



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \* 20160017411 CRASH SEVERITY 2 HIT/SKIP 1  
 1 - FATAL 2 - INJURY 3 - PDO 1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION

PHOTOS TAKEN  YES  NO  
 OH-2  OH-1P  OH-3  OTHER  
 PDO UNDER STATE REPORTABLE DOLLAR AMOUNT  PRIVATE PROPERTY   
 REPORTING AGENCY NCIC \* 08304 REPORTING AGENCY NAME \* MASON POLICE NUMBER OF UNITS 01 UNIT IN ERROR 01  
 98 - ANIMAL 99 - UNKNOWN

COUNTY \* 83 CITY \*  CITY  VILLAGE  TOWNSHIP \*  
 CITY, VILLAGE, TOWNSHIP \* MASON CRASH DATE \* 05242016 TIME OF CRASH 0836 DAY OF WEEK TUE

DEGREES / MINUTES / SECONDS  
 LATITUDE 39° 32' 26.09" LONGITUDE 84° 19' 20.72"  
 DECIMAL DEGREES LATITUDE \_\_\_\_\_ LONGITUDE \_\_\_\_\_

ROADWAY DIVISION  DIVIDED  UNDIVIDED  
 DIVIDED LANE DIRECTION OF TRAVEL  N - NORTHBOUND  E - EASTBOUND  S - SOUTHBOUND  W - WESTBOUND  
 NUMBER OF THRU LANES 02 ROAD TYPES OR MILEPOST <sup>2</sup>  
 AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY  
 AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE  
 BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE TYPE <sup>1</sup> \_\_\_\_\_ LOCATION ROUTE NUMBER \_\_\_\_\_ LOC PREFIX  N,S,E,W  
 LOCATION ROAD NAME HICKORY WOODS LOCATION ROAD TYPE <sup>2</sup> OR  
 ROUTE TYPES <sup>1</sup>  
 IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE  
 US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE  
 SR - STATE ROUTE

DISTANCE FROM REFERENCE 10 DIR FROM REF  MILES  FEET  YARDS  
 REFERENCE ROUTE TYPE <sup>1</sup> \_\_\_\_\_ REFERENCE ROUTE NUMBER \_\_\_\_\_ REF PREFIX  N,S,E,W  
 REFERENCE NAME (ROAD, MILEPOST, HOUSE #) TERRACE REFERENCE ROAD TYPE <sup>2</sup> OR

REFERENCE POINT USED  1 - INTERSECTION  2 - MILE POST  3 - HOUSE NUMBER  
 CRASH LOCATION  01 - NOT AN INTERSECTION  02 - FOUR-WAY INTERSECTION  03 - T-INTERSECTION  04 - Y-INTERSECTION  05 - TRAFFIC CIRCLE/ROUNDBOUNT  
 06 - FIVE-POINT, OR MORE  07 - ON RAMP  08 - OFF RAMP  09 - CROSSOVER  10 - DRIVEWAY/ALLEY ACCESS  
 11 - RAILWAY GRADE CROSSING  12 - SHARED-USE PATHS OR TRAILS  
 INTERSECTION RELATED  
 LOCATION OF FIRST HARMFUL EVENT  1 - ON ROADWAY  2 - ON SHOULDER  3 - IN MEDIUM  4 - ON ROADSIDE  
 5 - ON GORE  6 - OUTSIDE TRAFFICWAY  9 - UNKNOWN

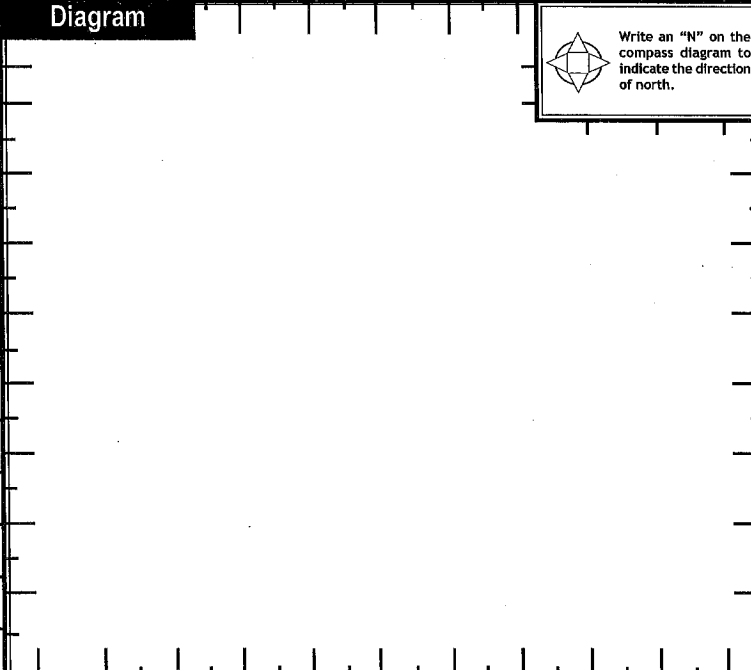
ROAD CONTOUR  1 - STRAIGHT LEVEL  2 - STRAIGHT GRADE  3 - CURVE LEVEL  
 4 - CURVE GRADE  9 - UNKNOWN  
 ROAD CONDITIONS PRIMARY  SECONDARY   
 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS\*  
 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT\* 10 - OTHER 99 - UNKNOWN  
 \* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT  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  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  1 - CONCRETE  2 - BLACKTOP, BITUMINOUS, ASPHALT  3 - BRICK/BLOCK  
 4 - SLAG, GRAVEL, STONE  5 - DIRT  6 - OTHER  
 LIGHT CONDITIONS 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  
 9 - UNKNOWN  
 \* SECONDARY CONDITION ONLY  
 SCHOOL BUS RELATED  SCHOOL ZONE RELATED  YES, SCHOOL BUS DIRECTLY INVOLVED  YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED  WORKERS PRESENT  LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)  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

NARRATIVE  
UNIT #1 WAS WESTBOUND ON TERRACE DR. UNIT #1 FAILED TO STOP AT THE INTERSECTION WITH HICKORY WOODS DR. UNIT #1 WENT INTO THE DRIVEWAY OF MASON EARLY CHILDHOOD CENTER AND STRUCK A CURB AND TREE. UNIT #1 THEN FLED SOUTH ON HICKORY WOODS DR.



REPORT TAKEN BY  POLICE AGENCY  MOTORIST  SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPSS)  
 DATE CRASH REPORTED 05242016 TIME CRASH REPORTED 0836 DISPATCH TIME 0837 ARRIVAL TIME 0842 TIME CLEARED 1010 OTHER INVESTIGATION TIME 1150 TOTAL MINUTES 230  
 OFFICER'S NAME \* BRVANT OFFICER'S BADGE NUMBER 55 CHECKED BY 50 PAGE OF



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER <b>011</b>	NAME: LAST, FIRST, MIDDLE <b>KAUTZ, DANNY</b>	DATE OF BIRTH <b>01/27/1961</b>	AGE <b>55</b>	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
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ADDRESS, CITY, STATE, ZIP <b>5051 REVERE CT MASON OHIO 45040</b>	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 <b>99</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RM 100692</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <b>6</b>	ALCOHOL/DRUG SUSPECTED <b>2</b>	ALCOHOL TEST STATUS <b>4</b>	ALCOHOL TEST TYPE <b>4</b>	ALCOHOL TEST VALUE <b>.197</b>	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE ) <b>331.34</b>	OFFENSE DESCRIPTION <b>FAILED TO CONTROL</b>	CITATION NUMBER <b>80725</b>	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
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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 <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	Non-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPEO 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 <b>W15</b>	NAME: LAST, FIRST, MIDDLE <b>DILLEY, STEVE</b>	DATE OF BIRTH <b>08/18/1966</b>	AGE <b>49</b>	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
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ADDRESS, CITY, STATE, ZIP <b>4140 WESTMINSTER WAY MASON OH 45040</b>	CONTACT PHONE- INCLUDE AREA CODE <b>5134040118</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 <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
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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 <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER <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 <b>3</b>	DAMAGED AREA FRONT 09 03 08 10 04 07 06 05 REAR
OWNER ADDRESS: CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>GQW 3358</b>	VEHICLE IDENTIFICATION NUMBER <b>STFTX4CN3EX041121801</b>	2 - MINOR	
VEHICLE YEAR <b>2014</b>	VEHICLE MAKE <b>TOYOTA</b>	VEHICLE MODEL <b>TACOMA</b>	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input type="checkbox"/>	INSURANCE COMPANY <b>EN COMPASS</b>	POLICY NUMBER <b>281543988</b>	4 - DISABLING	
		TOWED BY <b>BARRETT'S</b>	9 - UNKNOWN	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE- INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR/GCWR <b>1</b> 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <b>01</b> 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 <b>1</b> 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.	<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			

NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b> 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 <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>07</b> 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 <b>01</b> 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 <b>02</b> 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER	ACTION <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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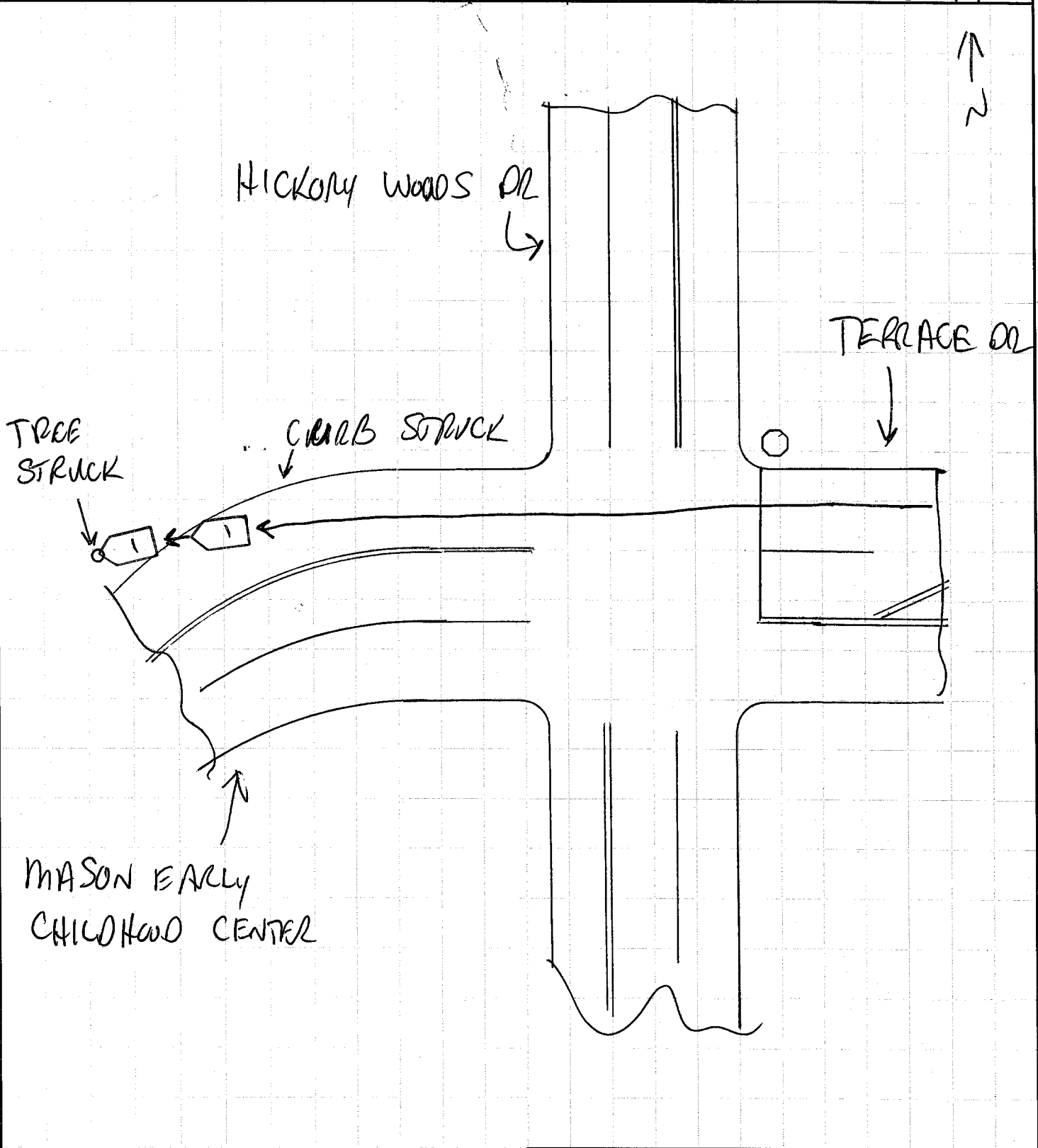
PRE-CRASH ACTIONS <b>01</b> 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION Non-Motorist 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY <b>17</b> 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 <b>00</b> 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 <b>00</b> 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 <b>08</b> 2 <b>43</b> 3 <b>48</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> FIRST HARMFUL EVENT <b>2</b> MOST HARMFUL EVENT <b>3</b> 99 - UNKNOWN	Non-Collision Events 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (Blown Tire, Brake Failure, etc) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	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
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UNIT SPEED <b>40</b>	POSTED SPEED <b>25</b>	TRAFFIC CONTROL <b>02</b> 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 <b>3</b> TO <b>4</b> 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	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 05   D 24   Y 16
IN COUNTY OF WARREN	CRASH LOCATION HICKORY WOODS / MASON EARLY CHILDO. CNTR.	



NOT TO SCALE

OFFICER'S SIGNATURE X	BADGE NUMBER
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LOCAL REPORT NUMBER	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH <b>M 05   24   16</b>
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**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, STEVE DILLEY HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
PO K.S. BRYANT AT GRACE BAPTIST CHURCH  
OFFICER'S NAME LOCATION

I was travelling south on Hickory woods Dr., approaching Terrace when the pickup truck came barreling across Hickory woods in to MECC, hit a tree and went in to the drainage basin. After the truck got out of the basin, it drove around the back side of the school with a flat tire, stopped and the driver got out & urinated. The truck then drove to the front of the school, went out on to Hickory woods and was intercepted by Mason Police.

08-18-1966  
4140 Westminister way Mason, OH 45040  
ADDRESS OF WITNESS PHONE  
513-404-0118  
SIGNATURE OF WITNESS OFFICER'S SIGNATURE  
 [Signature]  [Signature]