



# TRAFFIC CRASH REPORT

|                       |   |                                 |
|-----------------------|---|---------------------------------|
| LOCAL REPORT NUMBER * | CRASH SEVERITY                          | HIT/SKIP                        |
| 13-281933             | 3<br>1 - FATAL<br>2 - INJURY<br>3 - PDO | 0<br>1 - SOLVED<br>2 - UNSOLVED |

|   |  |                  |                         |                         |                 |                                   |
|---|--|------------------|-------------------------|-------------------------|-----------------|-----------------------------------|
| PHOTOS TAKEN<br><input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | PDD UNDER STATE REPORTABLE DOLLAR AMOUNT | PRIVATE PROPERTY | REPORTING AGENCY NCIC * | REPORTING AGENCY NAME * | NUMBER OF UNITS | UNIT IN CRASH                     |
|   |  |                  | 18304                   | Mason Police            | 102             | 02<br>98 - ANIMAL<br>99 - UNKNOWN |

|          |        |                           |              |               |             |
|----------|--------|---------------------------|--------------|---------------|-------------|
| COUNTY * | CITY * | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * | TIME OF CRASH | DAY OF WEEK |
| 83       | Mason  | Mason                     | 1100520113   | 10120         | SAT         |

|                             |                 |                 |            |
|-----------------------------|-----------------|-----------------|------------|
| DEGREES / MINUTES / SECONDS | LONGITUDE       | DECIMAL DEGREES | LONGITUDE  |
| 39° 29' 10.70"              | -84° 16' 54.09" | 39.336306       | -84.279191 |

|   |  |                      |  |
|---|--|----------------------|--|
| ROADWAY DIVISION  | DIVIDED LANE DIRECTION OF TRAVEL   | NUMBER OF THRU LANES | ROAD TYPES OR MILEPOST *   |
| <input type="checkbox"/> DIVIDED<br><input checked="" type="checkbox"/> UNDIVIDED | <input type="checkbox"/> N - NORTHBOUND E - EASTBOUND<br><input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND | 102                  | 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 - LAKE PI - PIKE SQ - SQUARE TL - TRAIL |

|                       |                    |                      |  |
|-----------------------|--------------------|----------------------|--|
| LOCATION ROUTE NUMBER | LOCATION ROAD NAME | LOCATION ROAD TYPE * | ROUTE TYPES *  |
|                       | KINGS Island       | DR                   | IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE<br>US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE<br>SR - STATE ROUTE |

|                         |              |                        |            |  |                       |
|-------------------------|--------------|------------------------|------------|--|-----------------------|
| DISTANCE FROM REFERENCE | DIS FROM REF | REFERENCE ROUTE NUMBER | REF PREFIX | REFERENCE NAME (ROAD, MILEPOST, HOUSE #) | REFERENCE ROAD TYPE * |
| AT                      |              |                        |            | WESTERN ROW                              | RD                    |

|   |   |  |
|---|---|--|
| REFERENCE POINT USED                                  | CRASH LOCATION  | LOCATION OF FIRST HARMFUL EVENT  |
| 1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER | 01<br>01 - NOT AN INTERSECTION<br>02 - FOURWAY INTERSECTION<br>03 - T-INTERSECTION<br>04 - Y-INTERSECTION<br>05 - TRAFFIC CIRCLE/ROUNDBOAT<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 checked="" type="checkbox"/> INTERSECTION RELATED<br>1 - ON ROADWAY 5 - ON GORE<br>2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY<br>3 - IN MEDIAN 9 - UNKNOWN<br>4 - ON ROADSIDE |

|  |   |
|--|---|
| ROAD CONTOUR   | ROAD CONDITIONS   |
| 3<br>1 - STRAIGHT LEVEL 4 - CURVE GRADE<br>2 - STRAIGHT GRADE 9 - UNKNOWN<br>3 - CURVE LEVEL | 01<br>PRIMARY SECONDARY<br>01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*<br>02 - WET 06 - WATER (STANDING, MOVING) 10 - OTHER<br>03 - SNOW 07 - SLUSH 99 - UNKNOWN<br>04 - ICE 08 - DEBRIS* |

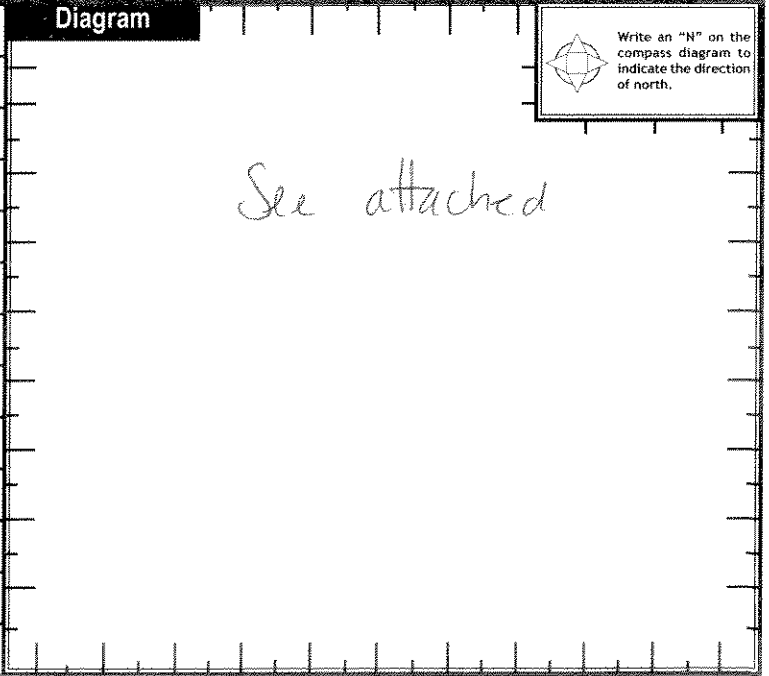
|  |   |
|--|---|
| MANNER OF CRASH COLLISION/IMPACT   | WEATHER   |
| 2<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - UNKNOWN | 2<br>1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS<br>2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW<br>3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWN |

|  |  |  |
|--|--|--|
| ROAD SURFACE   | LIGHT CONDITIONS   | SCHOOL BUS RELATED   |
| 2<br>1 - CONCRETE 4 - SLAC, GRAVEL, STONE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT<br>3 - BRICK/BLOCK 6 - OTHER | 4<br>PRIMARY SECONDARY<br>1 - DAYLIGHT 5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN<br>2 - DAWN 6 - DARK - UNKNOWN ROADWAY LIGHTING<br>3 - DUSK 7 - GLARE*<br>4 - DARK - LIGHTED ROADWAY 8 - OTHER | <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) | <input type="checkbox"/><br>1 - LANE CLOSURE 4 - INTERMITTENT OR MOVING WORK<br>2 - LANE SHIFT/CROSSOVER 5 - OTHER<br>3 - WORK ON SHOULDER OR MEDIAN | <input type="checkbox"/><br>1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA<br>2 - ADVANCE WARNING AREA 5 - TERMINATION AREA<br>3 - TRANSITION AREA |

NARRATIVE

Unit #1 was stopped in traffic.  
Unit #2 failed to keep assured clear distance and rear-ended Unit #1.



|   |  |                     |                     |               |              |              |                          |               |
|---|--|---------------------|---------------------|---------------|--------------|--------------|--------------------------|---------------|
| 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 |  | 11010520113         | 114115              | 114115        | 114115       | 114315       | 113101                   | 11501         |
| OFFICER'S NAME  | OFFICER'S BADGE NUMBER   | CHECKED BY          | PAGE OF             |               |              |              |                          |               |
| JAMIE VAN WAGNER  | 1054   | SS                  |                     |               |              |              |                          |               |



# Unit

Local Report Number  
**13-12803131**

|  |  |  |                          |                                   |
|--|--|--|--------------------------|-----------------------------------|
| Unit Number<br><b>011</b>  | Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver )<br><b>Conniff, PATRICK</b> | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) | Damage Scale<br><b>2</b> |                                   |
| Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver ) |  |  | 1 - None                 |                                   |
| LP State<br><b>KY</b>  | License Plate Number<br><b>3025 DS</b>   | Vehicle Identification Number<br><b>5G2ER1237818J12411481014</b>                           | 2 - Minor                |                                   |
| Vehicle Year<br><b>2010</b>  | Vehicle Make<br><b>SATURN</b>  | Vehicle Model<br><b>OUTLOOK</b>  | 3 - Functional           |                                   |
| Vehicle Color<br><b>WHITE</b>  | Insurance Company<br><b>Metro Casualty</b>   | Policy Number<br><b>1924128980</b>   | 4 - Disabling            |                                   |
| <input checked="" type="checkbox"/> Proof of Insurance Shown                           | Towed By   | Carrier Name, Address, City, State, Zip  | 5 - Unusable             | Carrier Phone - include area code |

|                   |   |  |  |
|-------------------|---|--|--|
| US DOT            | Vehicle Weight GVWR/GCWR<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>             | Trafficway Description<br>1 - Two Way, Not Divided<br>2 - Two Way, Not Divided, Continuous Left Turn Lane<br>3 - Two Way, Divided, Unprotected/Uncontrolled Intersection<br>4 - Two Way, Divided, Protected Median Barrier<br>5 - One-Way Trafficway |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released  | 01 - Dry Cargo Body Type (Not Available) | <input type="checkbox"/> Hit / Skip Unit   |
| HM Class Number   |   | 02 - Dry Van 19' or Longer (No. Driven)  |  |
|                   |   | 03 - Dry Van 12' - 18' (No. Driven)      |  |
|                   |   | 04 - Vehicle Towing Another Vehicle      |  |
|                   |   | 05 - Loading                             |  |
|                   |   | 06 - Openended Container (Box)           |  |
|                   |   | 07 - Cargo Not Enclosed Box              |  |
|                   |   | 08 - Other Cargo, Loaded                 |  |
|                   |   | 09 - Flat Bed                            |  |
|                   |   | 10 - Dump                                |  |
|                   |   | 11 - Concrete Mixer                      |  |
|                   |   | 12 - Auto Transporter                    |  |
|                   |   | 13 - Garbage/Refuse                      |  |
|                   |   | 14 - Other/Unknown                       |  |

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| Non-Motorist Location Prior to Impact<br><b>01</b>   | Type of Use<br><b>01</b>   | Unit Type<br><b>06</b>  | Passenger Vehicles (less than 9 passengers)  | Med/Heavy Trucks or Combo Units > 10K lbs   | Bus/Van/Truck (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/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 | 1 - Personal<br>2 - Commercial<br>3 - Government<br><input type="checkbox"/> In Emergency Response | 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 - Scooter/Moped/ATV<br>12 - Other Passenger Vehicle | 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 (Boat/Hail)<br>17 - Tractor/Semi-Trailer<br>18 - Tractor/Double<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, Wagon, Surrey<br>25 - Bicycle/Pedalcyclist<br>26 - Pedestrian/Skater<br>27 - Other Non-Motorist | <input type="checkbox"/> Has HM Placard    |

|                               |   |                                |  |                    |  |
|-------------------------------|---|--------------------------------|--|--------------------|--|
| Special Function<br><b>01</b> | 01 - None<br>02 - Inmate<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 (Specify in Remarks) | Most Damaged Area<br><b>05</b> | 01 - None<br>02 - Center Front<br>03 - Front End<br>04 - Right Side<br>05 - Right Rear<br>06 - Rear Cabler<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 | Action<br><b>4</b> | 1 - Jax Contact<br>2 - Non Collision<br>3 - Striking<br>4 - Struck<br>5 - Striking/Struck<br>9 - Unknown |
|                               |   | Impact Area<br><b>05</b>       |  |                    |  |

|                                |  |
|--------------------------------|--|
| 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>07 - Making U-Turn<br>08 - Entering Traffic Lane<br>09 - Leaving Traffic Lane<br>10 - Parked<br>11 - Stopping or Stopped in Traffic<br>12 - Driverless<br>13 - Negotiating a Curve<br>14 - Other Motorist Action<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 |
|--------------------------------|--|

|                            |  |
|----------------------------|--|
| Contributing Circumstances | Vehicle Defects<br><b>01</b>   |
| Primary<br><b>01</b>       | 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<br>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/Falling/Spilling<br>21 - Other Improper Action |
| Secondary<br><b>01</b>     | 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  |
|                            | 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  |

|  |   |
|--|---|
| Sequence of Events   | Non-Collision Events  |
| 1 <b>210</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> | 01 - Overturn/Rollover<br>02 - Fire/Explosion<br>03 - Immersion<br>04 - Jackknife<br>05 - Cargo/Equipment Loss or Shift<br>06 - Equipment Failure (Blow 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 |
| First Harmful Event <b>01</b>  |   |
| Most Harmful Event <b>01</b>   |   |

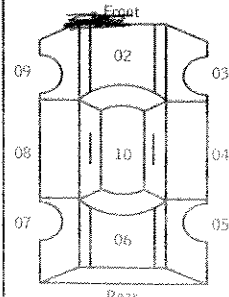
|  |                             |
|--|-----------------------------|
| Collision with Person, Vehicle or Object Not Fixed   | Collision With Fixed Object |
| 14 - Pedestrian<br>15 - Pedalcyclist<br>16 - Railway Vehicle (Train, Engine)<br>17 - Animal - Farm<br>18 - Animal - Deer<br>19 - Animal - Other<br>20 - Motor Vehicle in Transport<br>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<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/Luminaries Support<br>40 - Utility Pole<br>41 - Other Post, Pole or Support<br>42 - Culvert<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>01010</b>   | Posted Speed<br><b>45</b> | Traffic Control<br><b>12</b>   | Unit Direction<br>From <b>01</b> To <b>2</b>  |
| <input checked="" type="checkbox"/> Stated<br><input type="checkbox"/> Estimated |                           | 01 - No Control<br>02 - Stop Sign<br>03 - Yield Sign<br>04 - Traffic Signal<br>05 - Traffic Light<br>06 - School Zone<br>07 - Railroad Crossings<br>08 - Railroad Flashes<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 | 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 |



# Unit

Local Report Number  
**13-28033**

|   |   |  |                               |   |
|---|---|--|-------------------------------|---|
| Unit Number<br><b>102</b>                                       | Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver )<br><b>Littleton, MAGALEAN</b> | Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver ) | Damage Scale<br><b>2</b>      | Damaged Area<br> |
| LP State<br><b>KY</b>   | License Plate Number<br><b>6208 DP</b>  | Vehicle Identification Number<br><b>1GTEK191T91E1533853</b>                                | # Occupants<br><b>102</b>     |   |
| Vehicle Year<br><b>1999</b>                                     | Vehicle Make<br><b>GMC</b>  | Vehicle Model<br><b>SIERRA</b>   | Vehicle Color<br><b>WHITE</b> |   |
| Proof of Insurance Shown<br><input checked="" type="checkbox"/> | Insurance Company<br><b>PROGRESSIVE</b>   | Policy Number<br><b>037526844</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 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 - Logging<br>06 - Intermodal Container Chassis<br>07 - Cargo Van/Enclosed Box<br>08 - Grain, Chips, Gravel | 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 Shoulder or Street (4-FU 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<br><br><input type="checkbox"/> In Emergency Response | Unit Type<br><b>07</b><br>09 - 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 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 | 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, Sled<br>25 - Bicycle/Pedacyclist<br>26 - Pedestrian/Skater<br>27 - Other Non Motorist |
|  |   |  | <input type="checkbox"/> Has HM Placard   |   |   |

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| Special Function<br><b>01</b><br>01 - None<br>02 - Taxi<br>03 - Rental Truck (Not For Use)<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>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 | 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 | 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<br><b>01</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 |
|--|--|---|--|--|

|   |  |  |   |   |
|---|--|--|---|---|
| Contributing Circumstances<br><b>09</b><br>99 - Unknown | Motorist<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/Falling/Spilling<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>04</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 |
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| Sequence of Events<br>1 <b>20</b> 2 <b>00</b> 3 <b>00</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 Loss 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<br>11 - Cross Center Line<br>12 - Downhill Runaway<br>13 - Other Non-Collision |
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| Collision with Person, Vehicle or Object Not Fixed<br>14 - Pedestrian<br>15 - Pedacycle<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 | 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 | 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 - Culvert<br>43 - Curb<br>44 - Ditch<br>45 - Embankment<br>46 - Fence<br>47 - Mailbox | 48 - Tree<br>49 - Fire Hydrant<br>50 - Work Zone Maintenance Equipment<br>51 - Wall, Building, Tunnel<br>52 - Other Fixed Object |
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| Unit Speed<br><b>115</b><br><input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated | Posted Speed<br><b>45</b> | Traffic Control<br><b>12</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<br>07 - Railroad Crossbucks<br>08 - Railroad Flashers<br>09 - Railroad Cates<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>1</b> To <b>2</b><br>1 - North<br>2 - South<br>3 - East<br>4 - West | 5 - Northeast<br>6 - Northwest<br>7 - Southeast<br>8 - Southwest<br>9 - Unknown |
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# MOTORIST / NON-MOTORIST / OCCUPANT

Local Report Number  
**13-280331**

|                          |  |                                    |                  |   |
|--------------------------|--|------------------------------------|------------------|---|
| UNIT NUMBER<br><b>01</b> | NAME: LAST, FIRST, MIDDLE<br><b>Conniff, Benjamin P.</b> | DATE OF BIRTH<br><b>01/02/1993</b> | AGE<br><b>20</b> | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br><b>132 MANOR LAKE FORT THOMAS KY 41075</b> | CONTACT PHONE - INCLUDE AREA CODE<br><b>859-781-9885</b> |
|---|--|

|                      |                              |            |                                   |                                    |   |                               |                           |                      |                     |
|----------------------|------------------------------|------------|-----------------------------------|------------------------------------|---|-------------------------------|---------------------------|----------------------|---------------------|
| INJURIES<br><b>0</b> | INJURED TAKEN BY<br><b>0</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>0</b> | TRAPPED<br><b>0</b> |
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|-----------------------|--|----------------------|--------------------------------------|-----------------------------------|-----------------------|------------------------------------|---------------------------------|-------------------------------|--------------------------------|------------------------------|----------------------------|
| OL STATE<br><b>KY</b> | OPERATOR LICENSE NUMBER<br><b>C09 849417</b> | OL CLASS<br><b>4</b> | <input type="checkbox"/> NO VALID OL | <input type="checkbox"/> M/C END. | CONDITION<br><b>0</b> | ALCOHOL/DRUG SUSPECTED<br><b>0</b> | ALCOHOL TEST STATUS<br><b>0</b> | ALCOHOL TEST TYPE<br><b>0</b> | ALCOHOL TEST VALUE<br><b>0</b> | DRUG TEST STATUS<br><b>0</b> | DRUG TEST TYPE<br><b>0</b> |
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| OFFENSE CHARGED (LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE<br><input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY<br><b>1</b> |
|------------------------------|---------------------|-----------------|--|----------------------------------|

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| UNIT NUMBER<br><b>02</b> | NAME: LAST, FIRST, MIDDLE<br><b>Nickell, SHAWN E.</b> | DATE OF BIRTH<br><b>1/21/1993</b> | AGE<br><b>19</b> | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br><b>8450 Deoursey Pike Covington KY 41015</b> | CONTACT PHONE - INCLUDE AREA CODE<br><b>859 240 6 586</b> |
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| INJURIES<br><b>0</b> | INJURED TAKEN BY<br><b>0</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>0</b> | TRAPPED<br><b>0</b> |
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| OL STATE<br><b>KY</b> | OPERATOR LICENSE NUMBER<br><b>N11 217499</b> | OL CLASS<br><b>4</b> | <input type="checkbox"/> NO VALID OL | <input type="checkbox"/> M/C END. | CONDITION<br><b>0</b> | ALCOHOL/DRUG SUSPECTED<br><b>0</b> | ALCOHOL TEST STATUS<br><b>0</b> | ALCOHOL TEST TYPE<br><b>0</b> | ALCOHOL TEST VALUE<br><b>0</b> | DRUG TEST STATUS<br><b>0</b> | DRUG TEST TYPE<br><b>0</b> |
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| OFFENSE CHARGED (LOCAL CODE)<br><b>333.03</b> | OFFENSE DESCRIPTION<br><b>ACDA</b> | CITATION NUMBER<br><b>74324</b> | HANDS-FREE<br><input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY<br><b>1</b> |
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| <b>INJURIES</b><br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL | <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>5 - UNKNOWN | <b>SAFETY EQUIPMENT USED</b><br><b>MOTORIST</b><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><b>NON-MOTORIST</b><br>05 - CHILD RESTRAINT SYSTEM - FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM - REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED<br>09 - UNKNOWN SAFETY EQUIPMENT | <b>NON-MOTORIST</b><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 |
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| <b>SEATING POSITION</b><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-TOWING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | <b>AIR BAG USAGE</b><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 |
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| <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | <b>OPERATOR LICENSE CLASS</b><br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (DAYS "D")<br>5 - M/C/MOPED ONLY | <b>CONDITION</b><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 | <b>ALCOHOL/DRUG SUSPECTED</b><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 |
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| <b>ALCOHOL TEST STATUS</b><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 | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER | <b>DRUG TEST STATUS</b><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 | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER | <b>DRIVER DISTRACTED BY</b><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 |
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| UNIT NUMBER<br><b>01</b> | NAME: LAST, FIRST, MIDDLE<br><b>SMITH, RACHEL</b> | DATE OF BIRTH<br><b>10/22/1993</b> | AGE<br><b>20</b> | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br><b>7107 Austinwood Rd Louisville, KY 40214</b> | CONTACT PHONE - INCLUDE AREA CODE<br><b>502 544 7317</b> |
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| INJURIES<br><b>0</b> | INJURED TAKEN BY<br><b>0</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>03</b> | AIR BAG USAGE<br><b>1</b> | EJECTION<br><b>0</b> | TRAPPED<br><b>0</b> |
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| UNIT NUMBER<br><b>01</b> | NAME: LAST, FIRST, MIDDLE<br><b>FRANZ, JACOB</b> | DATE OF BIRTH<br><b>10/31/1993</b> | AGE<br><b>20</b> | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br><b>724 Redbud DR. Taylor Mill, KY 41015</b> | CONTACT PHONE - INCLUDE AREA CODE<br><b>859 630 0176</b> |
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| INJURIES<br><b>0</b> | INJURED TAKEN BY<br><b>0</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>04</b> | AIR BAG USAGE<br><b>1</b> | EJECTION<br><b>0</b> | TRAPPED<br><b>0</b> |
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# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

113-7280133

|                    |  |                           |           |                                    |
|--------------------|--|---------------------------|-----------|------------------------------------|
| UNIT NUMBER<br>011 | NAME: LAST, FIRST, MIDDLE<br>Connor, Louis | DATE OF BIRTH<br>11/11/81 | AGE<br>20 | GENDER<br>M F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br>85 Hawthorne Ave Fort Thomas KY 41075 | CONTACT PHONE - INCLUDE AREA CODE<br>859 814 4608 |
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| INJURIES<br>1 | INJURED TAKEN BY<br>1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br>04 | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br>03 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
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| UNIT NUMBER<br>02 | NAME: LAST, FIRST, MIDDLE<br>Littleton, MAGALEAN | DATE OF BIRTH<br>02/01/1977 | AGE<br>36 | GENDER<br>F F - FEMALE<br>M - MALE |
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| ADDRESS, CITY, STATE, ZIP<br>8450 DE COURSEY PIKE Covington KY 41015 | CONTACT PHONE - INCLUDE AREA CODE<br>859 240 6586 |
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| INJURIES<br>1 | INJURED TAKEN BY<br>1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED<br>04 | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br>03 | AIR BAG USAGE<br>1 | EJECTION<br>1 | TRAPPED<br>1 |
|---------------|-----------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|

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

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

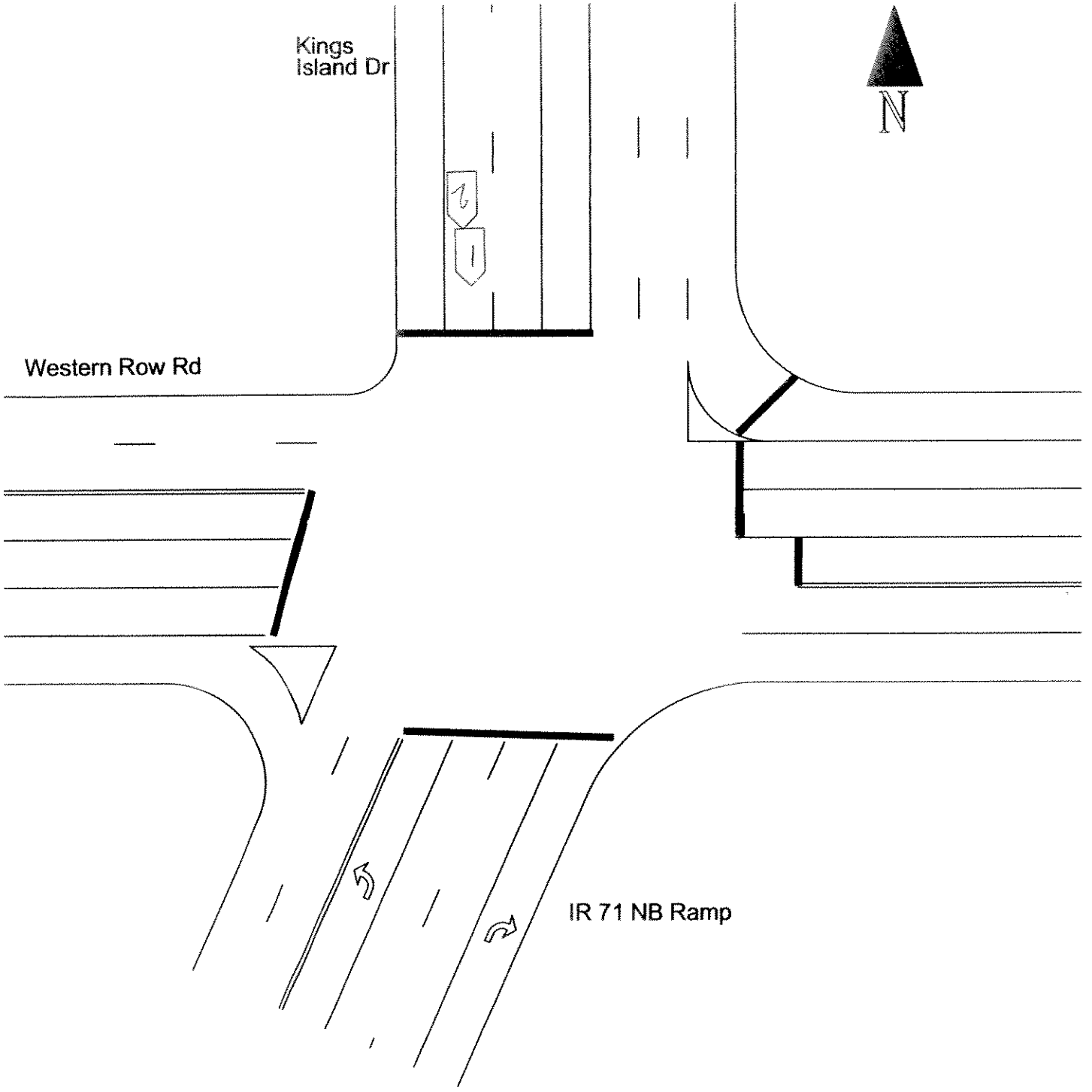
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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|----------|------------------|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|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

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| <b>INJURIES</b><br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL | <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | <b>SAFETY EQUIPMENT USED</b><br><b>MOTORIST</b><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><b>99 - UNKNOWN SAFETY EQUIPMENT</b><br><b>NON-MOTORIST</b><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 (SEATBELTS, ETC.) | 12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER |
|---|--|--|---|

|  |  |   |  |   |
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| <b>SEATING POSITION</b><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) | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP 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 | <b>AIR BAG USAGE</b><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 | <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS |
|--|--|---|--|---|

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|---------------------------------|---|-------------------------------------|
| LOCAL REPORT NUMBER<br>13-28033 | REPORTING AGENCY<br>MASON POLICE                      | DATE OF ACCIDENT<br>M 10 10 5 12 13 |
| IN COUNTY OF<br>WARREN          | ACCIDENT LOCATION<br>KINGS ISLAND DR @ WESTERN ROW RD |                                     |



Not to scale

|   |                      |
|---|----------------------|
| OFFICER'S SIGNATURE<br><i>[Handwritten Signature]</i> | BADGE NUMBER<br>1054 |
|---|----------------------|