



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
44959	3 1 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION

<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"/> PDD UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 108J04	REPORTING AGENCY NAME * MASON POLICE	NUMBER OF UNITS 02	UNIT IN ERROR 01 98 - ANIMAL 99 - UNKNOWN
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COUNTY * 813	<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * MASON	CRASH DATE * 112212016	TIME OF CRASH 1098	DAY OF WEEK WED
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DEGREES / MINUTES / SECONDS LATITUDE 0 / / "	LONGITUDE 0 / / "	DECIMAL DEGREES LATITUDE 39.347156	LONGITUDE 784.710425
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ROADWAY DIVISION <input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL S N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND 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	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME MASON MONTGOMERY	LOCATION ROAD TYPE 2 R0	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 <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF N,S,E,W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 6307	REFERENCE ROAD TYPE 2
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REFERENCE POINT USED 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 01 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/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 99 - UNKNOWN	<input checked="" type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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ROAD CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 02 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
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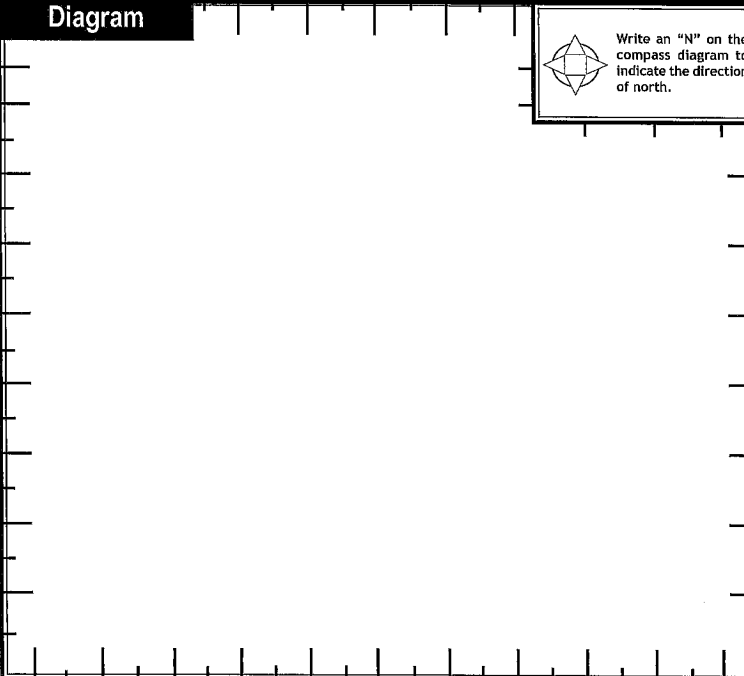
MANNER OF CRASH COLLISION/IMPACT 2 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY 1 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	SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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<input type="checkbox"/> WORK ZONE RELATED	<input type="checkbox"/> WORKERS PRESENT	<input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)	<input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
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NARRATIVE

UNIT #02 WAS STOPPED IN TRAFFIC IN FRONT OF 6307 MASON MONTGOMERY RD. UNIT #01 WAS TRAVELLING SOUTHBOUND ON MASON MONTGOMERY RD APPROACHING UNIT #02, FAILED TO ASSURE A CLEAR DISTANCE AHEAD, AND STRUCK UNIT #02 IN THE REAR.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED 112212016	TIME CRASH REPORTED 10911	DISPATCH TIME 10912	ARRIVAL TIME 10921	TIME CLEARED 10959	OTHER INVESTIGATION TIME 1036	TOTAL MINUTES 1068
OFFICER'S NAME * FITZGERALD	OFFICER'S BADGE NUMBER 37	CHECKED BY SS	PAGE OF					



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER: 1011 NAME: LAST, FIRST, MIDDLE: TREWART FLO E DATE OF BIRTH: 11/24/1935 AGE: 80 GENDER: F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 4707 WREN CT LEBANON OH 45036 CONTACT PHONE - INCLUDE AREA CODE: 513-933-4978

INJURIES: 1 INJURED TAKEN BY: [] EMS AGENCY: [] MEDICAL FACILITY INJURED TAKEN TO: [] SAFETY EQUIPMENT USED: 04 DOT COMPLIANT: [] MOTORCYCLE HELMET: [] SEATING POSITION: 01 AIR BAG USAGE: [] EJECTION: [] TRAPPED: []

OL STATE: 01 OPERATOR LICENSE NUMBER: 26581460 OL CLASS: 4 No VALID OL: [] M/C END.: [] CONDITION: 1 ALCOHOL/DRUG SUSPECTED: 1 ALCOHOL TEST STATUS: 1 ALCOHOL TEST TYPE: 1 ALCOHOL TEST VALUE: [] DRUG TEST STATUS: 1 DRUG TEST TYPE: 1

OFFENSE CHARGED (LOCAL CODE): 333.03a OFFENSE DESCRIPTION: ACD4 CITATION NUMBER: 082540 HANDS-FREE DEVICE USED: [] DRIVER DISTRACTED BY: []

UNIT NUMBER: 1023 NAME: LAST, FIRST, MIDDLE: BRYANT RONNIE D DATE OF BIRTH: 02/11/1957 AGE: 59 GENDER: M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 5130 CARTER CT MARION OH 45040 CONTACT PHONE - INCLUDE AREA CODE: 513-673-0916

INJURIES: 1 INJURED TAKEN BY: [] EMS AGENCY: [] MEDICAL FACILITY INJURED TAKEN TO: [] SAFETY EQUIPMENT USED: 04 DOT COMPLIANT: [] MOTORCYCLE HELMET: [] SEATING POSITION: 01 AIR BAG USAGE: [] EJECTION: [] TRAPPED: []

OL STATE: 01 OPERATOR LICENSE NUMBER: RM416776 OL CLASS: 4 No VALID OL: [] M/C END.: [] CONDITION: 1 ALCOHOL/DRUG SUSPECTED: 1 ALCOHOL TEST STATUS: 1 ALCOHOL TEST TYPE: 1 ALCOHOL TEST VALUE: [] DRUG TEST STATUS: [] DRUG TEST TYPE: []

OFFENSE CHARGED (LOCAL CODE): [] OFFENSE DESCRIPTION: [] CITATION NUMBER: [] HANDS-FREE DEVICE USED: [] DRIVER DISTRACTED BY: []

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 NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 99 - UNKNOWN SAFETY EQUIPMENT	Non-Motorist 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF 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: [] NAME: LAST, FIRST, MIDDLE: [] DATE OF BIRTH: [] AGE: [] GENDER: [] (F - FEMALE, M - MALE)

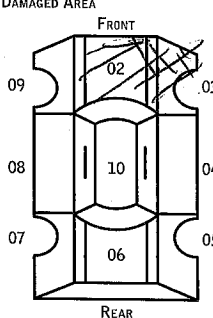
ADDRESS, CITY, STATE, ZIP: [] CONTACT PHONE - INCLUDE AREA CODE: []

INJURIES: [] INJURED TAKEN BY: [] EMS AGENCY: [] MEDICAL FACILITY INJURED TAKEN TO: [] SAFETY EQUIPMENT USED: [] DOT COMPLIANT: [] MOTORCYCLE HELMET: [] SEATING POSITION: [] AIR BAG USAGE: [] EJECTION: [] TRAPPED: []

UNIT NUMBER: [] NAME: LAST, FIRST, MIDDLE: [] DATE OF BIRTH: [] AGE: [] GENDER: [] (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: [] CONTACT PHONE - INCLUDE AREA CODE: []

INJURIES: [] INJURED TAKEN BY: [] EMS AGENCY: [] MEDICAL FACILITY INJURED TAKEN TO: [] SAFETY EQUIPMENT USED: [] DOT COMPLIANT: [] MOTORCYCLE HELMET: [] SEATING POSITION: [] AIR BAG USAGE: [] EJECTION: [] TRAPPED: []

UNIT NUMBER 1011		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	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER)						1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE OH	LICENSE PLATE NUMBER 899YLZ	VEHICLE IDENTIFICATION NUMBER 1J3LNHLZ6C5K8J67911		# OCCUPANTS 1011			
VEHICLE YEAR 170112	VEHICLE MAKE LINCOLN	VEHICLE MODEL MKZ	VEHICLE COLOR RED				
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY MOTORISTS MUTUAL	POLICY NUMBER 71750659662905A		TOWED BY NAMMELS			
CARRIER NAME, ADDRESS, CITY, STATE, ZIP						CARRIER PHONE- INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 07	01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 4
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED			
HM CLASS NUMBER		<input type="checkbox"/> HIT / SKIP UNIT		

NON-MOTORIST LOCATION PRIOR TO IMPACT 01	TYPE OF USE 1	UNIT TYPE 04	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)		MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)
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	1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	99 - UNKNOWN OR HIT / SKIP 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	13 - SINGLE UNIT TRUCK OR VAN AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	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/PEDACYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	
<input type="checkbox"/> HAS HM PLACARD						

SPECIAL FUNCTION 01	01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 03	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
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PRE-CRASH ACTIONS 01	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		VEHICLE DEFECTS
PRIMARY 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	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	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	Non-Collision Events		Collision With Fixed Object	
1 01 2 01 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT MOST HARMFUL EVENT 99 - UNKNOWN	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	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 035	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 1 TO 2	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
PAGE OF					

UNIT NUMBER: **1071** OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER) OWNER PHONE NUMBER - INC. AREA CODE (☑ SAME AS DRIVER) DAMAGE SCALE: **2** DAMAGED AREA: FRONT

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

LP STATE: **OH** LICENSE PLATE NUMBER: **66L2877** VEHICLE IDENTIFICATION NUMBER: **1SMAE1B14A1C91E1191194871** # OCCUPANTS: **1011**

VEHICLE YEAR: **2011** VEHICLE MAKE: **HYUNDAI** VEHICLE MODEL: **SONATA** VEHICLE COLOR: **GREY**

PROOF OF INSURANCE SHOWN: INSURANCE COMPANY: **ALLSTATE** POLICY NUMBER: **926369835** TOWED BY:

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

US DOT: **1** VEHICLE WEIGHT GVWR/GCWR: **1** CARGO BODY TYPE: **01** TRAFFICWAY DESCRIPTION: **4**

HM PLACARD ID No. HM CLASS NUMBER NON-MOTORIST LOCATION PRIOR TO IMPACT: **01** TYPE OF USE: **1** UNIT TYPE: **03** PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)

SPECIAL FUNCTION: **01** MOST DAMAGED AREA: **07** IMPACT AREA: **07** ACTION: **4**

PRE-CRASH ACTIONS: **11** MOTORIST: **01** NON-MOTORIST: **15**

CONTRIBUTING CIRCUMSTANCES: PRIMARY: **01** SECONDARY: **01** VEHICLE DEFECTS: **01**

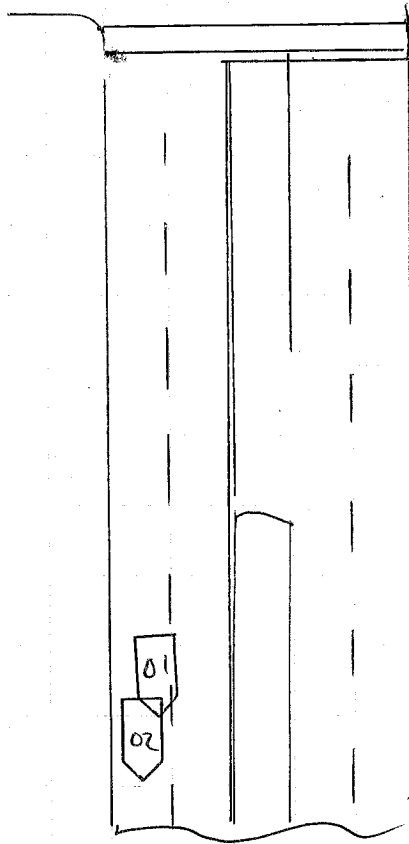
SEQUENCE OF EVENTS: **1** **20** **3** **4** **5** **6** Non-Collision Events: **01** Collision With Fixed Object: **25**

UNIT SPEED: **000** POSTED SPEED: **35** TRAFFIC CONTROL: **12** UNIT DIRECTION: FROM **1** TO **2**

LOCAL REPORT NUMBER 16-4959	REPORTING AGENCY MASON POLICE	DATE OF CRASH M12 D21 Y16
IN COUNTY OF WARREN	CRASH LOCATION 6307 MASON MONTGOMERY RD	



6307



NIXON PARK DR

MASON MONTGOMERY RD

NOT TO SCALE

OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 1437
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LOCAL REPORT NUMBER 16-44959	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 12 D 21 Y 16
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Flo Trenary HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

FITZGERALD AT Scene
OFFICER'S NAME LOCATION

Q: WERE YOU OR ANYONE IN YOUR VEHICLE INJURED? no

Q: WERE YOU WEARING YOUR SEAT BELT? yes

Q: HOW FAST WERE YOU TRAVELLING BEFORE ANY EVASIVE ACTION? ?

Q: WERE YOU DISTRACTED BY ANYTHING OR USING A PHONE? no

ADDRESS OF WITNESS _____ PHONE 573-933-4978

SIGNATURE OF WITNESS X Flo E Trenary OFFICER'S SIGNATURE X [Signature]



LOCAL REPORT NUMBER 16-44959	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 12 D 21 Y 16
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Ronnie D. Bryant HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

FITZGERALD AT Scene
OFFICER'S NAME LOCATION

AT Red light was hit from behind

Q: WERE YOU OR ANYONE IN YOUR VEHICLE INJURED? NO

Q: WERE YOU WEARING YOUR SEAT BELT? YES

Q: HOW FAST WERE YOU TRAVELLING BEFORE ANY EVASIVE ACTION? NO

Q: WERE YOU DISTRACTED BY ANYTHING OR USING A PHONE? NO

ADDRESS OF WITNESS	PHONE 571673-0916
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SIGNATURE OF WITNESS X <u>Ronnie Bryant</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>
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