



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
29130999925895	3 1 - Fatal 2 - Injury 3 - PDO	<input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved

Local Information	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
	08304	MASON P.D	011	011 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83	<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township	MASON	09/13/2013	2310	FRI

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0 / 0	0 / 0 / 0	39.1368976	-84.2862941

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input checked="" 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 Road Name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
	CARMELLE WOODS	DR	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	Reference Name (Road, Milepost, House #)
50 Miles Feet Yards	E N,S, E,W	SR 741	

Reference Point Used	Crash Location	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	01 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 2 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 Primary Secondary	2 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

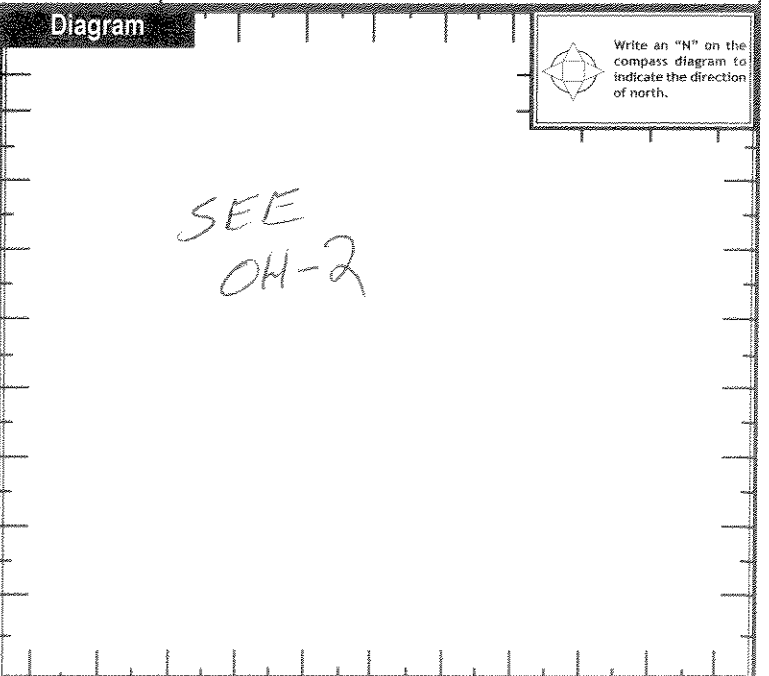
Manner of Crash Collision/Impact	Weather
1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	2 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet,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

Road Surface	Light Conditions	School Bus Related
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	4 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other	<input type="checkbox"/> School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

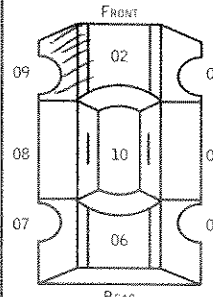
Work Zone Related	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> 1 - Lane Closure <input type="checkbox"/> 2 - Lane Shift/Crossover <input type="checkbox"/> 3 - Work on Shoulder or Median <input type="checkbox"/> 4 - Intermittent or Moving Work <input type="checkbox"/> 5 - Other	<input type="checkbox"/> 1 - Before the First Work Zone Warning Sign <input type="checkbox"/> 2 - Advance Warning Area <input type="checkbox"/> 3 - Transition Area <input type="checkbox"/> 4 - Activity Area <input type="checkbox"/> 5 - Termination Area

Narrative

UNIT # 1 MADE A RIGHT HAND TURN ONTO CARMELLE WOODS DRIVE OFF OF S.R 741. UNIT # 1 WENT OFF THE RIGHT SIDE OF THE ROADWAY STRIKING A NO PARKING SIGN AND A TREE.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to GDPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
Police Agency		09/13/2013	2310	2311	2315	2354	160	1104
Officer's Name *	Officer's Badge Number	Checked By	Page of					
A. SHAFFER	22	55						

UNIT NUMBER <b>011</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>WALOUKE DOUGLAS</b>	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) <b>614-653-0061</b>	DAMAGE SCALE <b>4</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>4601 WOODHAVEN CT. MASON OH 45040</b>				
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>FIL 9633</b>	VEHICLE IDENTIFICATION NUMBER <b>JTA4N1W61S33J0468091011</b>	# OCCUPANTS <b>011</b>	
VEHICLE YEAR <b>2003</b>	VEHICLE MAKE <b>MITS</b>	VEHICLE MODEL <b>MONTERO</b>	VEHICLE COLOR <b>BLACK</b>	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>LIBERTY MUTUAL</b>	POLICY NUMBER <b>AOS-288-629598</b>	TOWED BY	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE- INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LBS. <input type="checkbox"/> 2 - 10,001 TO 26,000 LBS. <input type="checkbox"/> 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <input type="checkbox"/> 01 - NO CARGO BODY TYPE/NOT APPLICABLE <input type="checkbox"/> 02 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 03 - BUS (16+ SEATS, INC DRIVER) <input type="checkbox"/> 04 - VEHICLE TOWING ANOTHER VEHICLE <input type="checkbox"/> 05 - LOGGING <input type="checkbox"/> 06 - INTERMODAL CONTAINER CHASSIS <input type="checkbox"/> 07 - CARGO VAN/ENCLOSED BOX <input type="checkbox"/> 08 - GRAB, CHIPS, GRAVEL <input type="checkbox"/> 09 - POLE <input type="checkbox"/> 10 - CARGO TANK <input type="checkbox"/> 11 - FLAT BED <input type="checkbox"/> 12 - DUMP <input type="checkbox"/> 13 - CONCRETE MIXER <input type="checkbox"/> 14 - AUTO TRANSPORTER <input type="checkbox"/> 15 - GARBAGE/REFUSE <input type="checkbox"/> 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION <input type="checkbox"/> 1 - TWO-WAY, NOT DIVIDED <input type="checkbox"/> 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE <input type="checkbox"/> 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS P+R FL) MEDIAN <input type="checkbox"/> 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER <input type="checkbox"/> 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT
HM PLACARD ID NO.	HAZARDOUS MATERIAL RELEASED		
HM CLASS NUMBER			

NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK <input type="checkbox"/> 03 - INTERSECTION - OTHER <input type="checkbox"/> 04 - MIDDLEBLOCK - MARKED CROSSWALK <input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 06 - BICYCLE LANE <input type="checkbox"/> 07 - SHOULDER/ROADSIDE <input type="checkbox"/> 08 - SIDEWALK <input type="checkbox"/> 09 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL <input type="checkbox"/> 12 - NON-TRAFFICWAY AREA <input type="checkbox"/> 99 - OTHER/UNKNOWN	TYPE OF USE <input type="checkbox"/> 1 - PERSONAL <input type="checkbox"/> 2 - COMMERCIAL <input type="checkbox"/> 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <input type="checkbox"/> 06 <input type="checkbox"/> 99 - UNKNOWN <input type="checkbox"/> 99 - HIT / SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) <input type="checkbox"/> 01 - SUB-COMPACT <input type="checkbox"/> 02 - COMPACT <input type="checkbox"/> 03 - MID SIZE <input type="checkbox"/> 04 - FULL SIZE <input type="checkbox"/> 05 - MINIVAN <input type="checkbox"/> 06 - SPORT UTILITY VEHICLE <input type="checkbox"/> 07 - PICKUP <input type="checkbox"/> 08 - VAN <input type="checkbox"/> 09 - MOTORCYCLE <input type="checkbox"/> 10 - MOTORIZED BICYCLE <input type="checkbox"/> 11 - SNOWMOBILE/ATV <input type="checkbox"/> 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS <input type="checkbox"/> 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES <input type="checkbox"/> 14 - SINGLE UNIT TRUCK; 3+ AXLES <input type="checkbox"/> 15 - SINGLE UNIT TRUCK / TRAILER <input type="checkbox"/> 16 - TRUCK/TRACTOR (BOBTAIL) <input type="checkbox"/> 17 - TRACTOR/SEMI-TRAILER <input type="checkbox"/> 18 - TRACTOR/DOUBLE <input type="checkbox"/> 19 - TRACTOR/TRIPLES <input type="checkbox"/> 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) <input type="checkbox"/> 21 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 22 - BUS (16+ SEATS, INC DRIVER) <b>NON-MOTORIST</b> <input type="checkbox"/> 23 - ANIMAL WITH RIDER <input type="checkbox"/> 24 - ANIMAL WITH BUGGY, WAGON, SURREY <input type="checkbox"/> 25 - BICYCLE/PEDALCYCLIST <input type="checkbox"/> 26 - PEDESTRIAN/SKATER <input type="checkbox"/> 27 - OTHER NON-MOTORIST <input type="checkbox"/> HAS HM PLACARD
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SPECIAL FUNCTION <input type="checkbox"/> 01 - NONE <input type="checkbox"/> 02 - TAXI <input type="checkbox"/> 03 - RENTAL TRUCK (OVER 10K LBS) <input type="checkbox"/> 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) <input type="checkbox"/> 05 - BUS - TRANSIT <input type="checkbox"/> 06 - BUS - CHARTER <input type="checkbox"/> 07 - BUS - SHUTTLE <input type="checkbox"/> 08 - BUS - OTHER <input type="checkbox"/> 09 - AMBULANCE <input type="checkbox"/> 10 - FIRE <input type="checkbox"/> 11 - HIGHWAY/MAINTENANCE <input type="checkbox"/> 12 - MILITARY <input type="checkbox"/> 13 - POLICE <input type="checkbox"/> 14 - PUBLIC UTILITY <input type="checkbox"/> 15 - OTHER GOVERNMENT <input type="checkbox"/> 16 - CONSTRUCTION EQUIP. <input type="checkbox"/> 17 - FARM VEHICLE <input type="checkbox"/> 18 - FARM EQUIPMENT <input type="checkbox"/> 19 - MOTORBIKE <input type="checkbox"/> 20 - GOLF CART <input type="checkbox"/> 21 - TRAIN <input type="checkbox"/> 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA <input type="checkbox"/> 09 IMPACT AREA <input type="checkbox"/> 09	ACTION <input type="checkbox"/> 3 <input type="checkbox"/> 1 - NON-CONTACT <input type="checkbox"/> 2 - NON-COLLISION <input type="checkbox"/> 3 - STRIKING <input type="checkbox"/> 4 - STRUCK <input type="checkbox"/> 5 - STRIKING/STRUCK <input type="checkbox"/> 9 - UNKNOWN
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PRE-CRASH ACTIONS <input type="checkbox"/> 01 99 - UNKNOWN	MOTORIST <input type="checkbox"/> 01 - STRAIGHT AHEAD <input type="checkbox"/> 02 - BACKING <input type="checkbox"/> 03 - CHANGING LANES <input type="checkbox"/> 04 - OVERTAKING/PASSING <input type="checkbox"/> 05 - MAKING RIGHT TURN <input type="checkbox"/> 06 - MAKING LEFT TURN <input type="checkbox"/> 07 - MAKING U-TURN <input type="checkbox"/> 08 - ENTERING TRAFFIC LANE <input type="checkbox"/> 09 - LEAVING TRAFFIC LANE <input type="checkbox"/> 10 - PARKED <input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC <input type="checkbox"/> 12 - DRIVERLESS <input type="checkbox"/> 13 - NEGOTIATING A CURVE <input type="checkbox"/> 14 - OTHER MOTORIST ACTION	NON-MOTORIST <input type="checkbox"/> 15 - ENTERING OR CROSSING SPECIFIED LOCATION <input type="checkbox"/> 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING <input type="checkbox"/> 17 - WORKING <input type="checkbox"/> 18 - PUSHING VEHICLE <input type="checkbox"/> 19 - APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> 20 - STANDING <input type="checkbox"/> 21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY <input type="checkbox"/> 17 SECONDARY <input type="checkbox"/>	MOTORIST <input type="checkbox"/> 01 - NONE <input type="checkbox"/> 02 - FAILURE TO YIELD <input type="checkbox"/> 03 - RAN RED LIGHT <input type="checkbox"/> 04 - RAN STOP SIGN <input type="checkbox"/> 05 - EXCEEDED SPEED LIMIT <input type="checkbox"/> 06 - UNSAFE SPEED <input type="checkbox"/> 07 - IMPROPER TURN <input type="checkbox"/> 08 - LEFT OF CENTER <input type="checkbox"/> 09 - FOLLOWED TOO CLOSELY/ACDA <input type="checkbox"/> 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD <input type="checkbox"/> 11 - IMPROPER BACKING <input type="checkbox"/> 12 - IMPROPER START FROM PARKED POSITION <input type="checkbox"/> 13 - STOPPED OR PARKED ILLEGALLY <input type="checkbox"/> 14 - OPERATING VEHICLE IN NEGLIGENT MANNER <input type="checkbox"/> 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) <input type="checkbox"/> 16 - WRONG SIDE/WRONG WAY <input type="checkbox"/> 17 - FAILURE TO CONTROL <input type="checkbox"/> 18 - VISION OBSTRUCTION <input type="checkbox"/> 19 - OPERATING DEFECTIVE EQUIPMENT <input type="checkbox"/> 20 - LOAD SHIFTING/FALLING/SPILLING <input type="checkbox"/> 21 - OTHER IMPROPER ACTION	NON-MOTORIST <input type="checkbox"/> 22 - NONE <input type="checkbox"/> 23 - IMPROPER CROSSING <input type="checkbox"/> 24 - DARTING <input type="checkbox"/> 25 - LYING AND/OR ILLEGALLY IN ROADWAY <input type="checkbox"/> 26 - FAILURE TO YIELD RIGHT OF WAY <input type="checkbox"/> 27 - NOT VISIBLE (DARK CLOTHING) <input type="checkbox"/> 28 - INATTENTIVE <input type="checkbox"/> 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER <input type="checkbox"/> 30 - WRONG SIDE OF THE ROAD <input type="checkbox"/> 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/> 01 - TURN SIGNALS <input type="checkbox"/> 02 - HEAD LAMPS <input type="checkbox"/> 03 - TAIL LAMPS <input type="checkbox"/> 04 - BRAKES <input type="checkbox"/> 05 - STEERING <input type="checkbox"/> 06 - TIRE BLOWOUT <input type="checkbox"/> 07 - WORK OR SLICK TIRES <input type="checkbox"/> 08 - TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/> 09 - MOTOR TROUBLE <input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT <input type="checkbox"/> 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 <b>08</b> 2 <b>37</b> 3 <b>48</b> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT <b>2</b> MOST HARMFUL EVENT <b>3</b> 99 - UNKNOWN	NON-COLLISION EVENTS <input type="checkbox"/> 01 - OVERTURN/ROLLOVER <input type="checkbox"/> 02 - FIRE/EXPLOSION <input type="checkbox"/> 03 - IMMERSION <input type="checkbox"/> 04 - JACKKNIFE <input type="checkbox"/> 05 - CARGO/EQUIPMENT LOSE OR SHIFT <input type="checkbox"/> 06 - EQUIPMENT FAILURE (BURN TIRE, BRAKE FAILURE, ETC) <input type="checkbox"/> 07 - SEPARATION OF UNITS <input type="checkbox"/> 08 - RAN OFF ROAD RIGHT <input type="checkbox"/> 09 - RAN OFF ROAD LEFT <input type="checkbox"/> 10 - CROSS MEDIAN <input type="checkbox"/> 11 - CROSS CENTER LINE <input type="checkbox"/> OPPOSITE DIRECTION OF TRAVEL <input type="checkbox"/> 12 - DOWNHILL RUNAWAY <input type="checkbox"/> 13 - OTHER NON-COLLISION
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COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED <input type="checkbox"/> 14 - PEDESTRIAN <input type="checkbox"/> 15 - PEDALCYCLE <input type="checkbox"/> 16 - RAILWAY VEHICLE (TRAIN, ENGINE) <input type="checkbox"/> 17 - ANIMAL - FARM <input type="checkbox"/> 18 - ANIMAL - DEER <input type="checkbox"/> 19 - ANIMAL - OTHER <input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT <input type="checkbox"/> 21 - PARKED MOTOR VEHICLE <input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE <input type="checkbox"/> 24 - OTHER MOVABLE OBJECT <input type="checkbox"/> 25 - IMPACT ATTENUATOR/CRASH CUSHION <input type="checkbox"/> 26 - BRIDGE OVERHEAD STRUCTURE <input type="checkbox"/> 27 - BRIDGE PIER OR ABUTMENT <input type="checkbox"/> 28 - BRIDGE PARAPET <input type="checkbox"/> 29 - BRIDGE RAIL <input type="checkbox"/> 30 - GUARDRAIL FACE <input type="checkbox"/> 31 - GUARDRAIL END <input type="checkbox"/> 32 - PORTABLE BARRIER <input type="checkbox"/> 33 - MEDIAN CABLE BARRIER <input type="checkbox"/> 34 - MEDIAN GUARDRAIL BARRIER <input type="checkbox"/> 35 - MEDIAN CONCRETE BARRIER <input type="checkbox"/> 36 - MEDIAN OTHER BARRIER <input type="checkbox"/> 37 - TRAFFIC SIGN POST <input type="checkbox"/> 38 - OVERHEAD SIGN POST <input type="checkbox"/> 39 - LIGHT/LUMINARIES SUPPORT <input type="checkbox"/> 40 - UTILITY POLE <input type="checkbox"/> 41 - OTHER POST, POLE OR SUPPORT <input type="checkbox"/> 42 - CURB <input type="checkbox"/> 43 - CURB <input type="checkbox"/> 44 - DITCH <input type="checkbox"/> 45 - EMBANKMENT <input type="checkbox"/> 46 - FENCE <input type="checkbox"/> 47 - MAILBOX <input type="checkbox"/> 48 - TREE <input type="checkbox"/> 49 - FIRE HYDRANT <input type="checkbox"/> 50 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 51 - WALL, BUILDING, TUNNEL <input type="checkbox"/> 52 - OTHER FIXED OBJECT
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UNIT SPEED <input type="checkbox"/> 20 <input type="checkbox"/> ESTIMATED	POSTED SPEED <input type="checkbox"/> 25	TRAFFIC CONTROL <input type="checkbox"/> 01 <input type="checkbox"/> 02 - STOP SIGN <input type="checkbox"/> 03 - YIELD SIGN <input type="checkbox"/> 04 - TRAFFIC SIGNAL <input type="checkbox"/> 05 - TRAFFIC FLASHERS <input type="checkbox"/> 06 - SCHOOL ZONE <input type="checkbox"/> 07 - RAILROAD CROSSINGS <input type="checkbox"/> 08 - RAILROAD FLASHERS <input type="checkbox"/> 09 - RAILROAD GATES <input type="checkbox"/> 10 - CONSTRUCTION BARRICADE <input type="checkbox"/> 11 - PERSON (FLAGGER, OFFICER) <input type="checkbox"/> 12 - PAVEMENT MARKINGS <input type="checkbox"/> 13 - CROSSWALK LINES <input type="checkbox"/> 14 - WALK/DON'T WALK <input type="checkbox"/> 15 - OTHER <input type="checkbox"/> 16 - NOT REPORTED	UNIT DIRECTION FROM <input type="checkbox"/> 1 TO <input type="checkbox"/> 3 <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST <input type="checkbox"/> 5 - NORTHEAST <input type="checkbox"/> 6 - NORTHWEST <input type="checkbox"/> 7 - SOUTHWEST <input type="checkbox"/> 8 - SOUTHWEST <input type="checkbox"/> 9 - UNKNOWN
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# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**201139099935895**

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>WALOUKE ABIGAIL</b>	DATE OF BIRTH <b>1199411996</b>	AGE <b>16</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>4601 WOODHAVEN CT. MASON OH 45040</b>	CONTACT PHONE- INCLUDE AREA CODE <b>614-653-0061</b>
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>UB362522</b>	OL CLASS <b>4</b>	NO <input type="checkbox"/> VALID OL	M/C END. <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
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OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE ) <b>333.08</b>	OFFENSE DESCRIPTION <b>REASONABLE CONTROL</b>	CITATION NUMBER <b>74827</b>	HANDS-FREE <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO <input type="checkbox"/> VALID OL	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 <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 5 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> 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	<b>Non-Motorist</b> 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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<b>SEATING POSITION</b> 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE 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	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	<b>OPERATOR LICENSE CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO'S "D") 5 - M/C/MOPED ONLY	<b>CONDITION</b> 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	<b>ALCOHOL/DRUG SUSPECTED</b> 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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<b>ALCOHOL TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	<b>DRUG TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	<b>DRIVER DISTRACTED BY</b> 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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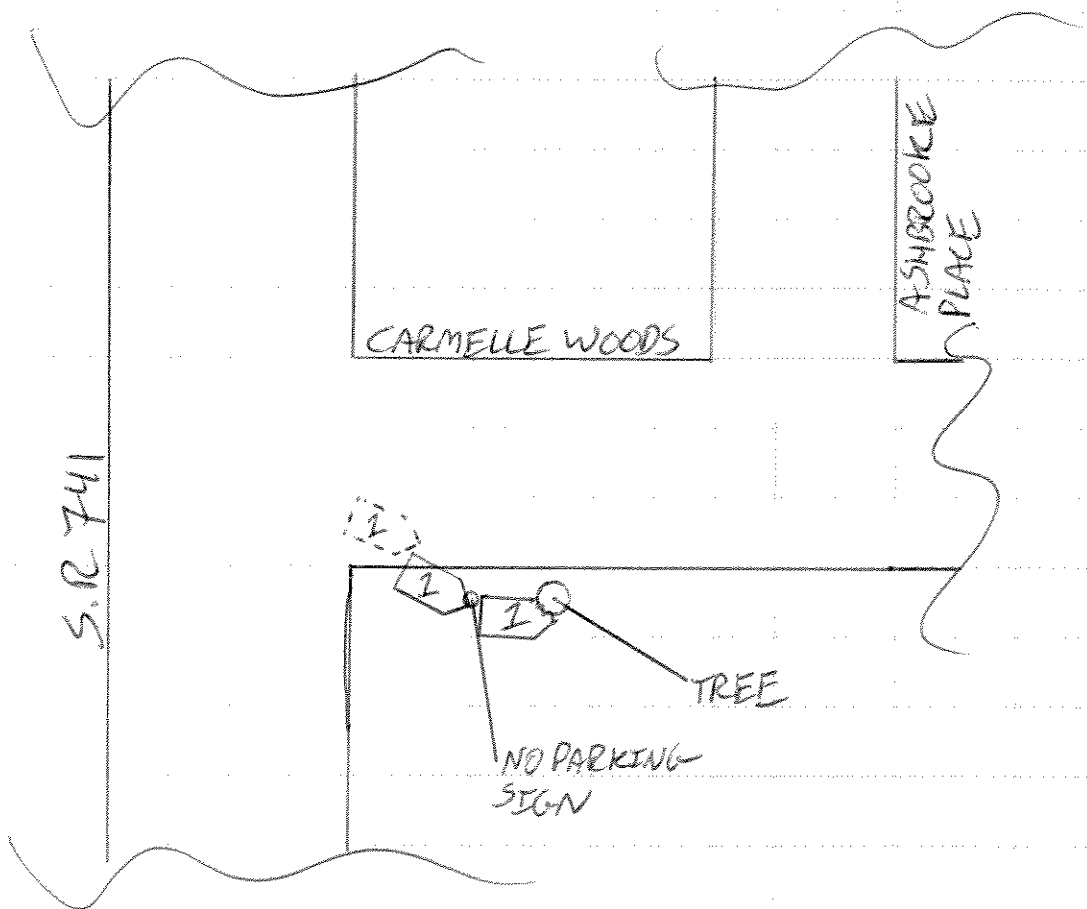
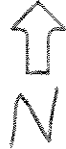
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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LOCAL REPORT NUMBER <i>13-25805</i>	REPORTING AGENCY <i>MASON P.D</i>	DATE OF CRASH <i>M 9   D 13   Y 13</i>
IN COUNTY OF <i>WARREN</i>	CRASH LOCATION <i>CARMELLE WOODS DR / S.R 741</i>	



OFFICER'S SIGNATURE <i>X [Signature]</i>	BADGE NUMBER <i>22</i>
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