



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	Hwy/Skip
	3 - FATAL 2 - INJURY 1 - PDO	1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION

PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDC UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY - NCIC * <b>08304</b>	REPORTING AGENCY NAME * <b>MASON POLICE</b>	NUMBER OF UNITS <b>02</b>	UNIT IN ERROR <b>02</b>	98 - ANIMAL 99 - UNKNOWN
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COUNTY * <b>83</b>	CITY * <input checked="" type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * <b>MASON</b>	CRASH DATE * <b>01/10/2014</b>	TIME OF CRASH <b>1517</b>	DAY OF WEEK <b>FRI</b>
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DEGREES / MINUTES / SECONDS LATITUDE <b>39° 20' 13.48"</b>	LONGITUDE <b>84° 20' 31.98"</b>	DECIMAL DEGREES LATITUDE <b>39.337077</b>	LONGITUDE <b>84.341966</b>
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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"/> S - SOUTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> W - WESTBOUND	NUMBER OF THRU LANES <b>04</b>	ROAD TYPES OR MILEPOST 2 AL - ALLEY AV - AVENUE BL - BOULEVARD CR - CIRCLE CT - COURT DR - DRIVE HE - HEIGHTS HW - HIGHWAY LA - LANE MP - MILEPOST PK - PARKWAY PL - PLACE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE WA - WAY
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LOCATION ROUTE TYPE 1 <input type="checkbox"/>	LOCATION ROUTE NUMBER <input type="checkbox"/>	LOC PREFIX N, S, E, W <input type="checkbox"/>	LOCATION ROAD NAME <b>WESTERN Row</b>	LOCATION ROAD TYPE 2 <b>R10</b>	ROUTE TYPES 1 IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE	CR - NUMBERED COUNTY ROUTE TR - NUMBERED TOWNSHIP ROUTE
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DISTANCE FROM REFERENCE <b>300</b>	DIR FROM REF N, S, E, W <b>E</b>	REFERENCE ROUTE TYPE 1 <input type="checkbox"/>	REFERENCE ROUTE NUMBER <input type="checkbox"/>	REF PREFIX N, S, E, W <input type="checkbox"/>	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) <b>READING</b>	REFERENCE ROAD TYPE 2 <b>R10</b>
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION <b>01</b>	01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT	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	<input type="checkbox"/> 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
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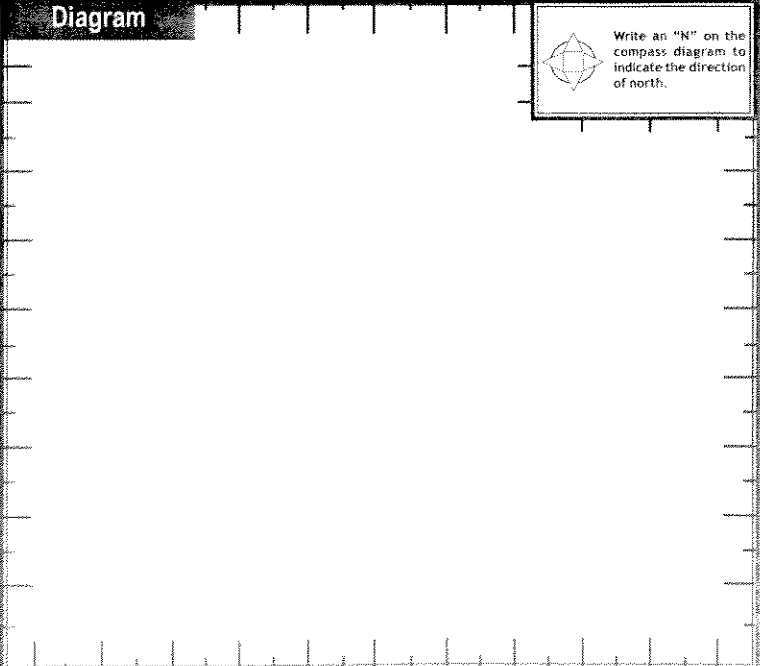
ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY <b>02</b>	SECONDARY <input type="checkbox"/>	01 - DRY 02 - WET 03 - SNOW 04 - ICE	05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS*	09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN
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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 - SIDESWIP, SAME DIRECTION 8 - SIDESWIP, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER <b>2</b>	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 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY <b>1</b>	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	9 - UNKNOWN	<input type="checkbox"/> SCHOOL BUS RELATED 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 #1 WAS EAST BOUND ON WESTERN ROW RD. UNIT #2 PULLED FROM A PRIVATE DRIVE AND STOPPED. UNIT #1 STRUCK #2.**



REPORT MADE BY <input checked="" type="checkbox"/> POLICE OFFICER <input type="checkbox"/> MANAGER	<input type="checkbox"/> SUBMITTED TO BUREAU OF PUBLIC SAFETY AND BUREAU OF ROAD SERVICE	DATE (MM/DD/YYYY) <b>01/10/2014</b>	TIME (HH:MM) <b>1520</b>	REPORTING AGENCY <b>08304</b>	AGENCY CODE <b>1523</b>	OFFICER'S NAME <b>BRYANT</b>	OFFICER'S BADGE NUMBER <b>55</b>	CHECKED BY <b>55 Sgt John Keller</b>	DATE (MM/DD/YYYY) <b>1/14</b>
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# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>ELLIS, CHRISTOPHER P.</b>	DATE OF BIRTH <b>11/20/1963</b>	AGE <b>50</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>6972 MAN-O-WAR LN MASON OHIO 45040</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513 238 7509</b>
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>SV 873972</b>	OL CLASS <b>H</b>	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE . . . . .	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
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OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
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UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>SEIBEL, MARY W.</b>	DATE OF BIRTH <b>10/29/1955</b>	AGE <b>58</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>8369 POPPY LN LIBERTY TWP OHIO 45044</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513 218 5605</b>
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RM096729</b>	OL CLASS <b>H</b>	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE . . . . .	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
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OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) <b>331.22</b>	OFFENSE DESCRIPTION <b>FAILED TO YIELD</b>	CITATION NUMBER <b>75271</b>	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED <b>99 - UNKNOWN SAFETY EQUIPMENT</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAR (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 - RIGGS 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 (DRUG IS "D") 5 - M/C/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELT 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 <input type="checkbox"/>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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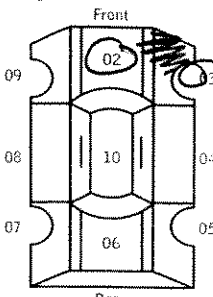
ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER <input type="checkbox"/>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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Unit Number <b>011</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>ELLIS, TAMMI A</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )	Damage Scale <b>3</b>	Damaged Area 
Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )			1 - None	
LP State <b>OH</b>	License Plate Number <b>EFJ 9412</b>	Vehicle Identification Number <b>JTDKB1204983367054</b>	2 - Minor	
Vehicle Year <b>2008</b>	Vehicle Make <b>TOYOTA</b>	Vehicle Model <b>PLUS</b>	3 - Functional	
<input checked="" type="checkbox"/> Proof of Insurance shown	Insurance Company <b>PROGRESSIVE</b>	Policy Number <b>00360395</b>	4 - Disabling	
Carrier Name, Address, City, State, Zip			9 - Unknown	
Carrier Phone - include area code				

US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10k Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo Body Type <input type="checkbox"/> 01 - No Cargo Body Type/Not Applicable <input type="checkbox"/> 02 - Bus/Van (9-15 Seats, Inc Driver) <input type="checkbox"/> 03 - Bus (16+ Seats, Inc Driver) <input type="checkbox"/> 04 - Vehicle Towing Another Vehicle <input type="checkbox"/> 05 - Logging <input type="checkbox"/> 06 - Intermodal Container Chassis <input type="checkbox"/> 07 - Cargo Van/Enclosed Box <input type="checkbox"/> 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 <input type="checkbox"/> 1 - Two-Way, Not Divided <input type="checkbox"/> 2 - Two-Way, Not Divided, Continuous Left Turn Lane <input type="checkbox"/> 3 - Two-Way, Divided, Unprotected (Painted or Grass - 4ft.) Median <input type="checkbox"/> 4 - Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit		

Non-Motorist Location Prior to Impact <input type="checkbox"/> 01 - Intersection - Marked Crosswalk <input type="checkbox"/> 02 - Intersection - No Crosswalk <input type="checkbox"/> 03 - Intersection - Other <input type="checkbox"/> 04 - Midblock - Marked Crosswalk <input type="checkbox"/> 05 - Travel Lane - Other Location <input type="checkbox"/> 06 - Bicycle Lane <input type="checkbox"/> 07 - Shoulder/Rightside <input type="checkbox"/> 08 - Sidewalk <input type="checkbox"/> 09 - Median/Crossing Island <input type="checkbox"/> 10 - Driveway Access <input type="checkbox"/> 11 - Shared-Use Path or Trail <input type="checkbox"/> 12 - Non-Trafficway Area <input type="checkbox"/> 99 - Other/Unknown	Type of Use <input type="checkbox"/> 1 - Personal <input type="checkbox"/> 2 - Commercial <input type="checkbox"/> 3 - Government  <input type="checkbox"/> In Emergency Response	Unit Type <input type="checkbox"/> 01 - Sub-Compact <input type="checkbox"/> 02 - Compact <input type="checkbox"/> 03 - Mid Size <input type="checkbox"/> 04 - Full Size <input type="checkbox"/> 05 - Minivan <input type="checkbox"/> 06 - Sport Utility Vehicle <input type="checkbox"/> 07 - Pickup <input type="checkbox"/> 08 - Van <input type="checkbox"/> 09 - Motorcycle <input type="checkbox"/> 10 - Motorized Bicycle <input type="checkbox"/> 11 - Snowmobile/ATV <input type="checkbox"/> 12 - Other Passenger Vehicle	Passenger Vehicles (less than 9 passengers) Med/Heavy Trucks or Combo Units > 10k lbs Bus/Van/Limo (9 or More Including Driver)	21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Dog, Water, Squirrel 25 - Bicycle/Pedestrian 26 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> Has HM Placard				

Special Function <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Taxi <input type="checkbox"/> 03 - Rental Truck (Over 10k Lbs) <input type="checkbox"/> 04 - Bus - School (Public or Private) <input type="checkbox"/> 05 - Bus - Transit <input type="checkbox"/> 06 - Bus - Charter <input type="checkbox"/> 07 - Bus - Shuttle <input type="checkbox"/> 08 - Bus - Other	<input type="checkbox"/> 09 - Ambulance <input type="checkbox"/> 10 - Fire <input type="checkbox"/> 11 - Highway/Maintenance <input type="checkbox"/> 12 - Military <input type="checkbox"/> 13 - Police <input type="checkbox"/> 14 - Public Utility <input type="checkbox"/> 15 - Other Government <input type="checkbox"/> 16 - Construction Equip.	<input type="checkbox"/> 17 - Farm Vehicle <input type="checkbox"/> 18 - Farm Equipment <input type="checkbox"/> 19 - Motorhome <input type="checkbox"/> 20 - Golf Cart <input type="checkbox"/> 21 - Train <input type="checkbox"/> 22 - Other (Explain in Narrative)	Most Damaged Area <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Center Front <input type="checkbox"/> 03 - Right Front <input type="checkbox"/> 04 - Right Side <input type="checkbox"/> 05 - Right Rear <input type="checkbox"/> 06 - Rear Center <input type="checkbox"/> 07 - Left Rear	<input type="checkbox"/> 08 - Left Side <input type="checkbox"/> 09 - Left Front <input type="checkbox"/> 10 - Top and Windows <input type="checkbox"/> 11 - Undercarriage <input type="checkbox"/> 12 - Load/Trailer <input type="checkbox"/> 13 - Total/All Areas <input type="checkbox"/> 14 - Other	Action <input type="checkbox"/> 1 - Non-Contact <input type="checkbox"/> 2 - Non-Collision <input type="checkbox"/> 3 - Striking <input type="checkbox"/> 4 - Struck <input type="checkbox"/> 5 - Striking/Struck <input type="checkbox"/> 9 - Unknown
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Pre-Crash Actions <input type="checkbox"/> 01 - Unknown	Motorist <input type="checkbox"/> 01 - Straight Ahead <input type="checkbox"/> 02 - Backing <input type="checkbox"/> 03 - Changing Lanes <input type="checkbox"/> 04 - Overtaking/Passing <input type="checkbox"/> 05 - Making Right Turn <input type="checkbox"/> 06 - Making Left Turn	<input type="checkbox"/> 07 - Making U-Turn <input type="checkbox"/> 08 - Entering Traffic Lane <input type="checkbox"/> 09 - Leaving Traffic Lane <input type="checkbox"/> 10 - Parked <input type="checkbox"/> 11 - Slowing or Stopped in Traffic <input type="checkbox"/> 12 - Driverless	<input type="checkbox"/> 13 - Negotiating a Curve <input type="checkbox"/> 14 - Other Motorist Action	Non-Motorist <input type="checkbox"/> 15 - Entering or Crossing Specified Location <input type="checkbox"/> 16 - Walking, Running, Jogging, Playing, Cycling <input type="checkbox"/> 17 - Working <input type="checkbox"/> 18 - Pushing Vehicle <input type="checkbox"/> 19 - Approaching or Leaving Vehicle <input type="checkbox"/> 20 - Standing	<input type="checkbox"/> 21 - Other Non-Motorist Action
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Contributing Circumstances Primary <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Failure to Yield <input type="checkbox"/> 03 - Ran Red Light <input type="checkbox"/> 04 - Ran Stop Sign Secondary <input type="checkbox"/> 05 - Exceeded Speed Limit <input type="checkbox"/> 06 - Unsafe Speed <input type="checkbox"/> 07 - Improper Turn <input type="checkbox"/> 08 - Left of Center <input type="checkbox"/> 09 - Followed Too Closely/ACDA <input type="checkbox"/> 10 - Improper Lane Change /Passing/On Road 99 - Unknown	Motorist <input type="checkbox"/> 01 - None <input type="checkbox"/> 02 - Failure to Yield <input type="checkbox"/> 03 - Ran Red Light <input type="checkbox"/> 04 - Ran Stop Sign <input type="checkbox"/> 05 - Exceeded Speed Limit <input type="checkbox"/> 06 - Unsafe Speed <input type="checkbox"/> 07 - Improper Turn <input type="checkbox"/> 08 - Left of Center <input type="checkbox"/> 09 - Followed Too Closely/ACDA <input type="checkbox"/> 10 - Improper Lane Change /Passing/On Road <input type="checkbox"/> 11 - Improper Backing <input type="checkbox"/> 12 - Improper Start From Parked Position <input type="checkbox"/> 13 - Stopped or Parked Illegally <input type="checkbox"/> 14 - Operating Vehicle in Negligent Manner <input type="checkbox"/> 15 - Swerving to Avoid (Due to External Conditions) <input type="checkbox"/> 16 - Wrong Side/Wrong Way <input type="checkbox"/> 17 - Failure to Control <input type="checkbox"/> 18 - Vision Obstruction <input type="checkbox"/> 19 - Operating Defective Equipment <input type="checkbox"/> 20 - Load Shifting/Falling/Spilling <input type="checkbox"/> 21 - Other Improper Action	Non-Motorist <input type="checkbox"/> 22 - None <input type="checkbox"/> 23 - Improper Crossing <input type="checkbox"/> 24 - Darting <input type="checkbox"/> 25 - Lying and/or Illegality in Roadway <input type="checkbox"/> 26 - Failure to Yield Right of Way <input type="checkbox"/> 27 - Not Visible (Dark Clothing) <input type="checkbox"/> 28 - Inattentive <input type="checkbox"/> 29 - Failure to Obey Traffic Signs /Signals/Officer <input type="checkbox"/> 30 - Wrong Side of the Road <input type="checkbox"/> 31 - Other Non-Motorist Action	Vehicle Defects <input type="checkbox"/> 01 - Turn Signals <input type="checkbox"/> 02 - Head Lamps <input type="checkbox"/> 03 - Tail Lamps <input type="checkbox"/> 04 - Brakes <input type="checkbox"/> 05 - Steering <input type="checkbox"/> 06 - Tire Blowout <input type="checkbox"/> 07 - Worn or Slack Tires <input type="checkbox"/> 08 - Trailer Equipment Defective <input type="checkbox"/> 09 - Motor Trouble <input type="checkbox"/> 10 - Disabled From Prior Accident <input type="checkbox"/> 11 - Other Defects
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Sequence of Events 1 <input type="checkbox"/> 20 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <input type="checkbox"/> 11 Most Harmful Event <input type="checkbox"/> 11 99 - Unknown	Non-Collision Events <input type="checkbox"/> 01 - Overturn/Rollover <input type="checkbox"/> 02 - Fire/Explosion <input type="checkbox"/> 03 - Immersion <input type="checkbox"/> 04 - Jackknife <input type="checkbox"/> 05 - Cargo/Equipment Lost or Shift <input type="checkbox"/> 06 - Equipment Failure (Blown Tire, Brake Failure, etc) <input type="checkbox"/> 07 - Separation of Units <input type="checkbox"/> 08 - Ran Off Road Right <input type="checkbox"/> 09 - Ran Off Road Left <input type="checkbox"/> 10 - Cross Median <input type="checkbox"/> 11 - Cross Center Line <input type="checkbox"/> 12 - Opposite Direction of Travel <input type="checkbox"/> 13 - Downhill Runaway <input type="checkbox"/> 14 - Other Non-Collision	Collision With Fixed Object <input type="checkbox"/> 25 - Impact Annular/Crush Curbside <input type="checkbox"/> 26 - Bridge Overhead Structure <input type="checkbox"/> 27 - Bridge Pier or Abutment <input type="checkbox"/> 28 - Bridge Pierage <input type="checkbox"/> 29 - Hedge Row <input type="checkbox"/> 30 - Guardrail End <input type="checkbox"/> 31 - Guardrail Post <input type="checkbox"/> 32 - Pole <input type="checkbox"/> 33 - Median Cable Barrier <input type="checkbox"/> 34 - Median Concrete Barrier <input type="checkbox"/> 35 - Median Concrete Barrier <input type="checkbox"/> 36 - Median Other Barrier <input type="checkbox"/> 37 - Traffic Sign Post <input type="checkbox"/> 38 - Overhead Sign Post <input type="checkbox"/> 39 - Light Pole/Sign Support <input type="checkbox"/> 40 - Pole <input type="checkbox"/> 41 - Other Post, Pole or Support <input type="checkbox"/> 42 - Tree <input type="checkbox"/> 43 - Low Height <input type="checkbox"/> 44 - Work Zone Maintenance Equipment <input type="checkbox"/> 45 - Other Fixed Object <input type="checkbox"/> 46 - Tree <input type="checkbox"/> 47 - Low Height <input type="checkbox"/> 48 - Work Zone Maintenance Equipment <input type="checkbox"/> 49 - Other Fixed Object <input type="checkbox"/> 50 - Other Fixed Object <input type="checkbox"/> 51 - Other Fixed Object <input type="checkbox"/> 52 - Other Fixed Object
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Unit Speed <input checked="" type="checkbox"/> 20 35 Stated Estimated	Painted Speed <input type="checkbox"/> 35	Traffic Control <input type="checkbox"/> 01 - No Control <input type="checkbox"/> 02 - Stop Sign <input type="checkbox"/> 03 - Yield Sign <input type="checkbox"/> 04 - Traffic Signal <input type="checkbox"/> 05 - Traffic Flashers <input type="checkbox"/> 06 - School Zone	<input type="checkbox"/> 07 - Railroad Crossings <input type="checkbox"/> 08 - Railroad Flashers <input type="checkbox"/> 09 - Railroad Gates <input type="checkbox"/> 10 - Construction Barricade <input type="checkbox"/> 11 - Person (Flagger, Officer) <input type="checkbox"/> 12 - Pavement Markings	Unit Direction From <input type="checkbox"/> 4 to <input type="checkbox"/> 3 <input type="checkbox"/> 1 - East <input type="checkbox"/> 2 - North <input type="checkbox"/> 3 - South <input type="checkbox"/> 4 - West
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Unit Number <b>02</b>	Owner Name: Last, First, Middle (Same As Driver)	Owner Phone Number - inc. area code (Same As Driver)	Damage Scale <b>3</b>	Damaged Area Front 02 03 04 05 06 07 08 09 Rear
LP State <b>OH</b>	License Plate Number <b>CZ 94 EG</b>	Vehicle Identification Number <b>JTJH BK11EGXB2426640</b>	# Occupants <b>011</b>	
Vehicle Year <b>2011</b>	Vehicle Make <b>LEANS</b>	Vehicle Model <b>ES350</b>	Vehicle Color <b>TAN</b>	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>STATE FARM</b>	Policy Number <b>270818700236K</b>	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT	Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less Than or Equal to 10K Lbs. <input type="checkbox"/> 2 - 10,001 to 26,000 Lbs. <input type="checkbox"/> 3 - More Than 26,000 Lbs.	Cargo Body Type <b>91</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 <input type="checkbox"/> 1 - Two-Way, Not Divided <input type="checkbox"/> 2 - Two-Way, Not Divided, Continuous Left Turn Lane <input type="checkbox"/> 3 - Two-Way, Divided, Unprotected (Flashed or Glass-Filled) Median <input type="checkbox"/> 4 - Two-Way, Divided, Positive Median Barrier <input type="checkbox"/> 5 - One-Way Trafficway <input type="checkbox"/> Hit / Skip Unit
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released		
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>01</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>03</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) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Doggy, Wagon, Sanny 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
			<input type="checkbox"/> Has HM Placard		

Special Function <b>01</b> 01 - None 02 - Taxi 03 - Rental Truck (Over 18k 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>09</b> 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other	Action <b>4</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> 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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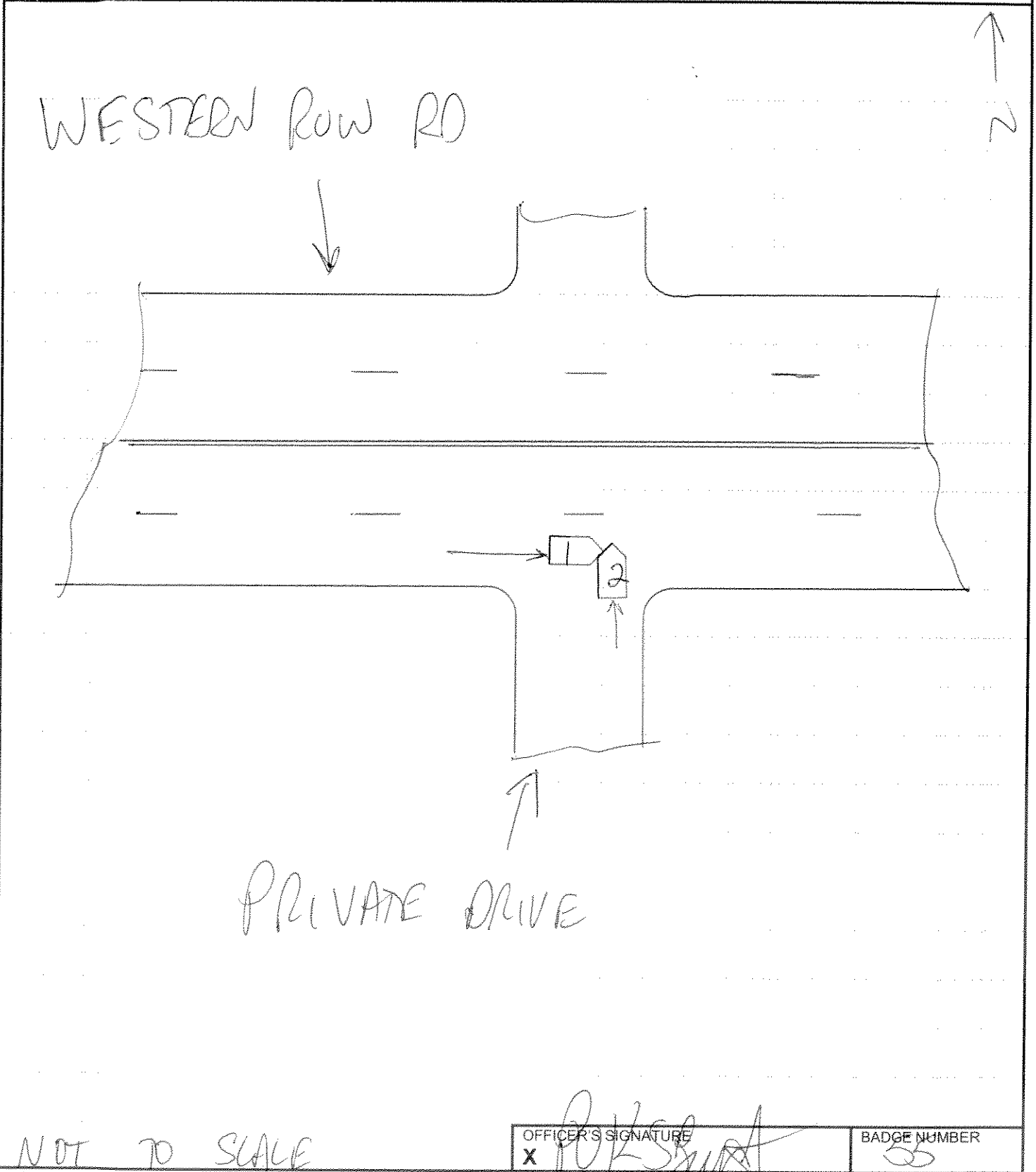
Contributing Circumstances <b>02</b> 99 - Unknown	Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change/Passing/Off Road	11 - Improper Backing 12 - Improper Start Front 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 <input type="checkbox"/> 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 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event <input type="checkbox"/> Most Harmful Event <input type="checkbox"/> 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	06 - Equipment Failure (Blow 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 - Pedestrian 16 - Parkway Animal 17 - Animal - Horse 18 - Animal - Dog 19 - Animal - Other 20 - Other Animal or Person	21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Trip or Imbalance, Shifting Cargo 24 - Anything Other Than Person or Motor Vehicle 25 - Other Non-Fixed Object	Collision With Fixed Object 26 - Impact At Intersection/Cross-Section 27 - Bridge Overhead Structure 28 - Bridge Pier or Abutment 29 - Bridge Parapet 30 - Bridge Rail 31 - Guardrail Post 32 - Guardrail End 33 - Bridge Barrier	34 - Median Cable Barrier 35 - Median Concrete Barrier 36 - Median Concrete Barrier 37 - Median Concrete Barrier 38 - Traffic Sign Post 39 - Overhead Sign Post 40 - Light Emitting Structure 41 - Utility Pole 42 - Pole 43 - Other Post, Pole or Support 44 - Utility 45 - Guy 46 - Ditch 47 - Embankment 48 - Fence 49 - Wall 50 - Tree 51 - Fire Hydrant 52 - Work Zone Maintenance Equipment 53 - Other Fixed Object

Unit Speed <b>0</b>	Posted Speed <b>35</b>	Traffic Control <b>12</b> 01 - No Control 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Stop Sign/Advance 08 - Right of Way 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings	Unit Direction From <b>2</b> To <b>4</b> 1 - East 2 - South 3 - West 4 - North 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest
Stored Estimator			Page of



LOCAL REPORT NUMBER	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01   D 10   Y 14
IN COUNTY OF WARREN	CRASH LOCATION WESTERN ROW RD	



OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 55
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LOCAL REPORT NUMBER	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH M 01   D 10   Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Mary Seibel HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
P.O. Kevin Bryant AT Western Row and Rt. 42  
OFFICER'S NAME LOCATION

I was stopped getting ready to make a left turn from the Key Bank Driveway onto Western Row.

I looked left, right and left again preparing to turn

I did not see the Prius when I first looked left. When I looked left again the Prius was about to hit me. I was stopped and not moving. The nose of the car was slightly into the lane

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? NO

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? Stopped

Q. WHAT WAS YOUR SPEED? Stopped

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? NO

ADDRESS OF WITNESS <u>Mary W Seibel</u>	PHONE <u>513-218-5605</u>
SIGNATURE OF WITNESS X <u>Mary</u>	OFFICER'S SIGNATURE X <u>P.O. KSB</u>



LOCAL REPORT NUMBER	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH M 01   D 10   Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Christopher D. Ellis HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
 P.O. Kevin Bryant AT Western Row Rd / Reading Rd - Mason  
OFFICER'S NAME LOCATION

Having turned right from northbound Reading Road into the right hand lane of Western Row Road, I was accelerating up to speed when other vehicle pulled halfway into the lane from the parking lot by Key Bank. I immediately hit my brakes firmly but was unable to stop before impacting the other vehicle (right front of my car to left front of other car). I was only able to veer slightly to the left side of the lane while braking as there was another vehicle overtaking me on my left.

There were no personal injuries to either driver. Other driver stated that she did not see me when she pulled out intending to turn left.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? No

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? East on Western Row

Q. WHAT WAS YOUR SPEED? ~ 20 mph

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? No

ADDRESS OF WITNESS <u>6972 Man-O-War Lane Mason OH 45040</u>	PHONE <u>513-238-7509</u>
SIGNATURE OF WITNESS X <u>Christopher D. Ellis</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>