



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
2016010109044802	3 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input checked="" type="checkbox"/> OTHER			18304	MASON POLICE	02	01 98 - ANIMAL 99 - UNKNOWN

COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
83		MASON	112202016	0825	TUE

DEGREES / MINUTES / SECONDS	DECIMAL DEGREES
LATITUDE: 0 ' 0 " LONGITUDE: 0 ' 0 "	LATITUDE: 39.348375 LONGITUDE: -84.295441

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST 2
<input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> W - WESTBOUND	02	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

LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME	LOCATION ROAD TYPE 2	ROUTE TYPES 1
			FAIRWAY	DR	IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE 2
AT					CLOVERWOOD	DR

REFERENCE POINT USED	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	02 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUT 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	4 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

ROAD CONTOUR	ROAD CONDITIONS	WEATHER
2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	01 PRIMARY SECONDARY	1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE

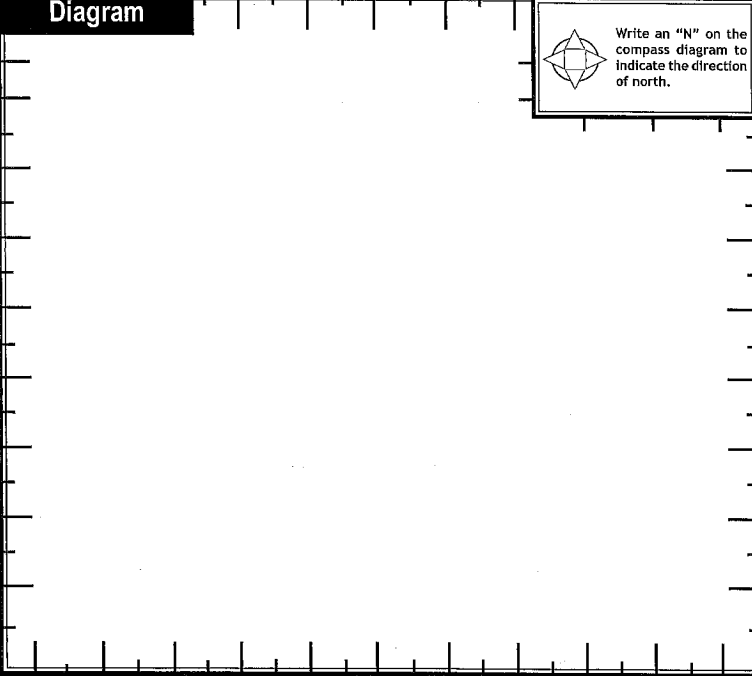
MANNER OF CRASH COLLISION/IMPACT	WEATHER
2 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	1 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	<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED	WORKERS PRESENT	LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)	LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

NARRATIVE

UNIT #2 WAS STOPPED AT THE INTERSECTION OF SOUTHBOUND FAIRWAY DRIVE AND CLOVERWOOD DRIVE. UNIT #1 WAS TRAVELLING SOUTHBOUND ON FAIRWAY DRIVE AND REAR ENDED UNIT #2.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
P-O KAMBRELL		112202016	0825	0826	0833	0902	0030	0059
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE 1 OF 4					
P-O KAMBRELL	17	JJ						



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

20160000044802

MOTORIST/Non-Motorist

MOTORIST/Non-Motorist

OCCUPANT

OCCUPANT

UNIT NUMBER <b>1011</b>	NAME: LAST, FIRST, MIDDLE <b>BALOGH, KENNETH, SCOTT</b>	DATE OF BIRTH <b>01/06/1959</b>	AGE <b>57</b>	GENDER <b>M</b> F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP <b>5809 FALLING BROOK DR. MASON, OH 45040</b>			CONTACT PHONE- INCLUDE AREA CODE <b>302-388-3493</b>								
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</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>RT568103</b>	OL CLASS <b>4</b>	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE <b>_____</b>	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE) <b>333.03a</b>		OFFENSE DESCRIPTION <b>ACDA</b>			CITATION NUMBER <b>82268</b>		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY <input type="checkbox"/>		

UNIT NUMBER <b>012</b>	NAME: LAST, FIRST, MIDDLE <b>DENTE, AMANDA, W.</b>	DATE OF BIRTH <b>11/24/1976</b>	AGE <b>39</b>	GENDER <b>F</b> F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP <b>5257 BENTWOOD DR. MASON, OH 45040</b>			CONTACT PHONE- INCLUDE AREA CODE <b>513-646-4980</b>								
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</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>SQ833503</b>	OL CLASS <b>4</b>	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE <b>_____</b>	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY <input type="checkbox"/>		

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

SEATING POSITION	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - PASSENGER IN UNENCLOSED CARGO AREA	AIR BAG USAGE
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	08 - THIRD - MIDDLE	13 - TRAILING UNIT	1 - NOT DEPLOYED
02 - FRONT - MIDDLE	09 - THIRD - RIGHT SIDE	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - DEPLOYED FRONT
03 - FRONT - RIGHT SIDE	10 - SLEEPER SECTION OF CAB (TRUCK)	15 - NON-MOTORIST	3 - DEPLOYED SIDE
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	16 - OTHER	4 - DEPLOYED BOTH FRONT/SIDE
05 - SECOND - MIDDLE		99 - UNKNOWN	5 - NOT APPLICABLE
06 - SECOND - RIGHT SIDE			9 - DEPLOYMENT UNKNOWN

EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED	1 - NOT TRAPPED	1 - CLASS A	1 - APPARENTLY NORMAL	1 - NONE
2 - TOTALLY EJECTED	2 - EXTRICATED BY MECHANICAL MEANS	2 - CLASS B	2 - PHYSICAL IMPAIRMENT	2 - YES - ALCOHOL SUSPECTED
3 - PARTIALLY EJECTED	3 - EXTRICATED BY NON-MECHANICAL MEANS	3 - CLASS C	3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)	3 - YES - HBD NOT IMPAIRED
4 - NOT APPLICABLE		4 - REGULAR CLASS (OHIO IS "D")	4 - ILLNESS	4 - YES - DRUGS SUSPECTED
		5 - MC/MOPED ONLY	5 - FELL ASLEEP, FAINTED, FATIGUED	5 - YES - ALCOHOL AND DRUGS SUSPECTED
			6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL	
			7 - OTHER	

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN	1 - NONE	1 - NONE GIVEN	1 - NONE	1 - NO DISTRACTION REPORTED
2 - TEST REFUSED	2 - BLOOD	2 - TEST REFUSED	2 - BLOOD	2 - PHONE
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEXTING/E-MAILING
4 - TEST GIVEN, RESULTS KNOWN	4 - BREATH	4 - TEST GIVEN, RESULTS KNOWN	4 - OTHER	4 - ELECTRONIC COMMUNICATION DEVICE
5 - TEST GIVEN, RESULTS UNKNOWN	5 - OTHER	5 - TEST GIVEN, RESULTS UNKNOWN		5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)
				6 - OTHER INSIDE THE VEHICLE
				7 - EXTERNAL DISTRACTION

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/>					
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE- INCLUDE AREA CODE						
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"/>

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/>					
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE- INCLUDE AREA CODE						
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"/>



# UNIT

LOCAL REPORT NUMBER

201160000044802

UNIT NUMBER <b>011</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>CHIGRINO INC.</b>	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) <b>302-292-1906</b>	DAMAGE SCALE <b>2</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>15 RUTHAR DR. NEWARK, DE 19711</b>				
LP STATE <b>DE</b>	LICENSE PLATE NUMBER <b>PC434586</b>	VEHICLE IDENTIFICATION NUMBER <b>1F1M5TK18D189H6A0169157</b>	# OCCUPANTS <b>01</b>	
VEHICLE YEAR <b>2011</b>	VEHICLE MAKE <b>FORD</b>	VEHICLE MODEL <b>EXPLORER</b>	VEHICLE COLOR <b>GREY</b>	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>WESCO</b>	POLICY NUMBER <b>WPP1983333</b>	TOWED BY	
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 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	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		<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>06</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>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 99 - UNKNOWN	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> 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 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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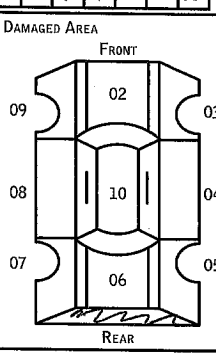
CONTRIBUTING CIRCUMSTANCES PRIMARY <b>09</b> SECONDARY <b>00</b> 99 - UNKNOWN MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 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>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</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 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
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UNIT SPEED <b>005</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>1</b> TO <b>2</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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# UNIT

LOCAL REPORT NUMBER  
**2016000044802**UNIT NUMBER: **02** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**DENTE, BRIAN**OWNER PHONE NUMBER - INC. AREA CODE (  SAME AS DRIVER )DAMAGE SCALE  
**2**OWNER ADDRESS: CITY, STATE, ZIP (  SAME AS DRIVER )LP STATE: **OH** LICENSE PLATE NUMBER: **EEM 8076**VEHICLE IDENTIFICATION NUMBER: **5FWRL5H62CB11081856101** # OCCUPANTS: **01**VEHICLE YEAR: **2012** VEHICLE MAKE: **HONDA**VEHICLE MODEL: **ODYSSEY** VEHICLE COLOR: **SILVER**INSURANCE COMPANY: **ALLSTATE**POLICY NUMBER: **980618994** TOWED BY:

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

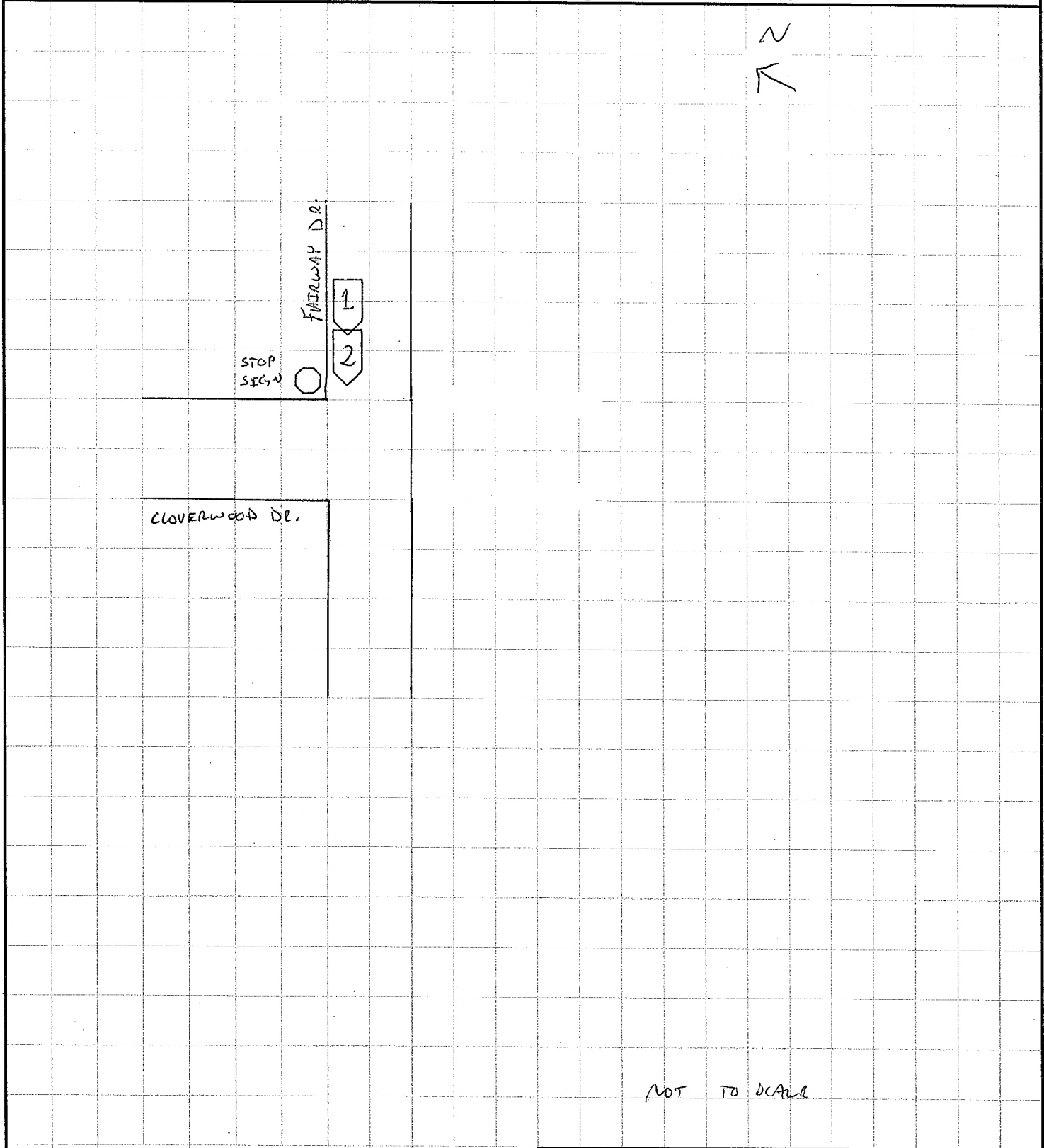
CARRIER PHONE- INCLUDE AREA CODE

US DOT  
HM PLACARD ID No.  
HM CLASS NUMBERVEHICLE 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.  
 HAZARDOUS MATERIAL RELEASEDCARGO 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  
16 - OTHER/UNKNOWNTRAFFICWAY 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) MEDIUM  
4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER  
5 - ONE-WAY TRAFFICWAY  
 HIT / SKIP UNITNON-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/UNKNOWNTYPE OF USE  
**1**  
1 - PERSONAL  
2 - COMMERCIAL  
3 - GOVERNMENT  
 IN EMERGENCY RESPONSEUNIT TYPE  
**05**  
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 VEHICLEMED/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 VEHICLEBUS/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 PLACARDSPECIAL 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 - OTHER09 - 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  
99 - UNKNOWNACTION  
**9**  
1 - NON-CONTACT  
2 - NON-COLLISION  
3 - STRIKING  
4 - STRUCK  
5 - STRIKING/STRUCK  
9 - UNKNOWNPRE-CRASH ACTIONS  
**11**  
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 - DRIVERLESS13 - NEGOTIATING A CURVE  
14 - OTHER MOTORIST ACTIONNon-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

CONTRIBUTING CIRCUMSTANCES  
PRIMARY  
**01**  
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  
**01**  
99 - UNKNOWNMOTORIST  
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 ACTIONNon-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 ACTIONVEHICLE 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 DEFECTSSEQUENCE OF EVENTS  
1 **20** 2 **01** 3 **01** 4 **01** 5 **01** 6 **01**  
FIRST HARMFUL EVENT: **1** MOST HARMFUL EVENT: **1**  
99 - UNKNOWNNon-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-COLLISIONCOLLISION 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 OBJECTCOLLISION 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 OBJECTUNIT SPEED  
**000**  
 STATED  
 ESTIMATEDPOSTED SPEED  
**25**TRAFFIC CONTROL  
**02**  
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 REPORTEDUNIT DIRECTION  
FROM **1** TO **2**  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
5 - NORTHEAST  
6 - NORTHWEST  
7 - SOUTHEAST  
8 - SOUTHWEST  
9 - UNKNOWN  
PAGE 4 of 4

LOCAL REPORT NUMBER <b>16-44802</b>	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH <b>M 12   D   Y 16</b>
IN COUNTY OF <b>WARREN</b>	CRASH LOCATION <b>FAIRWAY DR. @ CLOVERWOOD DR.</b>	



OFFICER'S SIGNATURE <b>X</b> <i>[Signature]</i>	BADGE NUMBER <b>17</b>
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CITY OF **MASON** OHIO

*more than you imagine.*

**POLICE DEPARTMENT**

Incident # 16-44802

**Statement of:**

Name: Kenneth S. Balogh	Address: 5809 Felling Brook Dr
Telephone: (302) 388-3493	SSN: 284-66-3908 Date of Birth: 1-6-59

rear end mini van stopped at corner of  
Fairway Dr. and Cloverwood.

Chiorino Inc.  
125 Rutbar Dr.  
Newark, Delaware 19711  
(302) 392-1906

*My signature below confirms that this statement is truthful and was given voluntarily.*

Signature Kenneth S. Balogh	Date/Time Signed 12/20/16 8:45 AM	Page# 1 of 1
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