



# Traffic Crash Report

Local Report Number \* 20141-1317195

Crash Severity  1 - Fatal  2 - Injury  3 - PDO

Hlt/Skip  1 - Solved  2 - Unsolved

Local Information

Photos Taken  OH-2  OH-1P  OH-3  Other

PDD Under State Reportable Dollar Amount

Private Property

Reporting Agency NCIC \* OR304 Reporting Agency Name \* MASON POLICE

Number of Units 02 Unit in error  98 - Animal  99 - Unknown

Crash Date \* 09.17.2014 Time of Crash 1520 Day of Week WED

County \* 82 City \* MASON

Degrees / Minutes / Seconds Latitude 39° 21' 10.98" Longitude 84° 19' 11.16"

Decimal Degrees Latitude 39.353049 Longitude -84.319768

Roadway Division  Divided  Undivided

Divided Lane Direction of Travel  N - Northbound  S - Southbound  E - Eastbound  W - Westbound

Number of Thru Lanes 02

Road Types or Milepost <sup>2</sup> 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

Location Route Number RD Location Road Type <sup>2</sup>

Route Types <sup>1</sup> IR - Interstate Route (inc. turnpike) CR - Numbered County Route  
 US - US Route TR - Numbered Township Route  
 SR - State Route

Distance From Reference 300 Miles  Feet  Yards

Dir From Ref  N, S, E, W

Reference Route Number RD Reference Name (Road, Milepost, House #) TYLERSVILLE Reference Road Type <sup>2</sup> RD

Reference Point Used  1 - Intersection  2 - Mile Post  3 - House Number

Crash Location  01 - Not an Intersection  02 - Four-way Intersection  03 - T-Intersection  04 - Y-Intersection  05 - Traffic Circle/Roundabout  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

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

Road Contour  1 - Straight Level  2 - Straight Grade  3 - Curve Level  4 - Curve Grade  9 - Unknown

Road Conditions Primary  01 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

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 - Sideswipe, Same Direction  8 - Sideswipe, Opposite Direction  9 - Unknown

Weather  1 - Clear  2 - Cloudy  3 - Fog, Smog, Smoke  4 - Rain  5 - Steel, Hail  6 - Snow  7 - Severe Crosswinds  8 - Blowing Sand, Soil, Dirt, Snow  9 - Other/Unknown

Road Surface  1 - Concrete  2 - Blacktop, Bituminous, Asphalt  3 - Brick/Block  4 - Stag, Gravel, Stone  5 - Dirt  6 - Other

Light Conditions Primary  Secondary

1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare\* 8 - Other

School Bus Related  School Zone Related   Yes, School Bus Directly Involved  Yes, School Bus Indirectly Involved

Work Zone Related  Workers Present  Law Enforcement Present (Officer/Vehicle)  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

Narrative

UNITS #1 AND #2 WERE NORTH-BOUND ON READING RD.  
 UNIT #2 BEGAN TO MAKE A U-TURN AND WAS STRUCK BY #1.



Motorist  Supplement (Correction or Addition to an Existing Report Sent to ODPSS)

Time Crash Reported 1524 Dispatch Time 1524 Arrival Time 1528 Time Cleared 1633 Other Investigation Time 119 Total Minutes 76

Officer's Badge Number 55 Checked by 55

Page of



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

210141-210445

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>LENCH, FRANKLIN M. JR</b>	DATE OF BIRTH <b>03231977</b>	AGE <b>37</b>	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
--------------------------	---	----------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP <b>2295 KENTWOOD DR MANSFIELD OHIO 44903</b>	CONTACT PHONE- INCLUDE AREA CODE <b>757 287 9611</b>
---	---

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
--------------------------------------	--	------------	-----------------------------------	------------------------------------	---	-------------------------------	---	--------------------------------------	-------------------------------------

OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>LS202537708</b>	OL CLASS <b>A</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE <b>_____</b>	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
-----------------------	---	----------------------	---	--------------------------------------	---------------------------------------	--	---	---	------------------------------------	--	--

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

UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>ALEXANDER, CAMEN RAY</b>	DATE OF BIRTH <b>05231994</b>	AGE <b>20</b>	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
--------------------------	--	----------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP <b>4852 BRIDGE LN APT 3 MASON OHIO 45040</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513 335 8289</b>
---	---

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
--------------------------------------	--	------------	-----------------------------------	------------------------------------	---	-------------------------------	---	--------------------------------------	-------------------------------------

OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>UD094986</b>	OL CLASS <b>A</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE <b>_____</b>	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
-----------------------	--	----------------------	---	--------------------------------------	---------------------------------------	--	---	---	------------------------------------	--	--

OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE) <b>331.14</b>	OFFENSE DESCRIPTION <b>IMPROPER TURN</b>	CITATION NUMBER <b>76837</b>	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
--	---	---------------------------------	--	--

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

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
--	--	---	--

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 "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
---	--	--	--	---

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
---	--	--	---	---

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
-------------	---------------------------	---------------	-----	--

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

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

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
-------------	---------------------------	---------------	-----	--

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

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



# Unit

Local Report Number  
**201 KR 1310 4/15**

Unit Number <b>016</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>C+L MAINTENANCE INC</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) <b>877 359 7788</b>	Damage Scale <b>3</b>	Damaged Area 
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>2655 ERIE ST RIVER GROVE IL 60171</b>			1 - None	
LP State <b>IL</b>	License Plate Number <b>363994 D</b>	Vehicle Identification Number <b>1GCGGFCABE1107988191</b>	2 - Minor	
Vehicle Year <b>2014</b>	Vehicle Make <b>CHEVROLET</b>	Vehicle Model <b>EXPRESS</b>	3 - Functional	
Vehicle Color <b>SILVER</b>	Insurance Company <b>CINCINNATI INS</b>	Policy Number <b>FBA0030979</b>	4 - Disabling	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Towed By	Carrier Name, Address, City, State, Zip	9 - Unknown	

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

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

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

Contributing Circumstances Primary <b>01</b> Secondary <b>01</b> 99 - Unknown	Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects <b>01</b> 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
--	--	--	---	---

Sequence of Events 1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> First Harmful Event <b>01</b> Most Harmful Event <b>01</b> 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	06 - Equipment Failure (Worn 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 - Pedacycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport	21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object	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 - Gitch 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 <b>20</b> Stated Estimated	Posted Speed <b>25</b>	Traffic Control <b>11</b> 01 - No Control 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone	07 - Railroad Crossings 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Marking	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From <b>2</b> To <b>1</b> 1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown	Page of
--	---------------------------	--	--	---	---	---	---------



# Unit

Local Report Number  
**2014-30445**

Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>ALEXANDER, BETH L.</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) <b>513 383 7118</b>	Damage Scale <b>2</b>	Damaged Area 
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>2226 BANYON CT HAMILTON OHIO 45014</b>			1 - None	
LP State <b>OH</b>	License Plate Number <b>DLE 4485</b>	Vehicle Identification Number <b>1GTEC51942XK512697</b>	2 - Minor	
Vehicle Year <b>1999</b>	Vehicle Make <b>GMC</b>	Vehicle Model <b>SUNOMA</b>	3 - Functional	
Vehicle Color <b>GRY</b>	Insurance Company <b>STATE FARM</b>	Policy Number <b>024762700335E</b>	4 - Disabling	
Carrier Name, Address, City, State, Zip			9 - Unknown	

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

Non-Motorist Location Prior to Impact <b>01</b> 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use <b>1</b> 1 - Personal 2 - Commercial 3 - Government	Unit Type <b>07</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 (4-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> In Emergency Response			<input type="checkbox"/> Has HM Placard		

Special Function <b>01</b> 01 - None 02 - Taxi 03 - Rental Truck (Over 16k 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>05</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 Area 14 - Other	Action <b>4</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
--	---	---	--	---	--

Pre-Crash Actions <b>07</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
--	--	---	--	--	--------------------------------

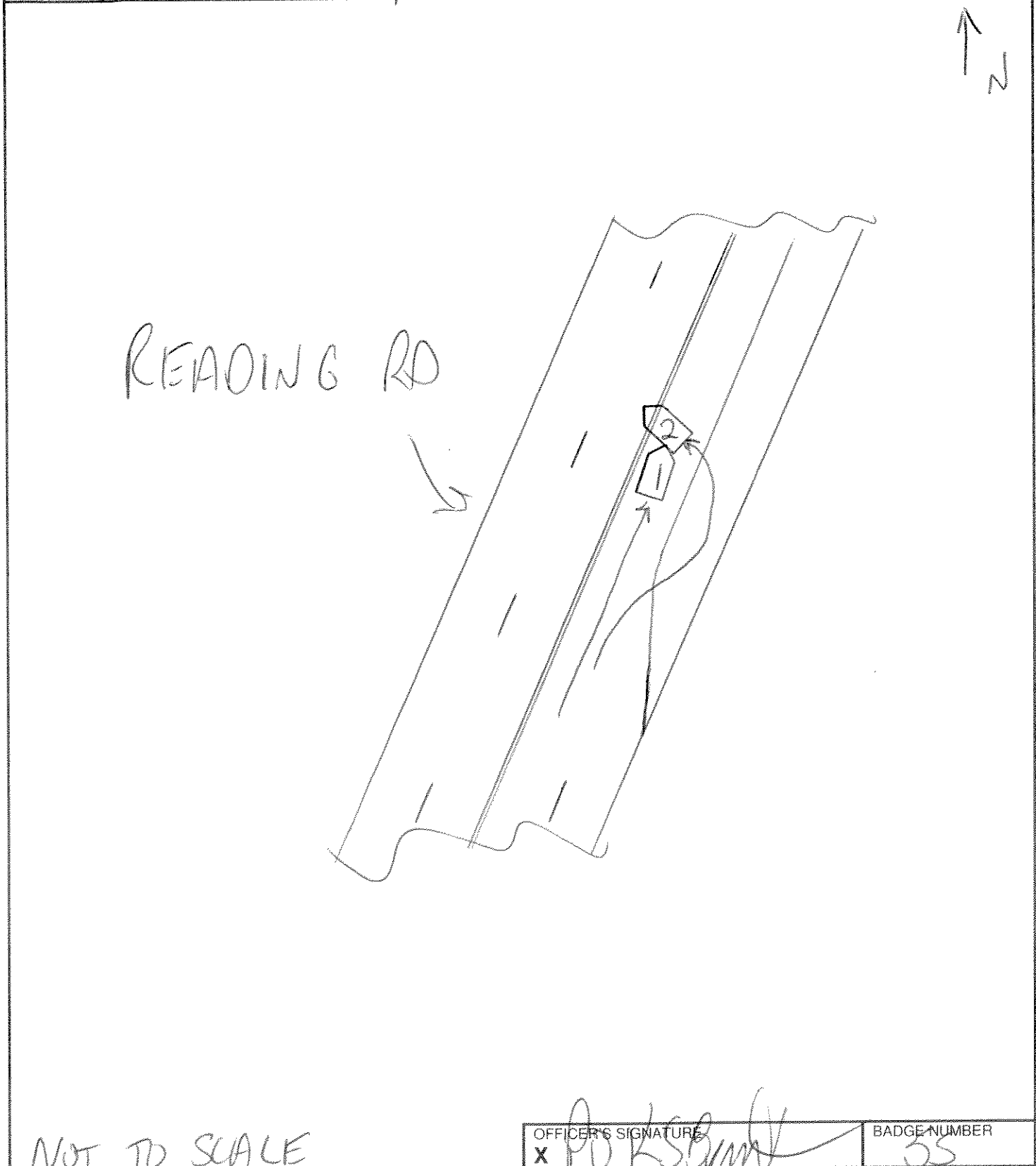
Contributing Circumstances <b>07</b> 99 - Unknown	Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects <b>01</b> 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
---	--	--	---	---

Sequence of Events 1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> First Harmful Event <b>01</b> Most Harmful Event <b>01</b> 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left	10 - Cross Median 11 - Cross Center Line 12 - Downhill Runaway 13 - Other Non-Collision
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport	21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object	25 - Impact Attenuator/Grass 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 <b>20</b> <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <b>25</b>	Traffic Control <b>12</b> 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone	07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From <b>2</b> To <b>4</b> 1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
Page of						



LOCAL REPORT NUMBER 14-30445	REPORTING AGENCY MASON POLICE	DATE OF CRASH MO9 10 17 14
IN COUNTY OF WARREN	CRASH LOCATION READING RD	



NOT TO SCALE

OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 35
--------------------------------------	--------------------



LOCAL REPORT NUMBER 14-30445	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 09/07/14
---------------------------------	----------------------------------	-----------------------------

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

I, FRANKLIN WYNCH SR. HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
P.O. K. S. BRYANT AT CRASH SCENE  
OFFICER'S NAME LOCATION

I WAS FOLLOWING A BEIGE IN COLOR GMC SONOMA  
 NORTH BOUND ON READING RD (42) JUST WENT THROUGH  
 INTERSECTION WHEN TRUCK IN FRONT OF ME DECIDED  
 TO DO A U-TURN, I HIT BRAKES BUT STILL  
 HIT HIM

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

Q. WERE YOU WEARING YOUR SEAT BELT? YES

Q. WHAT DIRECTION WERE YOU GOING? NORTH

Q. WHAT WAS YOUR SPEED? 20-25 MPH

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

ADDRESS OF WITNESS 2295 KENTWOOD DR MAUSEFIELD, OH 44908	PHONE 759-289-9611
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X



LOCAL REPORT NUMBER <u>14-30445</u>	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH <u>09/07/14</u>
--	---	----------------------------------

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

I, <u>Cannon Alexander</u> <small>PRINTED</small>	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<b>P.O. K. S. BRYANT</b> <small>OFFICER'S NAME</small>	AT <u>Reading Rd</u> <small>LOCATION</small>

I was traveling north on Reading Rd, tried to make a U turn when a white van hit the side of my truck

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

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? N

Q. WHAT WAS YOUR SPEED? 20 mph

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH?

ADDRESS OF WITNESS <u>4852 Bridge Ln Apt 3 Mason OH 43040</u>	PHONE <u>513-335-8289</u>
SIGNATURE OF WITNESS <u>X Cannon Alexander</u>	OFFICER'S SIGNATURE <u>X P.O. K.S. Bryant</u>