



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
210K14-124/121	3 1 - Fatal 2 - Injury 3 - PDO	0 1 - Solved 2 - Unsolved

Local Information

<input type="checkbox"/> Photos Taken	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> Other			08304	MASON POLICE	102	01 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	CITY OF MASON	01242014	1107	FRI

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0 / 0	0 / 0 / 0	39.346113	-84.315262

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost #
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	W 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 - Lane PI - Pike SQ - Square TL - Trail

Location Route Number	Location Route Type #	Location Road Name	Location Road Type #	Route Types #
		TYLERSVILLE	RD	1R - 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 Number	Reference Name (Road, Milepost, House #)	Reference Road Type #
800	E N, S, E, W		WILLOW	LN

Reference Point Used	Crash Location	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout 06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access 11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown	1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	Weather
3 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 Primary Secondary	01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown

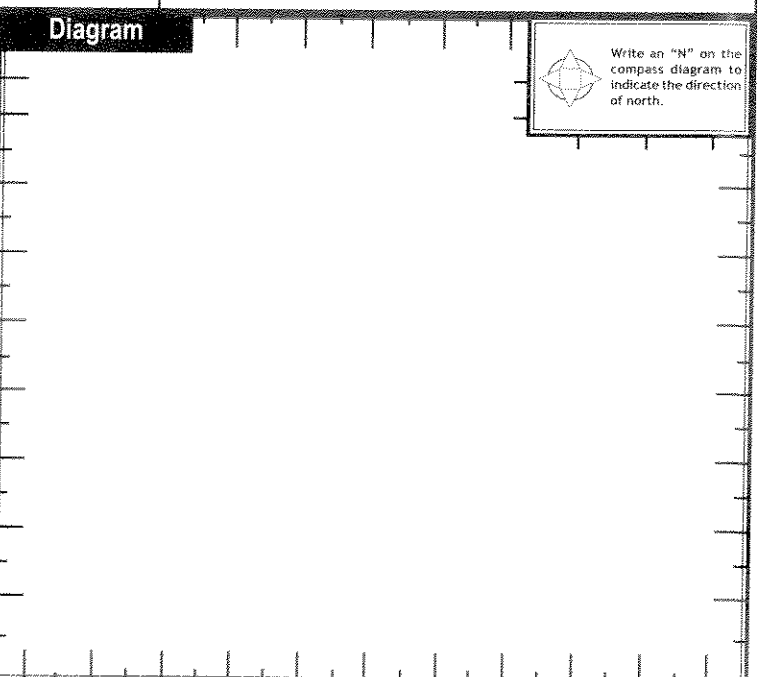
Manner of Crash Collision/Impact	Weather
7 1 - Not Collision Between Two Motor Vehicles in Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	01 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Road Surface	Light Conditions	School Bus Related
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	01 Primary Secondary	<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 Shift/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 1 AND UNIT 2 WERE TRAVELING WEST ON TYLERSVILLE ROAD IN BETWEEN CHAPEL LANE AND WILLOW LANE. UNIT 2 WAS LEFT HAND LANE, UNIT 1 WAS IN THE RIGHT HAND LANE. UNIT 1 DRIFTED ACROSS THE LANE LINE INTO UNIT 2. MINOR DAMAGE WAS DONE TO BOTH VEHICLES.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist		01242014	1107	1108	1116	1154	110	156
Officer's Name *	Officer's Badge Number	Checked By	Page of					
PO BRIAN LAHMAN	1052	55 41						



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2014-24121111

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE HALL, JENNIFER MARIE	DATE OF BIRTH 09/15/1992	AGE 21	GENDER F F - FEMALE M - MALE
--------------------	---	-----------------------------	-----------	---------------------------------------

ADDRESS, CITY, STATE, ZIP 765 CLARKSVILLE RD WILMINGTON, OH 45177	CONTACT PHONE- INCLUDE AREA CODE 937-347-7718
--	--

INJURIES 1	INJURED TAKEN BY 1	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
---------------	-----------------------	------------	-----------------------------------	-----------------------------	---	------------------------	--------------------	---------------	--------------

OL STATE OH	OPERATOR LICENSE NUMBER SN159523	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 1
----------------	-------------------------------------	---------------	---	--------------------------------------	----------------	-----------------------------	--------------------------	------------------------	--------------------	-----------------------	---------------------

OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE ) 331.08	OFFENSE DESCRIPTION MARKED LANES	CITATION NUMBER 75531	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
--	-------------------------------------	--------------------------	--	---------------------------

UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE CARR, JEROME R	DATE OF BIRTH 01/13/1964	AGE 50	GENDER M F - FEMALE M - MALE
--------------------	---	-----------------------------	-----------	---------------------------------------

ADDRESS, CITY, STATE, ZIP 640 RIDGEVIEW LN MAINEVILLE, OH 45039	CONTACT PHONE- INCLUDE AREA CODE 513-494-2202
--	--

INJURIES 1	INJURED TAKEN BY 1	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
---------------	-----------------------	------------	-----------------------------------	-----------------------------	---	------------------------	--------------------	---------------	--------------

OL STATE OH	OPERATOR LICENSE NUMBER RM259051	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 1
----------------	-------------------------------------	---------------	---	--------------------------------------	----------------	-----------------------------	--------------------------	------------------------	--------------------	-----------------------	---------------------

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY
---	---------------------	-----------------	--	----------------------

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
--	---	--	--	--	---

SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A-BUS, PICK-UP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
--	--	---	--

EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO "DP") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
---	--	---	--	---

ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
---	--	--	---	---

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE COLLINS, GARRETT H	DATE OF BIRTH 09/12/1999	AGE 23	GENDER M F - FEMALE M - MALE
--------------------	---	-----------------------------	-----------	---------------------------------------

ADDRESS, CITY, STATE, ZIP 765 CLARKSVILLE RD WILMINGTON, OH 45177	CONTACT PHONE- INCLUDE AREA CODE 937-347-7718
--	--

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
---------------	-----------------------	------------	-----------------------------------	-----------------------------	---	------------------------	--------------------	---------------	--------------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

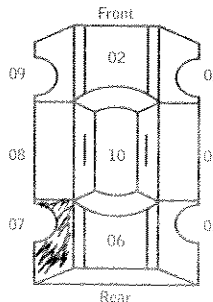
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------



# Unit

Local Report Number

RPV 14-124124 1111

Unit Number <b>1011</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>COLLINS, GARY H</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) <b>937-347-7718</b>	Damage Scale <b>2</b>	Damaged Area 
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>765 CLARKSVILLE RD WILMINGTON, OH 45177</b>			1 - None	
LP State <b>OH</b>	License Plate Number <b>FFQ 4587</b>	Vehicle Identification Number <b>KM81SC113D05U9349211</b>	2 - Minor	
Vehicle Year <b>2005</b>	Vehicle Make <b>HYUNDAI</b>	Vehicle Model <b>SANTA FE</b>	3 - Functional	
Vehicle Color <b>GREY</b>	Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>PROGRESSIVE</b>	4 - Disabling	
Policy Number <b>21673373</b>	Towed By <b>NONE</b>	5 - Unknown		

Carrier Name, Address, City, State, Zip		Carrier Phone- include area code	
US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k lbs. 2 - 10,501 to 26,000 lbs. 3 - More Than 26,000 lbs.	Cargo Body Type <b>01</b>	Trafficway Description <b>4</b>
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	01 - No Cargo Body type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 16 - Other/Unknown	1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected Flare or Gravel (AFL) Median 4 - Two Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Class Number	<input type="checkbox"/> Hit / Skip Unit		

Non-Motorist Location Prior to Impact <b>01</b>	Type of Use <b>1</b>	Unit Type <b>06</b>	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 Axle, 6 lines 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> In Emergency Response			<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>07</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	Action <b>3</b>	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
Impact Area <b>07</b>							

Pre-Crash Actions <b>13</b>	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Drivertless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing	21 - Other Non-Motorist Action
--------------------------------	--	--	--	--	--------------------------------

Contributing Circumstances <b>17</b>	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 <b>01</b>	01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Stick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
---	--	--	---	------------------------------	---

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>	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left	10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - 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 in Motion by a Motor Vehicle 24 - Other Movable Object	Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier	33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole

Unit Speed <b>30</b>	Posted Speed <b>35</b>	Traffic Control <b>12</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, Officers) 12 - Pavement Markings	13 - Crosswalk Lines 14 - Walk/Dont Walk 15 - Other 16 - Not Reported	Unit Direction From <b>3</b> To <b>4</b>	1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest	9 - Unknown
<input checked="" type="checkbox"/> Street <input type="checkbox"/> Estimated		Page of							



# Unit

Local Report Number  
**R101/K1-1244121111**

Unit Number <b>1021</b>	Owner Name: Last, First, Middle ( <input checked="" type="checkbox"/> Same As Driver )	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )	Damage Scale <b>2</b>	
Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )			1 - None	
LP State <b>OH</b>	License Plate Number <b>FNW 7233</b>	Vehicle Identification Number <b>15FMYF1414164C81014401111</b>	2 - Minor	
Vehicle Year <b>2010</b>	Vehicle Make <b>HONDA</b>	Vehicle Model <b>PILOT</b>	3 - Functional	
Vehicle Color <b>BROWN</b>	Insurance Company <b>ENCOMPASS</b>	Policy Number <b>236987303</b>	4 - Disabling	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Towed By <b>NONE</b>	Carrier Name, Address, City, State, Zip	5 - Total Loss	
Carrier Phone- include area code			6 - Unknown	

US DOT	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 <b>01</b>	01 - No Cargo Body Type/Not Applicable 02 - Box/Van (9-15 Seats, Inc Driver) 03 - Box (16 - Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermediate Container Chassis 07 - Cargo Vessel/Refused Box 08 - Crates, Crjbs, Cravel 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 16 - Other/Unknown	Trafficway Description <b>4</b>
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released			1 - Two Way, Not Divided 2 - Two Way, Not Divided, Continuous Left Hand Lane 3 - One Way, Divided, Unprotected/Protected 4 - One Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Class Number				<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact <b>01</b>	Type of Use <b>1</b>	Unit Type <b>06</b>	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 (Axle, 5 tires) 14 - Single Unit Truck; 3 - axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Boatini) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16 - Seats, Inc Driver) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Bussey, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
	<input type="checkbox"/> In Emergency Response				<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 - Motorcycle 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area <b>03</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(Area) 14 - Other	Action <b>4</b>	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
-------------------------------	---	---	--	--------------------------------	--	--	--------------------	--

Pre-Crash Actions <b>13</b>	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless	13 - Negotiating a Curve 14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing	21 - Other Non-Motorist Action
--------------------------------	--	---	--	--	--------------------------------

Contributing Circumstances	Primary <b>01</b>	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/Dumping/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 <b>01</b>	01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Stick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
----------------------------	----------------------	--	--	---	------------------------------	---

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>	Non-Collision Events 01 - Overturn/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
--------------------	---	---	---	---

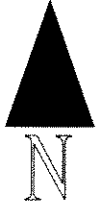
Collision with Person, Vehicle or Object Not Fixed	14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Trolley) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport	21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object	Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier	33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaires Support 40 - Utility Pole	41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Manibus	48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Retain 52 - Other Fixed Object
--	---	---	--	--	--	--

Unit Speed <b>35</b>	Posted Speed <b>35</b>	Traffic Control <b>12</b>	01 - No Control 02 - Stop Sign 03 - Yield Sign 04 - Traffic Sign 05 - Traffic Flashers 06 - Variable	07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gate 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings	13 - Crosswalk Lines 14 - Work/Slow Work 15 - Other 16 - Not Reported	Unit Direction From <b>3</b> To <b>4</b>	1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
-------------------------	---------------------------	------------------------------	---	---	--	---	--	---

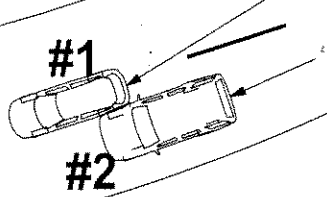
OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER <i>14-2412</i>	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF ACCIDENT M <b>01</b>   D <b>24</b>   Y <b>14</b>
IN COUNTY OF <b>WARREN</b>	ACCIDENT LOCATION <b>TYLERSVILLE RD</b>	



TYLERSVILLE RD



NOT TO SCALE

OFFICER'S SIGNATURE <i>PO [Signature]</i>	BADGE NUMBER <b>52</b>
--	---------------------------



LOCAL REPORT NUMBER 14-2412	REPORTING AGENCY MASON PD	DATE OF CRASH M 1   D 24   Y 14
--------------------------------	------------------------------	------------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jennifer Hall HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

PO BRIAN LAHMAN AT SCENE  
OFFICER'S NAME LOCATION

I was driving down tylersville Road towards I-75 when I began to turn around a bend when I didn't turn hard enough, the car went slightly into the left lane and grazed the car beside me. Both vehicles proceeded to the next turn off point to get out of traffic safely and survey any damage. Small scuff on driver side rear quarter panel but no physical or cosmetic damage was done.

ADDRESS OF WITNESS <u>116 S Clarksville Rd, Wilmington OH 45179</u>	PHONE <u>(937) 347-7118</u>
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X



LOCAL REPORT NUMBER 14-2412	REPORTING AGENCY MASON PD	DATE OF CRASH M 1   024   Y 14
--------------------------------	------------------------------	-----------------------------------

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, X Jerry Carr HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

PO BRIAN LAUMAN AT SCENE  
OFFICER'S NAME LOCATION

Other car changed lanes and hit my car  
 or side swiped my car. We were driving  
 west on Tylersville Rd.

ADDRESS OF WITNESS  
Jerry Carr

SIGNATURE OF WITNESS  
X Jerry Carr

OFFICER'S SIGNATURE  
X PO Brian Lauman

PHONE  
 (614) 513-315-7965  
 (614) X 513-494-2202