



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \* 16-29818

CRASH SEVERITY  1 - FATAL  2 - INJURY  3 - PDO

HIT/SKIP  1 - SOLVED  2 - UNSOLVED

### LOCAL INFORMATION

PHOTOS TAKEN  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  98 - ANIMAL  99 - UNKNOWN

COUNTY \* 83

CITY \* MASON

CITY, VILLAGE, TOWNSHIP \* MASON

CRASH DATE \* 06212016

TIME OF CRASH 1423

DAY OF WEEK TUE

DEGREES / MINUTES / SECONDS

LATITUDE 0 1 " LONGITUDE 0 1 "

DECIMAL DEGREES

LATITUDE 39.331763 LONGITUDE -84.334278

ROADWAY DIVISION  DIVIDED  UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL N N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND

NUMBER OF THRU LANES 01

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 NUMBER 01 LOCATION ROUTE TYPE 1 RD

LOC PREFIX N LOCATION ROAD NAME SNIDER LOCATION ROAD TYPE 2 RD

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  MILES  FEET  YARDS

DIR FROM REF N N, S, E, W

REFERENCE ROUTE TYPE 1 01 REFERENCE ROUTE NUMBER 7325 REF PREFIX N N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 7325

REFERENCE ROAD TYPE 2 01

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/ROUNDABOUT

06 - FIVE-POINT, OR MORE  07 - ON RAMP  08 - OFF RAMP  09 - CROSSOVER

11 - RAILWAY GRADE CROSSING  12 - SHARED-USE PATHS OR TRAILS  99 - UNKNOWN

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

ROAD CONTOUR  1 - STRAIGHT LEVEL  2 - STRAIGHT GRADE  3 - CURVE LEVEL  4 - CURVE GRADE  9 - UNKNOWN

ROAD CONDITIONS PRIMARY  01 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  01 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

SCHOOL ZONE RELATED  YES, SCHOOL BUS DIRECTLY INVOLVED  YES, SCHOOL BUS INDIRECTLY INVOLVED

\* SECONDARY CONDITION ONLY

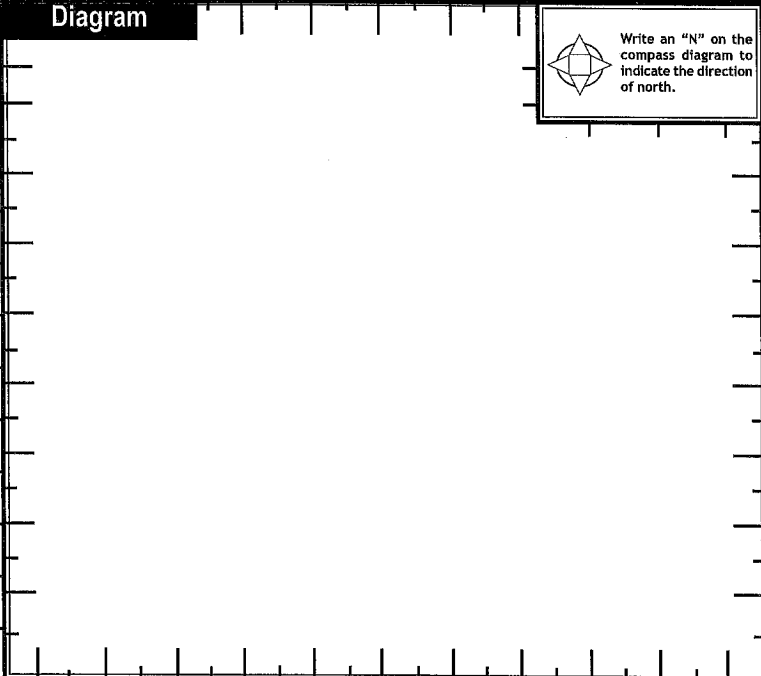
WORK ZONE RELATED  WORKERS PRESENT  LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)  LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

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 #01 TRAVELLED NORTH ON  
SNIDER RD FROM 7325 SNIDER  
RD. THE TRAILER SEPARATES  
FROM THE TRACTOR, STRUCK THE  
TRACTOR AND STRUCK A TREE.  
THE TRAILER IS MAINE PLATE  
J5J780Z OWNED BY XTRA LLC,  
7911 FORSYTH BLVD STE 600 ST LOUIS,  
MO 63105.



REPORT TAKEN BY  POLICE AGENCY  MOTORIST  SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED 06212016 TIME CRASH REPORTED 1423 DISPATCH TIME 1424 ARRIVAL TIME 1432 TIME CLEARED 1539 OTHER INVESTIGATION TIME 0020 TOTAL MINUTES 0087

OFFICER'S NAME \* F1426GERALD OFFICER'S BADGE NUMBER 1037 CHECKED BY 50

PAGE OF



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER 16-20818

UNIT NUMBER <u>011</u>	NAME: LAST, FIRST, MIDDLE <u>WRIGHT SR JERFOLD VIRGIL</u>	DATE OF BIRTH <u>11/01/61</u>	AGE <u>57</u>	GENDER <u>M</u> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <u>3354 S US 23 GREENBUSH MI 48738</u>			CONTACT PHONE- INCLUDE AREA CODE <u>989-820-0520</u>	

INJURIES <u>1</u>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED <u>99</u>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <u>01</u>	AIR BAG USAGE <u>5</u>	EJECTION <u>1</u>	TRAPPED <u>1</u>		
OL STATE <u>M</u>	OPERATOR LICENSE NUMBER <u>W623402847776</u>	OL CLASS <u>1</u>	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION <u>1</u>	ALCOHOL/DRUG SUSPECTED <u>1</u>	ALCOHOL TEST STATUS <u>1</u>	ALCOHOL TEST TYPE <u>1</u>	ALCOHOL TEST VALUE <u>1</u>	DRUG TEST STATUS <u>1</u>	DRUG TEST TYPE <u>1</u>
OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE) <u>339.08</u>	OFFENSE DESCRIPTION <u>UNSECURE LOAD</u>		CITATION NUMBER <u>081077</u>		HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <u>1</u>					

UNIT NUMBER <u>  </u>	NAME: LAST, FIRST, MIDDLE <u>  </u>	DATE OF BIRTH <u>  </u>	AGE <u>  </u>	GENDER <u>  </u> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <u>  </u>			CONTACT PHONE- INCLUDE AREA CODE <u>  </u>	

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	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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OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) <u>  </u>	OFFENSE DESCRIPTION <u>  </u>		CITATION NUMBER <u>  </u>		HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>					

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 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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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/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 <u>  </u>	NAME: LAST, FIRST, MIDDLE <u>  </u>	DATE OF BIRTH <u>  </u>	AGE <u>  </u>	GENDER <u>  </u> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <u>  </u>			CONTACT PHONE- INCLUDE AREA CODE <u>  </u>	

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	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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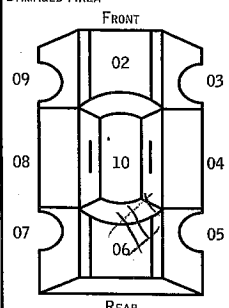
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# UNIT

LOCAL REPORT NUMBER 16-20818

UNIT NUMBER <b>1011</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>JTL CARRIERS LLC</b>	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) <b>414-530-8592</b>	DAMAGE SCALE <b>2</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>9218 W WYNHAM HILLS CT FRANKLIN WI 53132</b>				
LP STATE <b>WI</b>	LICENSE PLATE NUMBER <b>Z5330X</b>	VEHICLE IDENTIFICATION NUMBER <b>11XPA7D1B19X1151A815714081</b>	# OCCUPANTS <b>1011</b>	
VEHICLE YEAR <b>2101015</b>	VEHICLE MAKE <b>PETERBILT</b>	VEHICLE MODEL <b>TRACTOR</b>	VEHICLE COLOR <b>BLACK</b>	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>TRANSSTAR INS BROKERS</b>	POLICY NUMBER <b>H08458583001</b>	TOWED BY <b>CASE</b>	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP <b>JTL CARRIERS LLC 9218 W WYNHAM HILLS CT FRANKLIN WI 53132</b>	CARRIER PHONE- INCLUDE AREA CODE <b>414-530-8592</b>
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US DOT <b>720896</b>	VEHICLE WEIGHT GVWR/GCWR <b>3</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>07</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 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 16 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION <b>4</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. <b>11111</b>	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	<input type="checkbox"/> HIT / SKIP UNIT	
HM CLASS NUMBER <b>1</b>			

NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b> 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDDLEBLOCK - 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>2</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>17</b> 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
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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>05</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 99 - UNKNOWN	ACTION <b>5</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <b>06</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 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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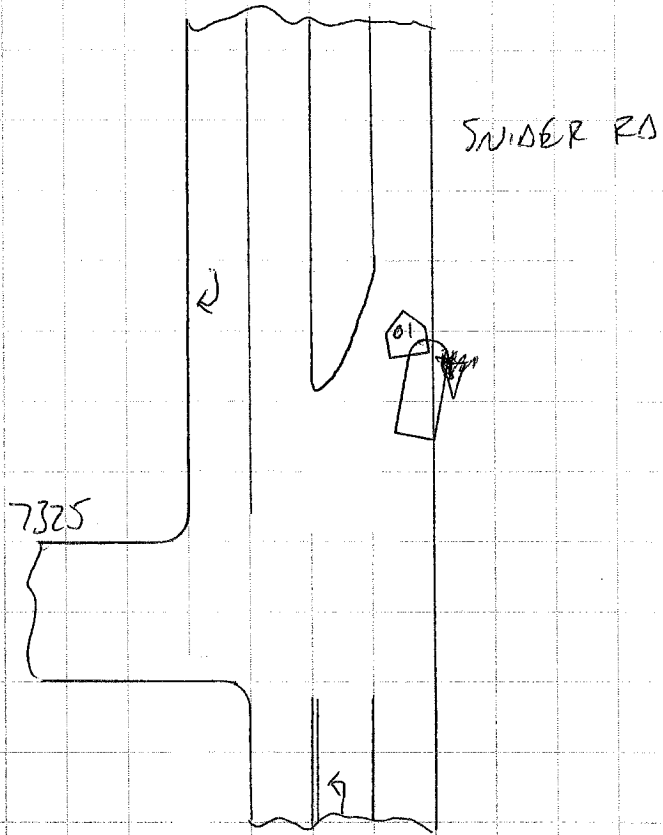
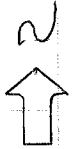
CONTRIBUTING CIRCUMSTANCES PRIMARY <b>20</b> 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 11 - IMPROPER BACKING 12 - IMPROPER 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>01</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>05</b> 2 <b>23</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>2</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 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 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 <b>010</b>	POSTED SPEED <b>35</b>	TRAFFIC CONTROL <b>12</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>4</b> TO <b>1</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 116-20818	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 06   D 21   Y 16
IN COUNTY OF WARREN	CRASH LOCATION 7325 SWIDER RD	



NOT TO SCALE

OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 1657
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Submit Request Change Holder Add Holder

General Form

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**CERTIFICATE OF LIABILITY INSURANCE**

Template Date:

11/12/2014 - 7/11/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, his policy(ies) and/or endorsement(s) PROTECTION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A material on this certificate does not confer rights to the certificate holder if it is not such endorsement(s).

<b>Producer</b> Transfer Insurance Brokers, Inc. 5450 E. High Street, Suite 230 Phoenix, AZ 85064 <b>Insured</b> JTL Carriers, LLC 8909 S. Franklin Dr., Ste 102 Franklin WI 53132	<b>CONTACT</b> NAME: Megan Kuehn PHONE: (A/C, No, Ext): 877 965-2229 FAX: (A/C, No): 480-579-2604 EMAIL: service@m@transferinsurance.com ADDRESS: service@m@transferinsurance.com <b>PRODUCER</b> CUSTOMER ID: JTLCAIR-01
<b>INSURER(S) AFFORDING COVERAGE</b>	
INSURER A: Westchester Surplus Lines Insurance Company	10172
INSURER B: ACE American Insurance Company	23687
INSURER C: Lexington Insurance Company	19437
INSURER D:	
INSURER E:	

COVERAGES CERTIFICATE NUMBER: New REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENTARY WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBROGATION	POLICY NUMBER	Policy EFF (MM/DD/YYYY)	Policy EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b>		Y	6527948386 001	1/11/2015	7/11/2016	Auto Accidents \$1,000,000 Damage to Rented \$50,000 Products (A Occurrence) \$500,000 Med Exp (A Occurrence) \$5,000 Personal & Advertising \$500,000 General Aggregate \$1,000,000 Personal Auto \$1,000,000
	<input checked="" type="checkbox"/> Gen/Sec Lib <input checked="" type="checkbox"/> Contract <input checked="" type="checkbox"/> Gen Agg Ltd Policy Ex <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Product <input type="checkbox"/> Location						
B	<b>AUTOMOBILE LIABILITY</b>	Y	Y	H08458583 001	1/11/2015	7/11/2016	Scheduled Rented Auto \$1,000,000 Non-Owned Autos \$1,000,000 Scheduled Autos \$1,000,000 Hired Autos \$1,000,000 Non-Owned Autos \$1,000,000
	<input checked="" type="checkbox"/> Any Auto <input type="checkbox"/> All Owned Autos <input type="checkbox"/> Scheduled Autos <input type="checkbox"/> Hired Autos <input type="checkbox"/> Non-Owned Autos						
	<b>EXCESS LIABILITY</b>						Excess Aggregate \$1,000,000 Excess Aggregate \$1,000,000 Deductible Retention
	<input type="checkbox"/> Uninsured Lib <input type="checkbox"/> Excess Lib <input type="checkbox"/> Deductible <input type="checkbox"/> Retention	<input type="checkbox"/> Contract <input type="checkbox"/> Claims Made					
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	N/A					Any Proprietor/Partner/Executive Officer/Member Excluded? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below
C	<b>OTHER</b>			017001603	1/11/2015	7/11/2016	Motor Truck Cargo \$200,000 Deductible \$2,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES  
Agency Specific Portion

<b>CERTIFICATE HOLDER</b> JTL Carriers, LLC	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
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Top of Form