



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/KEEP
2014-2268	3 1 - FATAL 2 - INJURY 3 - PDO	1 1 - SOLVED 2 - UNSOLVED

<input type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> PDD UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER			8304	MASON POLICE	02	01 98 - ANIMAL 99 - UNKNOWN

COUNTY *	<input type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
83		MASON	01222014	1903	WED

DEGREES / MINUTES / SECONDS	DECIMAL DEGREES
LATITUDE: 0 ' 0 " LONGITUDE: 0 ' 0 "	LATITUDE: 39.373788 LONGITUDE: -84.288719

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF TRU LANES	ROAD TYPES OR MILEPOST 2
<input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	02	AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LAKE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME	LOCATION ROAD TYPE 2	ROUTE TYPES 3
US	42				IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE 2
0 MILES 0 FEET 0 YARDS		SR	741			

REFERENCE POINT USED	CRASH LOCATION	INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	02 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUNT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	<input checked="" type="checkbox"/>	1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIAN 9 - UNKNOWN 4 - ON ROADSIDE

ROAD CONTOUR	ROAD CONDITIONS	WEATHER
1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	PRIMARY: 02 SECONDARY: 02	2 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN

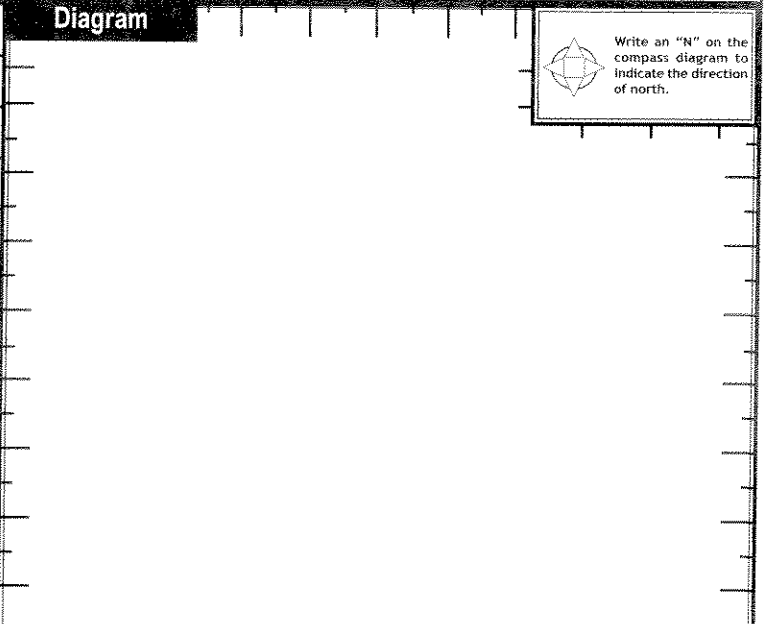
MANNER OF CRASH COLLISION/IMPACT	WEATHER
6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPe, SAME DIRECTION 8 - SIDESWIPe, OPPOSITE DIRECTION 9 - UNKNOWN	2 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2 1 - CONCRETE 4 - SLAG, GRAVEL, STONE 2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT 3 - BRICK/BLOCK 6 - OTHER	4 PRIMARY SECONDARY: 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER	<input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	1 - LANE CLOSURE 2 - LANE SHIFTS/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

**NARRATIVE**

UNIT #02 WAS TRAVELLING NORTHEAST ON S US 42 AT S SR 741. UNIT #01 WAS TRAVELLING SOUTHWEST ON S US 42, FAILED TO YIELD THE RIGHT OF WAY TO UNIT #02, TURNED LEFT ONTO SR 741, STRUCK UNIT #02, AND LEFT THE SCENE. AFTER IMPACT WITH UNIT #01, UNIT #02 WENT OFF THE ROADWAY, STRUCK A LIGHT POLE BASE AND CAME TO REST IN A CULVERT.



REPORT TAKEN BY	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO GDPS)				
DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
01222014	1903	1904	1907	2102	1100	218
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE 1 OF 4			
ERIC FITZGERALD	1077	1041				



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
2014-2268

MOTORIST/Non-Motorist

MOTORIST/Non-Motorist

OCCUPANT

OCCUPANT

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE MORRISON PAMELA S	DATE OF BIRTH 11/20/51	AGE 51	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 406 KINGS MILLS RD MASON OH 45040	CONTACT PHONE- INCLUDE AREA CODE 573-376-7759
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER R426J254	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 6	ALCOHOL/DRUG SUSPECTED 2	ALCOHOL TEST STATUS 2	ALCOHOL TEST TYPE 4	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE
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OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE ) 331.17	OFFENSE DESCRIPTION RIGHT OF WAY TURNING LEFT	CITATION NUMBER 75386	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE PIERCE GARRETT	DATE OF BIRTH 08/18/1989	AGE 24	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 489 GLOBETOWN DR APT C LEBANON OH 45016	CONTACT PHONE- INCLUDE AREA CODE 812-375-4783
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 3	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER 0290573148	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE
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OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED <b>NON-MOTORIST</b> 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 99 - UNKNOWN SAFETY EQUIPMENT	<b>Non-Motorist</b> 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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<b>SEATING POSITION</b> 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE DAD) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - Non-Motorist 16 - OTHER 99 - UNKNOWN	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	<b>OPERATOR LICENSE CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OH OR "D") 5 - MC/MOPED ONLY	<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 6 - OTHER INSIDE THE VEHICLE 7 - OTHER	<b>ALCOHOL/DRUG SUSPECTED</b> 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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<b>ALCOHOL TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	<b>DRUG TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	<b>DRIVER DISTRACTED BY</b> 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTOR
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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# Unit

Local Report Number  
**20114-2268**

Unit Number <b>1011</b>	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number - inc. area code (☑ Same As Driver)	Damage Scale <b>3</b>	Damaged Area 
Owner Address: City, State, Zip (☑ Same As Driver)			1 - None	
LP State <b>OH</b>	License Plate Number <b>EBN5565</b>	Vehicle Identification Number <b>15MFAE1U416E196H111429014</b>	2 - Minor	
Vehicle Year <b>2014</b>	Vehicle Make <b>HYUNDAI</b>	Vehicle Model <b>SONATA</b>	3 - Functional	
Vehicle Color <b>WHITE</b>	Insurance Company <b>PROGRESSIVE</b>	Policy Number <b>375217020</b>	4 - Disabling	
<input type="checkbox"/> Proof of Insurance Shown	Towed By <b>Luis Lopez</b>		9 - Unknown	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

OS DOT	Vehicle Weight GVWR/GCWR 1 - Less than or Equal to 104 Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More than 26,000 Lbs.	Cargo Body Type <b>01</b> 01 - No Cargo Body type/Not Applicable 02 - Bus/Van 19-15 Seats, Inc Driver 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description <b>1</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Inbound or Outbound) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released		<input checked="" type="checkbox"/> Hit / Skip Unit
HM Class Number			

Non-Motorist Location Prior to Impact <b>01</b> 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input checked="" type="checkbox"/> In Emergency Response	Unit Type <b>03</b> 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van 15 Seats, Inc Driver 22 - Bus (16+ Seats, Inc Driver) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Scurry 25 - Bicycle/Pedalcyclist 26 - Pedestrian/Stroller 27 - Other Non-Motorist
			<input type="checkbox"/> Has HM Placard		

Special Function <b>01</b> 01 - None 02 - Taxi 03 - Rental Truck (Over 10k lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other 09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip. 17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area <b>09</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(Air Area) 14 - Other	Action <b>7</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>06</b> 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless 13 - Negotiating a Curve 14 - Other Motorist Action 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action
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Contributing Circumstances <b>02</b> Primary 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change/Passing/Off Road 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action Non-Motorist 22 - None 23 - Improper Crossing 24 - Baiting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs/Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects <b>01</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 Accident 11 - Other Defects
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Sequence of Events 1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown	Non-Collision Events 01 - Overtorn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blow Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision
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Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Degr 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
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Unit Speed <b>115</b>	Posted Speed <b>150</b>	Traffic Control <b>04</b> 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walky/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From <b>5</b> To <b>2</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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# Unit

Local Report Number  
1210114-221618

Unit Number 1012	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number - Inc. area code (☑ Same As Driver)	Damage Scale 4	Damaged Area Front
LP State OH	License Plate Number FUM6947	Vehicle Identification Number WVWWM1D161318J1X1E1091781518	# Occupants 1011	
Vehicle Year 11/9/99	Vehicle Make VOLKSWAGEN	Vehicle Model PASSAT	Vehicle Color GREEN	
Proof of Insurance Shown ☑	Insurance Company GEICO	Policy Number 4298777576	Towed By	

Carrier Name, Address, City, State, Zip  
Carrier Phone - include area code

US DOT HM Placard ID No.	Vehicle Weight GVWR/GCWR 1 Less than or equal to 10k lbs. 2 10,001 to 26,000 lbs. 3 More than 26,000 lbs.	Cargo Body Type 01	Trafficway Description 1 Two Way, Not Divided 2 Two Way, Not Divided, Continuous Left Turn Lane 3 Two Way, Divided, Unseparated Median Strip 4 Two Way, Divided, Separated Median Strip 5 One-Way Trafficway
HM Class Number	Hazardous Material Released <input type="checkbox"/>		<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01 Intersection - Marked Crosswalk 02 Intersection - No Crosswalk 03 Intersection - Other 04 Midblock - Marked Crosswalk 05 Travel Lane - Other Location 06 Bicycle Lane 07 Shoulder/Roadside 08 Sidewalk 09 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 99 Other/Unknown	Type of Use 1 Personal 2 Commercial 3 Government <input type="checkbox"/> In Emergency Response	Unit Type 03 Passenger Vehicles (less than 9 passengers) 01 Sub-compact 02 Compact 03 Mid Size 04 Full Size 05 Minivan 06 Sport Utility Vehicle 07 Pickup 08 Van 09 Motorcycle 10 Motorized Bicycle 11 Snowmobile/ATV 12 Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 Single Unit Truck or Van Tractor, 6 tires 14 Single Unit Truck, 3+ axles 15 Single Unit Truck / Trailer 16 Truck/Tractor (Boat)ail 17 Tractor/Semi-Trailer 18 Tractor/Double 19 Tractor/Trails 20 Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 Bus/Van (9-15 Seats, Inc. Driver) 22 Bus (16+ Seats, Inc. Driver) Non-Motorist 23 Animal with Rider 24 Animal with Bicycle, Wagon, Surret 25 Bicycle/Pedacyclist 26 Pedestrian/Skater 27 Other Non-Motorist
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Special Function 01 None 02 Taxi 03 Rental Truck (over 10k lbs) 04 Bus - School (Public or Private) 05 Bus - Transit 06 Bus - Charter 07 Bus - Shuttle 08 Bus - Other 09 Ambulance 10 Fire 11 Highway/Maintenance 12 Military 13 Police 14 Public Utility 15 Other Government 16 Construction Equip. 17 Farm Vehicle 18 Farm Equipment 19 Motorboats 20 Golf Cart 21 Train 22 Other (Explain in Narrative)	Most Damaged Area 08 Impact Area 08	Action 5 1 Non-Contact 2 Non-Collision 3 Striking 4 Struck 5 Striking/Struck 9 Unknown
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Pre-Crash Actions 01 99 Unknown	Motorist 01 Straight Ahead 02 Backing 03 Changing Lanes 04 Overtaking/Passing 05 Making Right Turn 06 Making Left Turn 07 Making U-Turn 08 Entering Traffic Lane 09 Leaving Traffic Lane 10 Parked 11 Stopped or Stopped in Traffic 12 Driverless 13 Negotiating a Curve 14 Other Motorist Action	Non-Motorist 15 Entering or Crossing Specified Location 16 Walking, Running, Jogging, Playing, Cycling 17 Working 18 Pushing Vehicle 19 Approaching or Leaving Vehicle 20 Standing 21 Other Non-Motorist Action
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Contributing Circumstances Primary 01 Secondary 01 99 Unknown	Motorist 01 None 02 Failure to Yield 03 Ran Red Light 04 Ran Stop Sign 05 Exceeded Speed Limit 06 Unsafe Speed 07 Improper Turn 08 Left of Center 09 Followed Too Closely/ACDA 10 Improper Lane Change /Passing/Off Road 11 Improper Backing 12 Improper Start From Parked Position 13 Stopped or Parked Illegally 14 Operating Vehicle in Negligent Manner 15 Swerving to Avoid (Due to External Conditions) 16 Wrong Side/Wrong Way 17 Failure to Control 18 Vision Obstruction 19 Operating Defective Equipment 20 Load Shifting/Falling/Spilling 21 Other Improper Action	Non-Motorist 22 None 23 Improper Crossing 24 Darting 25 Lying and/or Illegally in Roadway 26 Failure to Yield Right of Way 27 Not Visible (Dark Clothing) 28 Inattentive 29 Failure to Obey Traffic Signs /Signals/Officer 30 Wrong Side of the Road 31 Other Non-Motorist Action	Vehicle Defects 01 01 Turn Signals 02 Head Lamps 03 Tail Lamps 04 Brakes 05 Steering 06 Tire Blowout 07 Worn or Slick Tires 08 Trailer Equipment Defective 09 Motor Trouble 10 Disabled From Prior Accident 11 Other Defects
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Sequence of Events 1 20 2 08 3 39 4 42 5 First Harmful Event 1 Most Harmful Event 1 99 Unknown	Non-Collision Events 01 Overturn/Rollover 02 Fire/Explosion 03 Immersion 04 Jackknife 05 Cargo/Equipment Loss or Shift 06 Equipment Failure (Blow Fire, Brake Failure, etc) 07 Separation of Units 08 Ran Off Road Right 09 Ran Off Road Left 10 Cross Median 11 Cross Center Line Opposite Direction of Travel 12 Downhill Runaway 13 Other Non-Collision
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Collision with Person, Vehicle or Object Not Fixed 14 Pedestrian 15 Pedacyclist 16 Railway Vehicle (train, Engine) 17 Animal - Farm 18 Animal - Deer 19 Animal - Other 20 Motor Vehicle in Transport 21 Parked Motor Vehicle 22 Work Zone Maintenance Equipment 23 Struck by Falling, Shifting Cargo or Anything Set to Motion by a Motor Vehicle 24 Other Movable Object 25 Impact Attenuator/Crash Cushion 26 Bridge Overhead Structure 27 Bridge Pier or Abutment 28 Bridge Parapet 29 Bridge Rail 30 Guardrail Face 31 Guardrail End 32 Portable Barrier 33 Median Cable Barrier 34 Median Guardrail Barrier 35 Median Concrete Barrier 36 Median Other Barrier 37 Traffic Sign Post 38 Overhead Sign Post 39 Light/Luminaires Support 40 Blurry Data 41 Other Post, Pole or Support 42 Culvert 36 Median Other Barrier 43 Curb 44 Ditch 45 Embankment 46 Fence 47 Atollbox 48 Tree 49 Fire Hydrant 50 Work Zone Maintenance Equipment 51 Wall, Building, Tunnel 52 Other Fixed Object
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Unit Speed 55 ☑ Stated ☐ Estimated	Posted Speed 50	Traffic Control 04 01 No Control 02 Stop Sign 03 Yield Sign 04 Right Turn 05 Flashing Lights 06 Stop Sign 07 Railroad Crossbucks 08 Railroad Plaque 09 Railroad Gates 10 Railroad Signal 11 Flashing Lights 12 Person (Flagger, Officer) 13 Reverse Arrow Sign 14 Stop and Go Sign 15 Other 16 Not Reported 17 Crosswalk Lines 18 Walk/Don't Walk 19 Other	Unit Direction From 8 To 5 1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

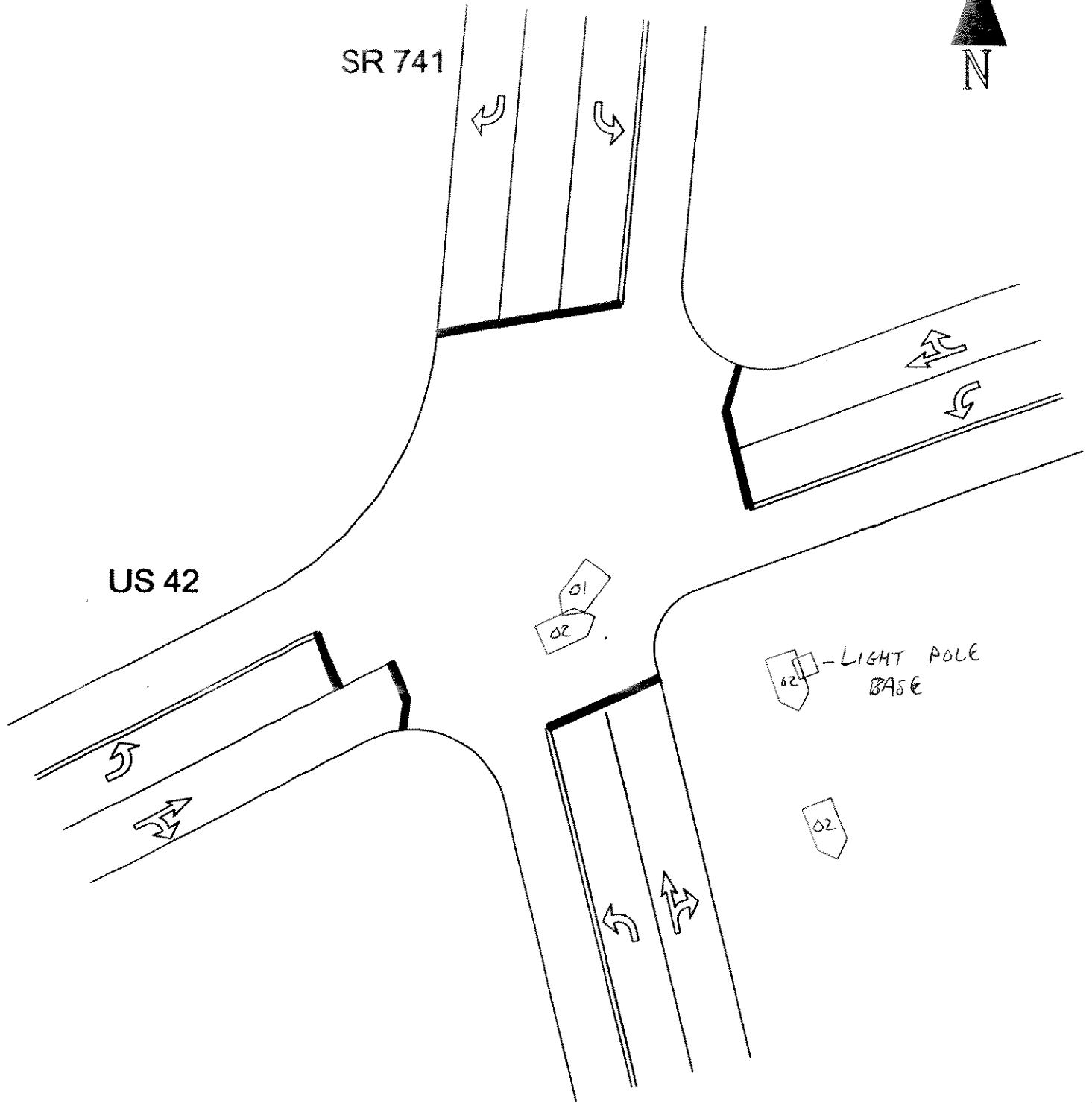
OH-2

LOCAL REPORT NUMBER 14-2268	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 01   D 22   Y 14
IN COUNTY OF WARREN	ACCIDENT LOCATION US 42 @ SR 741	

SR 741



US 42



NOT TO SCALE

OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NUMBER 197
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<b>LOCAL REPORT NUMBER</b> 14-2268	<b>REPORTING AGENCY</b> MASON POLICE	<b>DATE OF CRASH</b> M 01   D 22   Y 14
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, G. S. Pierce HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Fitzgerald AT 42 and 741  
OFFICER'S NAME LOCATION

I was going North on 42 when someone made a left and crashed into my drivers side. Person did not stop and took off. I spun off into the ditch. The light was green, I was going 95 mph and wearing seat belt.

<b>ADDRESS OF WITNESS</b> 489 Georgetown Dr Apt C. Lebanon OH 45036	<b>PHONE</b> 812 375 4783
<b>SIGNATURE OF WITNESS</b> X <u>[Signature]</u>	<b>OFFICER'S SIGNATURE</b> X <u>[Signature]</u>