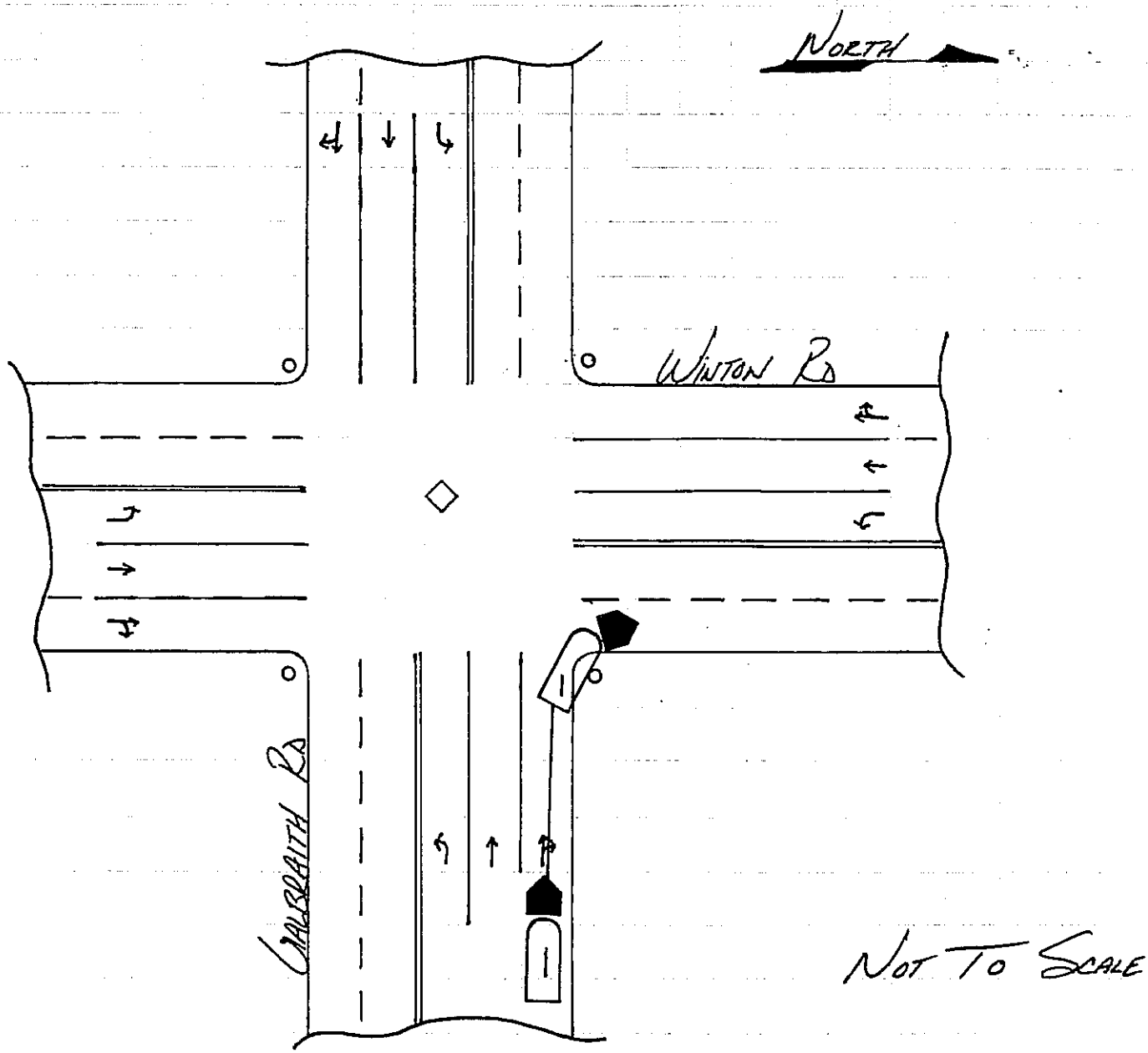
OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 2005-14623	REPORTING AGENCY SPRINGFIELD TWP	DATE OF ACCIDENT M 8 D 15 Y 05
IN COUNTY OF HAMILTON	ACCIDENT LOCATION WINTON RD + GALBRAITH RD	



O = POLE

◇ = SIGNAL

OFFICERS SIGNATURE 150 Tony P

BADGE NO. 221

HSY 7002

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

2005 21328

Crash Severity: 3 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)

Private Property

Hit/Skip: 2 (1 Not Hit/Skip, 2 Solved, 3 Unsolved)

Photos Taken: OH-2 | OH-3 | OH-1P | Other

Reporting Agency *: 03134 SPRINGFIELD TWP.

02 01 (98 = Animal, 99 = Unknown)

11272005

Day of Week: 1710 SUN

Name (of City, Village or Township) *: X SPRINGFIELD /31

Latitude | Longitude

Crash Occurred On

Prefix | Crash Location: GALBRAITH RD. | Type Loc: 1

Type Location Point Used: 1 Named Street, 2 Numbered Street, 3 Numbered Route

Local Information

At / Reference

Dist Reference | DR | Prefix | Reference: 900 BLOCK | Ref Point: 04

Reference Point Used: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

Name (Last, First, Middle): 01 01 STEIBER WILLIAM

Address (Street, City, State, Zip Code): 1558 W GALBRAITH RD. APT. 2 CINTI OH 45231

04041959 46 M

Home Phone #: 937-1275 | Work Phone #: 378-3083

DL State: OH | DL #: RN180580 | LP State: OH | LP #: DQL7332

Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown

Transported By | Injured Taken To

Owner Name (If same, write "Same"): SAME | Address (Street, City, State, Zip Code)

Year: 1992 | Make: FORD | Model: CN | Color: SILVER | Insurance Company: AIG | Towing Service | Owner Phone #

Offense Charged | Offense Description

Name (Last, First, Middle): 02 02 SUGAWARA JESSICA

Address (Street, City, State, Zip Code): 8477 FOXGROVE CINTI OH 45231

08311983 22 F

Home Phone #: 521-3189 | Work Phone #

DL State: OH | DL #: RY66666SG | LP State: OH | LP #: DW98SB

Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown

Transported By | Injured Taken To

Owner Name (If same, write "Same"): ELAINE SUGAWARA | Address (Street, City, State, Zip Code): SAME

Year: 2003 | Make: CHEV | Model: CAVALIER | Color: BLK | Insurance Company: OHIO CASUALTY | Towing Service | Owner Phone #

Offense Charged | Offense Description

Occupant

Name (Last, First, Middle) | Home Phone #

Address (Street, City, State, Zip Code)

Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown | Transported By | Injured Taken To

Name (Last, First, Middle) | Home Phone #

Address (Street, City, State, Zip Code)

Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown | Transported By | Injured Taken To

Seating Position

01 Front – Left (MC Driver)
02 Front – Middle
03 Front – Right
04 Second – Left (MC Pass)
05 Second – Middle
06 Second – Right
07 Third – Left (MC Passenger/Side Car)
08 Third – Middle
09 Third – Right
10 Sleeper Section Of Cab
11 Enclosed Cargo Area
12 Unenclosed Cargo Area
13 Trailing Unit
14 Exterior
15 Other
16 Non-Motorist
17 Unknown

01 | 01

Safety Equipment

Motorist: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 MC Helmet Used, 07 Use Unknown

Non-Motorist: 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown

07 | 07

Air Bag: 1 Not Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown

1 | 4

Air Bag Switch: 1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown

1 | 1

Ejection: 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown

1 | 1

Trapped: 1 Not Trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown

1 | 1

Injuries: 1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown

Blank for Witness

HSY7001

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"2007" Crash Analysis

William W. Brayshaw PE - PS *The Hamilton County Engineer's Traffic Department*

Source	Report #	Date	Day	Time	Twp	Address	Road	Intersects	Distance/Dir.	Inj	Ped	Fat	Crash Type	Comments
Spr	6570	4/19/2007	TH	7:45	Spr	899	Galbraith	Winton	0	0	0	0	Sideswipe/Passing	EB improper lane chg
Spr	2504	2/12/2007	MO	16:15	Spr	899	Galbraith	Winton	0	0	0	0	Rear End	EB - ACD
Spr	2241	2/4/2007	SU	7:55	Spr	899	Galbraith	Winton	0	0	0	0	Rear End	WB - ACD
Spr	1719	1/30/2007	TU	10:05	Spr	899	Galbraith	Winton	0	0	0	0	Rear End	WB - ACD
Spr	722	1/12/2007	FR	21:49	Spr	899	Galbraith	Winton	0	0	0	0	Left Turn	EB to NB into WB
Spr	2196	2/7/2007	WE	10:25	Spr	905	Galbraith	Winton	100 W	0	0	0	Left Turn	NE ent.pr.dr.into WB
Spr	1136	1/20/2007	SA	13:00	Spr	910	Galbraith	Winton	200 W	0	0	0	Rear End	EB - ACD
Spr	613	1/11/2007	TH	11:25	Spr	912	Galbraith	Winton	215 W	0	0	0	Sideswipe/Meeting	EB into WB
Spr	1265	1/22/2007	MO	17:43	Spr	1020	Galbraith	Springdew	550 W	0	0	0	Fail to Control	EB entering pr.dr.
Spr	1257	1/22/2007	MO	15:19	Spr	1068	Galbraith	Mockingbird & Nieman	0	1	0	0	Rear End	WB - ACD
Spr	842	1/15/2007	MO	13:15	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Left Turn	WB to NB into EB
Spr	780	1/13/2007	SA	23:03	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Rear End	EB - ACD
Spr	3299	2/25/2007	SU	2:51	Spr	1149	Galbraith	Kirkland	0	0	0	0	Fail to Control	WB into EB/Off rd
Spr	2817	2/17/2007	SA	15:39	Spr	1149	Galbraith	Kirkland	0	0	0	0	Angle	NB ex.pr.dr.into EB

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/9

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

Field	Value
Crash Severity	3 (1 Fatal, 2 Injury, 3 PDO, 4 Unknown)
Private Property	
Hit/Skip	1 (1 Not Hit/Skip, 2 Solved, 3 Unsolved)
Photos Taken	OH-2, OH-3, OH-1P, Other
Reporting Agency	2007 6540
Reporting Agency	03134 Springfield Twp
Hit Date	02
Hit Time	01 (98 = Animal, 99 = Unknown)
Date of Crash	04192007
Time of Crash	0745
Day of Week	THR
Name (of city, village or township)	X Springfield
County	31
Latitude	
Longitude	

Crash Occurred On

Prefix	Crash Location	Type Loc
W	Galbraith Rd (CR)	1

Type Location Point Used: 1 Named Street, 2 Numbered Street, 3 Numbered Route

Local Information:

At/Reference

Dist Reference	DR	Prefix	Reference	Ref Point
25F	W		Winton Rd (CR)	02

Reference Point Used: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Name (Last, First, Middle): 01 01 Holder Michael

Address (Street, City, State, Zip Code): 8061 Daly Rd. Cinti OH 45224

Date of Birth: 03 06 1973 Age: 34 Sex: M

Home Phone #: 344-0747 Work Phone #:

DL State: OH DL #: RN185565 LP State: OH LP #: DDJ1781

Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown

Transported By: Injured Taken To:

Owner Name (If same, write "Same"): Latoya Robertson

Address (Street, City, State, Zip Code):

Year: 2004 Make: Nissan Model: Sentra Color: White Insurance Company: Geico Towing Service: Owner Phone #:

Offense Charged: 4511.33 Offense Description: Imp lane Change Citation #: 34287222

Motorist/Non-Motorist

Name (Last, First, Middle): 02 01 Shimkowiak Stacy R.

Address (Street, City, State, Zip Code): 2545 Ontario St. Cinti OH 45231

Date of Birth: 11 01 1973 Age: 33 Sex: F

Home Phone #: 674-9023 Work Phone #:

DL State: OH DL #: RR545509 LP State: OH LP #: CEY6013

Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown

Transported By: Injured Taken To:

Owner Name (If same, write "Same"): Christopher Shimkowiak

Address (Street, City, State, Zip Code): Same

Year: 1994 Make: Ply Model: Voyager Color: White Insurance Company: State Farm Towing Service: Owner Phone #:

Offense Charged: Offense Description:

Occupant

Name (Last, First, Middle): Home Phone #:

Address (Street, City, State, Zip Code): Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown Transported By: Injured Taken To:

Name (Last, First, Middle): Home Phone #:

Address (Street, City, State, Zip Code): Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown Transported By: Injured Taken To:

Seating Position
01 Front – Left (MC Driver)
02 Front – Middle
03 Front – Right
04 Second – Left (MC Pass)
05 Second – Middle
06 Second – Right
07 Third – Left (MC Passenger/Side Car)
08 Third – Middle
09 Third – Right
10 Sleeper Section Of Cab
11 Enclosed Cargo Area
12 Unenclosed Cargo Area
13 Trailing Unit
14 Exterior
15 Other
16 Non-Motorist
17 Unknown

01 01

Safety Equipment
Motorist
01 None Used
02 Shoulder Belt Only
03 Lap Belt Only
04 Shoulder/Lap Belt
05 Child Safety Seat
06 MC Helmet Used
07 Use Unknown
Non-Motorist
08 None Used
09 Helmet Used
10 Protective Pads
11 Reflective Clothing
12 Lighting
13 Other
14 Unknown

04 04

Air Bag
1 Not-Deployed
2 Deployed-Front
3 Deployed-Side
4 Deployed Both Front/Side
5 Not Applicable
6 Unknown

Air Bag Switch
1 Not Present
2 In On Position
3 In Off Position
4 Unknown

Ejection
1 Not Ejected
2 Totally Ejected
3 Partially Ejected
4 Not Applicable
5 Unknown

Trapped
1 Not Trapped
2 Extricated By Mechanical Means
3 Freed By Non-Mechanical Means
4 Unknown

Injuries
1 No Injury
2 Possible
3 Non-Incapacitating
4 Incapacitating
5 Fatal Injury
6 Unknown

Blank for Witness

HSY7001 Top Copy - ODPS Bottom Copy - Agency

Unit Numbers

01 02

Non-Motorist Location

01 Marked crosswalk at intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

02 (A) 05 (B)

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

(A) (B)

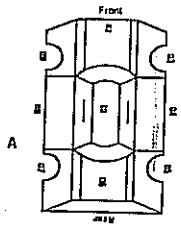
1 No
2 Yes
3 Unknown

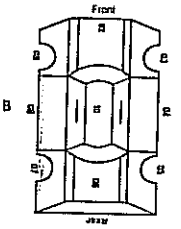
Damage Scale

2 (A) 2 (B)

1 None
2 Non-Functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area





Most Damaged Area

04 (A) 08 (B)

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
15 Unknown

Point of Impact

04 (A) 08 (B)

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
15 Unknown

Action

3 (A) 4 (B)

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1 (A) 1 (B)

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

03 01

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

09 (A) 01 (B)

Motorist
01 None
02 Failure to Yield
03 Ran Red Light, or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving to Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist in Roadway, Etc)
15 Failure to Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect

Code Only if '19' Selected Above

(A) (B)

01 Turn Signals
02 Head Lamps
03 Tail Lamps
04 Brakes
05 Steering
06 Tire Blowout
07 Worn Or Stuck Tires
08 Trailer Equipment Defective
09 Motor Trouble
10 Disabled From Prior Crash
11 Other Defects

Sequence Of Events

20 20

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1 (A) 1 (B)

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 (A) 1 (B)

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

2 (A) 2 (B)

1 Stated
2 Estimated Speed

Speed

15
15

Posted Speed

35 35

Traffic Control

12 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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

From	To	From	To
4 (A)	3	4 (B)	3

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

Condition

1 (A) 1 (B)

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 (A) 1 (B)

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 (A) 1 (B)

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 (A) 1 (B)

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 (A) 1 (B)

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 (A) 1 (B)

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

02 (A)

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1 (A)

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1 (A)

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

Primary	Secondary
02 (A)	

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
11 Unknown

* *Secondary Road Conditions Only

2007 6570

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Narrative

Unit #1 east on W. Galbraith Rd. improperly changed into the curb lane colliding into unit #2. Unit #2 was east on W. Galbraith Rd. in the curb lane prior to collision.

Manner of Collision or Impact: 6

1 Not Collision Between Two 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: 04

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Light Conditions: Primary 1 / Secondary

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Type of Work Zone:

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

Location of Crash in Work Zone:

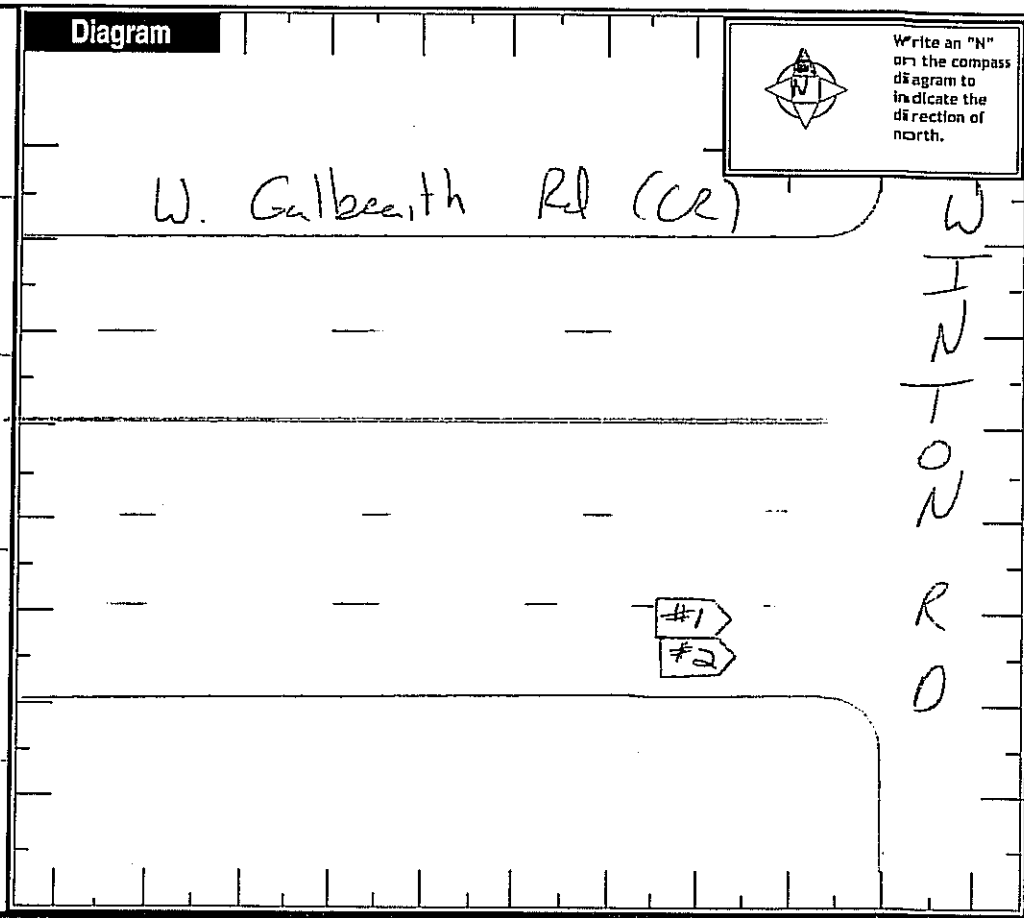
1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present:

1 No
2 Yes
3 Unknown

Diagram

Write an "N" on the compass diagram to indicate the direction of north.



Truck/Bus

Unit #

The Crash INVOLVED one or more of the following:
A truck (motor vehicle) with a GVWR more than 10,000 pounds; or
A truck (motor vehicle) with a hazardous materials placard; or
A bus designed for at least 8 persons, including driver.

AND

The crash RESULTED in one or more of the following:
A fatality; or
An injury requiring transportation for immediate medical treatment; or
At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

Company (From Shipping Papers) | Company Phone

Address (Street, City, St, Zip Code)

US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP # | Placard # | # Dis.

Cargo Body Type:
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR):
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class:
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard:
1 No
2 Yes
3 Unknown

Hazardous Materials Released:
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

Date Crash Reported: 04192007 | Time Crash Reported: 0745 | Dispatch: 0747 | Arrived: 0750 | Cleared: 0815 | Other: | Total Time: 30

Officer's Name*: Tso Medecke | Checked By: Sgt Smith #151 | Date Report Filed*: 04192007

163

Report Taken By: 1 — 1 Police Agency, 2 Motorist

Report Taken At: 1 — 1 Scene, 2 Station, 3 Other

2007 6570

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TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

2007 00613 3

Crash Severity: 1 Fatal, 2 Injury, 3 PDO, 4 Unknown

Private Property

Hit/Skip: 1 Not Hit/Skip, 2 Solved, 3 Unsolved — 1

Photos Taken: OH-2 | OH-3 | OH-1P | Other

Reporting Agency *: 03134 Springfield Twp

02 01 — 98 = Animal, 99 = Unknown

01/12/2007

Day of Week: 1125 THR

Name (of City, Village or Township) *: X Springfield 31

Latitude | Longitude

Crash Occurred On

Prefix: W — Crash Location: Galbreath Rd (CR) — Type Loc: 1

Type Location Point Used: 1 Named Street, 2 Numbered Street, 3 Numbered Route

Local Information

At/Reference

Dist Reference | DR | Prefix | Reference: 912 — Ref Point: 04

Reference Point Used: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

01 03 — Name (Last, First, Middle): Taite Lynnel S.

Address (Street, City, State, Zip Code): 1917 Dallas Ave Cinti OH 45239

10101985 21 F — Home Phone #: 830-6895 — Work Phone #:

DL State: OH — DL #: SU542261 — LP State: OH — LP #: EAE1871 — Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — Transported By — Injured Taken To

Owner Name (If same, write "Same"): Shannon Lovett — Address (Street, City, State, Zip Code): 7419 Werner Ave #2 Cinti OH 45231

Year: 1995 — Make: Saturn — Model: SL — Color: Blue — Insurance Company: None Shown — Towing Service — Owner Phone #

Offense Charged: 4511.202 — Offense Description: Fail to Control — 34271656

0201 — Name (Last, First, Middle): Perry Kenneth

Address (Street, City, State, Zip Code): 6601 Kirkland Dr. Cinti OH 45231

10221962 44 M — Home Phone #: 245-8513 — Work Phone #: 544-3011

DL State: OH — DL #: RF536323 — LP State: OH — LP #: DGB8660 — Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — Transported By — Injured Taken To

Owner Name (If same, write "Same"): Same — Address (Street, City, State, Zip Code)

Year: 2005 — Make: Toty — Model: Matrix — Color: Gry — Insurance Company: Geico — Towing Service — Owner Phone #

Offense Charged — Offense Description

Occupant

Name (Last, First, Middle) — Home Phone #

Address (Street, City, State, Zip Code) — Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — Transported By — Injured Taken To

Name (Last, First, Middle) — Home Phone #

Address (Street, City, State, Zip Code) — Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — Transported By — Injured Taken To

Seating Position: 01 Front – Left (MC Driver), 02 Front – Middle, 03 Front – Right, 04 Second – Left (MC Pass), 05 Second – Middle, 06 Second – Right, 07 Third – Left (MC Passenger/Side Car), 08 Third – Middle, 09 Third – Right, 10 Sleeper Section Of Cab, 11 Enclosed Cargo Area, 12 Unenclosed Cargo Area, 13 Trailing Unit, 14 Exterior, 15 Other, 16 Non-Motorist, 17 Unknown

01 / 01

Safety Equipment: Motorist — 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 MC Helmet Used, 07 Use Unknown; Non-Motorist — 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown

04 / 04

Air Bag: 1 Not-Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown

/ / /

Air Bag Switch: 1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown

/ / /

Ejection: 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown

/ / /

Trapped: 1 Not Trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown

/ / /

Injuries: 1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown

Blank For Witness

HSY7001

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Unit Numbers

01 02

Non-Motorist Location

01 Marked crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

0203

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

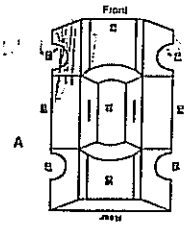
1 No
2 Yes
3 Unknown

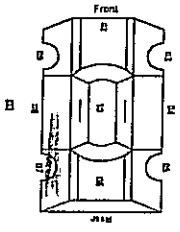
Damage Scale

3 3

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area





Most Damaged Area

08 08

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
15 Unknown

Point Of Impact

08 08

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
15 Unknown

Action

3 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

01 01

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

15 01

Motorist
01 None
02 Failure To Yield
03 Ran Red Light, Or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left Of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped Or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving To Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure To Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only If '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

10 20

20

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/ Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

2 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

2 1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

2 2

1 Stated
2 Estimated Speed

Speed

30

30

Posted Speed

35 35

Traffic Control

12 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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

43 34

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

Condition

1 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown At Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

01

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
11 Unknown

**Secondary Road Conditions Only

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Narrative

Unit #1 east on W. Galbraith Rd. failed to control while attending to a child in the back seat. Unit#1 went across double yellow line and collided into unit#2. Unit#2 was west on W. Galbraith Rd. prior to collision.

Manner of Collision or Impact: 6

1 Not Collision Between Two 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

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Weather: 03

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Type Of Work Zone

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

Light Conditions: 1

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

Location Of Crash In Work Zone

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present

1 No
2 Yes
3 Unknown

Diagram

Write an "N" on the compass diagram to indicate the direction of north.

W. Galbraith Rd (CR)

#2

#1

Truck/Bus

The Crash INVOLVED one or more of the following:
A truck (motor vehicle) with a GVWR more than 10,000 pounds; or
A truck (motor vehicle) with a hazardous materials placard; or
A bus designed for at least 8 persons, including driver.

AND

The Crash RESULTED in one or more of the following:
A fatality; or
An injury requiring transportation for immediate medical treatment; or
At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

Company (From Shipping Papers)

Company Phone

Address (Street, City, St, Zip Code)

US DOT

ICC MC

PUCO

Trailer LP St.

Trailer LP Year

Trailer LP #

Cargo Body Type

01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR)

1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class

1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard

1 No
2 Yes
3 Unknown

Hazardous Materials Released

1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

01 1 2007 1125

Dispatch: 1129

Arrived: 1133

Cleared: 1155

Other:

30

Officer's Name*: TSO Medeiros

163

Checked By: Sgt. UHL

Date Report Filed*: 01/1/2007

Report Taken By: 1 Police Agency / 2 Motorist

Report Taken At: 1 Scene / 2 Station / 3 Other

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Unit Numbers

01 02

Non-Motorist Location

01 Marked Crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

02 02

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

1 1

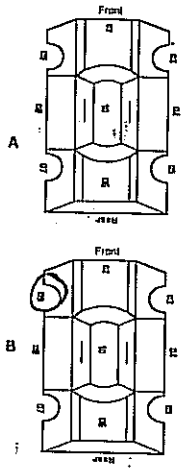
1 No
2 Yes
3 Unknown

Damage Scale

1 2

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area



Most Damaged Area

01 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
15 Unknown

Point Of Impact

03 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
15 Unknown

Action

3 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

01 01

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

1 7 0 1

Motorist
01 None
02 Failure To Yield
03 Ran Red Light, or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left Of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped Or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving To Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure To Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only If '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

2 0 2 0

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

1 Stated
2 Estimated Speed

Speed

Posted Speed

3 5 3 5

Traffic Control

1 2 1 2

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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

3 4 3 4

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

Condition

1 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

02

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
11 Unknown

* *Secondary Road Conditions Only

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2005 21328

Narrative

UNIT #2 WAS WEST BOUND GALBRAITH RD. IN THE CURB LANE. UNIT #1 WAS WEST BOUND GALBRAITH IN THE CENTER LANE. UNIT #1 DRIFTED ACROSS LANE AND STRUCK UNIT #2 CAUSING MINOR DAMAGE.

DRIVER OF UNIT #1 STATED HE FELT A BUMP BUT DID NOT KNOW HE HAD BEEN INVOLVED IN A CRASH. UNIT #1 AND DRIVER WERE TRACKED DOWN THROUGH LICENSE PLATE.

Manner of Collision or Impact: 7

1 Not Collision Between Two 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: 02

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Light Conditions: 3

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Type Of Work Zone

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

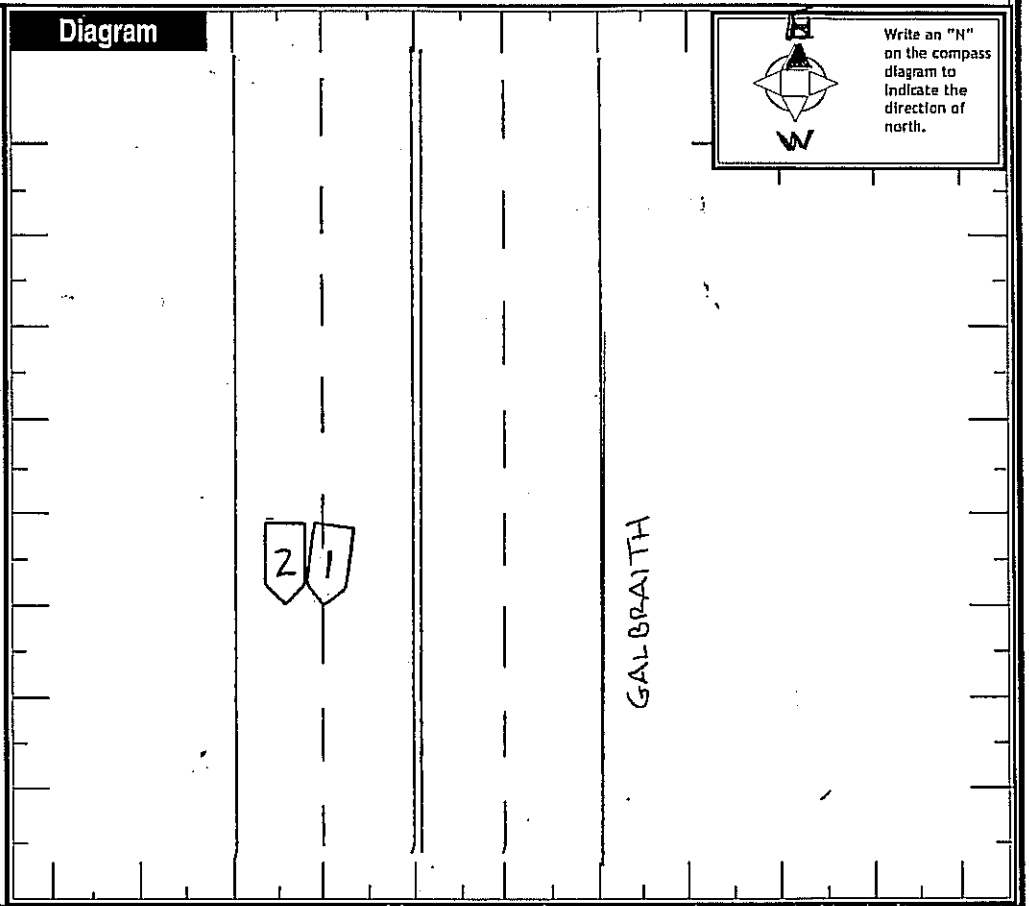
Location Of Crash In Work Zone

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present

1 No
2 Yes
3 Unknown

Diagram



Truck/Bus

The Crash INVOLVED one or more of the following:
A truck (motor vehicle) with a GVWR more than 10,000 pounds; or
A truck (motor vehicle) with a hazardous materials placard; or
A bus designed for at least 8 persons, including driver.

AND

The Crash RESULTED in one or more of the following:
A fatality; or
An injury requiring transportation for immediate medical treatment; or
At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

Company (From Shipping Papers):
Company Phone:
Address (Street, City, St, Zip Code):

US DOT:
ICC MC:
PUCO:
Trailer LP St.:
Trailer LP Year:
Trailer LP #:

Cargo Body Type

01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR)

1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class

1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard

1 No
2 Yes
3 Unknown

Hazardous – Materials Released

1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

11272005 1714

Dispatch: 1718
Arrived: 1742
Cleared: 1802
Other: 20

68

Officer's Name*: K. SMITH 197

Checked By: R. B.

Date Report Filed*: 11272005

Report Taken By: 1 (1 Police Agency, 2 Motorist)

Report Taken At: 3 (1 Scene, 2 Station, 3 Other)

2005 21328

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TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

2005-14162 3

Crash Severity: 1 Fatal, 2 Injury, 3 PDO, 4 Unknown

Private Property

Hit/Skip: 1 Not Hit/Skip, 2 Solved, 3 Unsolved — 1

Photos Taken: OH-2 [ ] OH-3 [X] OH-1P [ ] Other [ ]

Reporting Agency *: 03134 SPRINGFIELD TWP POLICE — 02 01 (96 = Animal, 99 = Unknown) — 08082005

Day of Week: 1742 MON

Name (of City, Village or Township) *: X SPRINGFIELD TOWNSHIP — 31

Latitude / Longitude:

Crash Occurred On

Prefix: W — Crash Location: GALBRAITH RD — Type Loc: 1 — Type Location Point Used: 1 Named Street, 2 Numbered Street, 3 Numbered Route

Local Information

At / Reference

Dist Reference / DR / Prefix / Reference: SPRINGDEW DR — Ref Point: 10

Reference Point Used: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

01 01 — Name (Last, First, Middle): SILANEE, MINA, K

Address (Street, City, State, Zip Code): 8425 EAGLE RIDGE DR CINCINNATI, OHIO 45243

09251941 63 F — Home Phone #: 513-984-4224 — Work Phone #:

DL State: OH — DL #: RT223231 — LP State: OH — LP #: DW90NE — Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — Transported By: — Injured Taken To:

Owner Name (if same, write "Same"): SAME — Address (Street, City, State, Zip Code):

Year: 1999 — Make: LEXUS — Model: ES300 — Color: GOLD — Insurance Company: ENCOMPASS INDEM. — Towing Service: — Owner Phone #: SAME

Offense Charged: — Offense Description:

02 01 — Name (Last, First, Middle): HOWARD, ADAM, E

Address (Street, City, State, Zip Code): 2705 ROSS HANOVER RD HAMILTON, OHIO 45013

05291983 22 M — Home Phone #: 513-984-4224 — Work Phone #:

DL State: OH — DL #: RV915559 — LP State: OH — LP #: PER4910 — Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — Transported By: — Injured Taken To:

Owner Name (if same, write "Same"): SAME — Address (Street, City, State, Zip Code):

Year: 1994 — Make: CHEV — Model: 1500 — Color: RED — Insurance Company: METROPOLITAN INS — Towing Service: — Owner Phone #: SAME

Offense Charged: — Offense Description:

Occupant

Name (Last, First, Middle): — Home Phone #:

Address (Street, City, State, Zip Code): — Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — Transported By: — Injured Taken To:

Name (Last, First, Middle): — Home Phone #:

Address (Street, City, State, Zip Code): — Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown — Transported By: — Injured Taken To:

Seating Position

01 — 01 Front – Left (MC Driver); 02 Front – Middle; 03 Front – Right; 04 Second – Left (MC Pass); 05 Second – Middle; 06 Second – Right; 07 Third – Left (MC Passenger/Side Car); 08 Third – Middle; 09 Third – Right; 10 Sleeper Section Of Cab; 11 Enclosed Cargo Area; 12 Unenclosed Cargo Area; 13 Trailing Unit; 14 Exterior; 15 Other; 16 Non-Motorist; 17 Unknown

Blank for Witness

Safety Equipment

01 — 04

Motorist: 01 None Used; 02 Shoulder Belt Only; 03 Lap Belt Only; 04 Shoulder/Lap Belt; 05 Child Safety Seat; 06 MC Helmet Used; 07 Use Unknown

Non-Motorist: 08 None Used; 09 Helmet Used; 10 Protective Pads; 11 Reflective Clothing; 12 Lighting; 13 Other; 14 Unknown

Air Bag: 1 Not Deployed; 2 Deployed-Front; 3 Deployed-Side; 4 Deployed Both Front/Side; 5 Not Applicable; 6 Unknown

Air Bag Switch: 1 Not Present; 2 In On Position; 3 In Off Position; 4 Unknown

Ejection: 1 Not Ejected; 2 Totally Ejected; 3 Partially Ejected; 4 Not Applicable; 5 Unknown

Trapped: 1 Not Trapped; 2 Extricated By Mechanical Means; 3 Freed By Non-Mechanical Means; 4 Unknown

Injuries: 1 No Injury; 2 Possible; 3 Non-Incapacitating; 4 Incapacitating; 5 Fatal Injury; 6 Unknown

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Unit Numbers

01 02

Non-Motorist Location

01 Marked Crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

03 07

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

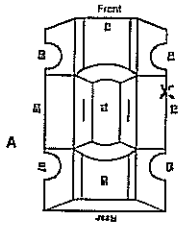
1 No
2 Yes
3 Unknown

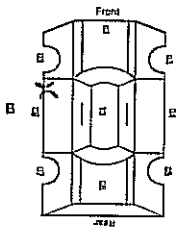
Damage Scale

2 2

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area





Most Damaged Area

04 08

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
15 Unknown

Point Of Impact

04 08

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
15 Unknown

Action

3 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

01 01

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

09 01

Motorist
01 None
02 Failure To Yield
03 Ran Red Light, Or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving to Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist in Roadway, Etc)
15 Failure to Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only if '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

20 20

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

1 1

1 Stated
2 Estimated Speed

Speed

35
40

Posted Speed

35 35

Traffic Control

12 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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

34 34

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

Condition

1 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

01

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
11 Unknown

* *Secondary Road Conditions ONLY

2005-141162

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Narrative

UNIT #2 WAS TRAVELING W/B W GALBRAITH RD NEAR SPRINGDEW DR. UNIT #1 WAS TRAVELING IN THE LEFT LANE W/B W. GALBRAITH RD ALUNGSIDE UNIT #2. WHILE TRAVELING UNIT #1 VEERED INTO THE RIGHT LANE STRIKING UNIT #2. WITNESS #1, LISTED ON THE OH-3 REPORT, STATED THAT SHE WITNESSED UNIT #1 VEER INTO UNIT #2's LANE CAUSING THE CRASH.

Manner of Collision or Impact: 1

1 Not Collision Between Two 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

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Weather: 01

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Type Of Work Zone

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

Light Conditions: 1

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

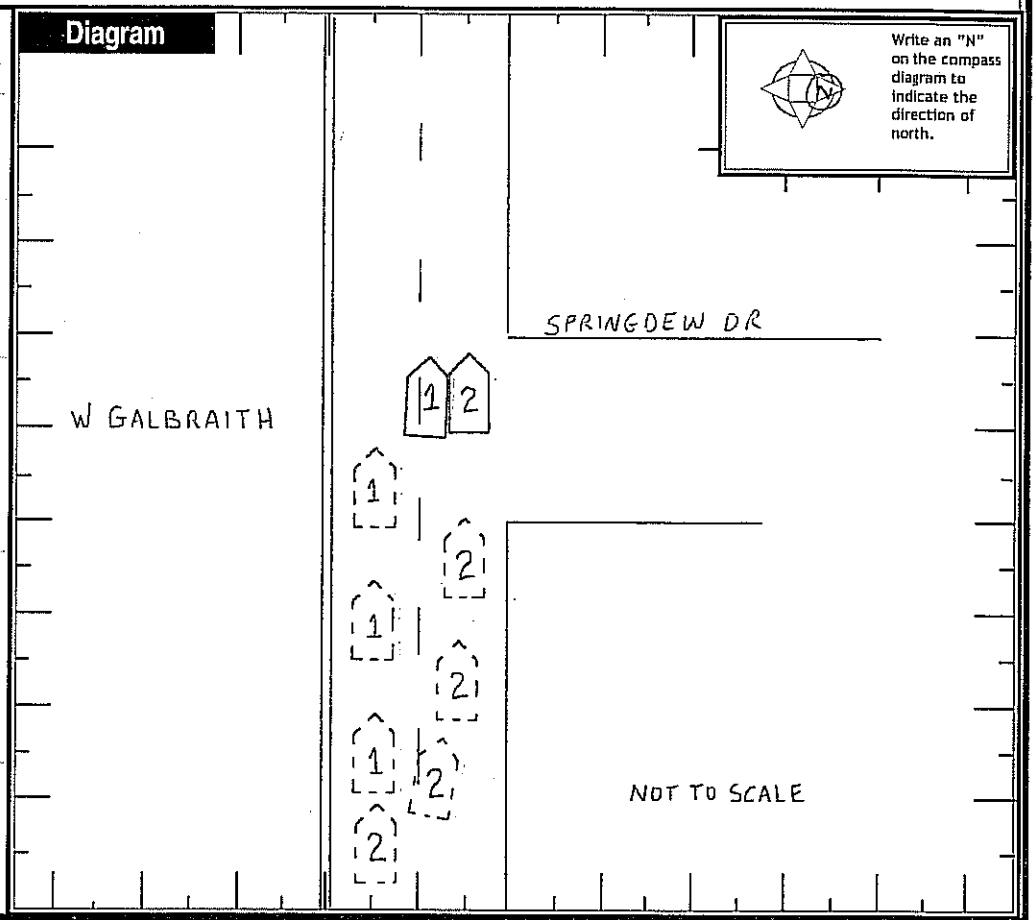
Location Of Crash In Work Zone

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present

1 No
2 Yes
3 Unknown

Diagram



Truck/Bus

The Crash INVOLVED one or more of the following:
A truck (motor vehicle) with a GVWR more than 10,000 pounds; or
A truck (motor vehicle) with a hazardous materials placard; or
A bus designed for at least 8 persons, including driver.

AND

The crash RESULTED in one or more of the following:
A fatality; or
An injury requiring transportation for immediate medical treatment; or
At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

Company (From Shipping Papers):
Company Phone:
Address (Street, City, St, Zip Code):

US DOT:
ICC MC:
PUCO:
Trailer LP St.:
Trailer LP Year:
Trailer LP #:

Cargo Body Type
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR)
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard
1 No
2 Yes
3 Unknown

Hazardous Materials Released
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

08082005 1742

Dispatch	Arrived	Cleared	Other
1743	1747	1816	

34

Officer's Name*: P/O DAN CARTER 226

Checked By:

Date Report Filed*: 08082005

Report Taken By: 1 Police Agency, 2 Motorist — 1

Report Taken At: 1 Scene, 2 Station, 3 Other — 1

2005-141662

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TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

2005 04884 3

CRASH SEVERITY: 1 FATAL 2 INJURY 3 PDO 4 UNKNOWN

PRIVATE PROPERTY

HIT/SKIP: 1 NOT HIT/SKIP 2 SOLVED 3 UNSOLVED

PHOTOS TAKEN: OH-2 | OH-3 | OH-1P | OTHER

REPORTING AGENCY *: 03134 Springfield Twp

02 01

98 = ANIMAL 99 = UNKNOWN

03 25 2005

DAY OF WEEK: FRI

1125

NAME (OF CITY, VILLAGE OR TOWNSHIP) *: X Springfield 31

LATITUDE / LONGITUDE

CRASH OCCURRED ON

PREFIX: W

CRASH LOCATION: Galbraith Rd (CR)

TYPE LOC: 1

TYPE LOCATION POINT USED: 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE

LOCAL INFORMATION

AT / REFERENCE

DIST REFERENCE: 10 F | DR: E | PREFIX: | REFERENCE: Springdew Dr (TR) | REF POINT: 02

REFERENCE POINT USED: 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET ON ROUTE W/O REFERENCE

Motorist/Non-Motorist

01 02 NAME (LAST, FIRST, MIDDLE): Fogle Anthony G.

ADDRESS (STREET, CITY, STATE, ZIP CODE): 448 Hillside Ave Cnd OH 45215

12/7/85 / 19 M

HOME PHONE #: 821-4460 WORK PHONE #: 821-4006

DL STATE: OH DL #: SN173076 LP STATE: OH LP #: PDA2752

INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

TRANSPORTED BY: INJURED TAKEN TO:

OWNED NAME (IF SAME, WRITE "SAME"): Brother's II

ADDRESS (STREET, CITY, STATE, ZIP CODE): 717 McLaren Ave Cnd OH 45215

YEAR: 1989 MAKE: Chev MODEL: Van 30 COLOR: White INSURANCE COMPANY: Safe Auto TOWING SERVICE: OWNER PHONE #: 821-4006

OFFENSE CHARGED: 4511.33 OFFENSE DESCRIPTION: Marked Lanes 34197784

0201 NAME (LAST, FIRST, MIDDLE): White Damon S.

ADDRESS (STREET, CITY, STATE, ZIP CODE): 884 Halesworth Dr. Cnd OH 45240

04/3/1970 35 M

HOME PHONE #: 648-9203 WORK PHONE #: 521-4275

DL STATE: OH DL #: RV238720 LP STATE: O LP #: NONE

INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

TRANSPORTED BY: INJURED TAKEN TO:

OWNER NAME (IF SAME, WRITE "SAME"): United States Post Office

ADDRESS (STREET, CITY, STATE, ZIP CODE): 7504 Perry Ave Cnd OH 45231

YEAR: 1988 MAKE: General MODEL: LLV COLOR: White INSURANCE COMPANY: TOWING SERVICE: OWNER PHONE #:

OFFENSE CHARGED: OFFENSE DESCRIPTION:

Occupant

NAME (LAST, FIRST, MIDDLE): Case Marla (Wit) HOME PHONE #: 678-3430

ADDRESS (STREET, CITY, STATE, ZIP CODE): 8499 Pollux Ct. Cnd OH 45231

INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

TRANSPORTED BY: INJURED TAKEN TO:

NAME (LAST, FIRST, MIDDLE): HOME PHONE #:

ADDRESS (STREET, CITY, STATE, ZIP CODE):

INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

TRANSPORTED BY: INJURED TAKEN TO:

SEATING POSITION
01 FRONT – LEFT (MC DRIVER)
02 FRONT – MIDDLE
03 FRONT – RIGHT
04 SECOND – LEFT (MC PASS)
05 SECOND – MIDDLE
06 SECOND – RIGHT
07 THIRD – LEFT (MC PASSENGER/SIDE CAR)
08 THIRD – MIDDLE
09 THIRD – RIGHT
10 SLEEPER SECTION OF CAB
11 ENCLOSED CARGO AREA
12 UNENCLOSED CARGO AREA
13 TRAILING UNIT
14 EXTERIOR
15 OTHER
16 NON-MOTORIST
17 UNKNOWN

01 01

SAFETY EQUIPMENT
MOTORIST
01 NONE USED
02 SHOULDER BELT ONLY
03 LAP BELT ONLY
04 SHOULDER/LAP BELT
05 CHILD SAFETY SEAT
06 MC HELMET USED
07 USE UNKNOWN
NON-MOTORIST
08 NONE USED
09 HELMET USED
10 PROTECTIVE PADS
11 REFLECTIVE CLOTHING
12 LIGHTING
13 OTHER
14 UNKNOWN

04 04

AIR BAG
1 NOT-DEPLOYED
2 DEPLOYED-FRONT
3 DEPLOYED-SIDE
4 DEPLOYED BOTH FRONT/SIDE
5 NOT APPLICABLE
6 UNKNOWN

AIR BAG SWITCH
1 NOT PRESENT
2 IN ON POSITION
3 IN OFF POSITION
4 UNKNOWN

EJECTION
1 NOT EJECTED
2 TOTALLY EJECTED
3 PARTIALLY EJECTED
4 NOT APPLICABLE
5 UNKNOWN

TRAPPED
1 NOT TRAPPED
2 EXTRICATED BY MECHANICAL MEANS
3 FREED BY NON-MECHANICAL MEANS
4 UNKNOWN

INJURIES
1 NO INJURY
2 POSSIBLE
3 NON-INCAPACITATING
4 INCAPACITATING
5 FATAL INJURY
6 UNKNOWN

BLANK FOR WITNESS

HSY7001

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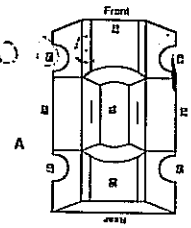
Unit Numbers

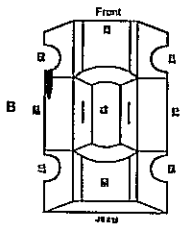
01 02

Non-Motorist Location

01 Marked crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Damage Area





Most Damaged Area

Type Of Unit

08 03

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

04 08

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
15 Unknown

Point of Impact

04 08

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
15 Unknown

Action

3 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Pre-Crash Actions

01 05

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

21 01

Motorist
01 None
02 Failure To Yield
03 Ran Red Light, Or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left Of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped Or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving To Avoid (Due To Wind, Suppery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure To Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Sequence Of Events

20 20

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/ Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

/ /

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

/ /

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

2 2

1 Stated
2 Estimated Speed

Speed

25
20

Posted Speed

35 35

Traffic Control

12 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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

31 34

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

Condition

/ /

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

/ /

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

/ /

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

/ /

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

/ /

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

/ /

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown At Time Of Reporting

Type of Intersection

03

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

/

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

/

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

02

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
11 Unknown

* *Secondary Road Conditions Only

In Emergency Response

1 No
2 Yes
3 Unknown

Damage Scale

2 2

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Striking Vehicle: Override/ Underride

/ /

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Vehicle Defect Code Only if '19' Selected Above

01 Turn Signals
02 Head Lamps
03 Tail Lamps
04 Brakes
05 Steering
06 Tire Blowout
07 Worn Or Suck Tires
08 Trailer Equipment Defective
09 Motor Trouble
10 Disabled From Prior Crash
11 Other Defects

2005 04884

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Narrative

Unit #1 west on W. Galbreith Rd failed to stay in his marked lane colliding with unit #2's mirror. Unit #2 was west on W. Galbreith Rd turning right (north) onto Springdew prior to collision. Unit #1 and #2 both had mirror damage.
The operator of #1 also D.U.S.

Manner of Collision or Impact

7

1 Not Collision Between Two 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

02

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Light Conditions

1

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

School Bus Related

1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related

1

1 No
2 Yes
3 Unknown

Type Of Work Zone

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

Location Of Crash in Work Zone

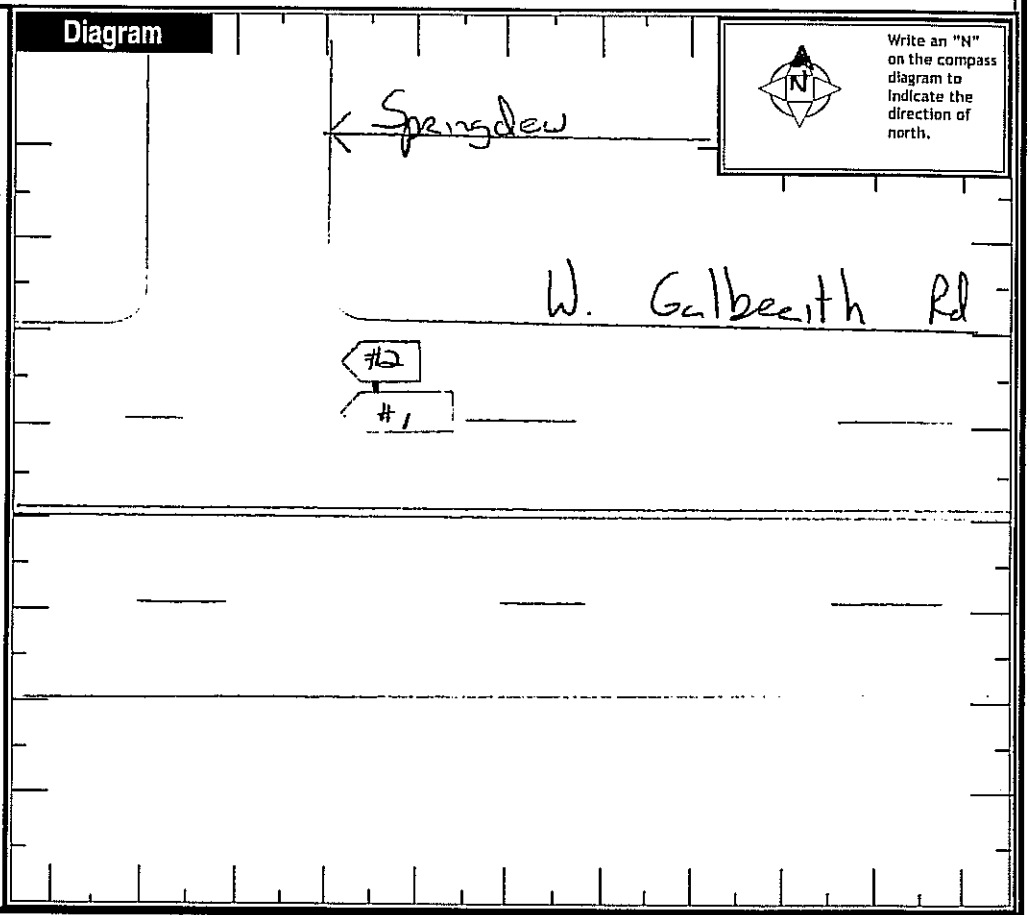
1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present

1 No
2 Yes
3 Unknown

Diagram

Write an "N" on the compass diagram to indicate the direction of north.



Truck/Bus

The Crash INVOLVED one or more of the following:
A truck (motor vehicle) with a GVWR more than 10,000 pounds; or
A truck (motor vehicle) with a hazardous materials placard; or
A bus designed for at least 8 persons, including driver.

AND

The crash RESULTED in one or more of the following:
A fatality; or
An injury requiring transportation for immediate medical treatment; or
At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

Company (From Shipping Papers)

Company Phone

Address (Street, City, St, Zip Code)

US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP #

Cargo Body Type
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR)
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard
1 No
2 Yes
3 Unknown

Hazardous Materials Released
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

03252005 1125

Dispatch: 1125 | Arrived: 1135 | Cleared: 1200 | Other:

35

Officer's Name*: Tso Nedecke

163

Checked By: Sgt Smith #117

Date Report Filed*: 03252005

Report Taken By: 1 Police Agency, 2 Motorist

Report Taken At: 1 Scene, 2 Station, 3 Other

2005 04884

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OH-1 (Rev.10/99)

TRAFFIC CRASH REPORT

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

2005-22517 3

Crash Severity: 1 Fatal 2 Injury 3 PDO 4 Unknown

Private Property

Hit/Skip: 1 Not Hit/Skip 2 Solved 3 Unsolved — /

Photos Taken: OH-2 | OH-3 | OH-1P | Other

W 03134 Reporting Agency ★ SPRINGFIELD TWP 02 01 (98 = Animal, 99 = Unknown) 12 18 2005

1100 Day of Week: SUN × Name (of City, Village or Township) ★ SPRINGFIELD 31 Latitude / Longitude

Crash Occurred On

Prefix | Crash Location: GALBRAITH RD | Type Loc: X

Type Location Point Used: 1 Named Street 2 Numbered Street 3 Numbered Route

Local Information

At / Reference

Dist Reference | DR | Prefix | Reference: NIEMAN | Ref Point: 2

Reference Point Used: 01 State Line 02 Intersection 2 Streets 03 County Line 04 House Number 05 Township Boundary 06 Mile Post 07 Corporation Limit 08 Place Name W/O Reference 09 Driveway 10 Street Or Route W/O Reference

Motorist/Non-Motorist

* 01 01 Name (Last, First, Middle): BARE, AMY

Address (Street, City, State, Zip Code): 6592 EDWOOD AVE CINTI. OH 45224

10111984 F | Home Phone #: 521-7595 | Work Phone #: CELL 910-3356

DL State: OH | DL #: SC823984 | LP State: OH | LP #: CKH2433 | Injured Taken By: 1 None 2 EMS 3 Police 4 Other 5 Unknown | Transported By | Injured Taken To

Owner Name (If same, write "Same"): SARAH BARE | Address (Street, City, State, Zip Code): 6592 EDWOOD AVE CINTI. OH 45224

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
1994	NISSAN	SENTRA	RED	LIBERTY MUTUAL	ENGELS	

Offense Charged: 4511.33 | Offense Description: MARKED LANES | 34222870

01 01 Name (Last, First, Middle): BACHMAN, KATHY

Address (Street, City, State, Zip Code): 8560 CAVALIER DR CINTI. OH 45231

10181950 55 F | Home Phone #: 681-6126 | Work Phone #: CELL 503-4417

DL State: OH | DL #: RC430976 | LP State: OH | LP #: DQC6615 | Injured Taken By: 1 None 2 EMS 3 Police 4 Other 5 Unknown | Transported By | Injured Taken To

Owner Name (If same, write "Same"): RONALD BACHMAN | Address (Street, City, State, Zip Code): 8560 CAVALIER CINTI. OH 45231

Year	Make	Model	Color	Insurance Company	Towing Service	Owner Phone #
2005	KIA	OPTIMA	WHITE	STATE FARM		

Offense Charged | Offense Description

Occupant

Name (Last, First, Middle) | Home Phone #

Address (Street, City, State, Zip Code) | Injured Taken By: 1 None 2 EMS 3 Police 4 Other 5 Unknown | Transported By | Injured Taken To

Name (Last, First, Middle) | Home Phone #

Address (Street, City, State, Zip Code) | Injured Taken By: 1 None 2 EMS 3 Police 4 Other 5 Unknown | Transported By | Injured Taken To

Seating Position
01 Front – Left (MC Driver)
02 Front – Middle
03 Front – Right
04 Second – Left (MC Pass)
05 Second – Middle
06 Second – Right
07 Third – Left (MC Passenger/Side Car)
08 Third – Middle
09 Third – Right
10 Sleeper Section Of Cab
11 Enclosed Cargo Area
12 Unenclosed Cargo Area
13 Trailing Unit
14 Exterior
15 Other
16 Non-Motorist
17 Unknown

01 / 01

Safety Equipment
Motorist: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 MC Helmet Used, 07 Use Unknown
Non-Motorist: 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown

07 / 07

Air Bag
1 Not-Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both, 5 Front/Side, 6 Not Applicable, 6 Unknown

6 / 6

Air Bag Switch
1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown

4 / 4

Ejection
1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown

/ /

Trapped
1 Not Trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown

/ /

Injuries
1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown

/ /

Blank for Witness

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Unit Numbers

01 02

Non-Motorist Location

01 Marked crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

02 02

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

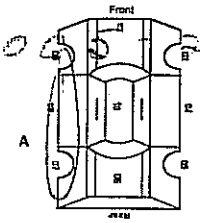
1 No
2 Yes
3 Unknown

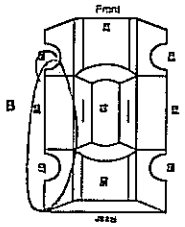
Damage Scale

4 3

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area





Most Damaged Area

08 08

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
15 Unknown

Point of Impact

08 08

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
15 Unknown

Action

3 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

09 01

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

1 7 0 1

Motorist
01 None
02 Failure to Yield
03 Ran Red Light, or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving to Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure to Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only if '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

20 20

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

2 2

1 Stated
2 Estimated Speed

Speed

35
35

Posted Speed

35 35

Traffic Control

1 2 1 2

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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

4 3 3 4

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

Condition

1 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

01

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
11 Unknown

* *Secondary Road Conditions ONLY

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Narrative

UNIT 1 WAS EASTBOUND ON GALBRAITH RD WHEN UNIT 2 WAS WESTBOUND ON GALBRAITH RD. UNIT 1 CROSSED THE DOUBLE YELLOW LINE AND ENTERED INTO THE WESTBOUND LANE AND SIDESWIPED UNIT 2. UNIT 1 STATED SHE REACHED DOWN TO GRAB SOME FOOD AND DID NOT REALIZED SHE HAD EXITED HER LANE OF TRAVEL AND ENTERED INTO THE ONCOMING LANE OF TRAVEL. UNIT 1 WAS FOUND TO BE AT FAULT.

Manner of Collision or Impact: 8

1 Not Collision Between Two 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

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Weather: 01

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Type Of Work Zone

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

Light Conditions: 1

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

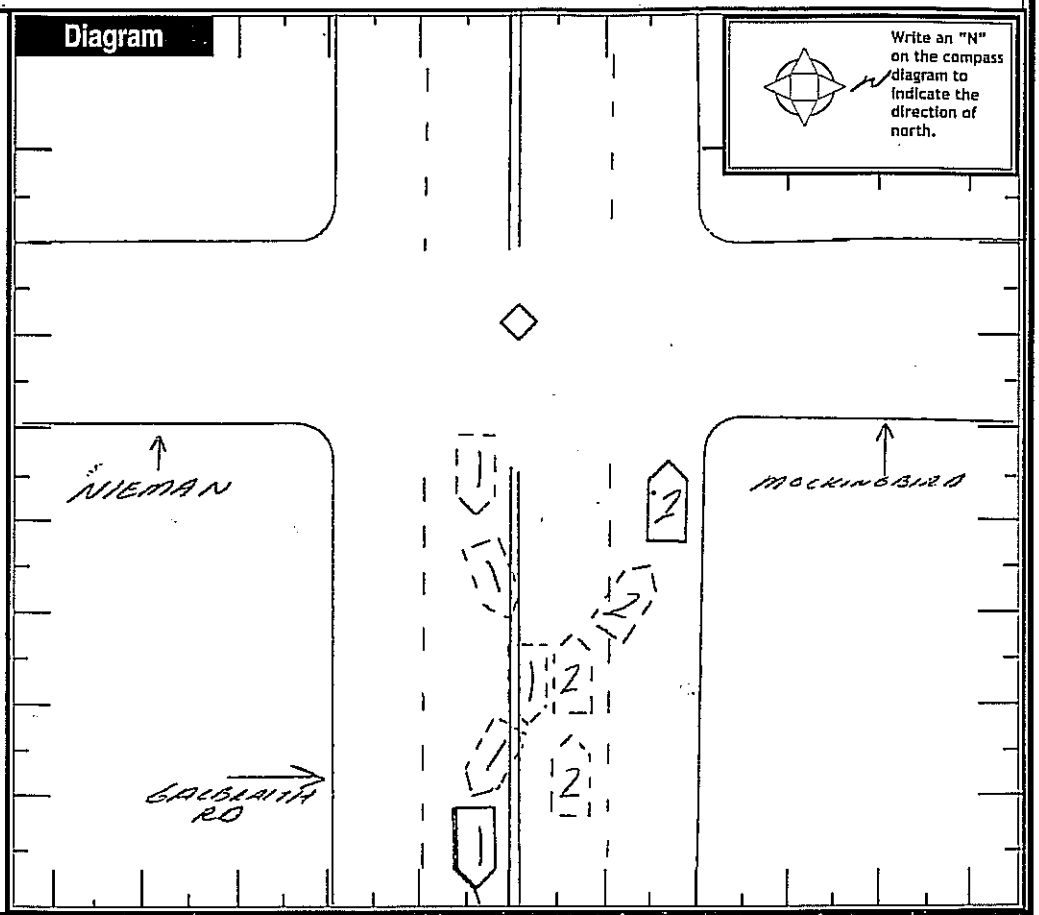
Location Of Crash in Work Zone

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present

1 No
2 Yes
3 Unknown

Diagram



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company (From Shipping Papers):
Company Phone:
Address (Street, City, St, Zip Code):

US DOT:
ICC MC:
PUCO:
Trailer LP St.:
Trailer LP Year:
Trailer LP #:

Cargo Body Type
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR)
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard
1 No
2 Yes
3 Unknown

Hazardous Materials Released
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

12182005 / 1106

Dispatch	Arrived	Cleared	Other
1106	1115	1142	

Officer's Name*: FITZGERALD 225

Checked By: [signature]

Date Report Filed*: 12/17/2005

Report Taken By: 1 Police Agency / 2 Motorist

Report Taken At: 1 Scene / 2 Station / 3 Other

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2006 Crash Analysis

William W. Brayshaw PE - PS *The Hamilton County Engineer's Traffic Department*

Source	Report #	Date	Day	Time	Twp	Address	Road	Intersects	Distance/Dir.	Inj	Ped	Fat	Crash Type	Comments
Spr	20104	11/9/2006	TH	12:57	Spr	899	Galbraith	Winton	0	0	0	0	Rear End	NB - ACD
Spr	13097	7/25/2006	TU	21:30	Spr	899	Galbraith	Winton	0	4	0	0	Angle	SB ex.pr.dr.into WB
Spr	7755	5/8/2006	MO	7:42	Spr	900	Galbraith	Winton	60 W	0	0	0	Rear End	EB - ACD
Spr	6387	4/17/2006	MO	6:50	Spr	900	Galbraith	Winton	60 W	0	0	0	Rear End	EB-ACD mult.pileup
Spr	5659	4/6/2006	TH	15:20	Spr	901	Galbraith	Winton	75 W	0	0	0	Rear End	EB - ACD
Spr	19838	11/5/2006	SU	16:30	Spr	912	Galbraith	Winton	200 W	0	0	0	Rear End	WB - ACD
Spr	1061	1/19/2006	TH	18:16	Spr	913	Galbraith	Winton	215 W	0	0	0	Left Turn	Ent.pr.dr.into EB
Spr	21649	11/30/2006	TH	16:05	Spr	913	Galbraith	Winton	215 W	0	0	0	Fail to Control	WB into curb
Spr	1925	2/3/2006	FR	15:06	Spr	917	Galbraith	Winton	265 W	0	0	0	Angle	Ex.pr.dr.into WB
Spr	21049	11/25/2006	SA	18:15	Spr	917	Galbraith	Winton	265 W	0	0	0	Rear End	WB - ACD
Spr	13595	8/2/2006	WE	17:27	Spr	925	Galbraith	Winton	300 W	0	0	0	Angle	SB ex.pr.dr.into WB
Spr	16613	9/16/2006	SA	17:00	Spr	931	Galbraith	Winton	350 W	0	0	0	Angle	NB ex.pr.dr.into EB
Spr	3803	3/6/2006	MO	18:04	Spr	980	Galbraith	Springdew	0	1	0	0	Rear End	EB - ACD
Spr	8619	5/22/2006	MO	15:35	Spr	980	Galbraith	Springdew	0	0	0	0	Rear End	EB-ACD mult.pileup
Spr	9432	6/2/2006	FR	16:45	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Left Turn	WB to SB into EB
Spr	20640	11/18/2006	SA	14:25	Spr	1068	Galbraith	Mockingbird & Nieman	0	0	0	0	Angle	WB ran red into SB
Spr	6863	4/23/2006	SU	21:15	Spr	1081	Galbraith	Mockingbird & Nieman	200 W	0	0	0	Sideswipe/Meeting	WB into EB
Spr	20744	11/20/2006	MO	14:00	Spr	1089	Galbraith	Mockingbird & Nieman	0	0	0	0	Sideswipe/Passing	EB improper lane chg
Spr	11892	7/7/2006	FR	11:40	Spr	1090	Galbraith	Mockingbird & Nieman	300 W	0	0	0	Sideswipe/Passing	WB improper lane chg
Spr	15716	9/3/2006	SU	11:35	Spr	1149	Galbraith	Kirland	0	1	0	0	Left Turn	WB to SB into EB

TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

2006-06863 3

Crash Severity: 1 Fatal, 2 Injury, 3 PDO, 4 Unknown

Private Property

Hit/Skip: 1 Not Hit/Skip, 2 Solved, 3 Unsolved — 2

Photos Taken: X — OH-2 | OH-3 | OH-1P | Other

Reporting Agency ★: 03134 SPRINGFIELD TWP. POLICE

98 = Animal, 99 = Unknown: 02 01

04232006

Day of Week: 2115 SUN

Name (of City, Village or Township) ★: X SPRINGFIELD 31

Latitude | Longitude

Crash Occurred On

Prefix: W | Crash Location: GALBRAITH RD. | Type Loc: 1

Type Location Point Used: 1 Named Street, 2 Numbered Street, 3 Numbered Route

Local Information

At/Reference

Dist Reference: 200 F | Dir: W | Prefix: | Reference: MOCKINGBIRD LN. | Ref Point: 02

Reference/Point Used: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

Name (Last, First, Middle): 01 01 FLETCHER, MARCUS

Address (Street, City, State, Zip Code): 508 HOWELL AV. CINTI, OH 45220 #2

09131967 38 M

Home Phone #: (513)708-7026 | Work Phone #:

DL State: OH | DL #: RG587863 | LP State: OH | LP #: CMW1812

Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown | Transported By: | Injured Taken To:

Owner Name (if same, write "Same"): SAME | Address (Street, City, State, Zip Code):

Year: 1991 | Make: VOLVO | Model: SEDAN | Color: BLUE | Insurance Company: NONE | Towing Service: | Owner Phone #:

Offense Charged: 4511.33 | Offense Description: MARKED LANES VIOLATION 34237603

Name (Last, First, Middle): 02 02 BLAKEY, ELYSE

Address (Street, City, State, Zip Code): 1241 GROSSBECK RD. CINTI, OH 45224 #16

03021967 39 F

Home Phone #: (513)699-7873 | Work Phone #:

DL State: OH | DL #: RR573464 | LP State: OH | LP #: 4ELYSEB

Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown | Transported By: | Injured Taken To:

Owner Name (if same, write "Same"): SAME | Address (Street, City, State, Zip Code):

Year: 2002 | Make: FORD | Model: TAURUS | Color: WHITE | Insurance Company: NONE | Towing Service: | Owner Phone #:

Offense Charged: | Offense Description:

Occupant

Name (Last, First, Middle): | Home Phone #:

Address (Street, City, State, Zip Code): | Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown | Transported By: | Injured Taken To:

Name (Last, First, Middle): W PANKEY, HELEN | Home Phone #: (513)242-3150

Address (Street, City, State, Zip Code): 800 DUTCH COLONY CINTI, OH 45232 | Injured Taken By: 1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown | Transported By: | Injured Taken To:

Seating Position
01 Front – Left (MC Driver)
02 Front – Middle
03 Front – Right
04 Second – Left (MC Pass)
05 Second – Middle
06 Second – Right
07 Third – Left (MC Passenger/Side Car)
08 Third – Middle
09 Third – Right
10 Sleeper Section Of Cab
11 Enclosed Cargo Area
12 Unenclosed Cargo Area
13 Trailing Unit
14 Exterior
15 Other
16 Non-Motorist
17 Unknown

01 | 01

Safety Equipment
Motorist: 01 None Used, 02 Shoulder Belt Only, 03 Lap Belt Only, 04 Shoulder/Lap Belt, 05 Child Safety Seat, 06 MC Helmet Used, 07 Use Unknown
Non-Motorist: 08 None Used, 09 Helmet Used, 10 Protective Pads, 11 Reflective Clothing, 12 Lighting, 13 Other, 14 Unknown

04 | 04

Air Bag: 1 Not Deployed, 2 Deployed-Front, 3 Deployed-Side, 4 Deployed Both Front/Side, 5 Not Applicable, 6 Unknown

Air Bag Switch: 1 Not Present, 2 In On Position, 3 In Off Position, 4 Unknown

Ejection: 1 Not Ejected, 2 Totally Ejected, 3 Partially Ejected, 4 Not Applicable, 5 Unknown

Trapped: 1 Not Trapped, 2 Extricated By Mechanical Means, 3 Freed By Non-Mechanical Means, 4 Unknown

Injuries: 1 No Injury, 2 Possible, 3 Non-Incapacitating, 4 Incapacitating, 5 Fatal Injury, 6 Unknown

Blank For Witness

7001

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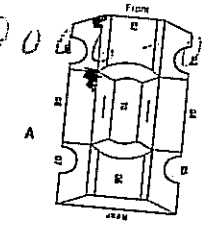
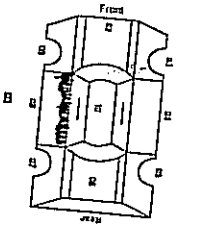
Unit Numbers

01 02

Damage Area





Pre-Crash Actions

20 06 06 31

Sequence Of Events

20 20

Posted Speed

35 35

Drug Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Non-Motorist Location

01 Marked Crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Motorist

01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist

15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Traffic Control

1 2 1 2

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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Drug Test Type

1 1

1 None
2 Blood
3 Urine
4 Other

Type Of Unit

04 04

Motorist

01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist

35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

Most Damaged Area

08 08

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
15 Unknown

Contributing Circumstances

07 01

Motorist

01 None
02 Failure To Yield
03 Ran Red Light, Or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left Of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped Or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving To Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure To Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist

23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Non-Collision

01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/ Person, Vehicle, Or Object Not Fixed

14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

Direction

4 3 3 4

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

Condition

2 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown At Time Of Reporting

Type Of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Point Of Impact

0 9 0 8

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
15 Unknown

First Harmful Event

1 1

Of The Sequence Of Events – Which One Is The First Harmful Event (1-4)

Most Harmful Event

1 1

Of The Sequence Of Events – Which One Is The Most Harmful Event (1-4)

Alcohol/Drug Suspected

1 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Action

3 4

1 Non-Contact
2 Non-Collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Vehicle Defect Code ONLY If '19' Selected Above

Speed Detected

1 1

1 Stated
2 Estimated Speed

Speed

3 5
3 5

Alcohol Test Type

1 1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Road Conditions

0 1

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
11 Unknown

** Secondary Road Conditions Only

In Emergency Response

1 No
2 Yes
3 Unknown

Damage Scale

3 3

1 None
2 Non-Functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Striking Vehicle: Override/ Underride

1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

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 Crash
11 Other Defects

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2006-0681

Narrative

UNIT 2 WAS WESTBOUND ON W. GALBRAITH RD. AND IN TH
LEFT LANE OF TRAVEL. UNIT 1 WAS EASTBOUND ON W. GALBRAITH RD
CROSSED THE DOUBLE YELLOW LINE AND STRUCK UNIT 2. UNIT 1 CONTIN
EAST ON GALBRAITH RD. THE WITNESS WAS AGLE TO GET THE
LICENSE PLATE OF UNIT 1. OPERATOR 1 WAS CONTACTED BY POLICE
AT HIS RESIDENCE AND STATED HE HAD BEEN VISITING A FAMI
IN FINNEYTOWN, AND WAS THE ONLY ONE WHO DROVE THE LISTED
VEHICLE. DAMAG ON UNIT 1 CONSISTANT WITH THAT OF THE
CRASH. PHOTO'S WERE TAKEN.

Manner of Collision or Impact: 8

1 Not Collision Between Two 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

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Weather: 01

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Type Of Work Zone

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

Light Conditions: 5

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

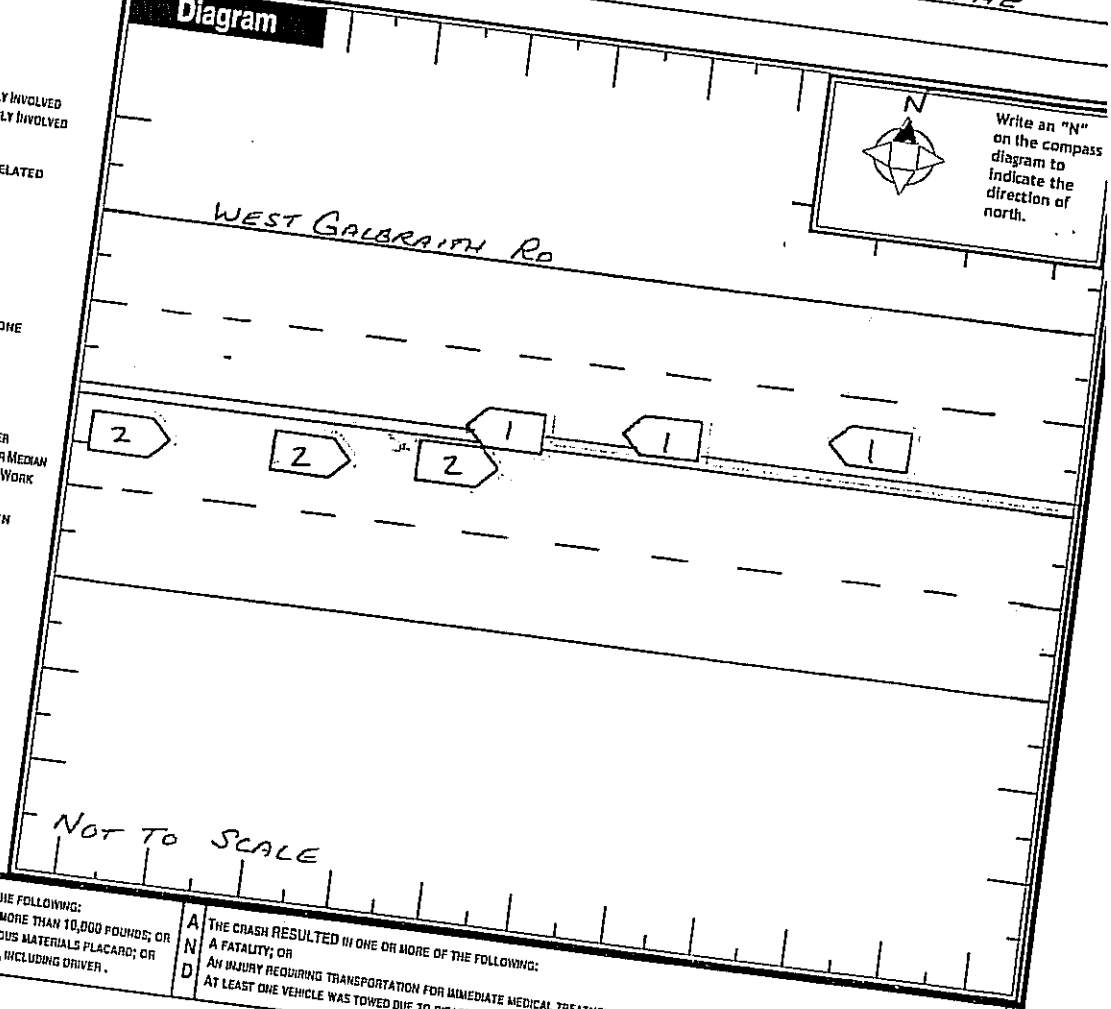
Location Of Crash In Work Zone

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present

1 No
2 Yes
3 Unknown

Diagram



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company (From Shipping Papers)

Address (Street, City, St, Zip Code)

Company Phone

US DOT

ICC MC

PUCO

Trailer LP St.

Trailer LP Year

Trailer LP #

Cargo Body Type
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR)
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard
1 No
2 Yes
3 Unknown

Hazardous Materials Released
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

4 2 3 2 0 0 6 2 1 2 3

Dispatch: 2 1 2 3

Arrived: 2 1 3 0

Cleared: 2 3 3 0

Other:

Officer's Name*: CASE

Report Taken By: 1
1 Police Agency
2 Motorist

Report Taken At: 3
1 Scene
2 Station
3 Other

2 2 2

Checked By: [illegible]

1 1 3

Date Report Filed*: 0 4 2 3 2 0 0 6

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TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

2006 20744 3

Crash Severity: 1 Fatal, 2 Injury, 3 PDO, 4 Unknown

Private Property

Hit/Skip: 1 Not Hit/Skip, 2 Solved, 3 Unsolved

Photos Taken: OH-2 | OH-3 | OH-1P | Other

Reporting Agency *: 03134 SPRINGFIELD TWP 02 03 (98 = Animal, 99 = Unknown) 11202006

Day of Week: 1400 MON

Name (of City, Village or Township) *: SPRINGFIELD 31

Latitude | Longitude

Crash Occurred On

Prefix: W | Crash Location: GALBRAITH RD | Type Loc: 1

Type Location Point Used: 1 Named Street, 2 Numbered Street, 3 Numbered Route

Local Information

At / Reference

Dist Reference: 30 | Dir: W | Prefix: | Reference: NIEMAN DR | Ref Point: 10

Reference Point Used: 01 State Line, 02 Intersection 2 Streets, 03 County Line, 04 House Number, 05 Township Boundary, 06 Mile Post, 07 Corporation Limit, 08 Place Name W/O Reference, 09 Driveway, 10 Street Or Route W/O Reference

Motorist/Non-Motorist

01 Name (Last, First, Middle): Ø

Address (Street, City, State, Zip Code):

Home Phone # | Work Phone #

DL State | DL # | LP State: OH | LP #: OD2098 | Injured Taken By: 1 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) | Transported By | Injured Taken To

Owner Name (if same, write "Same"): Hamilton County Commissioners | Address (Street, City, State, Zip Code): 138 E. Court St. Cinti. OH 45202

Year: 2003 | Make: International | Model: 7400 | Color: WHT/ORG | Insurance Company: Hamilton Co. | Towing Service | Owner Phone #: 946-4250

Offense Charged | Offense Description

02 01 Name (Last, First, Middle): EICHERT DAVID A.

Address (Street, City, State, Zip Code): 102 Damon Rd. Cinti OH. 45218

Home Phone # | Work Phone #: 948-5100

10051959 47 M

DL State: OH | DL #: R6610313 | LP State: OH | LP #: PBM4606 | Injured Taken By: 1 (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) | Transported By | Injured Taken To

Owner Name (if same, write "Same"): Pepsi Cola | Address (Street, City, State, Zip Code):

Year: 1998 | Make: Freightliner | Model: FL70 | Color: WHT. | Insurance Company: Pepsi Cola | Towing Service | Owner Phone #: 948 5100

Offense Charged | Offense Description

Occupant

Name (Last, First, Middle) | Home Phone #

Address (Street, City, State, Zip Code) | Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) | Transported By | Injured Taken To

Name (Last, First, Middle) | Home Phone #

Address (Street, City, State, Zip Code) | Injured Taken By (1 None, 2 EMS, 3 Police, 4 Other, 5 Unknown) | Transported By | Injured Taken To

Seating Position
01 Front – Left (MC Driver)
02 Front – Middle
03 Front – Right
04 Second – Left (MC Pass)
05 Second – Middle
06 Second – Right
07 Third – Left (MC Passenger/Side Car)
08 Third – Middle
09 Third – Right
10 Sleeper Section Of Cab
11 Enclosed Cargo Area
12 Unenclosed Cargo Area
13 Trailing Unit
14 Exterior
15 Other
16 Non-Motorist
17 Unknown

01 07

Safety Equipment
Motorist
01 None Used
02 Shoulder Belt Only
03 Lap Belt Only
04 Shoulder/Lap Belt
05 Child Safety Seat
06 MC Helmet Used
07 Use Unknown
Non-Motorist
08 None Used
09 Helmet Used
10 Protective Pads
11 Reflective Clothing
12 Lighting
13 Other
14 Unknown

1

Air Bag
1 Not Deployed
2 Deployed-Front
3 Deployed-Side
4 Deployed Both Front/Side
5 Not Applicable
6 Unknown

4

Air Bag Switch
1 Not Present
2 In On Position
3 In Off Position
4 Unknown

1

Ejection
1 Not Ejected
2 Totally Ejected
3 Partially Ejected
4 Not Applicable
5 Unknown

1

Trapped
1 Not Trapped
2 Extricated By Mechanical Means
3 Freed By Non-Mechanical Means
4 Unknown

1

Injuries
1 No Injury
2 Possible
3 Non-Incapacitating
4 Incapacitating
5 Fatal Injury
6 Unknown

1

Blank for Witness

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Unit Numbers

01 02

Non-Motorist Location

01 Marked crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Type Of Unit

13 09

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

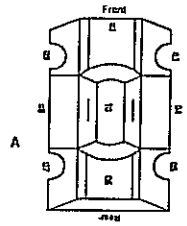
1 No
2 Yes
3 Unknown

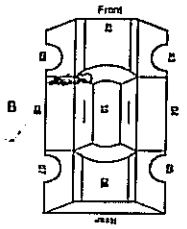
Damage Scale

1 3

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

Damage Area





Most Damaged Area

01 08

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
15 Unknown

Point of Impact

04 08

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
15 Unknown

Action

3 4

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

01 10

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

17 01

Motorist
01 None
02 Failure to Yield
03 Ran Red Light, or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving to Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist on Roadway, Etc)
15 Failure to Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect Code Only if '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

20 22

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

2 2

1 Stated
2 Estimated Speed

Speed

20
Ø

Posted Speed

35 35

Traffic Control

12 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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

43 43

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

Condition

1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 1

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

01

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
11 Unknown
** Secondary Road Conditions Only

0006 20744

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Narrative

UNIT #1 STOPPED (PARKED) IN CURB LANE CLOSED FOR REPAIRS. UNIT #2 TRAVELING EASTBOUND IN CENTER LANE STRUCK MIRROR OF UNIT #1 CAUSING MIRROR TO STRIKE WINDSHIELD OF UNIT #1. LEFT SIDE MIRROR OF UNIT #2 WAS NOT DAMAGED. UNIT #1 SUSTAINED DAMAGE TO LEFT SIDE MIRROR AND FRONT WINDSHIELD.

Manner of Collision or Impact: 7

1 Not Collision Between Two 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: 01

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Light Conditions: 1

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 2

1 No
2 Yes
3 Unknown

Type Of Work Zone: 1

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

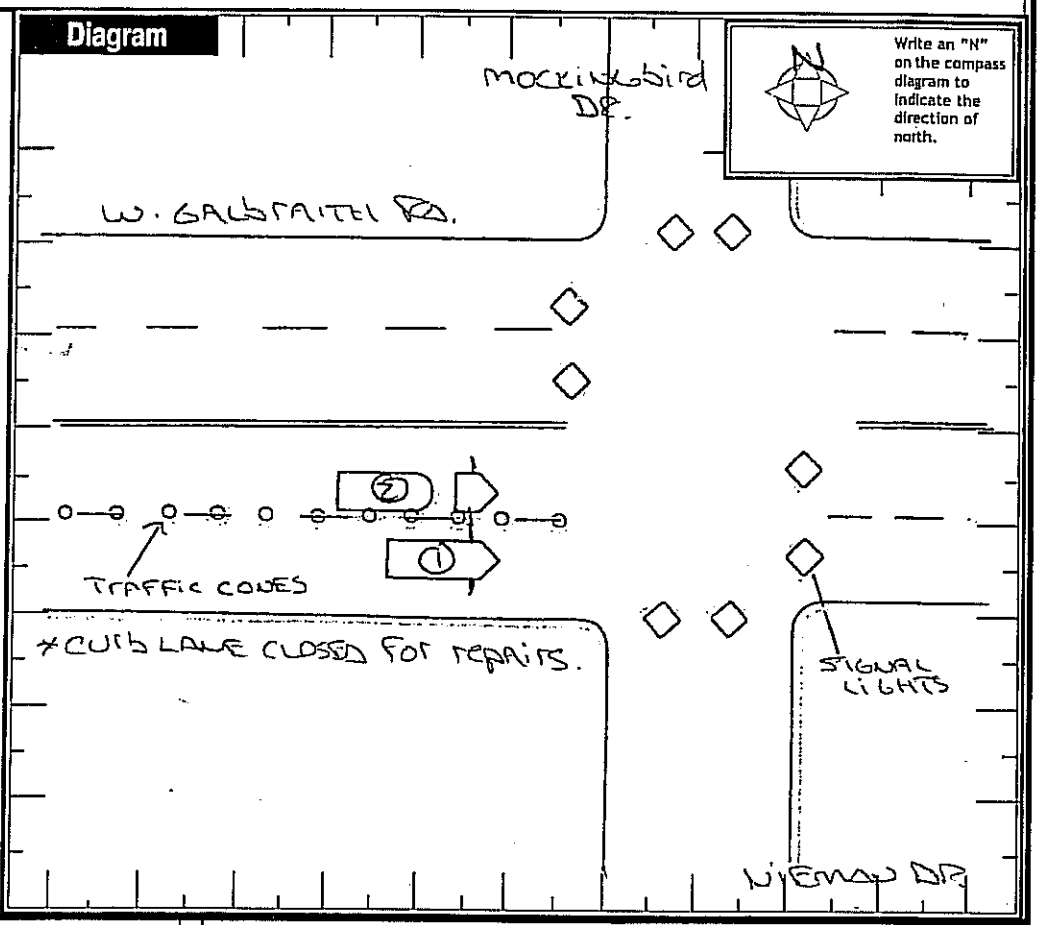
Location Of Crash In Work Zone: 4

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present

1 No
2 Yes
3 Unknown

Diagram



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company (From Shipping Papers):
Company Phone:
Address (Street, City, St, Zip Code):

US DOT | ICC MC | PUCO | Trailer LP St. | Trailer LP Year | Trailer LP #

Cargo Body Type
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR)
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard
1 No
2 Yes
3 Unknown

Hazardous Materials Released
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

11202006 1405

Dispatch	Arrived	Cleared	Other
1405	1408	1418	

10

Officer's Name*: VOLZ

172

Checked By: B Roberts

Date Report Filed*: 11/25/2006

Report Taken By: 1 Police agency, 2 Motorist — 1

Report Taken At: 1 Scene, 2 Station, 3 Other — 1

2006 80144

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TRAFFIC CRASH REPORT

OH-1 (REV. 10/99)

OHIO PUBLIC SAFETY — EDUCATION • SERVICE • PROTECTION

2006 11892 3

CRASH SEVERITY: 1 FATAL, 2 INJURY, 3 PDO, 4 UNKNOWN

PRIVATE PROPERTY

HIT/SKIP: 1 NOT HIT/SKIP, 2 SOLVED, 3 UNSOLVED — 1

PHOTOS TAKEN: Y — OH-2 | OH-3 | OH-1P | OTHER

REPORTING AGENCY *: 03 134 SPRINGFIELD TOWNSHIP 02

98 = ANIMAL, 99 = UNKNOWN

07 07 2006

DAY OF WEEK: FRI

1140 ✓

NAME (OF CITY, VILLAGE OR TOWNSHIP) *: SPRINGFIELD 31

LATITUDE | LONGITUDE

CRASH OCCURRED ON

PREFIX: W — CRASH LOCATION: GALBRAITH ROAD — TYPE LOC: 1

TYPE LOCATION POINT USED: 1 NAMED STREET, 2 NUMBERED STREET, 3 NUMBERED ROUTE

LOCAL INFORMATION

AT/REFERENCE

DIST REFERENCE: 300 FT — DIR: — PREFIX: W — REFERENCE: NIEMAN — REF POINT: 02

REFERENCE POINT USED: 01 STATE LINE, 02 INTERSECTION 2 STREETS, 03 COUNTY LINE, 04 HOUSE NUMBER, 05 TOWNSHIP BOUNDARY, 06 MILE POST, 07 CORPORATION LIMIT, 08 PLACE NAME W/O REFERENCE, 09 DRIVEWAY, 10 STREET OR ROUTE W/O REFERENCE

Motorist/Non-Motorist

NAME (LAST, FIRST, MIDDLE): 01 02 COOMER THOMAS E

ADDRESS (STREET, CITY, STATE, ZIP CODE): 7934 SEWARD AVE CINTI OHIO 45231

07 07 1947 M — HOME PHONE #: 513-931-6849 — WORK PHONE #:

DL STATE: OH — DL #: RR577050 — LP STATE: OH — LP #: DGB5914

INJURED TAKEN BY: 1 — 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY: N/A — INJURED TAKEN TO: N/A

OWNER NAME (IF SAME, WRITE "SAME"): SAME AS ABOVE

ADDRESS (STREET, CITY, STATE, ZIP CODE):

YEAR: 1990 — MAKE: OLDS — MODEL: 98 REGENCY — COLOR: WHT — INSURANCE COMPANY: TWIN CITY FIRE — TOWING SERVICE: N/A — OWNER PHONE #:

OFFENSE CHARGED: — OFFENSE DESCRIPTION:

NAME (LAST, FIRST, MIDDLE): 02 01 SMITH TROY E

ADDRESS (STREET, CITY, STATE, ZIP CODE): 8905 FOUNTAINBLEU TERR CINTI OHIO 45231

01 28 1971 M — HOME PHONE #: — WORK PHONE #: 513-522-1410

DL STATE: OH — DL #: RL572716 — LP STATE: OH — LP #: OH 7948

INJURED TAKEN BY: 1 — 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY: N/A — INJURED TAKEN TO: N/A

OWNER NAME (IF SAME, WRITE "SAME"): SPRINGFIELD TOWNSHIP

ADDRESS (STREET, CITY, STATE, ZIP CODE): 950 COMPTON RD.

YEAR: 2005 — MAKE: STERLING — MODEL: A-7000 — COLOR: WHT — INSURANCE COMPANY: GOVERMENT RISK — TOWING SERVICE: N/A — OWNER PHONE #:

OFFENSE CHARGED: — OFFENSE DESCRIPTION:

Occupant

NAME (LAST, FIRST, MIDDLE): 01 MILLER TONY

HOME PHONE #: 513-729-1916

ADDRESS (STREET, CITY, STATE, ZIP CODE): 1458 SUMME DR CINTI OHIO 45231

INJURED TAKEN BY: 1 — 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY: N/A — INJURED TAKEN TO: N/A

NAME (LAST, FIRST, MIDDLE):

HOME PHONE #:

ADDRESS (STREET, CITY, STATE, ZIP CODE):

INJURED TAKEN BY: 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY:

INJURED TAKEN TO:

	SEATING POSITION		SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01	01 FRONT – LEFT (MC DRIVER)	04	MOTORIST: 01 NONE USED	1 NOT-DEPLOYED	1 NOT PRESENT	1 NOT EJECTED	1 NOT TRAPPED	1 NO INJURY
	02 FRONT – MIDDLE		02 SHOULDER BELT ONLY	2 DEPLOYED-FRONT	2 IN ON POSITION	2 TOTALLY EJECTED	2 EXTRICATED BY MECHANICAL MEANS	2 POSSIBLE
	03 FRONT – RIGHT		03 LAP BELT ONLY	3 DEPLOYED-SIDE	3 IN OFF POSITION	3 PARTIALLY EJECTED	3 FREED BY NON-MECHANICAL MEANS	3 NON-INCAPACITATING
	04 SECOND – LEFT (MC PASS)		04 SHOULDER/LAP BELT	4 DEPLOYED BOTH FRONT/SIDE	4 UNKNOWN	4 NOT APPLICABLE	4 UNKNOWN	4 INCAPACITATING
	05 SECOND – MIDDLE		05 CHILD SAFETY SEAT	5 NOT APPLICABLE		5 UNKNOWN		5 FATAL INJURY
	06 SECOND – RIGHT		06 MC HELMET USED	6 UNKNOWN				6 UNKNOWN
	07 THIRD – LEFT (MC PASSENGER/SIDE CAR)		07 USE UNKNOWN					
03	08 THIRD – MIDDLE	04	NON-MOTORIST: 08 NONE USED	4	1	1	1	1
	09 THIRD – RIGHT		09 HELMET USED					
	10 SLEEPER SECTION OF CAB		10 PROTECTIVE PADS					
	11 ENCLOSED CARGO AREA		11 REFLECTIVE CLOTHING					
	12 UNENCLOSED CARGO AREA		12 LIGHTING					
	13 TRAILING UNIT		13 OTHER					
	14 EXTERIOR		14 UNKNOWN					
	15 OTHER							
	16 NON-MOTORIST							
	17 UNKNOWN							

BLANK FOR WITNESS

HSY7001

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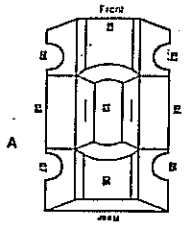
Unit Numbers

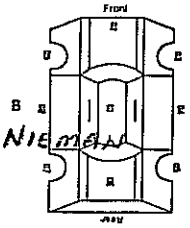
01 02

Non-Motorist Location

01 Marked crosswalk At Intersection
02 Intersection/ No Crosswalk
03 Non-Intersection Crosswalk
04 Driveway Access Crosswalk
05 In Roadway
06 Not In Roadway
07 Median (But Not Shoulder)
08 Island
09 Shoulder
10 Sidewalk
11 Within 10 Feet Of Roadway (Not Shoulder, Median, Sidewalk, Island)
12 Beyond 10 Feet Of Roadway (Within Trafficway)
13 Outside Trafficway
14 Shared Use Paths Or Trails
15 Unknown

Damage Area





Most Damaged Area

04 01

Type Of Unit

04 09

Motorist
01 Sub-Compact
02 Compact
03 Mid Size
04 Full Size
05 Minivan
06 Sport Utility Vehicle
07 Pickup
08 Panel/Van
09 Single Unit Truck; 2 Axles, 6 Tires
10 Single Unit Truck; 3+ Axles
11 Truck/Trailer
12 Truck Tractor (Bobtail)
13 Tractor/Semi-Trailer
14 Tractor/Double Short
15 Tractor/Double Long
16 Fifth Wheel Or Converter Dolly
17 Tractor/Triples
18 Motorcycle
19 Motorized Bicycle
20 School Bus
21 Church Bus
22 Public Bus
23 Other Bus
24 Police Vehicle
25 Fire Truck
26 Ambulance/Rescue
27 Taxi
28 Motor Home
29 Train
30 Farm Vehicle
31 Farm Equipment
32 Snowmobile
33 Construction Equipment
34 All Others

Non-Motorist
35 Animal W/Rider
36 Animal W/Buggy
37 Bicycle
38 Pedestrian
39 Pedalcyclist
40 Skater
41 Other-Non Motorist
42 Unknown

In Emergency Response

1 No
2 Yes
3 Unknown

Damage Scale

3 1

1 None
2 Non-functional Damage
3 Functional Damage
4 Disabling Damage
5 Severe
6 Unknown

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
15 Unknown

Point of Impact

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
15 Unknown

Action

5 5

1 Non-contact
2 Non-collision
3 Striking
4 Struck
5 Both Striking And Struck
6 Unknown

Striking Vehicle: Override/ Underride

1 1

1 No Underride Or Override
2 Underride, Compartment Intrusion
3 Underride, No Compartment Intrusion
4 Underride, Compartment Intrusion Unknown
5 Override, Motor Vehicle In Transport
6 Override, Other Vehicle
7 Unknown

Pre-Crash Actions

04 01

Motorist
01 Movements Essentially Straight Ahead
02 Backing
03 Changing Lanes
04 Overtaking/Passing
05 Turning Right
06 Turning Left
07 Making U-Turn
08 Entering Traffic Lane
09 Leaving Traffic Lane
10 Parked
11 Slowing/Stopped In Traffic
12 Driverless
13 Other
14 Unknown

Non-Motorist
15 Entering/Crossing In Specified Location
16 Walking, Running, Jogging, Playing, Cycling
17 Working
18 Pushing Vehicle
19 Approaching/Leaving Vehicle
20 Playing/Working On Vehicle
21 Standing
22 Other
23 Unknown

Contributing Circumstances

2 2 2 2

Motorist
01 None
02 Failure to Yield
03 Ran Red Light, or Stop Sign
04 Exceeded Speed Limit
05 Unsafe Speed
06 Improper Turn
07 Left of Center
08 Followed Too Closely/ACDA
09 Improper Lane Change/ Drove Off Road/ Improper Passing
10 Improper Backing
11 Improper Start From Parked Position
12 Stopped or Parked Illegally
13 Operating Vehicle In Erratic, Reckless, Careless, Negligent Or Aggressive Manner
14 Swerving to Avoid (Due To Wind, Slippery Surface, Vehicle, Object, Non-Motorist In Roadway, Etc)
15 Failure to Control
16 Vision Obstruction
17 Driver Inattention
18 Fatigue/Asleep
19 Operating Defective Equipment
20 Load Shifting/Falling/Spilling
21 Other Improper Action
22 Unknown

Non-Motorist
23 None
24 Improper Crossing
25 Darting
26 Lying And/Or Illegally In Roadway
27 Failure To Yield Right Of Way
28 Not Visible (Dark Clothing)
29 Inattentive
30 Failure To Obey Traffic Signs, Signals, Or Officer
31 Wrong Side Of The Road
32 Other
33 Unknown

Vehicle Defect

Code **Only** if '19' Selected Above

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 Crash
11 Other Defects

Sequence Of Events

2 0 2 0

Non-Collision
01 Overturn/Rollover
02 Fire/Explosion
03 Immersion
04 Jackknife
05 Cargo/Equipment Loss/Shift
06 Equipment Failure
07 Separation Of Units
08 Ran Off Road Right
09 Ran Off Road Left
10 Cross Median/Centerline
11 Downhill Runaway
12 Other Non-Collision
13 Unknown Non-Collision

Collision w/Person, Vehicle, Or Object Not Fixed
14 Pedestrian
15 Pedalcycle
16 Railway Vehicle
17 Animal – Farm
18 Animal – Deer
19 Animal – Other
20 Motor Vehicle In Transport
21 Parked Motor Vehicle
22 Work Zone Maintenance Equipment
23 Other Movable Object
24 Unknown 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 Median Barrier
33 Highway Traffic Sign Post
34 Overhead Sign Post
35 Light/Luminaries Support
36 Utility Pole
37 Other Post, Pole Or Support
38 Culvert
39 Curb
40 Ditch
41 Embankment
42 Fence
43 Mailbox
44 Tree
45 Other Fixed Object
46 Work Zone Maintenance Equipment
47 Unknown Fixed Object
48 Other
49 Unknown

First Harmful Event

1 1

Of the Sequence of Events – Which one is the First Harmful Event (1-4)

Most Harmful Event

1 1

Of the Sequence of events – Which one is the Most Harmful event (1-4)

Speed Detected

2 2

1 Stated
2 Estimated Speed

Speed

30
30

Posted Speed

35 35

Traffic Control

1 2 1 2

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 Police Officer
12 Pavement Markings
13 Crosswalk Lines
14 Walk/Don't Walk Signal
15 Traffic Control Device Inoperative, Missing, Obscured
16 Other

Direction

3 4 3 4

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

Condition

1 1

1 Apparently Normal
2 Physical Impairment
3 Emotional
4 Illness
5 Fell Asleep, Fainted, Fatigued, Etc
6 Under The Influence Of Medications/Drugs/Alcohol
7 Other
8 Unknown

Alcohol/Drug Suspected

1 1

1 None
2 Yes – Alcohol Suspected
3 Yes – HBD Not Impaired
4 Yes – Drugs Suspected
5 Yes – Alcohol / Drugs Suspected
6 Unknown

Alcohol Test Status

1 1

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Alcohol Test Type

1 None
2 Blood
3 Urine
4 Breath
5 Other

Alcohol Test Result

Drug Test Status

1 None
2 Test Refused
3 Test Given, Contaminated Sample/Unusable
4 Test Given, Results Known
5 Test Given, Results Unknown
6 Unknown

Drug Test Type

1 None
2 Blood
3 Urine
4 Other

Drug Test 1&2 Result

1 None
2 Marijuana
3 Cocaine
4 Opiates
5 Amphetamines
6 PCP
7 Other
8 Unknown at Time Of Reporting

Type of Intersection

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/Access
11 Railway Grade Crossing
12 Shared-Use Paths Or Trails
13 Unknown

Occurrence

1

1 On Roadway
2 On Shoulder
3 In Median
4 On Roadside
5 On Gore
6 Outside Trafficway
7 Unknown

Road Contour

1

1 Straight Level
2 Straight Grade
3 Curve Level
4 Curve Grade

Road Conditions

0 1 0 1

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
11 Unknown

** Secondary Road Conditions Only

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Narrative

UNIT #1 AND UNIT #2 WERE DRIVING WEST ON GALBRAITH ROAD ABOUT 300 FEET WEST OF NIEMAN RD. BOTH UNIT#1 AND UNIT#2 CAME INTO CONTACT WITH EACH OTHER. UNIT #1 STATES HE WAS IN HIS LANE OF TRAVEL WHEN UNIT #2 PASSED HIM ON THE RIGHT AND BEGAN WAVING AT HIM TO PULL OVER. UNIT#2 STATES THAT AS HE WAS PASSING ON THE RIGHT UNIT#1 CAME OVER INTO HIS LANE HITTING HIS RIGHT SIDE MIRRIOR BREAKING OUT THE GLASS.

Manner of Collision or Impact: 7

1 Not Collision Between Two 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: 01

01 Clear
02 Cloudy
03 Fog, Smog, Smoke
04 Rain
05 Sleet, Hail (Freezing Rain Drizzle)
06 Snow
07 Severe Crosswinds
08 Blowing Sand, Soil, Dirt, Snow
09 Other
10 Unknown

Light Conditions: 1 1

1 Daylight
2 Dawn
3 Dusk
4 Dark – Lighted Roadway
5 Dark – Not Lighted
6 Dark – Unknown Lighting
7 Glare
8 Other
9 Unknown

School Bus Related: 1

1 No
2 Yes, Directly Involved
3 Yes, Indirectly Involved
4 Unknown

Work Zone Related: 1

1 No
2 Yes
3 Unknown

Type Of Work Zone

1 Lane Closure
2 Lane Shift/Crossover
3 Work On Shoulder Or Median
4 Intermittent/ Moving Work
5 Other

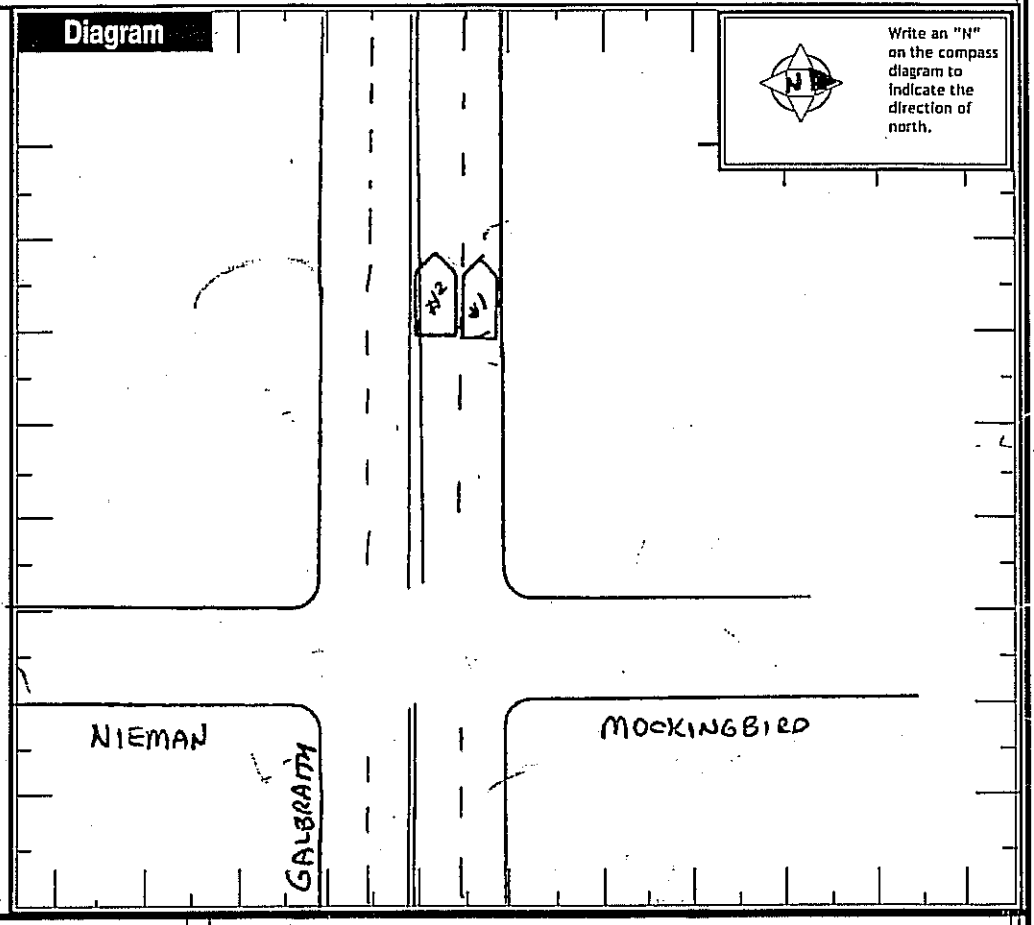
Location Of Crash In Work Zone

1 Before First Work Zone Warning Sign
2 Advance Warning Area
3 Transition Area
4 Activity Area

Workers Present

1 No
2 Yes
3 Unknown

Diagram



Truck/Bus

02

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Company (From Shipping Papers): SPRINGFIELD TOWNSHIP
Company Phone: 513-522-1410
Address (Street, City, St, Zip Code): 950 COMPTON RD CINTI OHIO 45231

US DOT: N/A
ICC MC: N/A
PUCO: N/A
Trailer LP St:
Trailer LP Year:
Trailer LP #:

Cargo Body Type: 12
01 Not Applicable
02 Bus (9-15 Including Driver)
03 Van/Enclosed Box
04 Grain/Chips/Gravel
05 Pole
06 Cargo Tank
07 Flatbed
08 Dump
09 Concrete Mixer
10 Auto Transporter
11 Garbage/Refuse
12 Other
13 Unknown

Weight (GVWR): 3
1 Less/Equal 10,000
2 10,001 - 26,000
3 More Than 26,000

CDL Class: 1
1 Class A
2 Class B
3 Class C
4 Class M
5 Class D

Hazardous Materials Placard: 1
1 No
2 Yes
3 Unknown

Hazardous Materials Released: 1
1 No
2 Yes
3 Not Applicable
4 Unknown

Police Action

07072006 1138

Dispatch: 1137
Arrived: 1150
Cleared: 1232
Other:

Officer's Name*: KENNETH D. KLAYER 114

Checked By: [signature]

Date Report Filed*: 07/22/2006

Report Taken By: 1 (1 Police Agency, 2 Motorist)
Report Taken At: 1 (1 Scene, 2 Station, 3 Other)

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