



# TRAFFIC CRASH REPORT

|                       |   |                            |
|-----------------------|---|----------------------------|
| LOCAL REPORT NUMBER * | CRASH SEVERITY                          | HIT/SKIP                   |
| 201214-1315115121111  | 3<br>1 - FATAL<br>2 - INJURY<br>3 - PDO | 1 - SOLVED<br>2 - UNSOLVED |

|   |  |          |                         |                         |                 |               |
|---|--|----------|-------------------------|-------------------------|-----------------|---------------|
| PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | PDO UNDER STATE REPORTABLE DOLLAR AMOUNT | PROPERTY | REPORTING AGENCY NCIC # | REPORTING AGENCY NAME * | NUMBER OF UNITS | UNIT IN ERROR |
|   |  |          | 108304                  | MASON POLICE            | 02              | 01            |

|          |        |                           |              |               |             |
|----------|--------|---------------------------|--------------|---------------|-------------|
| COUNTY * | CITY * | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * | TIME OF CRASH | DAY OF WEEK |
| 03       |        | MASON                     | 11/01/2014   | 1058          | SAT         |

|                                      |   |
|--------------------------------------|---|
| DEGREES / MINUTES / SECONDS          | DECIMAL DEGREES                           |
| LATITUDE: 0 / 0 " LONGITUDE: 0 / 0 " | LATITUDE: 39.324397 LONGITUDE: -84.312086 |

|   |  |                      |  |
|---|--|----------------------|--|
| ROADWAY DIVISION  | DIVIDED LANE DIRECTION OF TRAVEL                               | NUMBER OF TRUCK LANE | ROAD TYPES OR MILEPOST #   |
| <input checked="" type="checkbox"/> DIVIDED<br><input type="checkbox"/> UNDIVIDED | N N - NORTHBOUND E - EASTBOUND<br>S - SOUTHBOUND W - WESTBOUND | 02                   | AL - ALLEY CR - CIRCLE HE - HIGHWAY 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 # | LOCATION ROUTE NUMBER | LOC PREFIX | LOCATION ROAD NAME | LOCATION ROAD TYPE # | ROUTE TYPES #  |
|                       |                       | N, S, E, W | MASON MONTGOMERY   | RD                   | IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE<br>US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE<br>SR - STATE ROUTE |

|                         |              |                        |                        |            |  |                       |
|-------------------------|--------------|------------------------|------------------------|------------|--|-----------------------|
| DISTANCE FROM REFERENCE | DIR FROM REF | REFERENCE ROUTE TYPE # | REFERENCE ROUTE NUMBER | REF PREFIX | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) | REFERENCE ROAD TYPE # |
| 200                     | M N, S, E, W |                        |                        |            | WHITE BLOSSOM                            | AL                    |

|   |   |                          |   |
|---|---|--------------------------|---|
| REFERENCE POINT USED                                  | CRASH LOCATION  | INTERSECTION RELATED     | LOCATION OF FIRST HARMFUL EVENT   |
| 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER | 01<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 - D/F RAMP<br>09 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS | <input type="checkbox"/> | 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   |
| 1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - UNKNOWN | 01<br>PRIMARY<br>SECONDARY<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 | 2<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, SOIL, DIRT, SNOW<br>9 - OTHER/UNKNOWN |

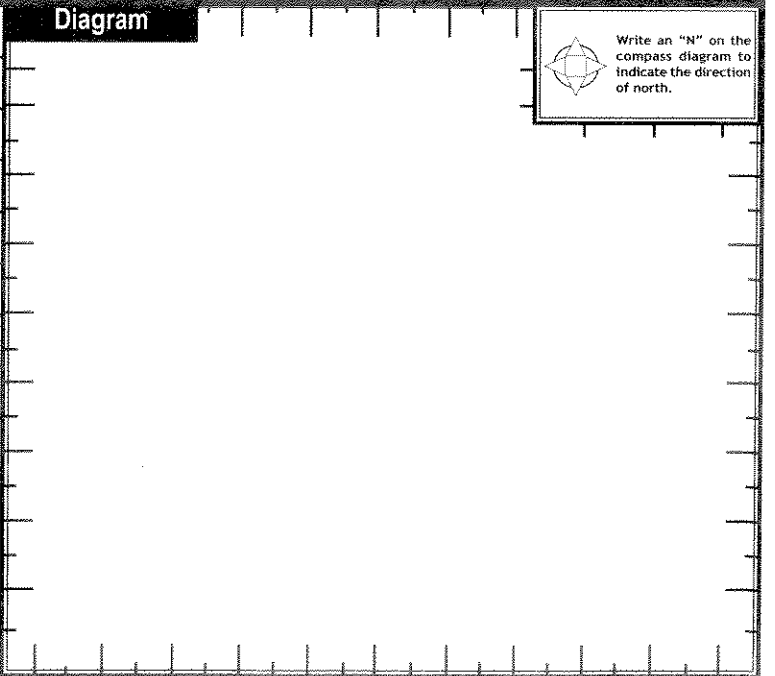
|   |   |
|---|---|
| MANNER OF CRASH COLLISION/IMPACT  | WEATHER   |
| 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - UNKNOWN | 2<br>1 - 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, SOIL, DIRT, SNOW<br>9 - OTHER/UNKNOWN |

|  |  |  |
|--|--|--|
| ROAD SURFACE   | LIGHT CONDITIONS   | SCHOOL BUS RELATED   |
| 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>6 - OTHER | 1<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   | TYPE OF WORK ZONE  | LOCATION OF CRASH IN WORK ZONE  |
| <input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | 1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | 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 TRAVELLING NORTH ON MASON MONTGOMERY RD WHEN TRAFFIC STOPPED DUE TO A SHARP FALLING OFF AN UNKNOWN VEHICLE. UNIT #2 CAME TO A STOP AND UNIT #1 STRUCK UNIT #2 IN THE LEFT REAR AS UNIT #1 ATTEMPTED TO GO UP ONTO MEDIAN. MINOR DAMAGE TO BOTH VEHICLES RESULTED.



|   |  |                     |                     |               |              |              |                          |               |
|---|--|---------------------|---------------------|---------------|--------------|--------------|--------------------------|---------------|
| REPORT TAKEN BY   | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO GDPS) | DATE CRASH REPORTED | TIME CRASH REPORTED | DISPATCH TIME | ARRIVAL TIME | TIME CLEARED | OTHER INVESTIGATION TIME | TOTAL MINUTES |
| <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST |  | 11/01/2014          | 1058                | 1058          | 1112         | 1158         |                          | 60            |
| OFFICER'S NAME *  | OFFICER'S BADGE NUMBER   | CHECKED BY          |                     |               |              |              |                          |               |
| PTL Edwards EDWARDS   | 1047   | 50                  |                     |               |              |              |                          |               |



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**2014-1354571111**

MOTORIST/Non-MOTORIST

|                           |   |                                    |                  |  |
|---------------------------|---|------------------------------------|------------------|--|
| UNIT NUMBER<br><b>011</b> | NAME: LAST, FIRST, MIDDLE<br><b>BROWN, GREGORY L.</b> | DATE OF BIRTH<br><b>11/02/1972</b> | AGE<br><b>41</b> | GENDER<br><b>M</b><br>F - FEMALE<br>M - MALE |
|---------------------------|---|------------------------------------|------------------|--|

|  |   |
|--|---|
| ADDRESS, CITY, STATE, ZIP<br><b>9057 US HWY 22 AND 3</b> | CONTACT PHONE- INCLUDE AREA CODE<br><b>513 200-4077</b> |
|--|---|

|                       |  |                      |   |                                      |                                    |                                    |                                 |                               |                                |                              |                            |
|-----------------------|--|----------------------|---|--------------------------------------|------------------------------------|------------------------------------|---------------------------------|-------------------------------|--------------------------------|------------------------------|----------------------------|
| INJURIES<br><b>1</b>  | INJURED TAKEN BY                           | EMS AGENCY           | MEDICAL FACILITY INJURED TAKEN TO       | SAFETY EQUIPMENT USED<br><b>04</b>   | DOT COMPLIANT<br>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>RQ108573</b> | OL CLASS<br><b>1</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<br><b>1</b> | 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>77031</b> | HANDS-FREE DEVICE USED<br><input type="checkbox"/> | DRIVER DISTRACTED BY<br><b>1</b> |
|---|------------------------------------|---------------------------------|--|----------------------------------|

MOTORIST/Non-MOTORIST

|                           |   |                                    |                  |  |
|---------------------------|---|------------------------------------|------------------|--|
| UNIT NUMBER<br><b>012</b> | NAME: LAST, FIRST, MIDDLE<br><b>BOUSAUDE, KIMBERLY L.</b> | DATE OF BIRTH<br><b>10/20/1971</b> | AGE<br><b>43</b> | GENDER<br><b>F</b><br>F - FEMALE<br>M - MALE |
|---------------------------|---|------------------------------------|------------------|--|

|  |   |
|--|---|
| ADDRESS, CITY, STATE, ZIP<br><b>6216 HOLLOWAY DR. LIBERTY TWP. OH. 45044</b> | CONTACT PHONE- INCLUDE AREA CODE<br><b>513 265-7396</b> |
|--|---|

|                       |  |                      |   |                                      |                                    |                                    |                                 |                               |                                |                              |                            |
|-----------------------|--|----------------------|---|--------------------------------------|------------------------------------|------------------------------------|---------------------------------|-------------------------------|--------------------------------|------------------------------|----------------------------|
| INJURIES<br><b>1</b>  | INJURED TAKEN BY                           | EMS AGENCY           | MEDICAL FACILITY INJURED TAKEN TO       | SAFETY EQUIPMENT USED<br><b>04</b>   | DOT COMPLIANT<br>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>RT190223</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<br><b>1</b> | 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>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>99 - UNKNOWN SAFETY EQUIPMENT | 09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 32 - REFLECTIVE CLOTHING<br>33 - LIGHTING<br>34 - 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 Box, Pick-up with Cab)<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>36 - 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 WITH "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 |
|---|--|--|---|---|

OCCUPANT

|             |                           |               |     |                                  |
|-------------|---------------------------|---------------|-----|----------------------------------|
| 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 |
|---------------------------|----------------------------------|

|          |                  |            |                                   |                       |                                    |                  |               |          |         |
|----------|------------------|------------|-----------------------------------|-----------------------|------------------------------------|------------------|---------------|----------|---------|
| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT<br>MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|------------------------------------|------------------|---------------|----------|---------|

OCCUPANT

|             |                           |               |     |                                  |
|-------------|---------------------------|---------------|-----|----------------------------------|
| 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>MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|----------|------------------|------------|-----------------------------------|-----------------------|------------------------------------|------------------|---------------|----------|---------|

|  |   |  |                          |                  |
|--|---|--|--------------------------|------------------|
| UNIT NUMBER<br><b>011</b>  | OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER )<br><b>BROWN, JENNIFER GRANT</b> | 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>BHWB20Z</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>1H14DK43616151041071181</b>                            | 2 - MINOR                |                  |
| VEHICLE YEAR<br><b>1995</b>  | VEHICLE MAKE<br><b>ACURA</b>  | VEHICLE MODEL<br><b>INTEGRA</b>  | 3 - FUNCTIONAL           |                  |
| PROOF OF INSURANCE SHOWN ( <input checked="" type="checkbox"/> )                       | INSURANCE COMPANY<br><b>STATE FARM</b>  | POLICY NUMBER<br><b>2978537 D1435L</b>   | 4 - DISABLED             |                  |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP  |   |  | 9 - UNKNOWN              |                  |

|                   |   |  |   |  |
|-------------------|---|--|---|--|
| US DOT            | VEHICLE WEIGHT GVWR/GCWR<br><b>1</b><br>1 - LESS THAN OR EQUAL TO 10,000 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 - LUGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAB, CHIPS, GRAVEL | 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>4</b><br>2 - TWO-WAY, NOT DIVIDED<br>3 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>4 - TWO-WAY, DIVIDED, UNSPECIFIED (PAVING OR GRAVE +4 FT.) MEDIAN<br>5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID No. | HAZARDOUS MATERIAL RELEASED ( <input type="checkbox"/> )  | <input type="checkbox"/> Hit / Skip Unit   |   |  |

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| 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 - MIDDLEBANK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<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 | UNIT TYPE<br><b>02</b><br>99 - UNKNOWN OR HIT / SKIP | 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 | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTALE)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>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, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
| <input type="checkbox"/> IN EMERGENCY RESPONSE   |   |  | <input type="checkbox"/> 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 | 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>03</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 | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCHASSIS<br>12 - LOAD/TRAILER<br>13 - TOTAL(ALL AREAS)<br>14 - OTHER | 99 - UNKNOWN<br><b>3</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STUCK<br>9 - UNKNOWN |
|--|---|---|--|--|---|

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|--|--|---|--|--|
| PRE-CRASH ACTIONS<br><b>14</b><br>99 - UNKNOWN | 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 | 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<br>21 - OTHER NON-MOTORIST ACTION |
|--|--|---|--|--|

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|--|---|
| CONTRIBUTING CIRCUMSTANCES   | VEHICLE DEFECTS   |
| 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 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OPP ROAD | <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 SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS  |
| SECONDARY<br><b>00</b><br>99 - UNKNOWN   | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<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 |

|  |   |   |  |
|--|---|---|--|
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <b>43</b> 3 <b>30</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN  | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSE OR SHIFT                                       | 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  | 10 - CROSS MEDIAN OR SUPPORT<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   |   |   |  |
| 14 - PEDESTRIAN<br>15 - PEDALCYCLE<br>16 - RAILWAY VEHICLE (TRAIN, ENGINE)<br>17 - ANIMAL - FARM<br>18 - ANIMAL - DEER<br>19 - ANIMAL - OTHER<br>20 - MOTOR VEHICLE IN TRANSPORT   | 21 - PARKED MOTOR VEHICLE<br>22 - WORK ZONE MAINTENANCE EQUIPMENT<br>23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE<br>24 - OTHER MOVABLE OBJECT | 25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER | 33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE |
| 41 - OTHER POST, POLE OR SUPPORT<br>42 - CURB<br>43 - DITCH<br>44 - EMBANKMENT<br>45 - FENCE<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |   |   |  |

|  |                           |   |   |   |  |
|--|---------------------------|---|---|---|--|
| UNIT SPEED<br><b>49</b>  | POSTED SPEED<br><b>45</b> | TRAFFIC CONTROL<br><b>00</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE | 07 - RAILROAD CROSSINGS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS | 13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>2</b> TO <b>1</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
| <input checked="" type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED |                           |   |   |   | PAGE 0F  |

LOCAL REPORT NUMBER  
**20141-13151571**

|  |  |  |                               |                                  |
|--|--|--|-------------------------------|----------------------------------|
| UNIT NUMBER<br><b>021</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 |  |  |                               |                                  |
| LP STATE<br><b>OH</b>  | LICENSE PLATE NUMBER<br><b>FQP 658Z</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>1GWSIKLJE36BR330968</b>                            | # OCCUPANTS<br><b>1</b>       |                                  |
| VEHICLE YEAR<br><b>2011</b>  | VEHICLE MAKE<br><b>CHEVROLET</b>   | VEHICLE MODEL<br><b>SUBURBAN</b>   | VEHICLE COLOR<br><b>WHITE</b> |                                  |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>                       | INSURANCE COMPANY<br><b>GEICO</b>  | POLICY NUMBER<br><b>4025 69 49 87</b>  | TOWED BY                      |                                  |
| 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 - GRAIN, CHIPS, GRAVEL | 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>4</b><br>1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTIGUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRAVED > 4 FT) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>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<br><b>01</b><br>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/ROADSIDE<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 | UNIT TYPE<br><b>06</b><br>99 - UNKNOWN OR HIT / SKIP | 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 | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN TRAILER, 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 | BUS/VAN/LIMO (9 OR MORE) INCLUDING DRIVER<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BOGGY, WAGON, SURREY<br>25 - BICYCLE/PEDALCYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
| <input type="checkbox"/> IN EMERGENCY RESPONSE   |   |  | <input type="checkbox"/> 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 | 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>07</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 | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LEAD/TRAILER<br>13 - TOTAL(ALL AREAS)<br>14 - OTHER | ACTION<br><b>4</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRUCK<br>4 - STRUCK<br>5 - STRUCK/STRUCK<br>9 - UNKNOWN |
|--|---|---|--|---|--|

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| PRE-CRASH ACTIONS<br><b>11</b><br>99 - UNKNOWN | 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>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<br>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<br>21 - OTHER NON-MOTORIST ACTION |
|--|---|--|

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|--|--|---|---|
| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<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/DEF ROAD<br>SECONDARY<br><b>01</b><br>99 - UNKNOWN | MOTORIST<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STEPPED 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/FALLING/SPELLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<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 - WORK OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
|--|--|---|---|

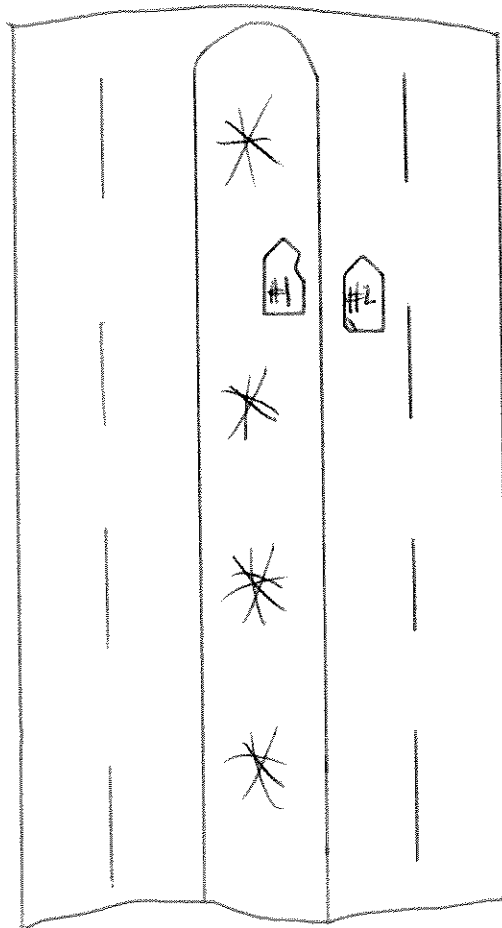
|   |   |  |
|---|---|--|
| SEQUENCE OF EVENTS<br>1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b><br>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b><br>99 - UNKNOWN | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LIES ON SKIRT<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 OR SUPPORT<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION | COLLISION WITH FIXED OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINAIRIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - MEDIAN GUARDRAIL BARRIER<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |
|---|---|--|

|                         |                           |  |  |
|-------------------------|---------------------------|--|--|
| UNIT SPEED<br><b>35</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 - RAILROAD CROSSINGS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>2</b> TO <b>1</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
|-------------------------|---------------------------|--|--|



|  |  |                                    |
|--|--|------------------------------------|
| LOCAL REPORT NUMBER<br><i>14-35157</i> | REPORTING AGENCY<br><i>MASON POLICE</i>        | DATE OF CRASH<br><i>M 11 10 14</i> |
| IN COUNTY OF<br><i>WARREN</i>          | CRASH LOCATION<br><i>MASON MONTGOMERY ROAD</i> |                                    |

NOT TO SCALE



— MASON MONTGOMERY ROAD

|   |                             |
|---|-----------------------------|
| OFFICER'S SIGNATURE<br><i>X Edwards</i> | BADGE NUMBER<br><i>1047</i> |
|---|-----------------------------|



|  |   |   |
|--|---|---|
| LOCAL REPORT NUMBER<br><i>14-35157</i> | REPORTING AGENCY<br>Mason Police Department | DATE OF CRASH<br>M <i>11</i>   D <i>1</i>   Y <i>14</i> |
|--|---|---|

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

I, *Greg Brown* HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

*Ptl. Dan Edwards* AT *M/M WHITE BLOSSOM*  
OFFICER'S NAME LOCATION

*Traffic stopped due to debris in the road. I was unable to stop in time and struck the car in front of me.*

Q. What was your speed at the time of the crash? A. *45*

Q. What was your direction of travel? A.

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 *513-200-4077*

SIGNATURE OF WITNESS *X* *Greg Brown* OFFICER'S SIGNATURE *X* *Ptl. Edwards*



|                                 |   |                                    |
|---------------------------------|---|------------------------------------|
| LOCAL REPORT NUMBER<br>14-35157 | REPORTING AGENCY<br>Mason Police Department | DATE OF CRASH<br>M 11 / D 1 / Y 11 |
|---------------------------------|---|------------------------------------|

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

|                                     |   |
|-------------------------------------|---|
| <i>Kimberly Buryaoud</i><br>PRINTED | HEREBY MAKE THIS VOLUNTARY STATEMENT TO   |
| Ptl. Dan Edwards<br>OFFICER'S NAME  | AT <i>Mason Montgomery Rd</i><br>LOCATION |

*Car in front of me put on brakes suddenly  
so I started to brake and then the  
car behind me hit the drivers side rear  
of <sup>(my)</sup> the car & under the gas tank.*

|   |                  |
|---|------------------|
| Q. What was your speed at the time of the crash?              | A. <i>35 mph</i> |
| Q. What was your direction of travel?                         | A. <i>North</i>  |
| Q. Were you wearing a seatbelt?                               | A. <i>yes</i>    |
| Q. Were you talking on a cell phone at the time of the crash? | A. <i>no</i>     |
| Q. Were you injured due to the crash?                         | A. <i>no</i>     |

|  |  |
|--|--|
| ADDRESS OF WITNESS<br><i>Andy Gregory - driver of the car in front of me</i> | PHONE<br><i>513 265-7396</i>                 |
| SIGNATURE OF WITNESS<br><i>X</i>   | OFFICER'S SIGNATURE<br><i>X Ptl. Edwards</i> |

*919 8068*