



TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * 16-32347 | CRASH SEVERITY 2 1 - FATAL 2 - INJURY 3 - PDO | HIT/SKIP <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED |
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| <input checked="" type="checkbox"/> PHOTOS TAKEN <input 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 POLICE | NUMBER OF UNITS 02 | UNIT IN ERROR <input type="checkbox"/> 98 - ANIMAL <input type="checkbox"/> 99 - UNKNOWN |
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| COUNTY * 083 | <input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP * | CITY, VILLAGE, TOWNSHIP * MASON | CRASH DATE * 09212016 | TIME OF CRASH 1522 | DAY OF WEEK WED |
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| DEGREES / MINUTES / SECONDS LATITUDE 39° 21' 28.69" | LONGITUDE -84° 19' 57.20" | DECIMAL DEGREES LATITUDE 39.357979 | LONGITUDE -84.332696 |
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| ROADWAY DIVISION <input checked="" type="checkbox"/> DIVIDED <input 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 <input type="checkbox"/> | LOCATION ROUTE NUMBER _____ | LOC PREFIX <input type="checkbox"/> N,S <input type="checkbox"/> E,W | LOCATION ROAD NAME SNIDER | 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 50 | DIR FROM REF <input checked="" type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS | DIR <input checked="" type="checkbox"/> N,S <input type="checkbox"/> E,W | REFERENCE ROUTE TYPE 1 _____ | REFERENCE ROUTE NUMBER _____ | REF PREFIX <input type="checkbox"/> N,S <input type="checkbox"/> E,W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) EDGEWATER | REFERENCE ROAD TYPE 2 RD |
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| REFERENCE POINT USED <input type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE NUMBER | CRASH LOCATION <input checked="" type="checkbox"/> 01 - NOT AN INTERSECTION <input type="checkbox"/> 02 - FOUR-WAY INTERSECTION <input type="checkbox"/> 03 - T-INTERSECTION <input type="checkbox"/> 04 - Y-INTERSECTION <input type="checkbox"/> 05 - TRAFFIC CIRCLE/ROUNDBOAT | <input type="checkbox"/> 06 - FIVE-POINT, OR MORE <input type="checkbox"/> 07 - ON RAMP <input type="checkbox"/> 08 - OFF RAMP <input type="checkbox"/> 09 - CROSSOVER <input type="checkbox"/> 10 - DRIVEWAY/ALLEY ACCESS | <input type="checkbox"/> 11 - RAILWAY GRADE CROSSING <input type="checkbox"/> 12 - SHARED-USE PATHS OR TRAILS <input type="checkbox"/> 99 - UNKNOWN | <input type="checkbox"/> INTERSECTION RELATED | LOCATION OF FIRST HARMFUL EVENT <input type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFICWAY <input type="checkbox"/> 9 - UNKNOWN |
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| ROAD CONTOUR <input checked="" type="checkbox"/> 1 - STRAIGHT LEVEL <input type="checkbox"/> 2 - STRAIGHT GRADE <input type="checkbox"/> 3 - CURVE LEVEL <input type="checkbox"/> 4 - CURVE GRADE <input type="checkbox"/> 9 - UNKNOWN | ROAD CONDITIONS PRIMARY <input checked="" type="checkbox"/> 01 SECONDARY <input type="checkbox"/> | 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 |
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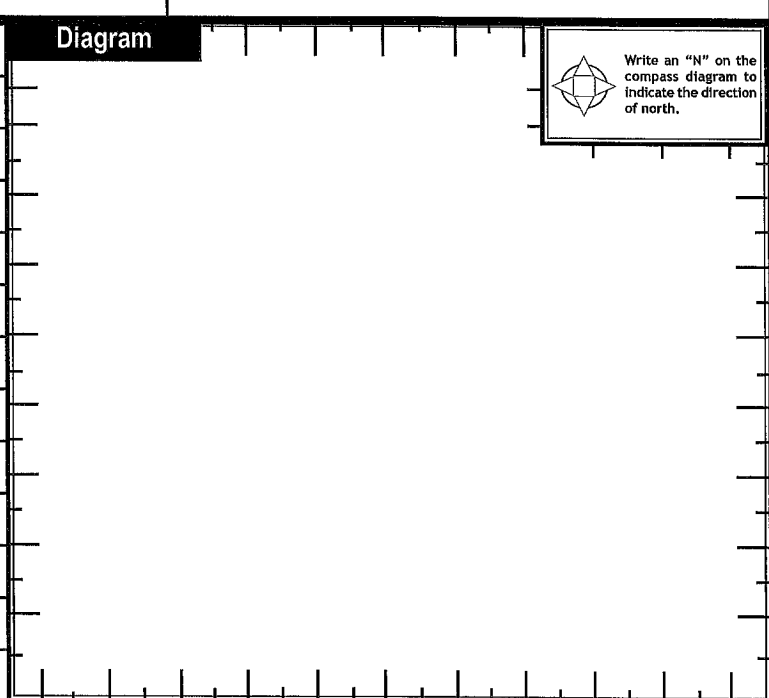
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| MANNER OF CRASH COLLISION/IMPACT <input checked="" type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 2 - REAR-END <input type="checkbox"/> 3 - HEAD-ON <input type="checkbox"/> 4 - REAR-TO-REAR <input type="checkbox"/> 5 - BACKING <input type="checkbox"/> 6 - ANGLE <input type="checkbox"/> 7 - SIDESWIPE, SAME DIRECTION <input type="checkbox"/> 8 - SIDESWIPE, OPPOSITE DIRECTION <input type="checkbox"/> 9 - UNKNOWN | WEATHER <input checked="" type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 2 - CLOUDY <input type="checkbox"/> 3 - FOG, SMOG, SMOKE <input type="checkbox"/> 4 - RAIN <input type="checkbox"/> 5 - SLEET, HAIL <input type="checkbox"/> 6 - SNOW <input type="checkbox"/> 7 - SEVERE CROSSWINDS <input type="checkbox"/> 8 - BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 9 - OTHER/UNKNOWN |
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| ROAD SURFACE <input checked="" type="checkbox"/> 1 - CONCRETE <input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT <input type="checkbox"/> 3 - BRICK/BLOCK <input type="checkbox"/> 4 - SLAG, GRAVEL, STONE <input type="checkbox"/> 5 - DIRT <input type="checkbox"/> 6 - OTHER | LIGHT CONDITIONS PRIMARY <input checked="" type="checkbox"/> 1 SECONDARY <input type="checkbox"/> | 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY | 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER | <input type="checkbox"/> 9 - UNKNOWN | <input type="checkbox"/> SCHOOL BUS 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 <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER | LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA |
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NARRATIVE

UNITS #1 AND #2 WERE NORTH BOUND ON SNIDER RD. UNIT #1 SLOWED FOR A PEDESTRIAN ATTEMPTING TO CROSS THE STREET IN A CROSSWALK. UNIT #2 STRUCK #1 FROM BEHIND.



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| 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 ODPSS) | DATE CRASH REPORTED 09212016 | TIME CRASH REPORTED 1524 | DISPATCH TIME 1625 | ARRIVAL TIME 1530 | TIME CLEARED 1609 | OTHER INVESTIGATION TIME 30 | TOTAL MINUTES 69 |
| OFFICER'S NAME * BRYANT | OFFICER'S BADGE NUMBER 55 | CHECKED BY 50 | PAGE OF | | | | | |



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER 16-32347

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| UNIT NUMBER <u>01</u> | NAME: LAST, FIRST, MIDDLE <u>MAROLLI, SAMAR</u> | DATE OF BIRTH <u>03/10/1973</u> | AGE <u>43</u> | GENDER <u>F</u> F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP <u>4801 TULLINGHAST CT MASON OHIO 45040</u> | | | CONTACT PHONE- INCLUDE AREA CODE <u>513288 1344</u> | |

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| INJURIES <u>1</u> | INJURED TAKEN BY <u>1</u> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED <u>04</u> | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION <u>01</u> | AIR BAG USAGE <u>1</u> | EJECTION <u>1</u> | TRAPPED <u>1</u> | | |
| OL STATE <u>OH</u> | OPERATOR LICENSE NUMBER <u>SV 888520</u> | OL CLASS <u>4</u> | No VALID OL <input type="checkbox"/> | M/C END. <input type="checkbox"/> | 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 type="checkbox"/> LOCAL CODE) | | OFFENSE DESCRIPTION | | | CITATION NUMBER | | HANDS-FREE DEVICE USED <input type="checkbox"/> | | DRIVER DISTRACTED BY <u>1</u> | | |

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| UNIT NUMBER <u>02</u> | NAME: LAST, FIRST, MIDDLE <u>BROOKS, CHANTELL C.</u> | DATE OF BIRTH <u>03/11/1987</u> | AGE <u>29</u> | GENDER <u>F</u> F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP <u>4902 BETSY DR FRANKLIN OHIO 45005</u> | | | CONTACT PHONE- INCLUDE AREA CODE <u>937 543 6840</u> | |

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| INJURIES <u>3</u> | INJURED TAKEN BY <u>1</u> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED <u>04</u> | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION <u>01</u> | AIR BAG USAGE <u>1</u> | EJECTION <u>1</u> | TRAPPED <u>1</u> | | |
| OL STATE <u>OH</u> | OPERATOR LICENSE NUMBER <u>SQ 105720</u> | OL CLASS <u>4</u> | No VALID OL <input type="checkbox"/> | M/C END. <input type="checkbox"/> | 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>333.03</u> | | OFFENSE DESCRIPTION <u>ACRA</u> | | | CITATION NUMBER <u>81495</u> | | HANDS-FREE DEVICE USED <input type="checkbox"/> | | DRIVER DISTRACTED BY <u>1</u> | | |

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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 NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED | 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>01</u> | NAME: LAST, FIRST, MIDDLE <u>BSSMAN, RAMA</u> | DATE OF BIRTH <u>04/26/2006</u> | AGE <u>10</u> | GENDER <u>F</u> F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP <u>4801 TULLINGHAST CT MASON OHIO 45040</u> | | | CONTACT PHONE- INCLUDE AREA CODE <u>513288 1344</u> | |

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| INJURIES <u>1</u> | INJURED TAKEN BY <u>1</u> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED <u>04</u> | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION <u>06</u> | AIR BAG USAGE <u>5</u> | EJECTION <u>1</u> | TRAPPED <u>1</u> |
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| UNIT NUMBER <u>WIT</u> | NAME: LAST, FIRST, MIDDLE <u>RILLO, SARAH</u> | DATE OF BIRTH <u>08/05/1988</u> | AGE <u>28</u> | GENDER <u>F</u> F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP <u>6543 TWIN LAKES MASON OHIO 45040</u> | | | CONTACT PHONE- INCLUDE AREA CODE <u>937 510 1321</u> | |

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

LOCAL REPORT NUMBER **66-32347**

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| UNIT-NUMBER 01 | 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 3 | DAMAGED AREA |
| OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER GNR 3173 | VEHICLE IDENTIFICATION NUMBER W00HF8JB10A764901 | 2 - MINOR | |
| VEHICLE YEAR 2013 | VEHICLE MAKE MERCEDES BENZ | VEHICLE MODEL E350 | 3 - FUNCTIONAL | |
| VEHICLE COLOR WH | PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY GEICO | 4 - DISABLING | |
| | POLICY NUMBER 4323751964 | 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 1 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS. | 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 |
| 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 | | | |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT 01 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 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE 03 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 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 06 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 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS 11 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN | MOTORIST 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 01 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN SECONDARY 01 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 99 - UNKNOWN | 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 | NON-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 | 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 01 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 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 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 5 <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | POSTED SPEED 35 | TRAFFIC CONTROL 13 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 |
|--|---------------------------|---|--|---|---|---|



UNIT

LOCAL REPORT NUMBER **16-32347**

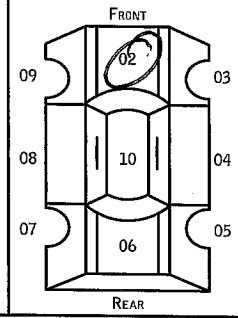
UNIT NUMBER: **02** OWNER NAME: LAST, FIRST, MIDDLE: **(S) SAME AS DRIVER** OWNER PHONE NUMBER - INC. AREA CODE: **(D) SAME AS DRIVER**

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

LP STATE: **OH** LICENSE PLATE NUMBER: **ONT 9978** VEHICLE IDENTIFICATION NUMBER: **KNJDT2A59C7360574** # OCCUPANTS: **01**

VEHICLE YEAR: **2012** VEHICLE MAKE: **KIA** VEHICLE MODEL: **Soul** VEHICLE COLOR: **WHITE**

PROOF OF INSURANCE SHOWN: INSURANCE COMPANY: **AMERICAN FAMILY** POLICY NUMBER: **2347346401** TOWED BY: **BARNES**



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

US DOT: _____ VEHICLE WEIGHT GVWR/GCWR: **1** (1 - LESS THAN OR EQUAL TO 10K LBS., 2 - 10,001 TO 26,000 LBS., 3 - MORE THAN 26,000 LBS.)

HM PLACARD ID No.: _____ 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, 09 - POLE, 10 - CARGO TANK, 11 - FLAT BED, 12 - DUMP, 13 - CONCRETE MIXER, 14 - AUTO TRANSPORTER, 15 - GARBAGE/REFUSE, 99 - OTHER/UNKNOWN)

HM CLASS NUMBER: _____ HAZARDOUS MATERIAL RELEASED: 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) IN EMERGENCY RESPONSE

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

PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)

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** (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)

CONTRIBUTING CIRCUMSTANCES: **09** (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, 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)

SEQUENCE OF EVENTS: 1 **20** 2 **00** 3 **00** 4 **00** 5 **00** 6 **00**

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

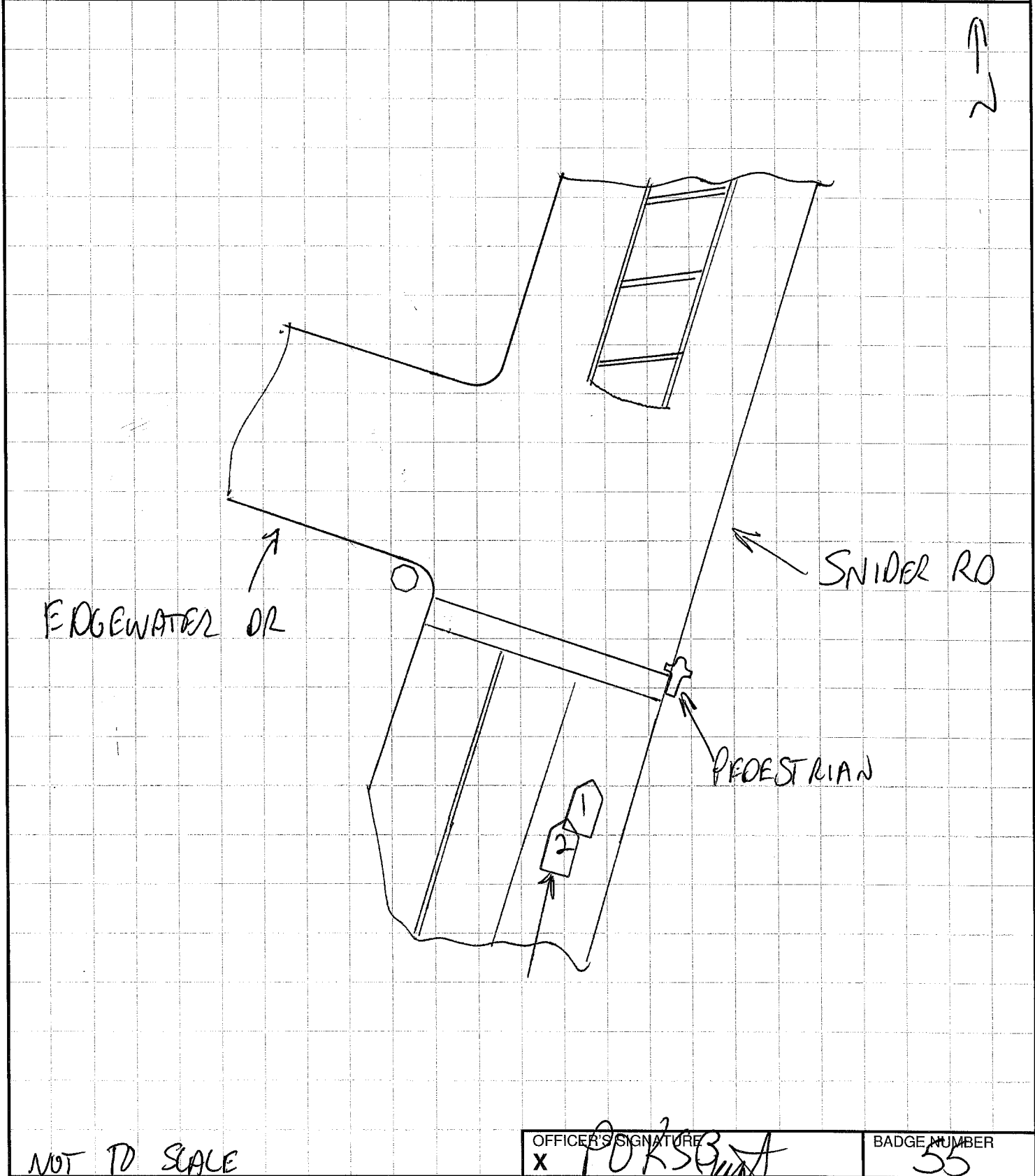
COLLISION WITH FIXED OBJECT: 25 - IMPACT ATTENUATOR/CRASH CUSHION, 26 - BRIDGE OVERHEAD STRUCTURE, 27 - BRIDGE PIER OR ABUTMENT, 28 - BRIDGE PARAPET, 29 - BRIDGE RAIL, 30 - GUARDRAIL FACE, 31 - GUARDRAIL END, 32 - PORTABLE BARRIER, 33 - MEDIAN CABLE BARRIER, 34 - MEDIAN GUARDRAIL BARRIER, 35 - MEDIAN 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: **35** POSTED SPEED: **35** TRAFFIC CONTROL: **12** (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)



| | | |
|--|---|---|
| LOCAL REPORT NUMBER 16-32347 | REPORTING AGENCY MASON POLICE | DATE OF CRASH MO9 D21 Y16 |
| IN COUNTY OF WARREN | CRASH LOCATION SNIDER RD | |



NOT TO SCALE

OFFICER'S SIGNATURE
X **PORSEBUNT**

BADGE NUMBER
55



| | | |
|---------------------------------|----------------------------------|--------------------------------------|
| LOCAL REPORT NUMBER 16-32347 | REPORTING AGENCY MASON POLICE | DATE OF CRASH MO 09 D 21 Y 16 |
|---------------------------------|----------------------------------|--------------------------------------|

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

I, Samor Maddali PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. T Donley / BRYANT AT CRASH SCENE
OFFICER'S NAME LOCATION

I saw a lady with a dog waiting to cross the street on pedestrian sign on side rd. I stopped for her & just a car behind me hit my car from the rear. I had my daughter with me in the car. We were so scared & shaking because of the big crash we felt.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? I don't think so
 Q. WERE YOU WEARING YOUR SEAT BELT? Yes
 Q. WHAT DIRECTION WERE YOU GOING? Snider Rd N. going home
 Q. WHAT WAS YOUR SPEED? ~~20-25~~ ^{KB} ALMOST STOPPED OR STOPPED
 Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? no

ADDRESS OF WITNESS 4801 Tillinghast Ct, Mason, OH PHONE 513-288-1342
 SIGNATURE OF WITNESS [Signature] OFFICER'S SIGNATURE PKSB / BRYANT
 X X



| | | |
|--|---|--|
| LOCAL REPORT NUMBER <i>16-32347</i> | REPORTING AGENCY MASON POLICE | DATE OF CRASH M <i>09</i> D <i>21</i> Y <i>16</i> |
|--|---|--|

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

| | |
|--------------------------------------|---|
| I, <u><i>Chantell Brooks</i></u> | HEREBY MAKE THIS VOLUNTARY STATEMENT TO |
| <small>PRINTED</small> | |
| <u><i>P.O. T Donley / BRYANT</i></u> | AT <u><i>CRASH SCENE</i></u> |
| <small>OFFICER'S NAME</small> | <small>LOCATION</small> |

I was driving north down Snider Road when the car in front of me stopped for someone to cross & I hit her in the rear end.

- Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? *Just scraped on arm.*
- Q. WERE YOU WEARING YOUR SEAT BELT? *yes*
- Q. WHAT DIRECTION WERE YOU GOING? *North*
- Q. WHAT WAS YOUR SPEED? *35-40*
- Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? *NO*

| | |
|---|--|
| ADDRESS OF WITNESS <i>4902 Betsy Dr. Franklin OH 45005</i> | PHONE <i>937-543-6840</i> |
| SIGNATURE OF WITNESS X <i>Chantell Brooks</i> | OFFICER'S SIGNATURE X <i>T Donley</i> |