



# Traffic Crash Report

Local Report Number *	Crash Severity	Hiz/Skip
2014008404	3 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information	
READING ROAD	
Reporting Agency NCIC *	Reporting Agency Name *
01B3014	MAJON POLICE

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
03	03	MAJON	1031172914	11100	MON

Degrees / Minutes / Seconds	Latitude	Longitude	Degrees	Latitude	Longitude
	0 / /	0 / /		39.357620	-84.315569

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost *
<input checked="" type="checkbox"/> Divided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> 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 Road Name	Route Types *
42	407 READING	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 Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type *
AT	<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	42		407 READING	RD

Reference Point Used	Crash Location	Location of First Harmful Event
3 - 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	<input type="checkbox"/> Intersection Related 4 - On Roadway 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	Weather
7 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water Standing, Stagnant 07 - Slush 08 - Debris* 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknowns	7 - 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

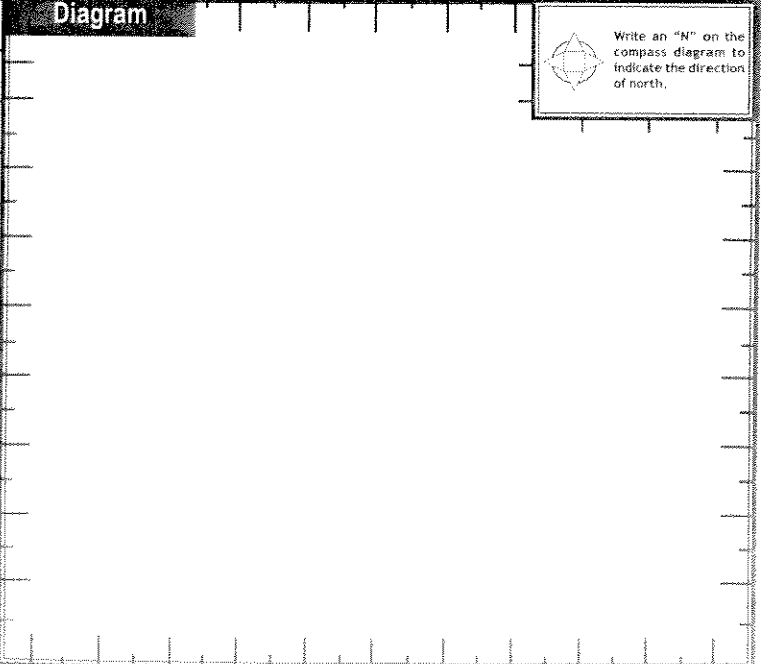
Manner of Crash Collision/Impact	Weather
7 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	7 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet,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

Road Surface	Light Conditions	School Bus Related
2 - Concrete 1 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	7 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other 9 - Unknown	<input type="checkbox"/> School Zone 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 checked="" type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	2 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	9 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative

UNIT #1 WAS HEADED SOUTH ON READING ROAD IN THE CONSTRUCTION ZONE LANE SHIFT FOR SOUTHBOUND, WHEN UNIT #1 TRAILER STRUCK A TREE BRANCH HANGING OUT IN THE LANE SHIFT. SEVERAL LARGE BRANCHES FELL, STRIKING UNIT #1 AND UNIT #2 THAT WAS HEADED NORTH ON READING, IN FRONT OF 407 READING. THE TREE BRANCHES HIT POWER LINES, PULLING THEM AWAY FROM 407 READING, CAUSING DAMAGE TO 407 READING.



Report Taken By	Supplement Investigation or Accident by an Existing Report (See 10105)	Date Crash Reported	Date Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Attended
Police Agency	<input type="checkbox"/> Motorist	1031173019	11100	11198	111114	113019		111016
Officer's Name *	Officer's Badge Number	Checked By		Page		of		
P.H. EDWARDS	1047	Sgt John K. Cullen						



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**2014-008404**

MOTORIST/NON-MOTORIST

UNIT NUMBER <b>011</b>	NAME: LAST, FIRST, MIDDLE <b>PETRONIC, RADIJOSE</b>	DATE OF BIRTH <b>02/10/1973</b>	AGE <b>40</b>	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
ADDRESS, CITY, STATE, ZIP <b>22 PACIFIC AVENUE LACKAWANNA, NY 14218</b>			CONTACT PHONE - INCLUDE AREA CODE <b>716 675-0361</b>	
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input checked="" type="checkbox"/> 04
OL STATE <b>NY</b>	OPERATOR LICENSE NUMBER <b>144336922</b>	OL CLASS <input checked="" type="checkbox"/> 1	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>

MOTORIST/NON-MOTORIST

UNIT NUMBER <b>021</b>	NAME: LAST, FIRST, MIDDLE <b>QUARTZ, TONI</b>	DATE OF BIRTH <b>10/12/1956</b>	AGE <b>57</b>	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
ADDRESS, CITY, STATE, ZIP <b>10624 ADVENTURE LANE CINCINNATI, OH 45242</b>			CONTACT PHONE - INCLUDE AREA CODE <b>513 891-7931</b>	
INJURIES <input checked="" type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input checked="" type="checkbox"/> 09
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RK266675</b>	OL CLASS <input checked="" type="checkbox"/> 4	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>

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

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

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|---|---|---|--|---|
| <b>EJECTION</b>   | <b>TRAPPED</b>  | <b>OPERATOR LICENSE CLASS</b>   | <b>CONDITION</b>   | <b>ALCOHOL/DRUG SUSPECTED</b>   |
| 1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | 1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | 1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS "D")<br>5 - MC/MOPED ONLY | 1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS | 1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HBD NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |

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

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> 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
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> 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
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# Unit

Local Report Number  
**2014008404**

Unit Number <b>011</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>	Damaged Area
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Owner Address: City, State, Zip  Same As Driver

LP State <b>NY</b>	License Plate Number <b>31091PC</b>	Vehicle Identification Number <b>4Y4MC19E1H69W28151201011</b>	# Occupants <b>011</b>
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Vehicle Year <b>2009</b>	Vehicle Make <b>VOLVO</b>	Vehicle Model <b>CONV. CAB</b>	Vehicle Color <b>WHITE</b>
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Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>LANCER</b>	Policy Number <b>CM0047456-05</b>	Towed By
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Carrier Name, Address, City, State, Zip <b>TARA EXPRESS 22 PACIFIC AVE. LICKWADANA, NY 14218</b>	Carrier Phone- include area code <b>716 675-0361</b>
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US DOT <b>1470612</b>	Vehicle Weight GVWR/GCWR <b>3</b>	Cargo Body Type <b>07</b>	Trafficway Description <b>1</b>
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Non-Motorist Location Prior to Impact <b>01</b>	Type of Use <b>2</b>	Unit Type <b>17</b>	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)
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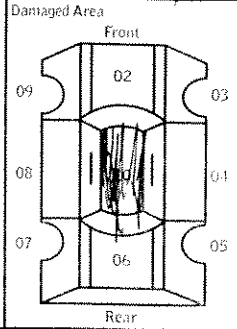
Special Function <b>01</b>	Most Damaged Area <b>12</b>	Impact Area <b>12</b>	Action <b>5</b>
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Pre-Crash Actions <b>01</b>	Motorist	Non-Motorist
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Contributing Circumstances	Vehicle Defects
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Sequence of Events	Non-Collision Events	Collision With Fixed Object
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Non-Spill	Traffic Control	Unit Dispatch
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# Unit

Local Report Number: 2014008484

Unit Number <b>1021</b>	Owner Name: Last, First, Middle (Same As Driver) <b>QUARTZ, RAOUL</b>	Owner Phone Number - inc. area code (Same As Driver)	Damage Scale <b>2</b>	Damaged Area 
LP State <b>OH</b>	License Plate Number <b>BISENUE</b>	Vehicle Identification Number <b>214M4A1189B51MS141617871</b>	# Occupants <b>011</b>	
Vehicle Year <b>12101051</b>	Vehicle Make <b>ACURA</b>	Vehicle Model <b>MDX</b>	Vehicle Color <b>SILVER</b>	
Insurance Company <b>USAA</b>	Policy Number <b>002042094U7R29</b>	Towed By	Carrier Name, Address, City, State, Zip	
Carrier Phone - include area code				

US DOT	Vehicle Weight GVWR/GCWR <b>1</b>	Cargo Body Type <b>01</b>	Trafficway Description <b>1</b>
HM Placard ID No.	Hazardous Material Released	01 - No Cargo Body Type/Not Applicable	1 - Two-Way, Not Divided
HM Class Number		02 - Bus/Van (9-15 Seats, Inc. Driver)	2 - Two-Way, Not Divided, Compartmented, Left Hand Lane
		03 - Bus (16 - Seats, Inc. Driver)	3 - Two-Way, Divided, Unprotected (No Interchange)
		04 - Vehicle Towing Another Vehicle	4 - Two-Way, Divided, Positive Median/Barrier
		05 - Logging	5 - One-Way Trafficway
		06 - International 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	

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)	Med/Heavy Trucks or Combo Units > 10K lbs	Bus/Van/Limo (9 or More Including Driver)
01 - Intersection - Marked Crosswalk	1 - Personal	01 - Sub-Compact	01 - Sub-Compact	13 - Single Unit Truck or Van 2axle, 6 tires	21 - Bus/Van (9 or More Including Driver)
02 - Intersection - No Crosswalk	2 - Commercial	02 - Compact	02 - Compact	14 - Single Unit Truck; 3+ axles	22 - Bus (16 - Seats, Inc. Driver)
03 - Intersection - Other	3 - Government	03 - Mid Size	03 - Mid Size	15 - Single Unit Truck / Trailer	23 - Animal with Rider
04 - Middleblock - Marked Crosswalk		04 - Full Size	04 - Full Size	16 - Truck/Tractor (Bobtail)	24 - Animal with Handler, Whip, Stunna
05 - Travel Lane - Other Location		05 - Minivan	05 - Minivan	17 - Tractor/Semi-Trailer	25 - Bicycle/Moped
06 - Bicycle Lane		06 - Special Interest Vehicle	06 - Special Interest Vehicle	18 - Tractor/Trailer	26 - Pedestrian/Cyclist
07 - Shared Right-of-Way		07 - Pickup	07 - Pickup	19 - Tractor/Triples	27 - Other Non-Motorist
08 - Sidewalk		08 - Van	08 - Van	20 - Other Med/Heavy Vehicle	
09 - Median/Crossing Island		09 - Motorcycle	09 - Motorcycle		
10 - Driveway Access		10 - Motorized Bicycle	10 - Motorized Bicycle		
11 - Shared-Use Path or Trail		11 - Snowmobile/ATV	11 - Snowmobile/ATV		
12 - Non-Trafficway Area		12 - Other Passenger Vehicle	12 - Other Passenger Vehicle		
13 - Non-Trafficway Area					
99 - Other/Unknown					

Special Function <b>01</b>	01 - None	09 - Ambulance	17 - Farm Vehicle	Most Damaged Area <b>04</b>	01 - None	08 - Left Side	99 - Unknown	Action <b>2</b>	1 - Non-Contact
02 - Taxi	10 - Fire	18 - Fire Equipment	18 - Farm Equipment	02 - Center Front	02 - Center Front	09 - Left Front		2 - Non-Collision	
03 - Rental Truck (over 10K lbs)	11 - Highway/Maintenance	19 - Motorhome	19 - Motorhome	03 - Right Front	03 - Right Front	10 - Top and Windows		3 - Striking	
04 - Bus - School (Public/Private)	12 - Military	20 - Golf Cart	20 - Golf Cart	04 - Right Side	04 - Right Side	11 - Undercarriage		4 - Struck	
05 - Bus - Transit	13 - Police	21 - Train	21 - Train	05 - Right Rear	05 - Right Rear	12 - Load/Trailer		5 - Striking/Struck	
06 - Bus - Charter	14 - Public Utility	22 - Other (Explain in Narrative)	22 - Other (Explain in Narrative)	06 - Rear Center	06 - Rear Center	13 - Total/All Areas		9 - Unknown	
07 - Bus - Shuttle	15 - Other Government			07 - Left Rear	07 - Left Rear	14 - Other			
08 - Bus - Other	16 - Construction Equip.								

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

Contributing Circumstances <b>01</b>	Motorist	01 - None	11 - Improper Backing	Non-Motorist	22 - None	Vehicle Defects <b>01</b>	01 - Turn Signals
02 - Failed to Yield	02 - Failed to Yield	12 - Improper Start From Parked Position	12 - Improper Start From Parked Position	23 - Improper Crossing	23 - Improper Crossing	02 - Head Lamps	02 - Head Lamps
03 - Ran Red Light	03 - Ran Red Light	13 - Stopped or Parked Illegally	13 - Stopped or Parked Illegally	24 - Darting	24 - Darting	03 - Tail Lamps	03 - Tail Lamps
04 - Ran Stop Sign	04 - Ran Stop Sign	14 - Operating Vehicle in Negligent Manner	14 - Operating Vehicle in Negligent Manner	25 - Lying and/or Illegally in Roadway	25 - Lying and/or Illegally in Roadway	04 - Brakes	04 - Brakes
05 - Exceeded Speed Limit	05 - Exceeded Speed Limit	15 - Swerving to Avoid (Due to External Conditions)	15 - Swerving to Avoid (Due to External Conditions)	26 - Failure to Yield Right of Way	26 - Failure to Yield Right of Way	05 - Steering	05 - Steering
06 - Unsafe Speed	06 - Unsafe Speed	16 - Wrong Side/Wrong Way	16 - Wrong Side/Wrong Way	27 - Not Visible (Dark Clothing)	27 - Not Visible (Dark Clothing)	06 - Tire Blowout	06 - Tire Blowout
07 - Improper Turn	07 - Improper Turn	17 - Failure to Control	17 - Failure to Control	28 - Inattentive	28 - Inattentive	07 - Worn or Slack Brakes	07 - Worn or Slack Brakes
08 - Left of Center	08 - Left of Center	18 - Vision Obstruction	18 - Vision Obstruction	29 - Failure to Obey Traffic Signs (Signals)/Officer	29 - Failure to Obey Traffic Signs (Signals)/Officer	08 - Trailer Equipment Defective	08 - Trailer Equipment Defective
09 - Followed Too Closely/ACDA	09 - Followed Too Closely/ACDA	19 - Operating Defective Equipment	19 - Operating Defective Equipment	30 - Wrong Side of the Road	30 - Wrong Side of the Road	09 - Motor Trouble	09 - Motor Trouble
10 - Improper Lane Change/Passing Off Road	10 - Improper Lane Change/Passing Off Road	20 - Load Shift/Load Slipping	20 - Load Shift/Load Slipping	31 - Other Non-Motorist Action	31 - Other Non-Motorist Action	10 - Disabled From Prior Accident	10 - Disabled From Prior Accident
		21 - Other Improper Action	21 - Other Improper Action			11 - Other Defects	11 - Other Defects

Sequence of Events	1 <b>48</b>	2	3	4	5	6	Non-Collision Events	01 - Overturn/Rollover	06 - Equipment Failure	10 - Cross Median
Collision with Person, Vehicle or Object Not Listed	02 - Fire/Explosion	03 - Inattention	04 - Jackknife	05 - Cargo/Equipment Shift or Shift	06 - Equipment Failure	07 - Wrong Side of Road	07 - Wrong Side of Road	08 - Separation of Unit	11 - Cross Center Lane	11 - Cross Center Lane
09 - Wrong Side of Road	10 - Cross Median	11 - Cross Center Lane	12 - Opposite Direction of Travel	13 - Opposite Direction of Travel	14 - Opposite Direction of Travel	15 - Opposite Direction of Travel	15 - Opposite Direction of Travel	16 - Opposite Direction of Travel	17 - Opposite Direction of Travel	17 - Opposite Direction of Travel
18 - Opposite Direction of Travel	19 - Opposite Direction of Travel	20 - Opposite Direction of Travel	21 - Opposite Direction of Travel	22 - Opposite Direction of Travel	23 - Opposite Direction of Travel	24 - Opposite Direction of Travel	24 - Opposite Direction of Travel	25 - Opposite Direction of Travel	26 - Opposite Direction of Travel	26 - Opposite Direction of Travel

Driver's License <b>11B</b>	Driver's License <b>RS</b>	Driver's License <b>11</b>	Driver's License <b>11</b>	Driver's License <b>11</b>	Driver's License <b>11</b>	Driver's License <b>11</b>	Driver's License <b>11</b>	Driver's License <b>11</b>	Driver's License <b>11</b>	Driver's License <b>11</b>
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LOCAL REPORT NUMBER <i>14-8404</i>	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 3   D 17   Y 14
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

*I*, *RADIVOJE PETROVIC* HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

*Ptl. Dan Edwards* AT *407 READING*  
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED:

*I was driving on us 42 southbound. There was road work on the street and one employee was showing a bypass this construction site. While I was passing by I hit the tree, and the tree fell on the truck and damaged my trailer and the truck.*

Q. What was your speed at the time of the crash? A. *no more than 10 mph*

Q. What was your direction of travel? A. *south*

Q. Were you wearing a seatbelt? A. *yes*

Q. Were you talking on a cell phone at the time of the crash? A. *no*

Q. Were you injured due to the crash? A. *no*

ADDRESS OF WITNESS  
*22 Pacific Ave Lakewood OH 44121* PHONE *716-310-9944*

SIGNATURE OF WITNESS *X* *Radivoje Petrovic* OFFICER'S SIGNATURE *X* *Ptl. Edwards*