



Traffic Crash Report

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

Local Information	
Reporting Agency NCIC *	Reporting Agency Name *
08304	MASON POLICE

Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDD Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	Number of Units	Unit in error
			03	01 98 - Animal 99 - Unknown
County *	City *	City, Village, Township *	Crash Date *	Time of Crash
83		CITY OF MASON	04262014	2249
Degrees / Minutes / Seconds Latitude			Decimal Degrees Latitude	
0 ' " 0 ' "			39.341957	
Longitude			Longitude	
			-84.277325	

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	<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 Route Type ¹	Location Road Name	Location Road Type ²
		KINGS ISLAND DRIVE	DR
Distance From Reference	Dir From Ref	Reference Route Number	Reference Name (Road, Milepost, House #)
400	S N,S, E,W		SOUTH ENTRANCE

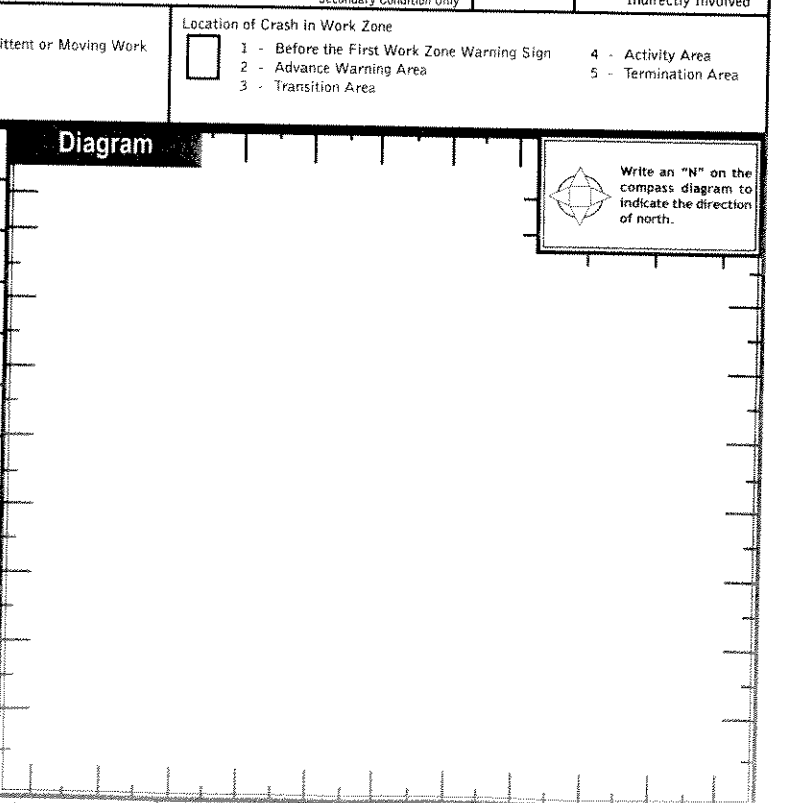
Reference Point Used	Crash Location	Reference Point Used	Reference Name (Road, Milepost, House #)
1 - Intersection 2 - Mile Post 3 - House Number	01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access	SOUTH ENTRANCE
Location of First Harmful Event	Intersection Related	Location of First Harmful Event	Reference Road Type ²
1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside	<input type="checkbox"/>	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
1 - 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, Moving) 07 - Slush 08 - Debris* 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	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
Manner of Crash Collision/Impact	Light Conditions	School Bus Related
2 - Not Collision Between Two Motor Vehicles In Transport 1 - Rear-End 2 - Head-On 3 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	4 - Primary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	<input type="checkbox"/> School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Road Surface	Light Conditions	School Bus Related
2 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	4 - Primary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	<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, UNIT 2, AND UNIT 3 WERE TRAVELING SOUTH ON KINGS ISLAND DRIVE NEAR THE SOUTH ENTRANCE. UNIT 1 STRUCK THE REAR OF UNIT 2 PUSHING UNIT 2 INTO THE REAR OF UNIT 3.



Report Taken By	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	04262014	2249	2249	0904	120	91
Officer's Name *	Officer's Badge Number	Checked By				
PO BRIAN LAHMAN	1052	41				



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE STATZER, ELIZABETH ANN	DATE OF BIRTH 1/11/09	AGE 19	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 8370 JENNIFER LYNN CT WEST CHESTER OH 45069	CONTACT PHONE- INCLUDE AREA CODE 513-759-0462
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INJURIES 1	INJURED TAKEN BY 4	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RR 495114	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 0.000	DRUG TEST STATUS 1	DRUG TEST TYPE 1

OFFENSE CHARGED (LOCAL CODE) 333.03	OFFENSE DESCRIPTION AAA	CITATION NUMBER 75865	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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UNIT NUMBER 1021	NAME: LAST, FIRST, MIDDLE TOLBERT, TIARA SHARESE	DATE OF BIRTH 1/11/07	AGE 19	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6256 DALY ROAD #1 CINCINNATI OH 45224	CONTACT PHONE- INCLUDE AREA CODE 513-203-4074
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INJURIES 1	INJURED TAKEN BY 4	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 TF 736785	OL CLASS <input type="checkbox"/>	No VALID OL <input checked="" 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 0.000	DRUG TEST STATUS 1	DRUG TEST TYPE 1

OFFENSE CHARGED (LOCAL CODE) 335.071	OFFENSE DESCRIPTION DOS	CITATION NUMBER 75866	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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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 NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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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 CAB) 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
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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 IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELT 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
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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
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UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE LITTLE, MADISON	DATE OF BIRTH 10/8/16	AGE 20	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 8370 JENNIFER LYNN CT WEST CHESTER, OH 45069	CONTACT PHONE- INCLUDE AREA CODE 513-759-0462
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INJURIES 4	INJURED TAKEN BY 4	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
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UNIT NUMBER 1011	NAME: LAST, FIRST, MIDDLE BUTLER, RACHEL	DATE OF BIRTH 09/07/2000	AGE 13	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 8288 LAKENOLL DR. WEST CHESTER, OH 45069	CONTACT PHONE- INCLUDE AREA CODE 513-779-0462
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INJURIES 1	INJURED TAKEN BY 4	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 06	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER 10131	NAME: LAST, FIRST, MIDDLE YORK, CARLY A	DATE OF BIRTH 09/02/1982	AGE 31	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2320 MACROVIA DRIVE BEAVERCREEK OH 45431	CONTACT PHONE - INCLUDE AREA CODE 937-830-4404
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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 1014	OPERATOR LICENSE NUMBER RW 319471	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
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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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	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No VALID OL <input type="checkbox"/> M/C END. <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY
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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 Non-Motorist 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 99 - UNKNOWN SAFETY EQUIPMENT	Non-Motorist 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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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
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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 (OH IS "D") 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
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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 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
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UNIT NUMBER 10121	NAME: LAST, FIRST, MIDDLE MORRIS, KEAYSHA	DATE OF BIRTH 11/21/2009	AGE 13	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 9581 NEWGATE LANE CINCINNATI OH 45231	CONTACT PHONE - INCLUDE AREA CODE 513-628-1160
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INJURIES 3	INJURED TAKEN BY MASCO EMS	MEDICAL FACILITY INJURED TAKEN TO WEST CHESTER CHILD	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 10131	NAME: LAST, FIRST, MIDDLE YORK, BRAYLON	DATE OF BIRTH 02/05/2008	AGE 6	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2320 MACROVIA DR BEAVERCREEK OH 45431	CONTACT PHONE - INCLUDE AREA CODE 937-830-4404
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INJURIES 1	INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 09	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 04	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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Unit Number 1011	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 4	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)			1 - None	
LP State OH	License Plate Number FUH 7449	Vehicle Identification Number 11FTRW0181L011KE49892	2 - Minor	
Vehicle Year 2001	Vehicle Make FORD	Vehicle Model F-150	3 - Functional	
Vehicle Color WHITE	Proof of Insurance Shown <input type="checkbox"/>	Insurance Company NO INSURANCE	4 - Disabling	
Policy Number NONE	Towed By SORA'S	Carrier Name, Address, City, State, Zip	9 - 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 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 99 - Other/Unknown	Trafficway Description 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Median or 4 ft. Median) 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released			<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/Shoulder 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 07 99 - Unknown or Hit / Skip	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 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Doubie 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) Non-Motorist 23 - Animal with Rider 24 - Animal with Driver/Tractor, Steeray 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 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 02 Impact Area 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	99 - Unknown	Action 3 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 - 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
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Contributing Circumstances Primary 09 Secondary 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 - 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
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Sequence of Events 1 20 2 3 4 5 6 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 Lost 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
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Collision with Person, Vehicle or Object, Not Fixed 14 - Pedestrian 15 - Pedicab 16 - Railway Vehicle (Not Trains) 17 - Animal - Pig 18 - Animal - Horse 19 - Animal - Other 20 - Animal - Other (Specify)	21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Sliding Object or Anything Set in Motion by a Motor Vehicle 24 - Other Moving 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 Edge 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/Signaling Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Cabinet 43 - Case 44 - Bench 45 - Enclosure 46 - Fence 47 - Glass Panel 48 - Tree 49 - Fire Hydrant 50 - Wheel Stop at Signal and Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
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Unit Speed 20	Posted Speed 45	Traffic Control 12	Unit Direction From 1 to 2
<input checked="" type="checkbox"/> Street <input type="checkbox"/> Highway		01 - No Control 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Placards 06 - School Zone	07 - Advance Warning 08 - Advance Warning 09 - Advance Warning 10 - Other 11 - Not Reported



Unit

Local Report Number: _____

Unit Number 012	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 4	Damaged Area
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Owner Address: City, State, Zip (Same As Driver)

LP State OH	License Plate Number BDS 5632	Vehicle Identification Number 1G1JC124827489476	# Occupants 1
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Vehicle Year 2002	Vehicle Make CHEVROLET	Vehicle Model CAVALIER	Vehicle Color BLUE
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<input type="checkbox"/> Proof of Insurance Shown	Insurance Company PERMANANT GENERAL	Policy Number 25-08112885	Towed By SORA'S
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Carrier Name, Address, City, State, Zip _____ Carrier Phone- include area code _____

US DOT 1	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 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 99 - Other/Unknown	Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (No and/or 14 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
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HM Placard ID No. 1	Hazardous Material Released <input type="checkbox"/>	Non-Motorist Location Prior to Impact 01 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/Shoulder-Adj. 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 1 - Personal 2 - Commercial 3 - Government	Unit Type 03 99 - Unknown or Hit / Skip	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 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 (9-15 Seats, Inc. Driver) 22 - Bus (16+ Seats, Inc. Driver)	Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Sled, etc. 25 - Bicycle/Pedalcycle 26 - Pedestrian/Skater 27 - Other Non-Motorist
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Special Function 01 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 06 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 5 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	Motorist 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Stopping 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 01 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	Motorist 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 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blews 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 Bicyclist 16 Person in Vehicle (not driver) 17 Animal (dog) 18 Animal (cat) 19 Animal (other) 20 Other (Specify in Narrative)	Collision with Fixed Object 21 Parked Motor Vehicle 22 Work Zone Maintenance Equipment 23 Street Light Pole, Utility Pole or Any Other Pole or Structure by a Motor Vehicle 24 Other Structure - Object 25 Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 Bridge Pier or Abutment 28 Bridge Ramp 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 Pole or Sign Support 40 Utility Pole 41 Other Post, Pole 42 Tree 43 Signpost 44 Other Work Zone Maintenance Equipment 45 Unfixed Object 46 Other Fixed Object
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Wind Speed 15	Wind Speed 45	Traffic Control 12 01 - Uncontrolled 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossing 08 - Railroad Crossing 09 - Railroad Crossing 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings	Unit Direction From 1 to 2 1 - North 2 - South 3 - East 4 - West 5 - Other
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Unit

Local Report Number

Unit Number 03	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 2	Damaged Area Front 09 02 03 06 10 04 07 06 05 Rear
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Owner Address: City, State, Zip (Same As Driver)

LP State OH	License Plate Number FNU 8929	Vehicle Identification Number 1HGFA11G85G1124364	# Occupants 02
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Vehicle Year 2006	Vehicle Make HONDA	Vehicle Model CIVIC	Vehicle Color GREY
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<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company PROGRESSIVE	Policy Number 57983027	Towed By NONE
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Carrier Name, Address, City, State, Zip

Carrier Phone - include area code

US DOT	Vehicle Weight GVWR GCWR 1 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 01 - No Cargo Body Type Not Applicable 02 - Box/Van (9-15 Seats, Inc. Driver) 03 - Bus (16+ Seats, Inc. Driver) 04 - Vehicle Using Another Vehicle 05 - Luggage 06 - Intermodal Container (Class) 07 - Cargo Van/Enclosed Box 08 - Grain, Grain, Grain 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description 1 1 - Two Way, Not Divided 2 - Two Way, Not Divided, Continuous Left Turn Lane 3 - Two Way, Divided, Unprotected (Plow, etc.) 4 - Two Way, Divided, Positive Median Barrier 5 - One Way Trafficway <input type="checkbox"/> Hit / Skip Unit
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Non-Motorist Location Prior to Impact 01 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 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 02 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 99 - Unknown or Hit / Skip	Med/Heavy Trucks or Combo Units > 10k lbs. 13 - Single Unit Truck or Van/Trailer, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bootal) 17 - Tractor/Semi-Trailer 18 - Tractor/Tractor 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) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Sundry 25 - Bicycle/Pedestrian 26 - Pedestrian/Skater 27 - Other Non-Motorist <input type="checkbox"/> Has HM Placard
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Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (over 16k 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 06 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 9 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01 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

Contributing Circumstances 01 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 Secondary 99 - Unknown	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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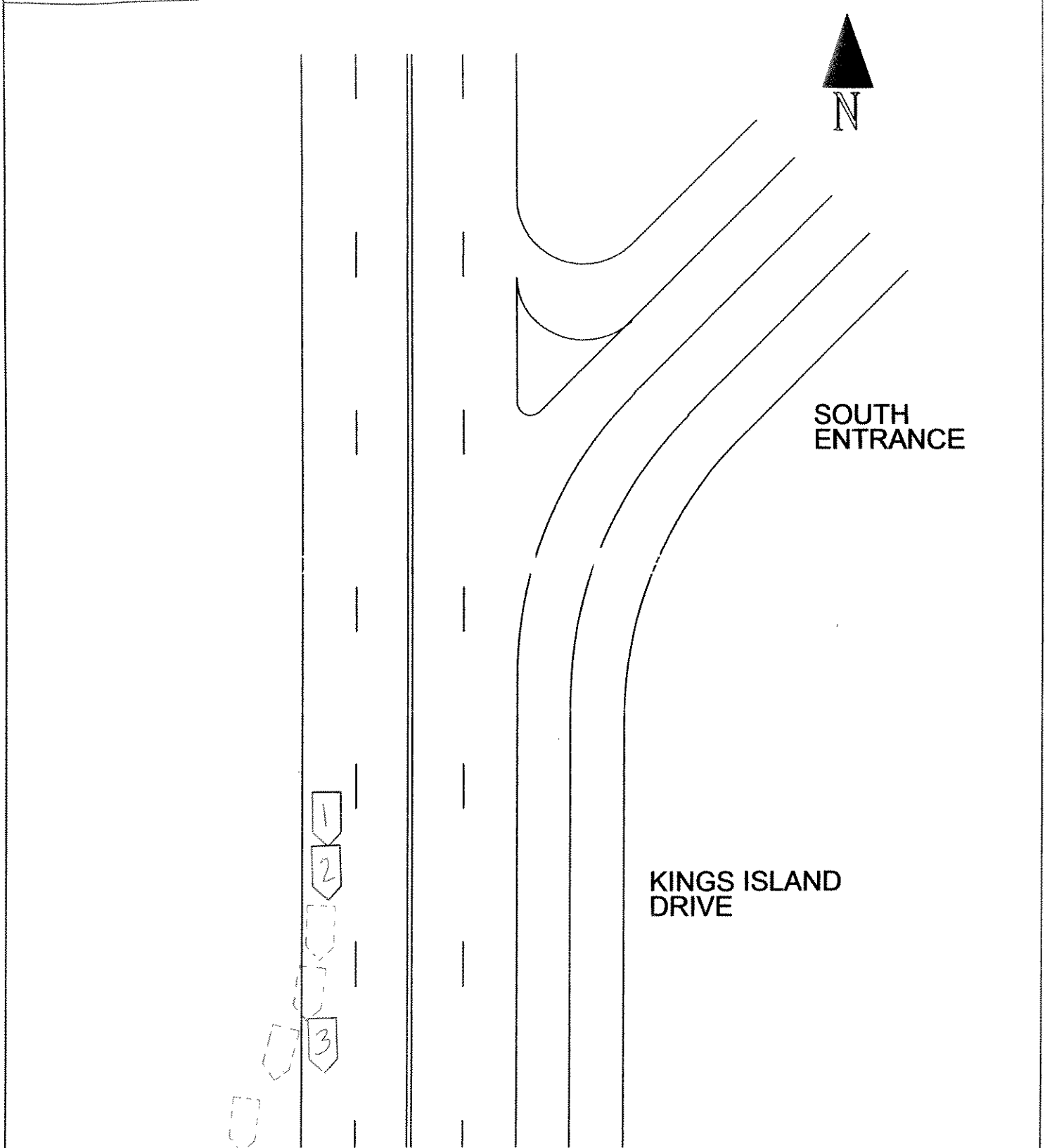
Sequence of Events 1 20 2 3 4 5 6 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blow Tire, Brake Failure, etc) 07 - Separation of Units 08 - 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 Fixed Object 01 - Impact Attenuator (Bumper, Crush Zone) 02 - Bridge Overhead Structure 03 - Bridge Pier or Abutment 04 - Bridge Support 05 - Structure 06 - Guardrail 07 - Concrete Barrier 08 - Median Concrete Barrier 09 - Median Concrete Barrier 10 - Median Concrete Barrier 11 - Median Concrete Barrier 12 - Median Concrete Barrier 13 - Median Concrete Barrier 14 - Median Concrete Barrier 15 - Median Concrete Barrier 16 - Median Concrete Barrier 17 - Median Concrete Barrier 18 - Median Concrete Barrier 19 - Median Concrete Barrier 20 - Median Concrete Barrier 21 - Median Concrete Barrier 22 - Median Concrete Barrier 23 - Median Concrete Barrier 24 - Median Concrete Barrier 25 - Median Concrete Barrier 26 - Median Concrete Barrier 27 - Median Concrete Barrier 28 - Median Concrete Barrier 29 - Median Concrete Barrier 30 - Median Concrete Barrier 31 - Median Concrete Barrier 32 - Median Concrete Barrier 33 - Median Concrete Barrier 34 - Median Concrete Barrier 35 - Median Concrete Barrier 36 - Median Concrete Barrier 37 - Median Concrete Barrier 38 - Median Concrete Barrier 39 - Median Concrete Barrier 40 - Median Concrete Barrier 41 - Other Post, Pole or Support 42 - Other Post, Pole or Support 43 - Other Post, Pole or Support 44 - Other Post, Pole or Support 45 - Other Post, Pole or Support 46 - Other Post, Pole or Support 47 - Other Post, Pole or Support 48 - Other Post, Pole or Support 49 - Other Post, Pole or Support 50 - Other Post, Pole or Support 51 - Other Post, Pole or Support 52 - Other Post, Pole or Support 53 - Other Post, Pole or Support 54 - Other Post, Pole or Support 55 - Other Post, Pole or Support 56 - Other Post, Pole or Support 57 - Other Post, Pole or Support 58 - Other Post, Pole or Support 59 - Other Post, Pole or Support 60 - Other Post, Pole or Support 61 - Other Post, Pole or Support 62 - Other Post, Pole or Support 63 - Other Post, Pole or Support 64 - Other Post, Pole or Support 65 - Other Post, Pole or Support 66 - Other Post, Pole or Support 67 - Other Post, Pole or Support 68 - Other Post, Pole or Support 69 - Other Post, Pole or Support 70 - Other Post, Pole or Support 71 - Other Post, Pole or Support 72 - Other Post, Pole or Support 73 - Other Post, Pole or Support 74 - Other Post, Pole or Support 75 - Other Post, Pole or Support 76 - Other Post, Pole or Support 77 - Other Post, Pole or Support 78 - Other Post, Pole or Support 79 - Other Post, Pole or Support 80 - Other Post, Pole or Support 81 - Other Post, Pole or Support 82 - Other Post, Pole or Support 83 - Other Post, Pole or Support 84 - Other Post, Pole or Support 85 - Other Post, Pole or Support 86 - Other Post, Pole or Support 87 - Other Post, Pole or Support 88 - Other Post, Pole or Support 89 - Other Post, Pole or Support 90 - Other Post, Pole or Support 91 - Other Post, Pole or Support 92 - Other Post, Pole or Support 93 - Other Post, Pole or Support 94 - Other Post, Pole or Support 95 - Other Post, Pole or Support 96 - Other Post, Pole or Support 97 - Other Post, Pole or Support 98 - Other Post, Pole or Support 99 - Other Post, Pole or Support
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Rin Speed 45	Posted Speed 45	Traffic Control 02 01 - Uncontrolled 02 - Stop Sign 03 - Yield Sign 04 - Stop Sign 05 - Stop Sign 06 - Stop Sign 07 - Stop Sign 08 - Stop Sign 09 - Stop Sign 10 - Stop Sign 11 - Stop Sign 12 - Stop Sign 13 - Stop Sign 14 - Stop Sign 15 - Stop Sign 16 - Stop Sign 17 - Stop Sign 18 - Stop Sign 19 - Stop Sign 20 - Stop Sign 21 - Stop Sign 22 - Stop Sign 23 - Stop Sign 24 - Stop Sign 25 - Stop Sign 26 - Stop Sign 27 - Stop Sign 28 - Stop Sign 29 - Stop Sign 30 - Stop Sign 31 - Stop Sign 32 - Stop Sign 33 - Stop Sign 34 - Stop Sign 35 - Stop Sign 36 - Stop Sign 37 - Stop Sign 38 - Stop Sign 39 - Stop Sign 40 - Stop Sign 41 - Stop Sign 42 - Stop Sign 43 - Stop Sign 44 - Stop Sign 45 - Stop Sign 46 - Stop Sign 47 - Stop Sign 48 - Stop Sign 49 - Stop Sign 50 - Stop Sign 51 - Stop Sign 52 - Stop Sign 53 - Stop Sign 54 - Stop Sign 55 - Stop Sign 56 - Stop Sign 57 - Stop Sign 58 - Stop Sign 59 - Stop Sign 60 - Stop Sign 61 - Stop Sign 62 - Stop Sign 63 - Stop Sign 64 - Stop Sign 65 - Stop Sign 66 - Stop Sign 67 - Stop Sign 68 - Stop Sign 69 - Stop Sign 70 - Stop Sign 71 - Stop Sign 72 - Stop Sign 73 - Stop Sign 74 - Stop Sign 75 - Stop Sign 76 - Stop Sign 77 - Stop Sign 78 - Stop Sign 79 - Stop Sign 80 - Stop Sign 81 - Stop Sign 82 - Stop Sign 83 - Stop Sign 84 - Stop Sign 85 - Stop Sign 86 - Stop Sign 87 - Stop Sign 88 - Stop Sign 89 - Stop Sign 90 - Stop Sign 91 - Stop Sign 92 - Stop Sign 93 - Stop Sign 94 - Stop Sign 95 - Stop Sign 96 - Stop Sign 97 - Stop Sign 98 - Stop Sign 99 - Stop Sign	Unit Direction From 1 To 2 1 - East 2 - West 3 - North 4 - South 5 - Other
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 4 D 26 Y 14
IN COUNTY OF WARREN	ACCIDENT LOCATION KINGS ISLAND DRIVE @ SOUTH ENTRANCE	



NOT TO SCALE

OFFICER'S SIGNATURE PO [Signature]	BADGE NUMBER 1052
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F582

LOCAL REPORT NUMBER	REPORTING AGENCY MASON PD	DATE OF CRASH MAY 26 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Elizabeth Statzer PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PO LAHMAN OFFICER'S NAME AT SCENE LOCATION

I was in far Rt lane on King's Island Road going 20 miles hour. A Dark Blue pickup truck struck my from the left rear of my Auto sending me into the Auto and front of me. Dark Blue Ford License plate # VF552 was all I saw on plates. Also saw two Maki's In Truck front The Driver and A passenger

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X PO <i>[Signature]</i>



LOCAL REPORT NUMBER	REPORTING AGENCY MASON PD	DATE OF CRASH M 4 D 26 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, X TIARA Tolbert HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

PO LAHMAN AT SCENE
OFFICER'S NAME LOCATION

We were leaving Kings Island on Kings Island Drive at a light soon after we stopped a F250 truck slammed into the rear end of my car. Sending my car through the grass

ADDRESS OF WITNESS <u>5410 Kennedy AVE</u>	PHONE <u>513-203-4074</u>
SIGNATURE OF WITNESS <u>X Tiara Tolbert</u>	OFFICER'S SIGNATURE <u>X PO [Signature]</u>



LOCAL REPORT NUMBER	REPORTING AGENCY MASON PD	DATE OF CRASH M 4 D 26 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Carly A. York HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

PO LAHMAN AT SCENE
OFFICER'S NAME LOCATION

Car in front of me stopped slightly abruptly, I didn't hit them. Car behind me swerved to right side into shoulder, into grass. (She might have hit ^{on side}; I'm not sure) the car behind me hit me.

ADDRESS OF WITNESS 2320 Marova Dr. Beavercreek OH 45431	PHONE 937-830-4494
SIGNATURE OF WITNESS X Carly A York	OFFICER'S SIGNATURE X PO [Signature]