



# Traffic Crash Report

|                       |                                    |                            |
|-----------------------|------------------------------------|----------------------------|
| Local Report Number * | Crash Severity                     | Hit/Skip                   |
| _____                 | 1 - Fatal<br>2 - Injury<br>3 - PDO | 1 - Solved<br>2 - Unsolved |
|                       | <b>3</b>                           |                            |

Local Information

|   |   |   |                         |                         |                 |                             |
|---|---|---|-------------------------|-------------------------|-----------------|-----------------------------|
| <input 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"/> JH-1P |   |   | <b>08304</b>            | <b>MASON POLICE</b>     | <b>02</b>       | <b>01</b>                   |
| <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> Other |   |   |                         |                         |                 | 98 - Animal<br>99 - Unknown |

|           |   |                           |                   |               |             |
|-----------|---|---------------------------|-------------------|---------------|-------------|
| County *  | City *<br><input checked="" type="checkbox"/> City *<br><input type="checkbox"/> Village *<br><input type="checkbox"/> Township * | City, Village, Township * | Crash Date *      | Time of Crash | Day of Week |
| <b>83</b> |   | <b>CITY OF MASON</b>      | <b>01/08/2014</b> | <b>08:23</b>  | <b>WED</b>  |

|                                      |           |                          |                   |
|--------------------------------------|-----------|--------------------------|-------------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude         |
| 0 / / "                              | 0 / / "   | <b>39.325749</b>         | <b>-84.312215</b> |

|   |  |                      |  |
|---|--|----------------------|--|
| Roadway Division  | Divided Lane Direction of Travel   | Number of Thru Lanes | Road Types or Milepost <sup>2</sup>  |
| <input checked="" type="checkbox"/> Divided<br><input type="checkbox"/> Undivided | <input type="checkbox"/> N - Northbound E - Eastbound<br><input type="checkbox"/> S - Southbound W - Westbound | <b>02</b>            | AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way<br>AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace<br>BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail |

|                                  |                       |                       |                           |                                 |  |
|----------------------------------|-----------------------|-----------------------|---------------------------|---------------------------------|--|
| Location Route Type <sup>1</sup> | Location Route Number | Loc Prefix N, S, E, W | Location Road Name        | Location Road Type <sup>2</sup> | Route Types <sup>1</sup>   |
|                                  |                       |                       | <b>MASON - MONTGOMERY</b> | <b>RD</b>                       | IR - Interstate Route (inc. turnpike) CR - Numbered County Route<br>US - US Route USR - State Route TR - Numbered Township Route |

|                         |   |                        |            |  |                                  |
|-------------------------|---|------------------------|------------|--|----------------------------------|
| Distance From Reference | Dir From Ref  | Reference Route Number | Ref Prefix | Reference Name (Road, Milepost, House #) | Reference Road Type <sup>2</sup> |
| <b>AT</b>               | <input type="checkbox"/> Miles<br><input type="checkbox"/> Feet<br><input type="checkbox"/> Yards |                        |            | <b>WHITE BLOSSOM</b>                     | <b>BL</b>                        |

|   |  |                          |   |
|---|--|--------------------------|---|
| Reference Point Used  | Crash Location   | Intersection Related     | Location of First Harmful Event   |
| <b>1</b><br>1 - Intersection<br>2 - Mile Post<br>3 - House Number | <b>03</b><br>01 - Not an intersection<br>02 - Four-way Intersection<br>03 - T-Intersection<br>04 - Y-Intersection<br>05 - Traffic Circle/Roundabout<br>06 - Five-point, or more<br>07 - On Ramp<br>08 - Off Ramp<br>09 - Crossover<br>10 - Driveway/Alley Access<br>11 - Railway Grade Crossing<br>12 - Shared-Use Paths or Trails<br>99 - Unknown | <input type="checkbox"/> | <b>1</b><br>1 - On Roadway<br>2 - On Shoulder<br>3 - In Median<br>4 - On Roadside<br>5 - On Gore<br>6 - Outside Trafficway<br>9 - Unknown |

|   |  |  |
|---|--|--|
| Road Contour  | Road Conditions  | Weather  |
| <b>1</b><br>1 - Straight Level<br>2 - Straight Grade<br>3 - Curve Level<br>4 - Curve Grade<br>9 - Unknown | <b>01</b><br>01 - Dry<br>02 - Wet<br>03 - Snow<br>04 - Ice<br>05 - Sand, Mud, Dirt, Oil, Gravel<br>06 - Water (standing, moving)<br>07 - Slush<br>08 - Debris*<br>09 - Rut, Holes, Bumps, Uneven Pavement*<br>10 - Other<br>99 - Unknown | <b>2</b><br>1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<br>4 - Rain<br>5 - Sleet, Hail<br>6 - Snow<br>7 - Severe Crosswinds<br>8 - Blowing Sand, Silt, Dirt, Snow<br>9 - Other/Unknown |

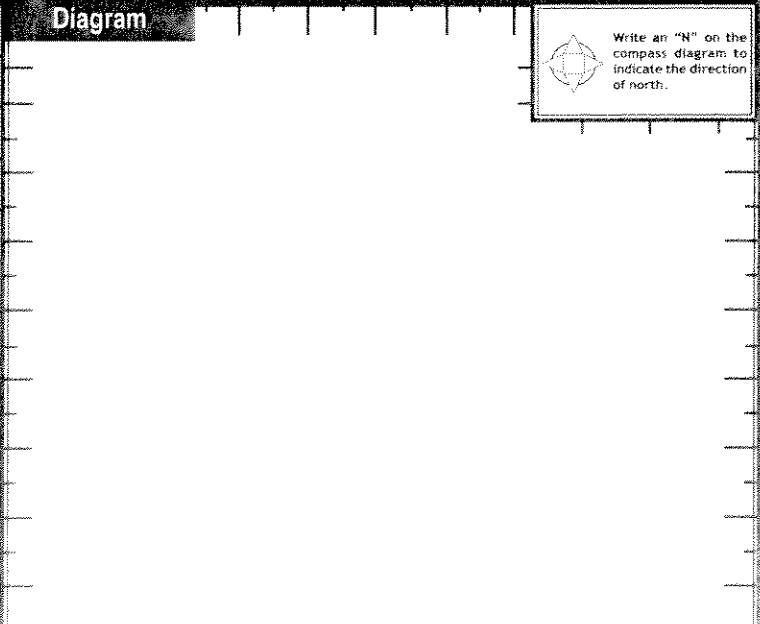
|   |  |
|---|--|
| Manner of Crash Collision/Impact  | Weather  |
| <b>2</b><br>1 - Not Collision Between Two Motor Vehicles In Transport<br>2 - Rear-End<br>3 - Head-On<br>4 - Rear-to-Rear<br>5 - Backing<br>6 - Angle<br>7 - Sideswipe, Same Direction<br>8 - Sideswipe, Opposite Direction<br>9 - Unknown | <b>2</b><br>1 - Clear<br>2 - Cloudy<br>3 - Fog, Smog, Smoke<br>4 - Rain<br>5 - Sleet, Hail<br>6 - Snow<br>7 - Severe Crosswinds<br>8 - Blowing Sand, Silt, Dirt, Snow<br>9 - Other/Unknown |

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|--|---|--|
| Road Surface   | Light Conditions  | School Bus Related   |
| <b>2</b><br>1 - Concrete<br>2 - Blacktop, Bituminous, Asphalt<br>3 - Brick/Block<br>4 - Slag, Gravel, Stone<br>5 - Dirt<br>6 - Other | <b>1</b><br>Primary<br>Secondary<br>1 - Daylight<br>2 - Dawn<br>3 - Dusk<br>4 - Dark - Lighted Roadway<br>5 - Dark - Roadway Not Lighted<br>6 - Dark - Unknown Roadway Lighting<br>7 - Glare*<br>8 - Other<br>9 - Unknown | <input type="checkbox"/> School Zone Related<br><input type="checkbox"/> Yes, School Bus Directly Involved<br><input type="checkbox"/> Yes, School Bus Indirectly Involved |

|                          |   |  |   |
|--------------------------|---|--|---|
| Work Zone Related        | Workers Present   | Type of Work Zone  | Location of Crash in Work Zone  |
| <input type="checkbox"/> | <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle)<br><input type="checkbox"/> Law Enforcement Present (Vehicle Only) | <input type="checkbox"/><br>1 - Lane Closure<br>2 - Lane Shift/Crossover<br>3 - Work on Shoulder or Median<br>4 - Intermittent or Moving Work<br>5 - Other | <input type="checkbox"/><br>1 - Before the First Work Zone Warning Sign<br>2 - Advance Warning Area<br>3 - Transition Area<br>4 - Activity Area<br>5 - Termination Area |

Narrative

**UNIT 1 AND UNIT 2 WERE TRAVELING SOUTHBOUND ON MASON - MONTGOMERY ROAD AT WHITE BLOSSOM BOULEVARD. UNIT 2 STOPPED FOR TRAFFIC UNIT 1 STRUCK THE REAR OF UNIT 2.**



|  |  |               |              |              |                            |               |
|--|--|---------------|--------------|--------------|----------------------------|---------------|
| Report Taken By  | Supplement (Complete or attach to an Existing Report (OH 6.0121) 1 |               |              |              |                            |               |
| <input type="checkbox"/> Police Agency / <input type="checkbox"/> Motorist |  |               |              |              |                            |               |
| Date Crash Reported  | Date Crash Reported  | Dispatch Time | Arrival Time | Time Cleared | Officer Investigation Time | Total Minutes |
| <b>01/08/2014</b>  | <b>0823</b>  | <b>0823</b>   | <b>0841</b>  | <b>0915</b>  | <b>18</b>                  | <b>160</b>    |
| Officer's Name *   | Officer's Badge Number   | Checked By    | Page         | of           |                            |               |
| <b>PO BRIAN LAHMAN</b>   | <b>1052</b>  | <b>41</b>     |              |              |                            |               |



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

|                           |   |                                    |                  |   |
|---------------------------|---|------------------------------------|------------------|---|
| UNIT NUMBER<br><b>011</b> | NAME: LAST, FIRST, MIDDLE<br><b>HAUSFELD, CHARLES A</b> | DATE OF BIRTH<br><b>05/05/1959</b> | AGE<br><b>54</b> | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |
|---------------------------|---|------------------------------------|------------------|---|

|   |  |
|---|--|
| ADDRESS, CITY, STATE, ZIP<br><b>4525 LONGWOOD CT HAMILTON, OH 45011</b> | CONTACT PHONE - INCLUDE AREA CODE<br><b>734-770-5178</b> |
|---|--|

|                       |  |                      |   |                                      |   |                                    |                                 |                               |                     |                              |                            |
|-----------------------|--|----------------------|---|--------------------------------------|---|------------------------------------|---------------------------------|-------------------------------|---------------------|------------------------------|----------------------------|
| INJURIES<br><b>1</b>  | INJURED TAKEN BY<br><b>1</b>               | EMS AGENCY           | MEDICAL FACILITY INJURED TAKEN TO       | SAFETY EQUIPMENT USED<br><b>04</b>   | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br><b>01</b>      | AIR BAG USAGE<br><b>1</b>       | EJECTION<br><b>1</b>          | TRAPPED<br><b>1</b> |                              |                            |
| OL STATE<br><b>OH</b> | OPERATOR LICENSE NUMBER<br><b>RJ312076</b> | OL CLASS<br><b>4</b> | No VALID OL<br><input type="checkbox"/> | M/C END.<br><input type="checkbox"/> | CONDITION<br><b>1</b>                                       | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b> | ALCOHOL TEST TYPE<br><b>1</b> | ALCOHOL TEST VALUE  | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |

|   |                                    |                                 |  |                                  |
|---|------------------------------------|---------------------------------|--|----------------------------------|
| OFFENSE CHARGED (LOCAL CODE)<br><b>333.03</b> | OFFENSE DESCRIPTION<br><b>ACDA</b> | CITATION NUMBER<br><b>75404</b> | HANDS-FREE DEVICE USED<br><input type="checkbox"/> | DRIVER DISTRACTED BY<br><b>1</b> |
|---|------------------------------------|---------------------------------|--|----------------------------------|

|                           |   |                                    |                  |   |
|---------------------------|---|------------------------------------|------------------|---|
| UNIT NUMBER<br><b>012</b> | NAME: LAST, FIRST, MIDDLE<br><b>KILLION, CONNIE L</b> | DATE OF BIRTH<br><b>06/07/1958</b> | AGE<br><b>55</b> | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |
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|   |  |
|---|--|
| ADDRESS, CITY, STATE, ZIP<br><b>6439 ROYAL LIVERPOOL CT MASON, OH 45040</b> | CONTACT PHONE - INCLUDE AREA CODE<br><b>513-</b> |
|---|--|

|                       |  |                      |   |                                      |   |                                    |                                 |                               |                     |                              |                            |
|-----------------------|--|----------------------|---|--------------------------------------|---|------------------------------------|---------------------------------|-------------------------------|---------------------|------------------------------|----------------------------|
| INJURIES<br><b>1</b>  | INJURED TAKEN BY<br><b>1</b>               | EMS AGENCY           | MEDICAL FACILITY INJURED TAKEN TO       | SAFETY EQUIPMENT USED<br><b>04</b>   | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br><b>01</b>      | AIR BAG USAGE<br><b>1</b>       | EJECTION<br><b>1</b>          | TRAPPED<br><b>1</b> |                              |                            |
| OL STATE<br><b>OH</b> | OPERATOR LICENSE NUMBER<br><b>TN671064</b> | OL CLASS<br><b>4</b> | No VALID OL<br><input type="checkbox"/> | M/C END.<br><input type="checkbox"/> | CONDITION<br><b>1</b>                                       | ALCOHOL/DRUG SUSPECTED<br><b>1</b> | ALCOHOL TEST STATUS<br><b>1</b> | ALCOHOL TEST TYPE<br><b>1</b> | ALCOHOL TEST VALUE  | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |

|                              |                     |                 |  |                                  |
|------------------------------|---------------------|-----------------|--|----------------------------------|
| OFFENSE CHARGED (LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED<br><input type="checkbox"/> | DRIVER DISTRACTED BY<br><b>1</b> |
|------------------------------|---------------------|-----------------|--|----------------------------------|

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

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

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

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

|             |                           |               |     |                                  |
|-------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br>F - FEMALE<br>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<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

|             |                           |               |     |                                  |
|-------------|---------------------------|---------------|-----|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER<br>F - FEMALE<br>M - MALE |
|-------------|---------------------------|---------------|-----|----------------------------------|

|                           |                                   |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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|          |                  |            |                                   |                       |   |                  |               |          |         |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|



# UNIT

LOCAL REPORT NUMBER

|  |  |  |  |  |  |  |  |  |  |
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|---------------------------|--|--|--------------------------|---------------------------|
| UNIT NUMBER<br><b>011</b> | OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER) | OWNER PHONE NUMBER - INC. AREA CODE (☑ SAME AS DRIVER) | DAMAGE SCALE<br><b>2</b> | DAMAGED AREA<br>FRONT<br> |
|---------------------------|--|--|--------------------------|---------------------------|

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

|                       |   |   |                           |
|-----------------------|---|---|---------------------------|
| LP STATE<br><b>OH</b> | LICENSE PLATE NUMBER<br><b>EKH 9839</b> | VEHICLE IDENTIFICATION NUMBER<br><b>1C3EL56R3Y4104584</b> | # OCCUPANTS<br><b>011</b> |
|-----------------------|---|---|---------------------------|

|                             |                                 |                                 |                               |
|-----------------------------|---------------------------------|---------------------------------|-------------------------------|
| VEHICLE YEAR<br><b>2004</b> | VEHICLE MAKE<br><b>CHRYSLER</b> | VEHICLE MODEL<br><b>SEBRING</b> | VEHICLE COLOR<br><b>WHITE</b> |
|-----------------------------|---------------------------------|---------------------------------|-------------------------------|

|   |   |                                    |                         |
|---|---|------------------------------------|-------------------------|
| PROOF OF INSURANCE SHOWS<br><input checked="" type="checkbox"/> | INSURANCE COMPANY<br><b>PEKIN INSURANCE</b> | POLICY NUMBER<br><b>00V 338634</b> | TOWED BY<br><b>NONE</b> |
|---|---|------------------------------------|-------------------------|

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE - INCLUDE AREA CODE

|        |  |   |   |
|--------|--|---|---|
| US DOT | VEHICLE WEIGHT GVWR/GCWR<br><b>1</b><br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<br><b>01</b><br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAB, CHIPS, GRAVES<br>09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAVEMENT OR GRASS > 4 FT) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY |
|--------|--|---|---|

|                   |                 |   |  |   |   |   |
|-------------------|-----------------|---|--|---|---|---|
| HM PLACARD ID NO. | HM CLASS NUMBER | HAZARDOUS MATERIAL RELEASED<br><input type="checkbox"/> | NON-MOTORIST LOCATION PRIOR TO IMPACT<br><b>01</b><br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDDLEBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SIDEWALK/RAMP/BIPO<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>03</b><br>PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE<br>99 - UNKNOWN OR HIT / SKIP | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE<br>21 - BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>22 - BUS (9-15 SEATS, INC DRIVER)<br>23 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
|-------------------|-----------------|---|--|---|---|---|

HAS HM PLACARD

|  |   |  |
|--|---|--|
| SPECIAL FUNCTION<br><b>01</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER<br>09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP.<br>17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br><b>02</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR<br>08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL(ALL AREAS)<br>14 - OTHER<br>99 - UNKNOWN | ACTION<br><b>3</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
|--|---|--|

PRE-CRASH ACTIONS

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| <b>01</b><br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVE/LESS<br>13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION<br>99 - UNKNOWN | NON-MOTORIST<br>01 - ENTERING OR CROSSING SPECIFIED LOCATION<br>15 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>16 - WORKING<br>17 - POSING VEHICLE<br>18 - APPROACHING OR LEAVING VEHICLE<br>19 - STANDING<br>21 - OTHER NON-MOTORIST ACTION |
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|---|--|
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>09</b><br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LIFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACCDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLECTED MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | VEHICLE DEFECTS<br><b>01</b><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR PROBLEMS<br>10 - DISABLED FROM PREVIOUS ACCIDENT<br>11 - OTHER DEFECTS |
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|--|---|
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <b> </b> 3 <b> </b> 4 <b> </b> 5 <b> </b> 6 <b> </b><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JAPANESE<br>05 - CARGO/EQUIPMENT LOOSE OR SHIFTING<br>06 - EQUIPMENT FAILURE (BRAKE TIRE, BEAM FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNING ROADWAY<br>13 - OTHER NON-COLLISION |
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|---|---|
| COLLISION WITH PERSON, VEHICLE, OR OBJECT NOT LISTED<br>14 - PEDESTRIAN<br>15 - PEDESTRIAN<br>16 - REARWARD VEHICLE (HEAD LAMP)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - OTHER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRAFFIC<br>21 - PARKED MOTOR VEHICLE<br>22 - VEHICLE WITH DEFECTIVE EQUIPMENT<br>23 - STRUCK BY BACKING SHOOTING CARTRIDGE<br>24 - ANIMAL OTHER THAN MOUNTAIN GOAT<br>25 - OTHER MOTORIST<br>26 - OTHER MOTORIST<br>27 - OTHER MOTORIST<br>28 - OTHER MOTORIST<br>29 - OTHER MOTORIST<br>30 - OTHER MOTORIST<br>31 - OTHER MOTORIST<br>32 - OTHER MOTORIST | COLLISION WITH FIXED OBJECT<br>33 - METAL CARRIER/CHASSIS<br>34 - METAL CARRIER/CHASSIS<br>35 - METAL CARRIER/CHASSIS<br>36 - METAL CARRIER/CHASSIS<br>37 - METAL CARRIER/CHASSIS<br>38 - METAL CARRIER/CHASSIS<br>39 - METAL CARRIER/CHASSIS<br>40 - METAL CARRIER/CHASSIS<br>41 - METAL CARRIER/CHASSIS<br>42 - METAL CARRIER/CHASSIS<br>43 - METAL CARRIER/CHASSIS<br>44 - METAL CARRIER/CHASSIS<br>45 - METAL CARRIER/CHASSIS<br>46 - METAL CARRIER/CHASSIS<br>47 - METAL CARRIER/CHASSIS<br>48 - METAL CARRIER/CHASSIS<br>49 - METAL CARRIER/CHASSIS<br>50 - METAL CARRIER/CHASSIS<br>51 - METAL CARRIER/CHASSIS<br>52 - METAL CARRIER/CHASSIS<br>53 - METAL CARRIER/CHASSIS<br>54 - METAL CARRIER/CHASSIS<br>55 - METAL CARRIER/CHASSIS<br>56 - METAL CARRIER/CHASSIS<br>57 - METAL CARRIER/CHASSIS<br>58 - METAL CARRIER/CHASSIS<br>59 - METAL CARRIER/CHASSIS<br>60 - METAL CARRIER/CHASSIS<br>61 - METAL CARRIER/CHASSIS<br>62 - METAL CARRIER/CHASSIS<br>63 - METAL CARRIER/CHASSIS<br>64 - METAL CARRIER/CHASSIS<br>65 - METAL CARRIER/CHASSIS<br>66 - METAL CARRIER/CHASSIS<br>67 - METAL CARRIER/CHASSIS<br>68 - METAL CARRIER/CHASSIS<br>69 - METAL CARRIER/CHASSIS<br>70 - METAL CARRIER/CHASSIS<br>71 - METAL CARRIER/CHASSIS<br>72 - METAL CARRIER/CHASSIS<br>73 - METAL CARRIER/CHASSIS<br>74 - METAL CARRIER/CHASSIS<br>75 - METAL CARRIER/CHASSIS<br>76 - METAL CARRIER/CHASSIS<br>77 - METAL CARRIER/CHASSIS<br>78 - METAL CARRIER/CHASSIS<br>79 - METAL CARRIER/CHASSIS<br>80 - METAL CARRIER/CHASSIS<br>81 - METAL CARRIER/CHASSIS<br>82 - METAL CARRIER/CHASSIS<br>83 - METAL CARRIER/CHASSIS<br>84 - METAL CARRIER/CHASSIS<br>85 - METAL CARRIER/CHASSIS<br>86 - METAL CARRIER/CHASSIS<br>87 - METAL CARRIER/CHASSIS<br>88 - METAL CARRIER/CHASSIS<br>89 - METAL CARRIER/CHASSIS<br>90 - METAL CARRIER/CHASSIS<br>91 - METAL CARRIER/CHASSIS<br>92 - METAL CARRIER/CHASSIS<br>93 - METAL CARRIER/CHASSIS<br>94 - METAL CARRIER/CHASSIS<br>95 - METAL CARRIER/CHASSIS<br>96 - METAL CARRIER/CHASSIS<br>97 - METAL CARRIER/CHASSIS<br>98 - METAL CARRIER/CHASSIS<br>99 - METAL CARRIER/CHASSIS |
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|--------------------------|---------------------------|---|--|
| UNIT SPEED<br><b>110</b> | POSTED SPEED<br><b>45</b> | TRAFFIC CONTROL<br><b>12</b><br>01 - NO CONTROL<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - ROADWAY LIGHTS<br>08 - ROADWAY SIGNAGE<br>09 - ROADWAY GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CLOSURE LIGHT<br>14 - WORK-AHEAD SIGN<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FRONT <b>1</b> TO <b>2</b><br>1 - NONE<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHWEST<br>6 - NORTH<br>7 - SOUTHWEST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
|--------------------------|---------------------------|---|--|

STATED  
 ESTIMATED



# Unit

Local Report Number: \_\_\_\_\_

|  |  |  |                          |                  |
|--|--|--|--------------------------|------------------|
| Unit Number<br><b>012</b>  | 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<br><b>2</b> | Damaged Area<br> |
| Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) |  |  | 1 - None                 |                  |
| LP State<br><b>OH</b>  | License Plate Number<br><b>EPE 1637</b>  | Vehicle Identification Number<br><b>5TDZK23C38S1672711</b>                                 | 2 - Minor                |                  |
| Vehicle Year<br><b>2008</b>  | Vehicle Make<br><b>TOYOTA</b>  | Vehicle Model<br><b>SIENNA</b>   | 3 - Functional           |                  |
| Vehicle Color<br><b>GREY</b>   | Insurance Company<br><b>CENTRAL MUTUAL</b>   | Policy Number<br><b>4390077</b>  | 4 - Disabling            |                  |
| Towed By<br><b>NONE</b>  | Carrier Name, Address, City, State, Zip  | Carrier Phone - include area code  | 9 - Untowable            |                  |

|                    |  |  |   |
|--------------------|--|--|---|
| US DOT<br><b>1</b> | Vehicle Weight GVWR/GCWR<br><b>1</b>   | Cargo Body Type<br><b>01</b>   | Trafficway Description<br><b>1</b>  |
| HM Placard ID No.  | 1 - Less Than or Equal to 104 Lbs.<br>2 - 10,001 to 26,000 Lbs.<br>3 - More Than 26,000 Lbs. | 01 - No Cargo Body Type/Not Applicable<br>02 - Box/Van (9-15 Seats, Inc Driver)<br>03 - Bus (16+ Seats, Inc Driver)<br>04 - Vehicle Towing Another Vehicle<br>05 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel<br>09 - Pole<br>10 - Cargo Tank<br>11 - Flat Bed<br>12 - Dump<br>13 - Concrete Mixer<br>14 - Auto Transporter<br>15 - Garbage/Refuse<br>99 - Other/Unknown | 1 - Two-Way, Not Divided<br>2 - Two-Way, Not Divided, Controllable Left Turn Lane<br>3 - Two-Way, Divided, Unprotected (No Median) (11' Minimum)<br>4 - Two-Way, Divided, Positive Median Barrier<br>5 - One-Way Trafficway |
| HM Class Number    | <input type="checkbox"/> Hazardous Material Released   |  | <input type="checkbox"/> Hit / Skip Unit  |

|  |  |   |  |  |
|--|--|---|--|--|
| Non-Motorist Location Prior to Impact<br><b>01</b>   | Type of Use<br><b>1</b>  | Unit Type<br><b>05</b>  | Med/Heavy Trucks or Combo Units > 10k lbs  | Bus/Van/Limo (9 or More Including Driver)  |
| 01 - Intersection - Marked Crosswalk<br>02 - Intersection - No Crosswalk<br>03 - Intersection - Other<br>04 - Midblock - Marked Crosswalk<br>05 - Travel Lane - Other Location<br>06 - Bicycle Lane<br>07 - Shoulder/Shoulder<br>08 - Sidewalk<br>09 - Median/Crossing Island<br>10 - Driveway Access<br>11 - Shared-Use Path or Trail<br>12 - Non-Trafficway Area<br>99 - Other/Unknown | 1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response | 99 - Unknown or Hit / Skip<br>Passenger Vehicles (less than 9 passengers)<br>01 - Sub-Compact<br>02 - Compact<br>03 - Mid Size<br>04 - Full Size<br>05 - Minivan<br>06 - Sport Utility Vehicle<br>07 - Pickup<br>08 - Van<br>09 - Motorcycle<br>10 - Motorized Bicycle<br>11 - Snowmobile/ATV<br>12 - Other Passenger Vehicle | 13 - Single Unit Truck or Van Axle, 6 tires<br>14 - Single Unit Truck; 3+ axles<br>15 - Single Unit Truck / Trailer<br>16 - Truck/Tractor (Bobtail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Tractor<br>19 - Tractor/Triples<br>20 - Other Med/Heavy Vehicle | 21 - Bus/Van (9-15 seats, Inc Driver)<br>22 - Bus (16+ seats, Inc Driver)<br><b>Non-Motorist</b><br>23 - Animal with Rider<br>24 - Animal with Buggy, Whom, Sanny<br>25 - Bicycle/Moped<br>26 - Pedestrian/Walker<br>27 - Other Non-Motorist |
|  |  |   | <input type="checkbox"/> Has HM Placard  |  |

|                               |   |  |   |                                |  |  |              |                    |  |
|-------------------------------|---|--|---|--------------------------------|--|--|--------------|--------------------|--|
| Special Function<br><b>01</b> | 01 - None<br>02 - Taxi<br>03 - Rental Truck (over 10k lbs)<br>04 - Bus - School (Public or Private)<br>05 - Bus - Transit<br>06 - Bus - Charter<br>07 - Bus - Shuttle<br>08 - Bus - Other | 09 - Ambulance<br>10 - Fire<br>11 - Highway/Maintenance<br>12 - Military<br>13 - Police<br>14 - Public Utility<br>15 - Other Government<br>16 - Construction Equip | 17 - Farm Vehicle<br>18 - Farm Equipment<br>19 - Motorhome<br>20 - Golf Cart<br>21 - Train<br>22 - Other (Explain in Narrative) | Most Damaged Area<br><b>06</b> | 01 - None<br>02 - Center Front<br>03 - Right Front<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Center<br>07 - Left Rear | 08 - Left Side<br>09 - Left Front<br>10 - Top and Windows<br>11 - Undercarriage<br>12 - Load/Trailer<br>13 - Total/All Areas<br>14 - Other | 99 - Unknown | Action<br><b>4</b> | 1 - Non-Contact<br>2 - Non-Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
|-------------------------------|---|--|---|--------------------------------|--|--|--------------|--------------------|--|

|                                |  |   |  |  |                                |
|--------------------------------|--|---|--|--|--------------------------------|
| Pre-Crash Actions<br><b>01</b> | Motorist<br>01 - Straight Ahead<br>02 - Backing<br>03 - Changing Lanes<br>04 - Overtaking/Passing<br>05 - Making Right Turn<br>06 - Making Left Turn<br>99 - Unknown | 07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Slowing or Stopped in Traffic<br>12 - Driverless | 13 - Negotiating a Curve<br>14 - Other Motorist Action | Non-Motorist<br>15 - Entering or Crossing Specified Location<br>16 - Walking, Running, Jogging, Playing, Cycling<br>17 - Working<br>18 - Pushing Vehicle<br>19 - Approaching or Leaving Vehicle<br>20 - Standing | 21 - Other Non-Motorist Action |
|--------------------------------|--|---|--|--|--------------------------------|

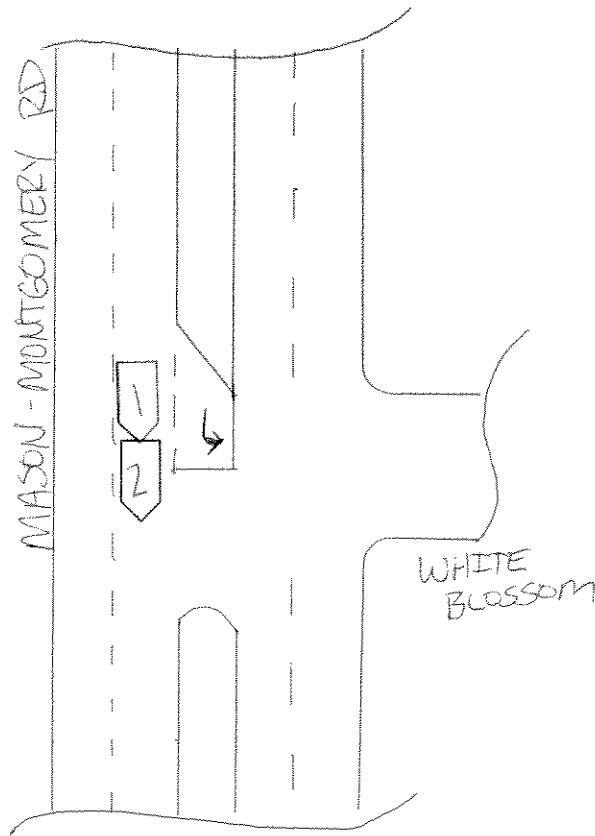
|                            |   |  |   |   |
|----------------------------|---|--|---|---|
| Contributing Circumstances | Primary Motorist<br><b>01</b><br>01 - None<br>02 - Failure to Yield<br>03 - Ran Red Light<br>04 - Ran Stop Sign<br>05 - Exceeded Speed Limit<br>06 - Unsafe Speed<br>07 - Improper Turn<br>08 - Left of Center<br>09 - Followed Too Closely/ACDA<br>10 - Improper Lane Change /Passing/Off Road | 11 - Improper Backing<br>12 - Improper Start From Parked Position<br>13 - Stopped or Parked Illegally<br>14 - Operating Vehicle in Negligent Manner<br>15 - Swerving to Avoid (Due to External Conditions)<br>16 - Wrong Side/Wrong Way<br>17 - Failure to Control<br>18 - Vision Obstruction<br>19 - Operating Defective Equipment<br>20 - Load Shifting/Fatigue/Spilling<br>21 - Other Improper Action | Non-Motorist<br><b>01</b><br>22 - None<br>23 - Improper Crossing<br>24 - Daring<br>25 - Lying and/or Illegally in Roadway<br>26 - Failure to Yield Right of Way<br>27 - Not Visible (Dark Clothing)<br>28 - Inattentive<br>29 - Failure to Obey Traffic Signs /Signals/Officer<br>30 - Wrong Side of the Road<br>31 - Other Non-Motorist Action | Vehicle Defects<br><b>01</b><br>01 - Turn Signals<br>02 - Head Lamps<br>03 - Tail Lamps<br>04 - Brakes<br>05 - Steering<br>06 - Tire Blowout<br>07 - Worn or Stick tires<br>08 - Trailer Equipment Defective<br>09 - Motor Equipment<br>10 - Disabled From Prior Accident<br>11 - Other Defects |
|----------------------------|---|--|---|---|

|  |   |  |
|--|---|--|
| Sequence of Events                                   | 1 <b>20</b> 2 <b>20</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b>   | Non-Collision Events<br>01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Lost or Shift<br>06 - Equipment Failure (Blown Tire, Brake Failure, etc)<br>07 - Separation of Units<br>08 - Ran Off Road Right<br>09 - Ran Off Road Left<br>10 - Cross Median<br>11 - Cross Center Line Opposite Direction of Travel<br>12 - Downhill Runaway<br>13 - Other Non-Collision   |
| Collision with Person, Vehicle, or Object, Not Fixed | 01 - Pedestrian<br>02 - Bicyclist<br>03 - Pedestrian/Other (Child, etc)<br>04 - Animal (Deer)<br>05 - Animal (Other)<br>06 - Other Person or Object | Collision With Fixed Object<br>25 - Impact/Attenuation/Crash Cushion<br>26 - Bridge Overhead Structure<br>27 - Bridge Pier or Abutment<br>28 - Bridge Pierage<br>29 - Bridge Rail<br>30 - Guardrail Face<br>31 - Guardrail Post<br>32 - Postage Structure<br>33 - Median Cable Barrier<br>34 - Median Concrete Barrier<br>35 - Median Concrete Barrier<br>36 - Median Offset Barrier<br>37 - Wall Sign Post<br>38 - Overhead Sign Post<br>39 - Signpost/Sign Support<br>40 - Utility Pole<br>41 - Utility Pole |

|   |   |
|---|---|
| Unit Operator<br><b>1</b>   | Unit Question<br><b>2</b>   |
| 1 - None<br>2 - Minor<br>3 - Functional<br>4 - Disabling<br>9 - Untowable | 1 - None<br>2 - Minor<br>3 - Functional<br>4 - Disabling<br>9 - Untowable |



|                        |  |                                   |
|------------------------|--|-----------------------------------|
| LOCAL REPORT NUMBER    | REPORTING AGENCY<br>MASON POLICE                   | DATE OF CRASH<br>M 1   D 8   Y 14 |
| IN COUNTY OF<br>WARREN | CRASH LOCATION<br>MASON-MONTGOMERY / WHITE BLOSSOM |                                   |



NOT TO  
SCALE

|  |                      |
|--|----------------------|
| OFFICER'S SIGNATURE<br>X PD <i>[Signature]</i> | BADGE NUMBER<br>1052 |
|--|----------------------|



|                     |   |                                   |
|---------------------|---|-----------------------------------|
| LOCAL REPORT NUMBER | REPORTING AGENCY<br>Mason Police Department | DATE OF CRASH<br>M 1 / D 8 / Y 13 |
|---------------------|---|-----------------------------------|

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

|                                    |   |
|------------------------------------|---|
| <u>CHARLES HAUSELD</u><br>PRINTED  | HEREBY MAKE THIS VOLUNTARY STATEMENT TO |
| Ptl. Dan Edwards<br>OFFICER'S NAME | AT _____<br>LOCATION                    |

DESCRIBE WHAT HAPPENED:

VAN IN FRONT OF ME STOPPED  
ABRUPTLY, I APPLIED BRAKES BUT TAPPED  
THE VAN.

|   |            |
|---|------------|
| Q. What was your speed at the time of the crash?              | A. 10 mph? |
| Q. What was your direction of travel?                         | A. NORTH   |
| Q. Were you wearing a seatbelt?                               | A. YES     |
| Q. Were you talking on a cell phone at the time of the crash? | A. NO      |
| Q. Were you injured due to the crash?                         | A. NO      |

|   |  |
|---|--|
| ADDRESS OF WITNESS<br><u>Charles Hausfeld</u> | PHONE<br>734-770-5178                          |
| SIGNATURE OF WITNESS<br>X                     | OFFICER'S SIGNATURE<br>X PO <u>[Signature]</u> |



|                     |   |                                |
|---------------------|---|--------------------------------|
| LOCAL REPORT NUMBER | REPORTING AGENCY<br>Mason Police Department | DATE OF CRASH<br>M 1 / 08 / 14 |
|---------------------|---|--------------------------------|

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

I, Connie Killian HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Ptl. Dan Edwards AT Mason Montgomery Rd  
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED:

Driving south on Mason Montgomery Rd - car in front of me suddenly stopped. I put on brake asap & heard tire squeals behind me - brace for impact.

Q. What was your speed at the time of the crash? A. 34 approx

Q. What was your direction of travel? A. South

Q. Were you wearing a seatbelt? A. Yes

Q. Were you talking on a cell phone at the time of the crash? A. NO

Q. Were you injured due to the crash? A. NO

ADDRESS OF WITNESS \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE OF WITNESS X Connie Killian OFFICER'S SIGNATURE X PC [Signature]