



# Traffic Crash Report

|                       |                |                            |
|-----------------------|----------------|----------------------------|
| Local Report Number * | Crash Severity | Hit/Skip                   |
| 20113-25170           | 3 - PDD        | 1 - Solved<br>2 - Unsolved |

|   |   |  |                         |                    |               |
|---|---|--|-------------------------|--------------------|---------------|
| Local Information   |   | Reporting Agency NCIC *                              | Reporting Agency Name * | Number of Units    | Unit in error |
| <input checked="" type="checkbox"/> Photos Taken<br><input checked="" type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-1P<br><input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> Other | <input type="checkbox"/> PDD Under State Reportable Dollar Amount | <input checked="" type="checkbox"/> Private Property | 83PH1                   | MASON POLICE DEPT. | 02            |
| County *  | City *  | City, Village, Township *                            | Crash Date *            | Time of Crash      | Day of Week   |
| 03  | MASON   | MASON  | 09072013                | 2201               | SAT           |

|                                      |                 |                          |            |
|--------------------------------------|-----------------|--------------------------|------------|
| Degrees / Minutes / Seconds Latitude | Longitude       | Decimal Degrees Latitude | Longitude  |
| 39° 20' 09.78"                       | -84° 16' 45.05" | 39.336051                | -84.279181 |

|   |  |                      |  |
|---|--|----------------------|--|
| Roadway Division                              | Divided Lane Direction of Travel                             | Number of Thru Lanes | Road Types or Milepost <sup>2</sup>  |
| <input checked="" type="checkbox"/> Undivided | N - Northbound E - Eastbound<br>S - Southbound W - Westbound | 04                   | AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way<br>AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace<br>BL - Boulevard DR - Drive LA - Lane PT - Pike SQ - Square TL - Trail |

|                                  |                       |                    |                    |                                 |  |
|----------------------------------|-----------------------|--------------------|--------------------|---------------------------------|--|
| Location Route Type <sup>1</sup> | Location Route Number | Loc Prefix N,S,E,W | Location Road Name | Location Road Type <sup>2</sup> | Route Types <sup>3</sup>   |
|                                  |                       |                    | KINGS ISLAND       | DE                              | IR - Interstate Route (inc. turnpike) CR - Numbered County Route<br>US - US Route TR - Numbered Township Route<br>SR - State Route |

|                         |              |                                   |                        |                    |  |                                  |
|-------------------------|--------------|-----------------------------------|------------------------|--------------------|--|----------------------------------|
| Distance From Reference | Dir From Ref | Reference Route Type <sup>1</sup> | Reference Route Number | Ref Prefix N,S,E,W | Reference Name (Road, Milepost, House #) | Reference Road Type <sup>2</sup> |
| AT                      |              |                                   |                        |                    | WESTERN ROW                              | RD                               |

|   |  |                                     |   |
|---|--|-------------------------------------|---|
| Reference Point Used                                  | Crash Location   | Intersection Related                | Location of First Harmful Event   |
| 1 - Intersection<br>2 - Mile Post<br>3 - House Number | 02<br>01 - Not an Intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout | <input checked="" type="checkbox"/> | 1 - On Roadway<br>2 - On Shoulder<br>3 - In Median<br>4 - On Roadside<br>5 - On Gore<br>6 - Outside Trafficway<br>9 - Unknown |

|   |                            |  |
|---|----------------------------|--|
| Road Contour  | Road Conditions            | Weather  |
| 1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level<br>4 - Curve Grade<br>9 - Unknown | 01<br>Primary<br>Secondary | 1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<br>4 - Rain<br>5 - Sleet, Hail<br>6 - Snow<br>7 - Severe Crosswinds<br>8 - Blowing Sand, Soil, Dirt, Snow<br>9 - Other/Unknown |

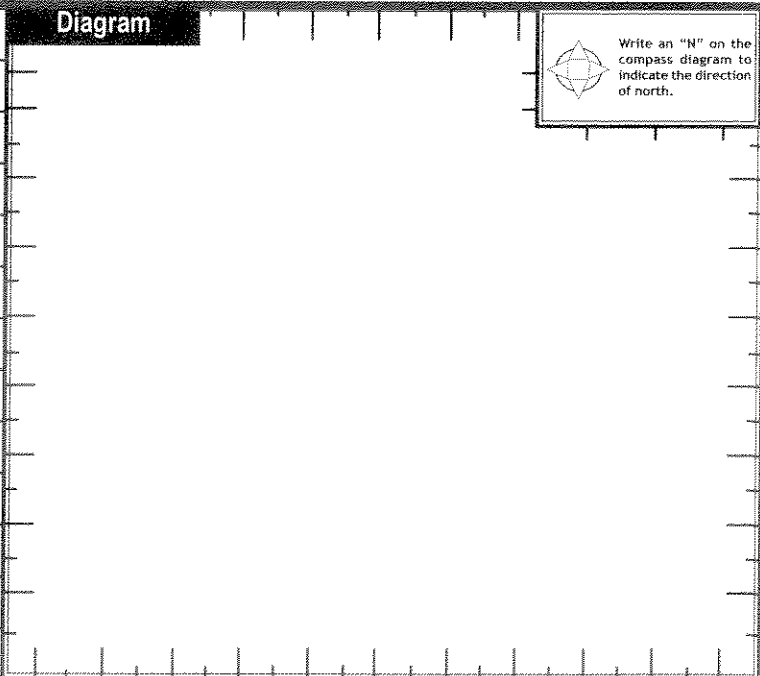
|  |   |
|--|---|
| Manner of Crash Collision/Impact   | Weather   |
| 6<br>1 - Not Collision Between Two Motor Vehicles In Transport<br>2 - Rear-End<br>3 - Head-On<br>4 - Rear-to-Rear<br>5 - Backing<br>6 - Angle<br>7 - Sideswipe, Same Direction<br>8 - Sideswipe, Opposite Direction<br>9 - Unknown | 1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

|   |                           |  |
|---|---------------------------|--|
| Road Surface  | Light Conditions          | School Bus Related   |
| 2<br>1 - Concrete<br>2 - Blacktop, Bituminous, Asphalt<br>3 - Brick/Block<br>4 - Slag, Gravel, Stone<br>5 - Dirt<br>6 - Other | 4<br>Primary<br>Secondary | <input type="checkbox"/> School Zone Related<br><input type="checkbox"/> Yes, School Bus Directly Involved<br><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<br><input type="checkbox"/> Law Enforcement Present (Officer/Vehicle)<br><input type="checkbox"/> Law Enforcement Present (Vehicle Only) | 1 - Lane Closure<br>2 - Lane Shift/Crossover<br>3 - Work on Shoulder or Median<br>4 - Intermittent or Moving Work<br>5 - Other | 1 - Before the First Work Zone Warning Sign<br>2 - Advance Warning Area<br>3 - Transition Area<br>4 - Activity Area<br>5 - Termination Area |

**Narrative**

UNIT 1 FAILED TO YIELD WHILE TURNING LEFT IN THE INTERSECTION OF KINGS ISLAND DRIVE AND WESTERN ROW ROAD AND WAS STRUCK IN THE REAR BY UNIT 2.



|                                   |  |                     |                     |               |              |              |                          |               |
|-----------------------------------|--|---------------------|---------------------|---------------|--------------|--------------|--------------------------|---------------|
| Report Taken By                   | Supplement / Correction or Addition to an Existing Report Sent to OOPS | Date Crash Reported | Time Crash Reported | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| A - Police Agency<br>B - Motorist | <input type="checkbox"/>   | 09072013            | 2201                | 2210          | 2219         | 2253         | 50                       | 102           |
| Officer's Name *                  | Officer's Badge Number   | Checked By          | Page of             |               |              |              |                          |               |
| Po. GPO (WYSS)                    | 1023   | SS                  |                     |               |              |              |                          |               |



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**Z913-25170**

|                           |  |                                    |                  |   |
|---------------------------|--|------------------------------------|------------------|---|
| UNIT NUMBER<br><b>011</b> | NAME: LAST, FIRST, MIDDLE<br><b>BENTLEY, LAURA, J.</b> | DATE OF BIRTH<br><b>09/30/1940</b> | AGE<br><b>72</b> | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |
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|---|--|
| ADDRESS, CITY, STATE, ZIP<br><b>410 MONTIC DR., MASON, OH 45040</b> | CONTACT PHONE - INCLUDE AREA CODE<br><b>513-398-9521</b> |
|---|--|

|                      |                              |            |                                   |                                    |   |                               |                           |                      |                     |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|
| INJURIES<br><b>1</b> | INJURED TAKEN BY<br><b>1</b> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><b>04</b> | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br><b>01</b> | AIR BAG USAGE<br><b>1</b> | EJECTION<br><b>1</b> | TRAPPED<br><b>1</b> |
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| OL STATE<br><b>OH</b> | OPERATOR LICENSE NUMBER<br><b>RK686954</b> | OL CLASS<br><b>4</b> | NO VALID OL<br><input type="checkbox"/> | M/C END.<br><input type="checkbox"/> | CONDITION<br><b>1</b> | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b> | ALCOHOL TEST TYPE<br><b>1</b> | ALCOHOL TEST VALUE | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
|-----------------------|--|----------------------|---|--------------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|--------------------|------------------------------|----------------------------|

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| OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE )<br><b>331.17</b> | OFFENSE DESCRIPTION<br><b>FAIL TO YIELD</b> | CITATION NUMBER<br><b>74656</b> | HANDS-FREE<br><input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY<br><b>1</b> |
|---|---|---------------------------------|--|----------------------------------|

|                           |  |                                    |     |   |
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| UNIT NUMBER<br><b>021</b> | NAME: LAST, FIRST, MIDDLE<br><b>PATRICK, ROBERT, CHARLES</b> | DATE OF BIRTH<br><b>07/15/1968</b> | AGE | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |
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|---|--|
| ADDRESS, CITY, STATE, ZIP<br><b>93 FRANKLIN ST., ELIZABETH, WV, 26143</b> | CONTACT PHONE - INCLUDE AREA CODE<br><b>260-241-5873</b> |
|---|--|

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| INJURIES<br><b>1</b> | INJURED TAKEN BY<br><b>1</b> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><b>04</b> | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br><b>01</b> | AIR BAG USAGE<br><b>1</b> | EJECTION<br><b>1</b> | TRAPPED<br><b>1</b> |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|

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|-----------------------|---|----------------------|---|--------------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|--------------------|------------------------------|----------------------------|
| OL STATE<br><b>WV</b> | OPERATOR LICENSE NUMBER<br><b>F674820</b> | OL CLASS<br><b>4</b> | NO VALID OL<br><input type="checkbox"/> | M/C END.<br><input type="checkbox"/> | CONDITION<br><b>1</b> | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b> | ALCOHOL TEST TYPE<br><b>1</b> | ALCOHOL TEST VALUE | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
|-----------------------|---|----------------------|---|--------------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|--------------------|------------------------------|----------------------------|

|   |                     |                 |  |                                  |
|---|---------------------|-----------------|--|----------------------------------|
| OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE ) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE<br><input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY<br><b>1</b> |
|---|---------------------|-----------------|--|----------------------------------|

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|--|---|--|--|---|
| <b>INJURIES</b>  | <b>INJURED TAKEN BY</b>   | <b>SAFETY EQUIPMENT USED</b>   | <b>99 - UNKNOWN SAFETY EQUIPMENT</b>   | <b>Non-Motorist</b>   |
| 1 - No Injury / None Reported<br>2 - Possible<br>3 - Non-Incapacitating<br>4 - Incapacitating<br>5 - Fatal | 1 - Not Transported / Treated at Scene<br>2 - EMS<br>3 - Police<br>4 - Other<br>9 - Unknown | <b>MOTORIST</b><br>01 - None Used - Vehicle Occupant<br>02 - Shoulder Belt Only Used<br>03 - Lap Belt Only Used<br>04 - Shoulder and Lap Belt Used | 05 - Child Restraint System - Forward Facing<br>06 - Child Restraint System - Rear Facing<br>07 - Booster Seat<br>08 - Helmet Used | 09 - None Used<br>10 - Helmet Used<br>11 - Protective Pads Used (Elbows, Knees, Etc)<br>12 - Reflective Clothing<br>13 - Lighting<br>14 - Other |

|  |   |
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| <b>SEATING POSITION</b>  | <b>AIR BAG USAGE</b>  |
| 01 - Front - Left Side (Motorcycle Driver)<br>02 - Front - Middle<br>03 - Front - Right Side<br>04 - Second - Left Side (Motorcycle Passenger)<br>05 - Second - Middle<br>06 - Second - Right Side<br>07 - Third - Left Side (Motorcycle Side Car)<br>08 - Third - Middle<br>09 - Third - Right Side<br>10 - Sleeper Section of Cab (Truck)<br>11 - Passenger in Other Enclosed Cargo Area (Non-Trailing Unit Such as a Bus, Pickup with Cap)<br>12 - Passenger in Unenclosed Cargo Area<br>13 - Trailing Unit<br>14 - Riding on Vehicle (Exterior Non-Trailing Unit)<br>15 - Non-Motorist<br>16 - Other<br>99 - Unknown | 1 - Not Deployed<br>2 - Deployed Front<br>3 - Deployed Side<br>4 - Deployed Both Front/Side<br>5 - Not Applicable<br>9 - Deployment Unknown |

|   |   |  |   |   |
|---|---|--|---|---|
| <b>EJECTION</b>   | <b>TRAPPED</b>  | <b>OPERATOR LICENSE CLASS</b>  | <b>CONDITION</b>  | <b>ALCOHOL/DRUG SUSPECTED</b>   |
| 1 - Not Ejected<br>2 - Totally Ejected<br>3 - Partially Ejected<br>4 - Not Applicable | 1 - Not Trapped<br>2 - Extricated by Mechanical Means<br>3 - Extricated by Non-Mechanical Means | 1 - Class A<br>2 - Class B<br>3 - Class C<br>4 - Regular Class (Other is "D")<br>5 - MC/Moped Only | 1 - Apparently Normal<br>2 - Physical Impairment<br>3 - Emotional (Depressed, Angry, Disturbed)<br>4 - Illness<br>5 - Fell Asleep, Fainted, Fatigued<br>6 - Under the Influence of Medications, Drugs, Alcohol<br>7 - Other | 1 - None<br>2 - Yes - Alcohol Suspected<br>3 - Yes - HBD Not Impaired<br>4 - Yes - Drugs Suspected<br>5 - Yes - Alcohol and Drugs Suspected |

|  |   |  |   |   |
|--|---|--|---|---|
| <b>ALCOHOL TEST STATUS</b>   | <b>ALCOHOL TEST TYPE</b>                                      | <b>DRUG TEST STATUS</b>  | <b>DRUG TEST TYPE</b>                           | <b>DRIVER DISTRACTED BY</b>   |
| 1 - None Given<br>2 - Test Refused<br>3 - Test Given, Contaminated Sample/Unusable<br>4 - Test Given, Results Known<br>5 - Test Given, Results Unknown | 1 - None<br>2 - Blood<br>3 - Urine<br>4 - Breath<br>5 - Other | 1 - None Given<br>2 - Test Refused<br>3 - Test Given, Contaminated Sample/Unusable<br>4 - Test Given, Results Known<br>5 - Test Given, Results Unknown | 1 - None<br>2 - Blood<br>3 - Urine<br>4 - Other | 1 - No Distraction Reported<br>2 - Phone<br>3 - Texting/E-mailing<br>4 - Electronic Communication Device<br>5 - Other Electronic Device (Navigation Device, Radio, DVD)<br>6 - Other Inside the Vehicle<br>7 - External Distraction |

|                           |   |                                    |                  |   |
|---------------------------|---|------------------------------------|------------------|---|
| UNIT NUMBER<br><b>021</b> | NAME: LAST, FIRST, MIDDLE<br><b>PATRICK, EMILIE, JANE</b> | DATE OF BIRTH<br><b>11/28/1976</b> | AGE<br><b>36</b> | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br><b>93 FRANKLIN ST., ELIZABETH, WV, 26143</b> | CONTACT PHONE - INCLUDE AREA CODE<br><b>260-241-5873</b> |
|---|--|

|                      |                              |            |                                   |                                    |   |                               |                           |                      |                     |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|
| INJURIES<br><b>1</b> | INJURED TAKEN BY<br><b>1</b> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><b>04</b> | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br><b>03</b> | AIR BAG USAGE<br><b>1</b> | EJECTION<br><b>1</b> | TRAPPED<br><b>1</b> |
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| UNIT NUMBER<br><b>021</b> | NAME: LAST, FIRST, MIDDLE<br><b>HASENJAGER, COREY</b> | DATE OF BIRTH<br><b>05/07/1995</b> | AGE<br><b>18</b> | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br><b>57 IRIS DR., ELIZABETH, WV, 26143</b> | CONTACT PHONE - INCLUDE AREA CODE<br><b>260-241-5873</b> |
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| INJURIES<br><b>1</b> | INJURED TAKEN BY<br><b>1</b> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br><b>04</b> | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br><b>04</b> | AIR BAG USAGE<br><b>1</b> | EJECTION<br><b>1</b> | TRAPPED<br><b>1</b> |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2013-25170

|                    |  |                             |           |                                  |
|--------------------|--|-----------------------------|-----------|----------------------------------|
| UNIT NUMBER<br>021 | NAME: LAST, FIRST, MIDDLE<br>FOUST, SAKYIA | DATE OF BIRTH<br>05/27/2003 | AGE<br>11 | GENDER<br>F - FEMALE<br>M - MALE |
|--------------------|--|-----------------------------|-----------|----------------------------------|

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| ADDRESS, CITY, STATE, ZIP<br>93 FRANKLIN ST, ELIZABETH, WV 26143 | CONTACT PHONE - INCLUDE AREA CODE<br>260-241-5873 |
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| INJURIES<br>0 | INJURED TAKEN BY<br>0 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br>04 | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br>06 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
|---------------|-----------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|

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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br>F - FEMALE<br>M - MALE |
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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<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

|             |                           |               |     |                                  |
|-------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br>F - FEMALE<br>M - MALE |
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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<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

|             |                           |               |     |                                  |
|-------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br>F - FEMALE<br>M - MALE |
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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<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

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

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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<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
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|-------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br>F - FEMALE<br>M - MALE |
|-------------|---------------------------|---------------|-----|----------------------------------|

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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<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

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

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| <b>SEATING POSITION</b><br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE<br>07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAR (TRUCK) | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP)<br>12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTENSION (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN | <b>AIR BAG USAGE</b><br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS |
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| UNIT NUMBER<br><b>01</b>   | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER ) | OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER ) | DAMAGE SCALE<br><b>3</b> | DAMAGED AREA |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER ) |  |  | 1 - NONE                 |              |
| LP STATE<br><b>OH</b>  | LICENSE PLATE NUMBER<br><b>FEP3852</b>   | VEHICLE IDENTIFICATION NUMBER<br><b>H T T 1 B G 2 Z 2 K O X M 6 0 7</b>                    | 2 - MINOR                |              |
| VEHICLE YEAR<br><b>11999</b>   | VEHICLE MAKE<br><b>TOYOTA</b>  | VEHICLE MODEL<br><b>CAMRY</b>  | 3 - FUNCTIONAL           |              |
| PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>                        | INSURANCE COMPANY<br><b>MOTORIST MUTUAL</b>  | POLICY NUMBER<br><b>7175-06-87265-08A</b>  | 4 - DISABLING            |              |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |  |  | 9 - UNKNOWN              |              |

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

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| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><b>01</b> | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>03</b><br>99 - UNKNOWN OR HIT / SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBE UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br><b>NON-MOTORIST</b><br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDESTALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
|  |   |  | <input type="checkbox"/> HAS HM PLACARD   |  |   |

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| SPECIAL FUNCTION<br><b>01</b> | 01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br><b>02</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL/LAT AREA<br>14 - OTHER | ACTION<br><b>9</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
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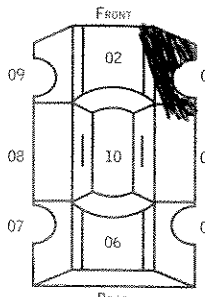
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| PRE-CRASH ACTIONS<br><b>06</b> | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BRAKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN | 07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - STOPPING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING | 21 - OTHER NON-MOTORIST ACTION |
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| CONTRIBUTING CIRCUMSTANCES | PRIMARY<br><b>02</b> | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD | 11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><b>01</b><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORK ON SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
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|                    |             |   |   |   |   |   |   |  |  |
|--------------------|-------------|---|---|---|---|---|---|--|--|
| SEQUENCE OF EVENTS | 1 <b>20</b> | 2 | 3 | 4 | 5 | 6 | NON-COLLISION EVENTS<br>01 - OVERTURN/RULLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT | 06 - EQUIPMENT FAILURE (BLOWN TYRE, BUMP FINDER, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT | 10 - CROSS MEDIAN OR SUPPORT<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION |
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| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED | 14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT | 21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT | COLLISION WITH FIXED OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER | 33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINAIRE SUPPORT<br>40 - UTILITY POLE | 41 - OTHER POST, POLE OR SUPPORT<br>42 - CURB<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX | 48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |
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| UNIT SPEED<br><b>151</b> | POSTED SPEED<br><b>35</b> | TRAFFIC CONTROL<br><b>04</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE | 07 - RAILROAD CROSSINGS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER) | 12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>2</b> TO <b>4</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST | 5 - NORTHEAST<br>6 - NORTHWEST<br>7 - EAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
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| UNIT NUMBER<br><b>021</b>  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>PATRICK, EMILIE JANE</b> | OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER ) | DAMAGE SCALE<br><b>3</b>         | DAMAGED AREA<br> |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER ) |  |  | 1 - NONE                         |   |
| LP STATE<br><b>WV</b>  | LICENSE PLATE NUMBER<br><b>7WV 754</b>   | VEHICLE IDENTIFICATION NUMBER<br><b>1G4HP15ZK6VH514093104</b>                              | 2 - MINOR                        |   |
| VEHICLE YEAR<br><b>1997</b>  | VEHICLE MAKE<br><b>Buick</b>   | VEHICLE MODEL<br><b>LESABRE</b>  | 3 - FUNCTIONAL                   |   |
| VEHICLE COLOR<br><b>TAN</b>  | PROOF OF INSURANCE SHOWN<br><input checked="" type="checkbox"/>  | INSURANCE COMPANY<br><b>GEICO</b>  | 4 - DISABLING                    |   |
| POLICY NUMBER<br><b>4236-00-84-15</b>  | TOWED BY   |  | 9 - UNKNOWN                      |   |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |  |  | CARRIER PHONE- INCLUDE AREA CODE |   |

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|-------------------|--|--|--|
| US DOT            | VEHICLE WEIGHT GVWR/GCWR<br><b>1</b><br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<br><b>01</b><br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRADE, CHIPS, GRAVEL<br>09 - POLY<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Continuous Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (Flashed or Green or Red) Median<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway |
| HM PLACARD ID NO. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED   |  | <input type="checkbox"/> Hit / Skip UNIT   |
| HM CLASS NUMBER   |  |  |  |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><b>01</b><br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>04</b><br>99 - UNKNOWN OR HIT / SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORBIKE/BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMED UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOAT/L) | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br><b>Non-Motorist</b><br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
|  |   |  | <input type="checkbox"/> HAS HM PLACARD   |  |  |

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| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (Over 10k Lbs)<br>04 - BUS - SCHOOL (Public or Private)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER<br>09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP.<br>17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIL<br>22 - OTHER (EXPLAIN IN REPORT) | MOST DAMAGED AREA<br><b>03</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR<br>08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL(ALL AREAS)<br>14 - OTHER | ACTION<br><b>3</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
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| PRE-CRASH ACTIONS<br><b>01</b><br>99 - UNKNOWN | MOTORIST<br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS<br>13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | Non-Motorist<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING<br>21 - OTHER NON-MOTORIST ACTION |
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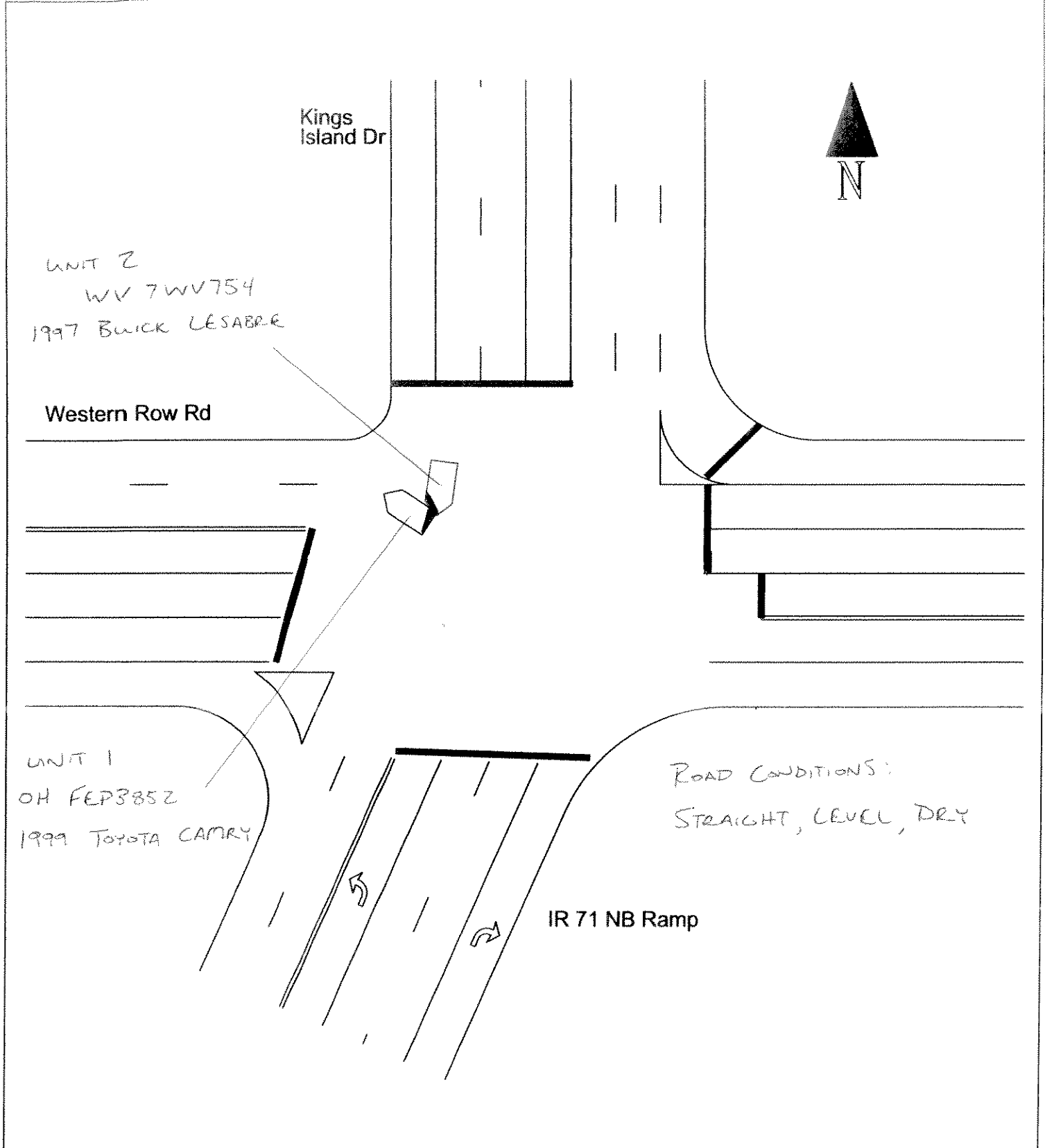
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| CONTRIBUTING CIRCUMSTANCES<br><b>01</b><br>99 - UNKNOWN | MOTORIST<br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | Non-Motorist<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><b>01</b><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
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| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN | Non-Collision Events<br>01 - OVERTURN/RULLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - COLLISION<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE<br>12 - SEPARATION OF UNITS OPPOSITE DIRECTION OF TRAVEL<br>13 - DOWNHILL RUNAWAY<br>14 - OTHER NON-COLLISION |
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| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED<br>14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT<br>21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CURB/ROCK<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CURB<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |
|---|

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

|                                   |   |                                      |
|-----------------------------------|---|--------------------------------------|
| LOCAL REPORT NUMBER<br>2013-25170 | REPORTING AGENCY<br>MASON POLICE                      | DATE OF ACCIDENT<br>M 9   D 7   Y 13 |
| IN COUNTY OF<br>WARREN            | ACCIDENT LOCATION<br>KINGS ISLAND DR @ WESTERN ROW RD |                                      |



|                |   |                      |
|----------------|---|----------------------|
| *Not to scale* | OFFICER'S SIGNATURE<br>P.O. [Signature] | BADGE NUMBER<br>1023 |
|----------------|---|----------------------|



|                                   |                                       |                                |
|-----------------------------------|---------------------------------------|--------------------------------|
| LOCAL REPORT NUMBER<br>2013-25170 | REPORTING AGENCY<br>MASON POLICE DEPT | DATE OF CRASH<br>M 9   07   13 |
|-----------------------------------|---------------------------------------|--------------------------------|

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

<sup>LAURA</sup> JEANNETTE BENTLEY HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

PO. JEFF WYSS AT K.I. DR + W.R. RD.  
OFFICER'S NAME LOCATION

*I had come off the expressway and had stopped at intersection and was turning w/ light when I was hit.*

|  |   |
|--|---|
| ADDRESS OF WITNESS<br><u>410 North Dr. Mason, OH 45040</u> | PHONE<br><u>513-398-9521</u>                          |
| SIGNATURE OF WITNESS<br>X <u>Laura Jeannette Bentley</u>   | OFFICER'S SIGNATURE<br>X <u>P.O. [Signature]</u> 1023 |



|                                   |                                       |                                   |
|-----------------------------------|---------------------------------------|-----------------------------------|
| LOCAL REPORT NUMBER<br>2013-25170 | REPORTING AGENCY<br>MASON POLICE DEPT | DATE OF CRASH<br>M 9   D 7   Y 13 |
|-----------------------------------|---------------------------------------|-----------------------------------|

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

I, Robert C. Patrick HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

P.O. WYSS AT K.I. DR + W.R. RD.  
OFFICER'S NAME LOCATION

We were coming out of King's Island trying to get to 71 South. At the intersection of western Row and King's Island drive we were going forward when a car that was trying to turn left pulled out in front of us when the light was green for us. I tried to veer left to miss it but I hit the rear of the passenger side as the car turned.

|                               |          |                                     |
|-------------------------------|----------|-------------------------------------|
| Robert Patrick                | 7-15-68  | 93 Franklin St. Elizabeth, WV 26143 |
| Emilie Patrick                | 11-28-76 | 93 Franklin St. Elizabeth, WV 26143 |
| Cory Hasenjager <sup>BD</sup> | 5-7-95   | 57 Iris Dr Elizabeth, WV 26143      |
| Sakya <sup>BP</sup> Faust     | 5-27-02  | 93 Franklin St. Elizabeth, WV 26143 |

|   |                                    |
|---|------------------------------------|
| ADDRESS OF WITNESS<br>93 Franklin St. Elizabeth, WV 26143 | PHONE<br>260-241-5873              |
| SIGNATURE OF WITNESS<br>X Robert C. Patrick               | OFFICER'S SIGNATURE<br>X P.O. WYSS |