



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
08304	3 - PDC	1 - SOLVED 2 - UNSOLVED

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> PDC URGENT 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	03	98 - ANIMAL 99 - UNKNOWN

COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
83		CITY OF MASON	05192013	1014	SUN

DEGREES / MINUTES / SECONDS	LONGITUDE	DECIMAL DEGREES	LONGITUDE
0 21 37.236	0 46 48.224	39.359519	-84.289997

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

LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME	LOCATION ROAD TYPE #	ROUTE TYPES #
SR	741				IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE	DIN FROM REF	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE #
200	N				PARKSIDE	DR

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/ROUNDBOUNT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	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

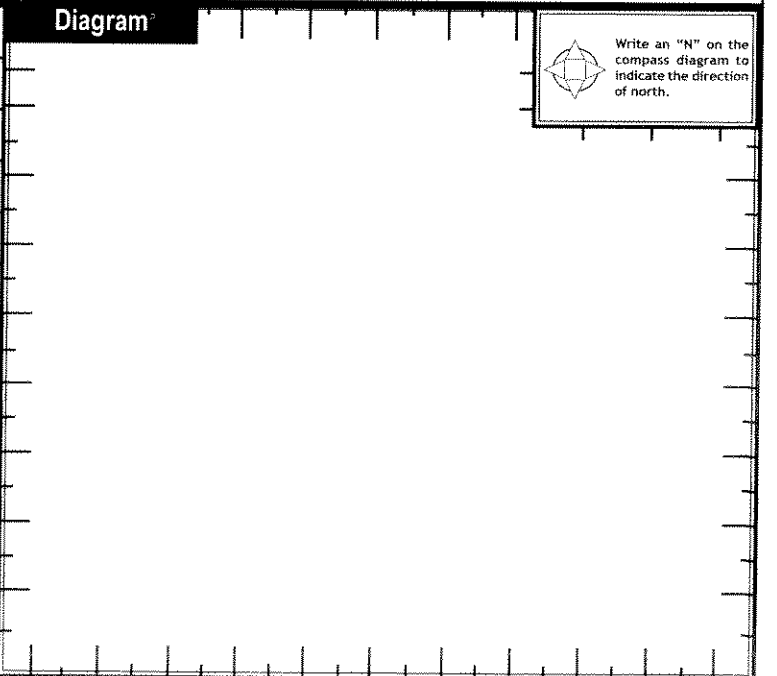
MANNER OF CRASH COLLISION/IMPACT	WEATHER
1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET,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

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	1 - 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	WORKERS PRESENT	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/>	<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 SOUTHBOUND ON STATE ROUTE 741 NEAR PARKSIDE DRIVE. UNIT 2 AND UNIT 3 WERE STOPPED AT THE TRAFFIC LIGHT. UNIT 1 STRUCK UNIT 2 WHICH PUSHED UNIT 2 INTO UNIT 3.



REPORT TAKEN BY	<input type="checkbox"/> 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		05192013	1014	11016	11022	11102	110	56
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE OF					
PO BRIAN LAUMAU	1052	A. Sed						



MOTORIST / Non-Motorist / Occupant

LOCAL REPORT NUMBER
201101140000

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE MOORE, JOSEPH M	DATE OF BIRTH 09/14/1931	AGE 81	GENDER M F - FEMALE M - MALE
--------------------	--	-----------------------------	-----------	------------------------------------

ADDRESS, CITY, STATE, ZIP 2831 HARVEY ROAD MASON, OH 45040	CONTACT PHONE - INCLUDE AREA CODE 513-398-9138
---	---

INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 09	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
---------------	-----------------------	------------	-----------------------------------	-----------------------------	---	------------------------	--------------------	---------------	--------------

OL STATE OH	OPERATOR LICENSE NUMBER RF502307	OL CLASS 9	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) 333.03	OFFENSE DESCRIPTION ACDA	CITATION NUMBER 74157	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
---	-----------------------------	--------------------------	--	---------------------------

UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE OSBORN, JILL SUSAN	DATE OF BIRTH 0531/1945	AGE 47	GENDER F F - FEMALE M - MALE
--------------------	---	----------------------------	-----------	------------------------------------

ADDRESS, CITY, STATE, ZIP 5488 WANDERING WAY MASON, OH 45040	CONTACT PHONE - INCLUDE AREA CODE 513-205-7518
---	---

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 09	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
---------------	-----------------------	------------	-----------------------------------	-----------------------------	---	------------------------	--------------------	---------------	--------------

OL STATE OH	OPERATOR LICENSE NUMBER PQ182846	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	SAFETY EQUIPMENT 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
---	--	--	--	---

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	SEATING POSITION 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, PICKUP WITH CAN)	SEATING POSITION 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 (OH OR "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
--	---	--	--	--

ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REPOSED 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 REPOSED 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 DEVICES (HANDHELD DEVICE, PAGER, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
--	---	---	--	---

UNIT NUMBER 013	NAME: LAST, FIRST, MIDDLE BAYMAN, WELT	DATE OF BIRTH 11/04/2003	AGE 9	GENDER M F - FEMALE M - MALE
--------------------	---	-----------------------------	----------	------------------------------------

ADDRESS, CITY, STATE, ZIP 1 EAGLES WAY PIQUA OH 45356	CONTACT PHONE - INCLUDE AREA CODE 937-778-8017
--	---

INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 04	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
---------------	-----------------------	------------	-----------------------------------	-----------------------------	---	------------------------	--------------------	---------------	--------------

UNIT NUMBER 013	NAME: LAST, FIRST, MIDDLE ROBERTS, JASON	DATE OF BIRTH 02/03/1976	AGE 37	GENDER M F - FEMALE M - MALE
--------------------	---	-----------------------------	-----------	------------------------------------

ADDRESS, CITY, STATE, ZIP 3237 STOUX DRIVE PIQUA OH 45356	CONTACT PHONE - INCLUDE AREA CODE 937-778-8017
--	---

INJURIES 0	INJURED TAKEN BY 0	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
---------------	-----------------------	------------	-----------------------------------	-----------------------------	---	------------------------	--------------------	---------------	--------------



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2013-14031

UNIT NUMBER 03	NAME: LAST, FIRST, MIDDLE BAYMAN, ANTHONY M	DATE OF BIRTH 01221962	AGE 51	GENDER M F - FEMALE M - MALE
-------------------	--	---------------------------	-----------	------------------------------------

ADDRESS, CITY, STATE, ZIP 1 EAGLES WAY PEQUA, OH 45356	CONTACT PHONE- INCLUDE AREA CODE 937-778-8017
---	--

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 RU359509	OL CLASS 4	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	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						

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		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER		HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY						

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	Non-Motorist
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	MOTORIST 01 - NONE/USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	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

SEATING POSITION	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - PASSENGER IN UNENCLOSED CARGO AREA	AIR BAG USAGE
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	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)	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN

EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (DRUG IS "0") 5 - MC/MOPED ONLY	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 TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	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 03	NAME: LAST, FIRST, MIDDLE ROBERTS, DRESON	DATE OF BIRTH 1040520014	AGE 9	GENDER M F - FEMALE M - MALE
-------------------	--	-----------------------------	----------	------------------------------------

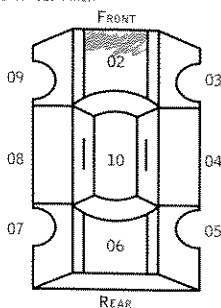
ADDRESS, CITY, STATE, ZIP 3237 SIOUX DRIVE PEQUA, OH 45356	CONTACT PHONE- INCLUDE AREA CODE 937-778-8017
---	--

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 06	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 NUMBER 011	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER)	DAMAGE SCALE 2	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER)			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER CN32AC	VEHICLE IDENTIFICATION NUMBER 3FAHP0GA1XR41275601	2 - MINOR	
VEHICLE YEAR 2012	VEHICLE MAKE FORD	VEHICLE MODEL FUSION	3 - FUNCTIONAL	
VEHICLE COLOR WHITE	PROOF OF INSURANCE SHOWN HOME OWNERS INS	INSURANCE COMPANY HOME OWNERS INS	4 - DISABLING	
POLICY NUMBER 47-363-158-00	TOWED BY NONE		9 - 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 - 10,001 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 4
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED				1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) 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 01	TYPE OF USE 1	UNIT TYPE 03	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 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, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
	<input type="checkbox"/> IN EMERGENCY RESPONSE				<input type="checkbox"/> HAS HM PLACARD

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 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 AREA 14 - OTHER	ACTION 3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
				IMPACT AREA 02				

PRE-CRASH ACTIONS 01	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, JUGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
--------------------------------	--	---	--	--

CONTRIBUTING CIRCUMSTANCES	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 - BARRING 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 BLINDOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
----------------------------	--	--	---	------------------------------	--

SEQUENCE OF EVENTS	1 20	2	3	4	5	6	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
	FIRST HARMFUL EVENT								

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED		COLLISION WITH FIXED OBJECT	
14 - PEDESTRIAN 15 - PEDALCYCLE 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	25 - IMPACT ATTENUATION/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/LUMINAIRE'S SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT

UNIT SPEED 20	POSTED SPEED 45	TRAFFIC CONTROL 04	01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE	07 - RAILROAD CROSSINGS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 1 TO 2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
-------------------------	---------------------------	------------------------------	---	---	---	---	---

UNIT NUMBER: 02 | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) | OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER) | DAMAGE SCALE: 2 | DAMAGED AREA: FRONT

OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER) | 1 - NONE | 09

LP STATE: OH | LICENSE PLATE NUMBER: FKH6092 | VEHICLE IDENTIFICATION NUMBER: 1FMEU75826UB22938 | # OCCUPANTS: 01 | 2 - MINOR | 08 | 10 | 04

VEHICLE YEAR: 2006 | VEHICLE MAKE: FORD | VEHICLE MODEL: EXPLORER | VEHICLE COLOR: BEIGE | 3 - FUNCTIONAL | 07 | 06 | 05

PROOF OF INSURANCE SHOWN: CINCINNATI | INSURANCE COMPANY: JWS | POLICY NUMBER: A02 0135163 | TOWED BY: NONE | 4 - DISABLING | 9 - 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 - 10,001 TO 26,000 LBS. | 3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE: 01 | 01 - NO CARGO BODY TYPE/NOT APPLICABLE | 09 - POLE | TRAFFICWAY DESCRIPTION: 1 - TWO-WAY, NOT DIVIDED | 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE | 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAIRS OF GRASS 24 FT.) MEDIAN | 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER | 5 - ONE-WAY TRAFFICWAY

HM PLACARD ID No. | HM CLASS NUMBER | HAZARDOUS MATERIAL RELEASED | NON-MOTORIST LOCATION PRIOR TO IMPACT: 01 - INTERSECTION - MARKED CROSSWALK | 02 - INTERSECTION - NO CROSSWALK | 03 - INTERSECTION - OTHER | 04 - MIDBLOCK - MARKED CROSSWALK | 05 - TRAVEL LANE - OTHER LOCATION | 06 - BICYCLE LANE | 07 - SHOULDER/ROADSIDE | 08 - SIDEWALK | 09 - MEDIAN/CROSSING ISLAND | 10 - DRIVEWAY ACCESS | 11 - SHARED-USE PATH OR TRAIL | 12 - NON-TRAFFICWAY AREA | 99 - OTHER/UNKNOWN | TYPE OF USE: 1 - PERSONAL | 2 - COMMERCIAL | 3 - GOVERNMENT | UNIT TYPE: 06 | 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 | 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 | 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, SUNREY | 25 - BICYCLE/PEDALCYCLIST | 26 - PEDESTRIAN/SEATER | 27 - OTHER NON-MOTORIST

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: 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: 5 | 1 - NON-CONTACT | 2 - NON-COLLISION | 3 - STRIKING | 4 - STRUCK | 5 - STRIKING/STRUCK | 9 - UNKNOWN

PRE-CRASH ACTIONS: 01 - NONE | 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

CONTRIBUTING CIRCUMSTANCES: PRIMARY: 01 - NONE | 02 - FAILURE TO YIELD | 03 - RAN RED LIGHT | 04 - RAN STOP SIGN | SECONDARY: 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 SLICK TIRES | 08 - TRAILER EQUIPMENT DEFECTIVE | 09 - MOTOR TROUBLE | 10 - DISABLED FROM PRIOR ACCIDENT | 11 - OTHER DEFECTS

SEQUENCE OF EVENTS: 1 - 20 | 2 - | 3 - | 4 - | 5 - | 6 - | NON-COLLISION EVENTS: 01 - OVERTURN/ROLLOVER | 02 - FIRE/EXPLOSION | 03 - IMMERSION | 04 - JACKKNIFE | 05 - CARGO/EQUIPMENT LOSS OF 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 - PEDALCYCLE | 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 ATTENUATION/CRASH CUSHION | 26 - BRIDGE OVERHEAD STRUCTURE | 27 - BRIDGE PIER OR ABUTMENT | 28 - BRIDGE PARAPET | 29 - BRIDGE RAIL | 30 - GUARDRAIL FACE | 31 - GUARDRAIL END | 32 - PORTABLE BARRIER | 33 - MEDIAN CABLE BARRIER | 34 - MEDIAN GUARDRAIL BARRIER | 35 - MEDIAN CONCRETE BARRIER | 36 - MEDIAN OTHER BARRIER | 37 - TRAFFIC SIGN POST | 38 - OVERHEAD SIGN POST | 39 - LIGHT/LUMINARIES SUPPORT | 40 - UTILITY POLE | 41 - OTHER POST, POLE OR SUPPORT | 42 - CULVERT | 43 - CURB | 44 - DITCH | 45 - EMBANKMENT | 46 - FENCE | 47 - MAILBOX | 48 - TREE | 49 - FIRE HYDRANT | 50 - WORK ZONE MAINTENANCE EQUIPMENT | 51 - WALL, BUILDING, TUNNEL | 52 - OTHER FIXED OBJECT

UNIT SPEED: 45 | POSTED SPEED: 45 | TRAFFIC CONTROL: 04 | 01 - NO CONTROLS | 02 - STOP SIGN | 03 - YIELD SIGN | 04 - TRAFFIC SIGNAL | 05 - TRAFFIC FLASHERS | 06 - SCHOOL ZONE | 07 - RAILROAD CROSSBUCKS | 08 - RAILROAD FLASHERS | 09 - RAILROAD GATES | 10 - CONSTRUCTION BARRICADE | 11 - PERSON (FLAGGER, OFFICER) | 12 - PAVEMENT MARKINGS | 13 - CROSSWALK LINES | 14 - WALK/DON'T WALK | 15 - OTHER | 16 - NOT REPORTED | UNIT DIRECTION: FROM 2 TO 2 | 1 - NORTH | 2 - SOUTH | 3 - EAST | 4 - WEST | 5 - NORTHEAST | 6 - NORTHWEST | 7 - SOUTHEAST | 8 - SOUTHWEST | 9 - UNKNOWN

UNIT NUMBER: 03
 OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)
 OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER)
 DAMAGE SCALE: 2
 DAMAGED AREA: FRONT

OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER)
 LP STATE: OH
 LICENSE PLATE NUMBER: BAYMAN
 VEHICLE IDENTIFICATION NUMBER: 1G1YFK63877R417348
 # OCCUPANTS: 04

VEHICLE YEAR: 2007
 VEHICLE MAKE: CADILLAC
 VEHICLE MODEL: ESCALADE
 VEHICLE COLOR: BLACK

PROOF OF INSURANCE SHOWN: MOTORISTS MUTUAL
 INSURANCE COMPANY: MOTORISTS MUTUAL
 POLICY NUMBER: 0753-06-573550-00A
 TOWED BY: NONE

CARRIER NAME, ADDRESS, CITY, STATE, ZIP
 CARRIER PHONE - INCLUDE AREA CODE

US DOT: 01
 VEHICLE WEIGHT GVWR/GCWR: 1- LESS THAN OR EQUAL TO 10K LBS.
 CARGO BODY TYPE: 01
 TRAFFICWAY DESCRIPTION: 1
 HM PLACARD ID No.
 HM CLASS NUMBER

NON-MOTORIST LOCATION PRIOR TO IMPACT: 01
 TYPE OF USE: 01
 UNIT TYPE: 06
 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS): 01
 MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS: 01
 BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER): 01
 IN EMERGENCY RESPONSE
 HAS HM PLACARD

SPECIAL FUNCTION: 01
 MOST DAMAGED AREA: 06
 IMPACT AREA: 06
 ACTION: 4

PRE-CRASH ACTIONS: 01
 MOTORIST: 01
 NON-MOTORIST: 01

CONTRIBUTING CIRCUMSTANCES: 01
 VEHICLE DEFECTS: 01

SEQUENCE OF EVENTS: 1 20 3 4 5 6
 NON-COLLISION EVENTS: 01

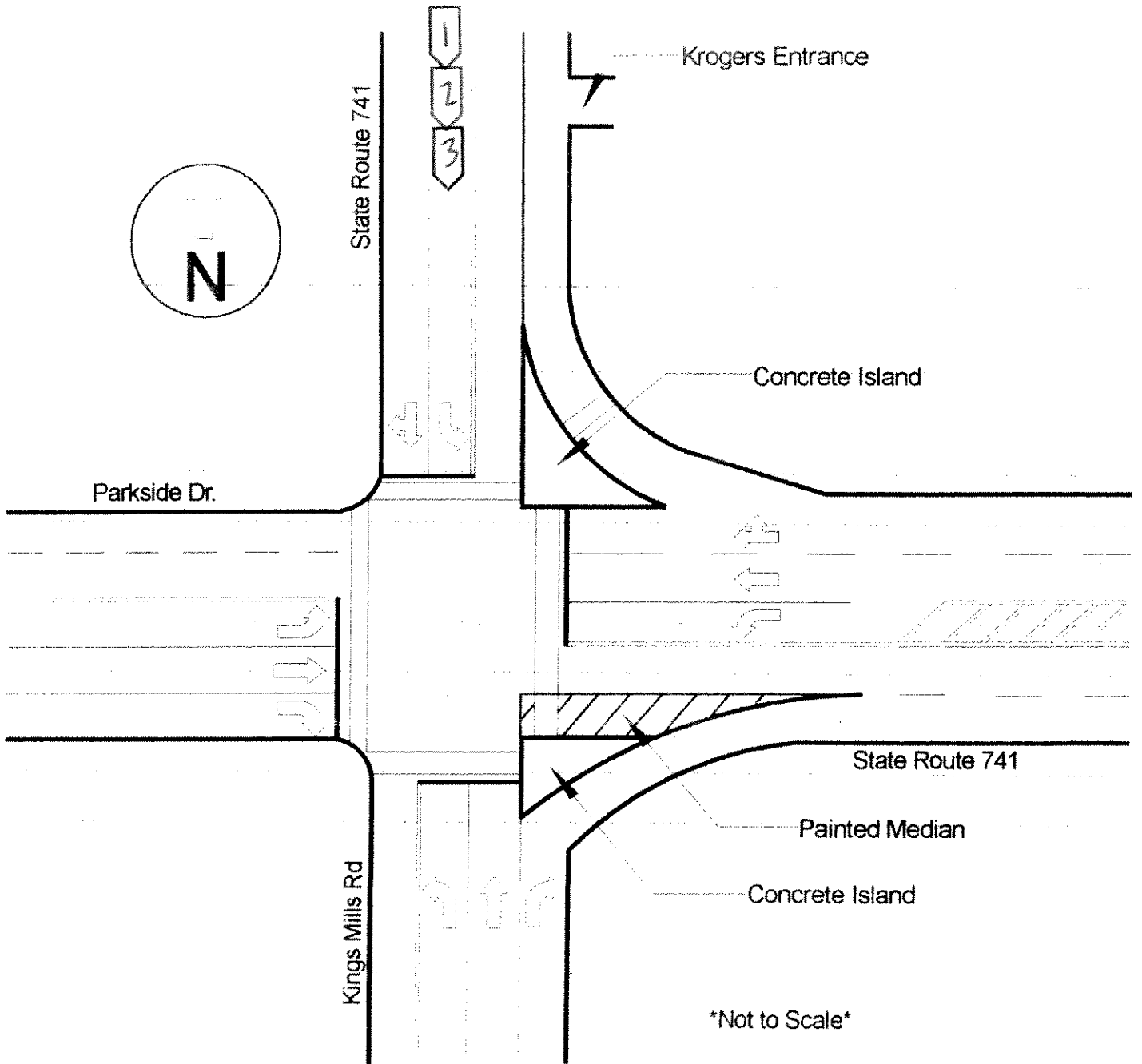
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED: 14-20
 COLLISION WITH FIXED OBJECT: 25-40

UNIT SPEED: 0
 POSTED SPEED: 45
 TRAFFIC CONTROL: 04
 UNIT DIRECTION: FROM 1 TO 2

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 13-14087	REPORTING AGENCY MASON POLICE DEPT.	DATE OF ACCIDENT M 5 10 19 13
IN COUNTY OF WARREN	ACCIDENT LOCATION S. RTE 741 @ KINGS MILLS / PARKSIDE	



Not to Scale

OFFICERS SIGNATURE
PO *Brown*

BADGE NO.
1052



LOCAL REPORT NUMBER 13-14087	REPORTING AGENCY MASON PD	DATE OF CRASH M 5 D 19 Y 13
---------------------------------	------------------------------	------------------------------------

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

I, JILL OSBORN HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

LAHMAN AT INT OF 741 & KINGS MILL
OFFICER'S NAME LOCATION

I CAME TO A STOP TO WAIT FOR
 LIGHT TO CHANGE. A CAR HIT
 ME HARD FROM BEHIND & RUSHED
 ME INTO A BLACK ESCALADE

ADDRESS OF WITNESS 5488 WANDERING WAY MASON, OH	PHONE 205-7518
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X PD <i>[Signature]</i>



LOCAL REPORT NUMBER 13-14087	REPORTING AGENCY MASON PD	DATE OF CRASH M 5 D 19 Y 13
---------------------------------	------------------------------	------------------------------------

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

I, X Anthony Bayman PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
LARMAN AT SCENE
OFFICER'S NAME LOCATION

Myself, Jason Roberts, his son Dreson and my son Neil were waiting at traffic light on 741 in Mason Ohio at Kings mill to turn and started to move with traffic when white Ford Explorer rear ended me, she was hit by white Ford Fusion behind her which drove her into ME

Anthony Bayman 1-22-62
 Neil Bayman 10-4-03

Jason Roberts 2-3-76
 Dreson Roberts 4-5-04
 3237 STARK DR
 PIQUA 45356

ADDRESS OF WITNESS X LEAGUES way Piqua oh 45356	PHONE 937 778 8017
SIGNATURE OF WITNESS X <u>Anthony Bayman</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>