



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
2821	3 1 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION

<input type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 08304	REPORTING AGENCY NAME * MASON PD	NUMBER OF UNITS 02	UNIT IN ERROR 01 98 - ANIMAL 99 - UNKNOWN
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COUNTY * 83	<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * MASON	CRASH DATE * 01262016	TIME OF CRASH 1057	DAY OF WEEK TUE
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DEGREES / MINUTES / SECONDS LATITUDE 0 ' 0 ''	LONGITUDE 0 ' 0 ''	DECIMAL DEGREES LATITUDE 39.336927	LONGITUDE -84.311072
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ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> W - WESTBOUND	NUMBER OF THRU LANES 02	ROAD TYPES OR MILEPOST ² 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
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LOCATION ROUTE TYPE 1 00	LOCATION ROUTE NUMBER	LOC PREFIX <input type="checkbox"/> N,S <input type="checkbox"/> E,W	LOCATION ROAD NAME MASON - MONTGOMERY	LOCATION ROAD TYPE 2 RD	ROUTE TYPES ¹ IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
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DISTANCE FROM REFERENCE 140	DIR FROM REF <input type="checkbox"/> MILES <input checked="" type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF S N,S E,W	REFERENCE ROUTE TYPE 1 00	REFERENCE ROUTE NUMBER	REF PREFIX <input type="checkbox"/> N,S <input type="checkbox"/> E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) WESTERN ROW	REFERENCE ROAD TYPE 2 RD
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 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 checked="" type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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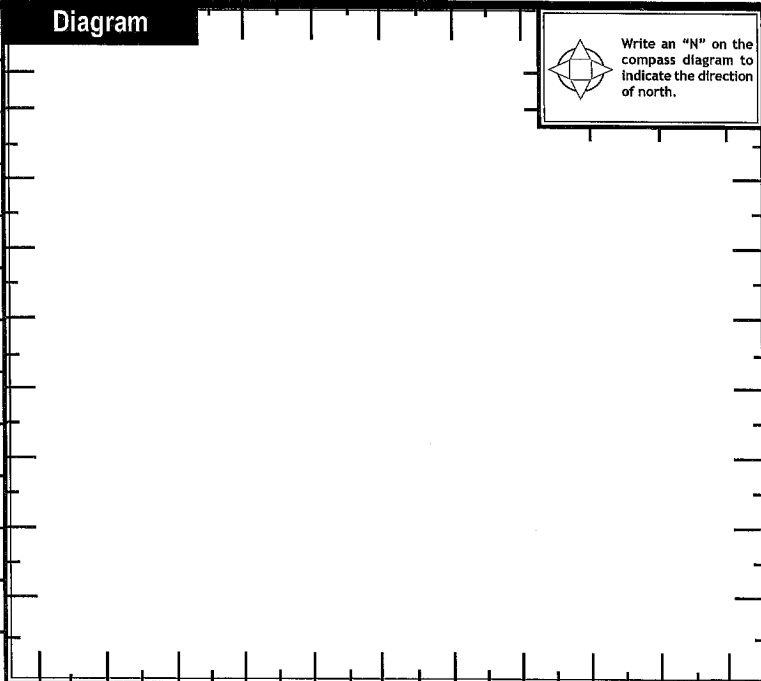
ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 01 SECONDARY 00	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN	* SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/IMPACT 2 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	WEATHER 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
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ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS 1 PRIMARY SECONDARY 00	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
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<input type="checkbox"/> WORK ZONE RELATED	<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
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NARRATIVE
 UNIT 2 WAS TRAVELING NORTHBOUND ON MASON-MONTGOMERY ROAD AND WAS STOPPED IN TRAFFIC, SOUTH OF WESTERN ROW ROAD. UNIT 1 WAS TRAVELING NORTHBOUND ON MASON-MONTGOMERY ROAD AND CAME TO A COMPLETE STOP BEHIND UNIT 2. UNIT 2 MADE AN IMPROPER START, CAUSING HER TO STRIKE UNIT 2 IN THE REAR.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED 01262016	TIME CRASH REPORTED 11057	DISPATCH TIME 11059	ARRIVAL TIME 11104	TIME CLEARED 11146	OTHER INVESTIGATION TIME 0029	TOTAL MINUTES 01062
OFFICER'S NAME * STAFFORD	OFFICER'S BADGE NUMBER 30	CHECKED BY 50	PAGE OF					



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2821

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE WILKINS, MEAGANA ANEESHA	DATE OF BIRTH 09/04/1994	AGE 21	GENDER F F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 6956 PARKLAKE DR. MASON, OH 45040			CONTACT PHONE- INCLUDE AREA CODE 513-310-8454	

INJURIES 1	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER TW131881	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 0.000	DRUG TEST STATUS 1	DRUG TEST TYPE
OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 331.13	OFFENSE DESCRIPTION IMPROPER STARTING			CITATION NUMBER 080033		HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY 1			

UNIT NUMBER 021	NAME: LAST, FIRST, MIDDLE PRESLEY, CHRISTOPHER M	DATE OF BIRTH 01/18/1985	AGE 31	GENDER M F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 189 FORUM DR WHITELAND, IN 46184			CONTACT PHONE- INCLUDE AREA CODE 317-384-5835	

INJURIES 1	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE IN	OPERATOR LICENSE NUMBER 0620 52 5181	OL CLASS 1	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 0.000	DRUG TEST STATUS 1	DRUG TEST TYPE
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY 1			

INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAR (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)	6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 000	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE- INCLUDE AREA CODE	

INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 00	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 00	AIR BAG USAGE 0	EJECTION 0	TRAPPED 0
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UNIT NUMBER 000	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE- INCLUDE AREA CODE	

INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 00	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 00	AIR BAG USAGE 0	EJECTION 0	TRAPPED 0
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UNIT

LOCAL REPORT NUMBER

UNIT NUMBER: **011** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **WILKINS, ANTHONY** OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER)

DAMAGE SCALE: **3** DAMAGED AREA:

OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER)

LP STATE: **OH** LICENSE PLATE NUMBER: **DLP 3221** VEHICLE IDENTIFICATION NUMBER: **15NPE1T46L29H522960** # OCCUPANTS: **011**

VEHICLE YEAR: **2009** VEHICLE MAKE: **HYUNDAI** VEHICLE MODEL: **SONATA** VEHICLE COLOR: **SILVER**

PROOF OF INSURANCE SHOWN INSURANCE COMPANY: **LIBERTY MUTUAL** POLICY NUMBER: **A02-298-096410-10-5-5** TOWED BY:

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

US DOT: HM PLACARD ID No. **1111** HM CLASS NUMBER: **1**

VEHICLE WEIGHT GVWR/GCWR: **1**
 HAZARDOUS MATERIAL RELEASED

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

TRAFFICWAY DESCRIPTION: **1**
 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

HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT: **01**
 01 - INTERSECTION - MARKED CROSSWALK
 02 - INTERSECTION - NO CROSSWALK
 03 - INTERSECTION - OTHER
 04 - MIDBLOCK - MARKED CROSSWALK
 05 - TRAVEL LANE - OTHER LOCATION
 06 - BICYCLE LANE
 07 - SHOULDER/ROADSIDE
 08 - SIDEWALK
 09 - MEDIAN/CROSSING ISLAND
 10 - DRIVEWAY ACCESS
 11 - SHARED-USE PATH OR TRAIL
 12 - NON-TRAFFICWAY AREA
 99 - OTHER/UNKNOWN

TYPE OF USE: **1**
 1 - PERSONAL
 2 - COMMERCIAL
 3 - GOVERNMENT

UNIT TYPE: **03**
 99 - UNKNOWN OR HIT / SKIP

PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)
 01 - SUB-COMPACT
 02 - COMPACT
 03 - MID SIZE
 04 - FULL SIZE
 05 - MINIVAN
 06 - SPORT UTILITY VEHICLE
 07 - PICKUP
 08 - VAN
 09 - MOTORCYCLE
 10 - MOTORIZED BICYCLE
 11 - SNOWMOBILE/ATV
 12 - OTHER PASSENGER VEHICLE

MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS
 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES
 14 - SINGLE UNIT TRUCK; 3+ AXLES
 15 - SINGLE UNIT TRUCK / TRAILER
 16 - TRUCK/TRACTOR (BOBTAIL)
 17 - TRACTOR/SEMI-TRAILER
 18 - TRACTOR/DOUBLE
 19 - TRACTOR/TRIPLES
 20 - OTHER MED/HEAVY VEHICLE

BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)
 21 - BUS/VAN (9-15 SEATS, INC DRIVER)
 22 - BUS (16+ SEATS, INC DRIVER)

NON-MOTORIST
 23 - ANIMAL WITH RIDER
 24 - ANIMAL WITH BUGGY, WAGON, SURREY
 25 - BICYCLE/PEDALCYCLIST
 26 - PEDESTRIAN/SKATER
 27 - OTHER NON-MOTORIST

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 AREAS)
 14 - OTHER

99 - UNKNOWN

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

PRE-CRASH ACTIONS: **01**
 99 - UNKNOWN

MOTORIST
 01 - STRAIGHT AHEAD
 02 - BACKING
 03 - CHANGING LANES
 04 - OVERTAKING/PASSING
 05 - MAKING RIGHT TURN
 06 - MAKING LEFT TURN

07 - MAKING U-TURN
 08 - ENTERING TRAFFIC LANE
 09 - LEAVING TRAFFIC LANE
 10 - PARKED
 11 - SLOWING OR STOPPED IN TRAFFIC
 12 - DRIVERLESS

NON-MOTORIST
 13 - NEGOTIATING A CURVE
 14 - OTHER MOTORIST ACTION

15 - ENTERING OR CROSSING SPECIFIED LOCATION
 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING
 17 - WORKING
 18 - PUSHING VEHICLE
 19 - APPROACHING OR LEAVING VEHICLE
 20 - STANDING

21 - OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES

PRIMARY: **12**
 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

SECONDARY: **11**
 99 - UNKNOWN

MOTORIST
 11 - IMPROPER BACKING
 12 - IMPROPER START FROM PARKED POSITION
 13 - STOPPED OR PARKED ILLEGALLY
 14 - OPERATING VEHICLE IN NEGLIGENT MANNER
 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)
 16 - WRONG SIDE/WRONG WAY
 17 - FAILURE TO CONTROL
 18 - VISION OBSTRUCTION
 19 - OPERATING DEFECTIVE EQUIPMENT
 20 - LOAD SHIFTING/FALLING/SPILLING
 21 - OTHER IMPROPER ACTION

NON-MOTORIST
 22 - NONE
 23 - IMPROPER CROSSING
 24 - DARTING
 25 - LYING AND/OR ILLEGALLY IN ROADWAY
 26 - FAILURE TO YIELD RIGHT OF WAY
 27 - NOT VISIBLE (DARK CLOTHING)
 28 - INATTENTIVE
 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER
 30 - WRONG SIDE OF THE ROAD
 31 - OTHER NON-MOTORIST ACTION

VEHICLE DEFECTS: **11**
 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 **11** 3 **11** 4 **11** 5 **11** 6 **11**

FIRST HARMFUL EVENT: **1** MOST HARMFUL EVENT: **1**

NON-COLLISION EVENTS
 01 - OVERTURN/ROLLOVER
 02 - FIRE/EXPLOSION
 03 - IMMERSION
 04 - JACKKNIFE
 05 - CARGO/EQUIPMENT LOSS OR SHIFT

06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)
 07 - SEPARATION OF UNITS
 08 - RAN OFF ROAD RIGHT
 09 - RAN OFF ROAD LEFT

10 - CROSS MEDIAN OR SUPPORT
 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 ATTENUATOR/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: **0110** POSTED SPEED: **45** TRAFFIC CONTROL: **01**

UNIT DIRECTION: FROM **2** TO **1**

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

1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

5 - NORTHEAST
 6 - NORTHWEST
 7 - SOUTHEAST
 8 - SOUTHWEST

9 - UNKNOWN



UNIT

LOCAL REPORT NUMBER

UNIT NUMBER 012	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) SCOTT TRUCK SYSTEM	OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 317-215-5869	DAMAGE SCALE 2	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 2902 E CR 500N WHITELAND, IN 46184			1 - NONE	09
LP STATE IN	LICENSE PLATE NUMBER 2221662	VEHICLE IDENTIFICATION NUMBER 12M1S1C1N1A1P1R10161K1219121313121	2 - MINOR	03
VEHICLE YEAR 2010	VEHICLE MAKE INTERNATIONAL	VEHICLE MODEL 9400I	3 - FUNCTIONAL	08
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY MARVIN JOHNSON	POLICY NUMBER TPU3042956	4 - DISABLING	07
CARRIER NAME, ADDRESS, CITY, STATE, ZIP SCOTT TRUCK SYSTEM 2902 E CR 500N. WHITELAND, IN 46184			9 - UNKNOWN	06
			CARRIER PHONE - INCLUDE AREA CODE 317-215-5869	

US DOT 235051	VEHICLE WEIGHT GVWR/GCWR 3 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 07 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	TRAFFICWAY DESCRIPTION 1 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 PLACARD ID NO. 01	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT
HM CLASS NUMBER 01			

NON-MOTORIST LOCATION PRIOR TO IMPACT 01	TYPE OF USE 2 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 17 99 - UNKNOWN OR HIT / SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
<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 12	01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER	99 - UNKNOWN	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STUCK 9 - UNKNOWN
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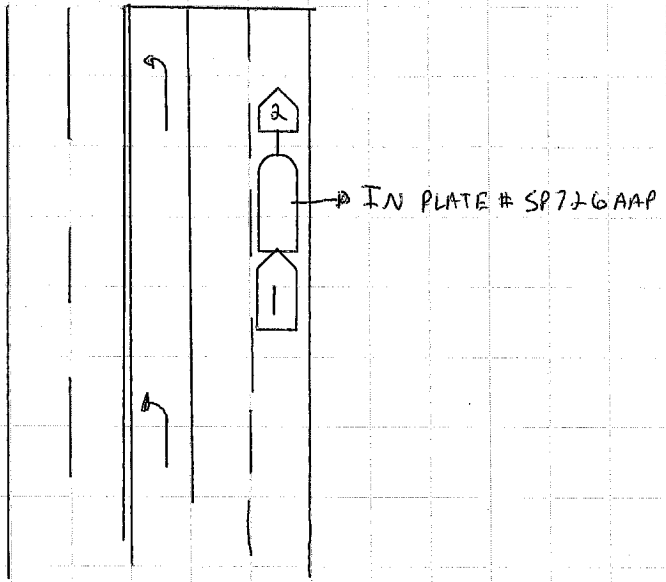
PRE-CRASH ACTIONS 11	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES 01	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS 01 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 20 2 00 3 00 4 00 5 00 6 00	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 OR SUPPORT 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION
FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1	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	COLLISION WITH FIXED OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL 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 10000	POSTED SPEED 45	TRAFFIC CONTROL 01 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 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST	9 - UNKNOWN
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LOCAL REPORT NUMBER 16-2821	REPORTING AGENCY MASON PD	DATE OF CRASH MOI D26 Y16
IN COUNTY OF WARREN	CRASH LOCATION MASON-MONTGOMERY + WESTERN ROW RD	



Not to Scale

OFFICER'S SIGNATURE X <i>[Signature]</i>	BADGE NUMBER 30
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LOCAL REPORT NUMBER <u>16-2821</u>	REPORTING AGENCY <u>MASON POLICE</u>	DATE OF CRASH <u>MOI D 26 Y 16</u>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Chris Prossler HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
~~P.O. ERIC FITZGERALD~~ JONATHAN STAFFORD
OFFICER'S NAME AT Mason Montgomery & Western Rd
LOCATION

I was stopped @ a Red light and Rear
ended from Behind

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? No

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? N

Q. WHAT WAS YOUR SPEED? 0

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? No

ADDRESS OF WITNESS
189 Fern Dr. WILMINGTON OH

SIGNATURE OF WITNESS
X

OFFICER'S SIGNATURE
X

PHONE
317-384-5835

LOCAL REPORT NUMBER 16-2821	REPORTING AGENCY MASON PD	DATE OF CRASH MOI 10 26 1986
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Meagana Wilkins (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

JONATHAN STAFFORD (OFFICERS NAME) AT MASON-MONTGOMERY & WESTERN ROW (LOCATION)

~~I was~~ I was at an intersection behind a semi-truck, I could not see over the truck to determine if the light was red, green or yellow but traffic around me was moving so I also began to accelerate and ran into the back of a semi truck.

Q Seat Belt on?

A: yes

ADDRESS OF WITNESS 6856 Parklake drive, Mason, Oh	PHONE (513) 459-1278
SIGNATURE OF WITNESS M. A. Wilkins	OFFICERS SIGNATURE Jonathan Stafford