



# TRAFFIC CRASH REPORT

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

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 083104	REPORTING AGENCY NAME * MASON POLICE	NUMBER OF UNITS 02	UNIT IN ERROR 01 98 - ANIMAL 99 - UNKNOWN
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COUNTY * 813	CITY * MASON	CRASH DATE * 08242015	TIME OF CRASH 0950	DAY OF WEEK MON
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DEGREES / MINUTES / SECONDS	LONGITUDE	DECIMAL DEGREES	LONGITUDE
0 0 0	0 0 0	83.1351991	-74.3308111

ROADWAY DIVISION <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	NUMBER OF THRU LANES 04	ROAD TYPES OR MILEPOST <sup>2</sup> AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY PL - PLACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE RD - ROAD SQ - SQUARE ST - STREET TE - TERRACE TL - TRAIL
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LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME TYLERVILLE	LOCATION ROAD TYPE 2 R2	ROUTE TYPES <sup>1</sup> IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE
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DISTANCE FROM REFERENCE 50	DIR FROM REF N,S,E,W E	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) SNIDER	REFERENCE ROAD TYPE 2 R2
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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/ROUNDBOUNT	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	<input checked="" type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 01 - DRY 02 - WET 03 - SNOW 04 - ICE SECONDARY 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS*	09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN
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MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
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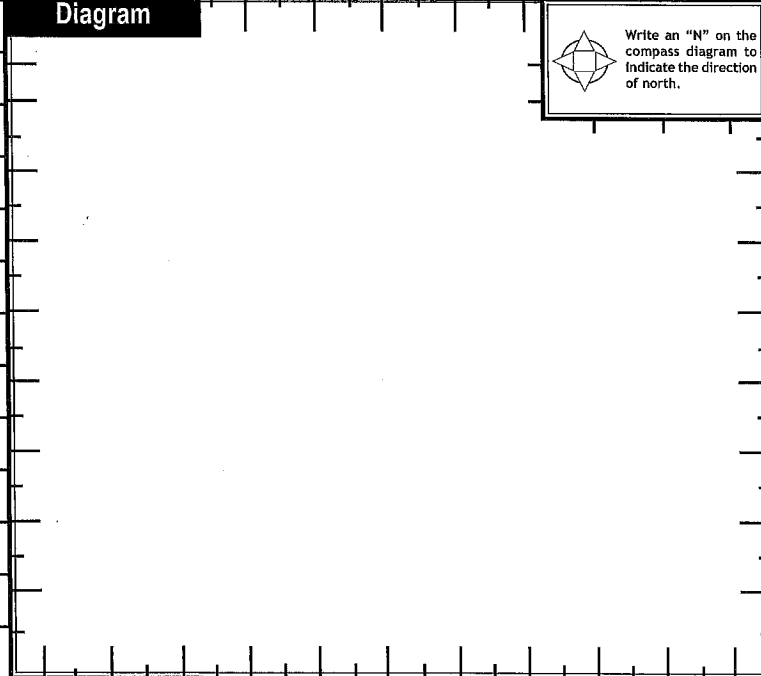
ROAD SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY SECONDARY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER 9 - UNKNOWN	<input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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<input type="checkbox"/> WORK ZONE RELATED	<input type="checkbox"/> WORKERS PRESENT	<input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)	<input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
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**NARRATIVE**

UNIT #02 WAS STOPPED IN TRAFFIC FACING WEST ON TYLERVILLE RD.

UNIT #01 WAS TRAVELLING WESTBOUND ON TYLERVILLE RD APPROACHING UNIT #02, FAILED TO ASSURE A CLEAR DISTANCE AHEAD, AND STRUCK UNIT #02 IN THE REAR.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED 08242015	TIME CRASH REPORTED 0950	DISPATCH TIME 0951	ARRIVAL TIME 0956	TIME CLEARED 1017	OTHER INVESTIGATION TIME 0100	TOTAL MINUTES 0121
OFFICER'S NAME * FITZGERALD	OFFICER'S BADGE NUMBER 137	CHECKED BY SO	PAGE OF					



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER <b>011</b>	NAME: LAST, FIRST, MIDDLE <b>BRAXTON CHANDLER WILLIAM</b>	DATE OF BIRTH <b>07/11/1996</b>	AGE <b>19</b>	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
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ADDRESS, CITY, STATE, ZIP <b>4363 WOODLANDS PL CINCINNATI OH 45241</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513-919-9757</b>
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>99</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>4B060619</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE <b>1</b>	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>

OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE) <b>333.03a</b>	OFFENSE DESCRIPTION <b>ARDA</b>	CITATION NUMBER <b>078839</b>	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
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UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>MOORE RICHARD A</b>	DATE OF BIRTH <b>07/18/1948</b>	AGE <b>67</b>	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
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ADDRESS, CITY, STATE, ZIP <b>11047 GLOPIA CINCINNATI OH 45231</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513-851-0730</b>
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> 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>RQ677048</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE <b>1</b>	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
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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 (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF 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
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "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
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)	6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>MOORE KERRY</b>	DATE OF BIRTH <b>12/27/1974</b>	AGE <b>40</b>	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
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ADDRESS, CITY, STATE, ZIP <b>133 HIGH RIDGE CT FAIRFIELD OH 45014</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513-258-5948</b>
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>03</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER <b>011</b>	NAME: LAST, FIRST, MIDDLE <b>JUDKINS JEREMY K</b>	DATE OF BIRTH <b>05/30/1996</b>	AGE <b>19</b>	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
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ADDRESS, CITY, STATE, ZIP <b>8758 DONDVAN CT CINCINNATI OH 45249</b>	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>03</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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LOCAL REPORT NUMBER

UNIT NUMBER 1011 OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER BRAXTON PATRICIA OWNER PHONE NUMBER - INC. AREA CODE ( ) SAME AS DRIVER 513-352-7613 DAMAGE SCALE 9 DAMAGED AREA

OWNER ADDRESS: CITY, STATE, ZIP ( ) SAME AS DRIVER 4363 WOODLANDS PL BLUE ASH OH 45241

LP STATE OH LICENSE PLATE NUMBER 6GM8540 VEHICLE IDENTIFICATION NUMBER JTHLR6E4813281C02611571 # OCCUPANTS 03

VEHICLE YEAR 201081 VEHICLE MAKE HONDA VEHICLE MODEL CRV VEHICLE COLOR BLACK

PROOF OF INSURANCE SHOWN INSURANCE COMPANY POLICY NUMBER TOWED BY

CARRIER NAME, ADDRESS, CITY, STATE, ZIP CARRIER PHONE- INCLUDE AREA CODE

US DOT VEHICLE WEIGHT GVWR/GCWR 1 1- LESS THAN OR EQUAL TO 10K LBS. 2- 10,001 TO 26,000 LBS. 3- MORE THAN 26,000 LBS. CARGO BODY TYPE 01 01- NO CARGO BODY TYPE/NOT APPLICABLE 09- POLE 02- BUS/VAN (9-15 SEATS, INC DRIVER) 10- CARGO TANK 03- BUS (16+ SEATS, INC DRIVER) 11- FLAT BED 04- VEHICLE TOWING ANOTHER VEHICLE 12- DUMP 05- LOGGING 13- CONCRETE MIXER 06- INTERMODAL CONTAINER CHASSIS 14- AUTO TRANSPORTER 07- CARGO VAN/ENCLOSED BOX 15- GARBAGE/REFUSE 08- GRAM, CHIPS, GRAVEL 99- OTHER/UNKNOWN 9- HIT / SIGP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT 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 1- PERSONAL 2- COMMERCIAL 3- GOVERNMENT IN EMERGENCY RESPONSE UNIT TYPE 06 01- SUB-COMPACT 02- COMPACT 03- MID SIZE 04- FULL SIZE 05- MINIVAN 06- SPORT UTILITY VEHICLE 07- PICKUP 08- VAN 09- MOTORCYCLE 10- MOTORIZED BICYCLE 11- SNOWMOBILE/ATV 12- OTHER PASSENGER VEHICLE MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13- SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14- SINGLE UNIT TRUCK; 3+ AXLES 15- SINGLE UNIT TRUCK / TRAILER 16- TRUCK/TRACTOR (BOBTAIL) 17- TRACTOR/SEMI-TRAILER 18- TRACTOR/DOUBLE 19- TRACTOR/TRIPLES 20- OTHER MED/HEAVY VEHICLE BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21- BUS/VAN (9-15 SEATS, INC DRIVER) 22- BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23- ANIMAL WITH RIDER 24- ANIMAL WITH BUGGY, WAGON, SURREY 25- BICYCLE/PEDACYCLIST 26- PEDESTRIAN/SKATER 27- OTHER NON-MOTORIST HAS HM PLACARD

SPECIAL FUNCTION 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 99 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 IMPACT AREA 09 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 3 1- NON-COLLISION 2- NON-COLLISION 3- STRIKING 4- STRUCK 5- STRIKING/STRUCK 9- UNKNOWN

PRE-CRASH ACTIONS 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 09 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 MOTORIST 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 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 20 2 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 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 OPPOSITE DIRECTION OF TRAVEL 12- DOWNHILL RUNAWAY 13- OTHER NON-COLLISION COLLISION WITH FIXED 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- 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 1005 POSTED SPEED 35 TRAFFIC CONTROL 12 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 3 TO 4 1- NORTH 2- SOUTH 3- EAST 4- WEST 5- NORTHEAST 6- NORTHWEST 7- SOUTHWEST 8- SOUTHWEST 9- UNKNOWN



# UNIT

LOCAL REPORT NUMBER \_\_\_\_\_

UNIT NUMBER 103 OWNER NAME: LAST, FIRST, MIDDLE  SAME AS DRIVER **MOORE CAROL** OWNER PHONE NUMBER - INC. AREA CODE  SAME AS DRIVER

OWNER ADDRESS: CITY, STATE, ZIP  SAME AS DRIVER

LP STATE OH LICENSE PLATE NUMBER GM46288 VEHICLE IDENTIFICATION NUMBER 1G111C5JL3J1F3D7919 # OCCUPANTS 102

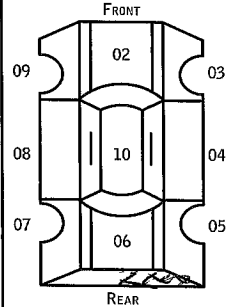
VEHICLE YEAR 2010 VEHICLE MAKE CHEVROLET VEHICLE MODEL MALIBU VEHICLE COLOR WHITE

PROOF OF INSURANCE SHOWN  INSURANCE COMPANY ALLSTATE POLICY NUMBER 026782922 TOWED BY

CARRIER NAME, ADDRESS, CITY, STATE, ZIP CARRIER PHONE - INCLUDE AREA CODE

US DOT VEHICLE WEIGHT GVWR/GCWR  1 - LESS THAN OR EQUAL TO 10K LBS.  2 - 10,001 TO 26,000 LBS.  3 - MORE THAN 26,000 LBS. CARGO BODY TYPE 01 TRAFFICWAY DESCRIPTION 1

01 - No CARGO BODY TYPE/NOT APPLICABLE	09 - POLE	<input type="checkbox"/> HIT / SKIP UNIT
02 - BUS/VAN (9-15 SEATS, INC DRIVER)	10 - CARGO TANK	
03 - BUS (16+ SEATS, INC DRIVER)	11 - FLAT BED	
04 - VEHICLE TOWING ANOTHER VEHICLE	12 - DUMP	
05 - LOGGING	13 - CONCRETE MIXER	
06 - INTERMODAL CONTAINER CHASSIS	14 - AUTO TRANSPORTER	
07 - CARGO VAN/ENCLOSED BOX	15 - GARBAGE/REFUSE	
08 - GRAIN, CHIPS, GRAVEL	99 - OTHER/UNKNOWN	



HM PLACARD ID NO. \_\_\_\_\_ HM CLASS NUMBER \_\_\_\_\_

HAZARDOUS MATERIAL RELEASED

NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/> 01 - INTERSECTION - MARKED CROSSWALK <input type="checkbox"/> 02 - INTERSECTION - NO CROSSWALK <input type="checkbox"/> 03 - INTERSECTION - OTHER <input type="checkbox"/> 04 - MIDBLOCK - MARKED CROSSWALK <input type="checkbox"/> 05 - TRAVEL LANE - OTHER LOCATION <input type="checkbox"/> 06 - BICYCLE LANE <input type="checkbox"/> 07 - SHOULDER/ROADSIDE <input type="checkbox"/> 08 - SIDEWALK <input type="checkbox"/> 09 - MEDIAN/CROSSING ISLAND <input type="checkbox"/> 10 - DRIVEWAY ACCESS <input type="checkbox"/> 11 - SHARED-USE PATH OR TRAIL <input type="checkbox"/> 12 - NON-TRAFFICWAY AREA <input type="checkbox"/> 99 - OTHER/UNKNOWN	TYPE OF USE <input type="checkbox"/> 1 - PERSONAL <input type="checkbox"/> 2 - COMMERCIAL <input type="checkbox"/> 3 - GOVERNMENT  <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <input type="checkbox"/> 03 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) <input type="checkbox"/> 99 - UNKNOWN OR HIT / SKIP	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS <input type="checkbox"/> 01 - SUB-COMPACT <input type="checkbox"/> 02 - COMPACT <input type="checkbox"/> 03 - MID SIZE <input type="checkbox"/> 04 - FULL SIZE <input type="checkbox"/> 05 - MINIVAN <input type="checkbox"/> 06 - SPORT UTILITY VEHICLE <input type="checkbox"/> 07 - PICKUP <input type="checkbox"/> 08 - VAN <input type="checkbox"/> 09 - MOTORCYCLE <input type="checkbox"/> 10 - MOTORIZED BICYCLE <input type="checkbox"/> 11 - SNOWMOBILE/ATV <input type="checkbox"/> 12 - OTHER PASSENGER VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) <input type="checkbox"/> 21 - BUS/VAN (9-15 SEATS, INC DRIVER) <input type="checkbox"/> 22 - BUS (16+ SEATS, INC DRIVER)  NON-MOTORIST <input type="checkbox"/> 23 - ANIMAL WITH RIDER <input type="checkbox"/> 24 - ANIMAL WITH BUGGY, WAGON, SURREY <input type="checkbox"/> 25 - BICYCLE/PEDACYCLIST <input type="checkbox"/> 26 - PEDESTRIAN/SKATER <input type="checkbox"/> 27 - OTHER NON-MOTORIST
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HAS HM PLACARD

SPECIAL FUNCTION 01

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

MOTORIST <input type="checkbox"/> 01 - STRAIGHT AHEAD <input type="checkbox"/> 02 - BACKING <input type="checkbox"/> 03 - CHANGING LANES <input type="checkbox"/> 04 - OVERTAKING/PASSING <input type="checkbox"/> 05 - MAKING RIGHT TURN <input type="checkbox"/> 06 - MAKING LEFT TURN  <input type="checkbox"/> 99 - UNKNOWN	<input type="checkbox"/> 07 - MAKING U-TURN <input type="checkbox"/> 08 - ENTERING TRAFFIC LANE <input type="checkbox"/> 09 - LEAVING TRAFFIC LANE <input type="checkbox"/> 10 - PARKED <input type="checkbox"/> 11 - SLOWING OR STOPPED IN TRAFFIC <input type="checkbox"/> 12 - DRIVERLESS	<input type="checkbox"/> 13 - NEGOTIATING A CURVE <input type="checkbox"/> 14 - OTHER MOTORIST ACTION	NON-MOTORIST <input type="checkbox"/> 15 - ENTERING OR CROSSING SPECIFIED LOCATION <input type="checkbox"/> 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING <input type="checkbox"/> 17 - WORKING <input type="checkbox"/> 18 - PUSHING VEHICLE <input type="checkbox"/> 19 - APPROACHING OR LEAVING VEHICLE <input type="checkbox"/> 20 - STANDING <input type="checkbox"/> 21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES

PRIMARY <u>01</u> <input type="checkbox"/> 01 - NONE <input type="checkbox"/> 02 - FAILURE TO YIELD <input type="checkbox"/> 03 - RAN RED LIGHT <input type="checkbox"/> 04 - RAN STOP SIGN  SECONDARY <input type="checkbox"/> <input type="checkbox"/> 05 - EXCEEDED SPEED LIMIT <input type="checkbox"/> 06 - UNSAFE SPEED <input type="checkbox"/> 07 - IMPROPER TURN <input type="checkbox"/> 08 - LEFT OF CENTER <input type="checkbox"/> 09 - FOLLOWED TOO CLOSELY/ACDA <input type="checkbox"/> 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD  <input type="checkbox"/> 99 - UNKNOWN	<input type="checkbox"/> 11 - IMPROPER BACKING <input type="checkbox"/> 12 - IMPROPER START FROM PARKED POSITION <input type="checkbox"/> 13 - STOPPED OR PARKED ILLEGALLY <input type="checkbox"/> 14 - OPERATING VEHICLE IN NEGLIGENT MANNER <input type="checkbox"/> 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) <input type="checkbox"/> 16 - WRONG SIDE/WRONG WAY <input type="checkbox"/> 17 - FAILURE TO CONTROL <input type="checkbox"/> 18 - VISION OBSTRUCTION <input type="checkbox"/> 19 - OPERATING DEFECTIVE EQUIPMENT <input type="checkbox"/> 20 - LOAD SHIFTING/FALLING/SPILLING <input type="checkbox"/> 21 - OTHER IMPROPER ACTION	NON-MOTORIST <input type="checkbox"/> 22 - NONE <input type="checkbox"/> 23 - IMPROPER CROSSING <input type="checkbox"/> 24 - DARTING <input type="checkbox"/> 25 - LYING AND/OR ILLEGALLY IN ROADWAY <input type="checkbox"/> 26 - FAILURE TO YIELD RIGHT OF WAY <input type="checkbox"/> 27 - NOT VISIBLE (DARK CLOTHING) <input type="checkbox"/> 28 - INATTENTIVE <input type="checkbox"/> 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER <input type="checkbox"/> 30 - WRONG SIDE OF THE ROAD <input type="checkbox"/> 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/> <input type="checkbox"/> 01 - TURN SIGNALS <input type="checkbox"/> 02 - HEAD LAMPS <input type="checkbox"/> 03 - TAIL LAMPS <input type="checkbox"/> 04 - BRAKES <input type="checkbox"/> 05 - STEERING <input type="checkbox"/> 06 - TIRE BLOWOUT <input type="checkbox"/> 07 - WORN OR SLICK TIRES <input type="checkbox"/> 08 - TRAILER EQUIPMENT DEFECTIVE <input type="checkbox"/> 09 - MOTOR TROUBLE <input type="checkbox"/> 10 - DISABLED FROM PRIOR ACCIDENT <input type="checkbox"/> 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS

1 <u>20</u>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
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FIRST HARMFUL EVENT 01 MOST HARMFUL EVENT 01

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED

<input type="checkbox"/> 14 - PEDESTRIAN <input type="checkbox"/> 15 - PEDALCYCLE <input type="checkbox"/> 16 - RAILWAY VEHICLE (TRAIN, ENGINE) <input type="checkbox"/> 17 - ANIMAL - FARM <input type="checkbox"/> 18 - ANIMAL - DEER <input type="checkbox"/> 19 - ANIMAL - OTHER <input type="checkbox"/> 20 - MOTOR VEHICLE IN TRANSPORT	<input type="checkbox"/> 21 - PARKED MOTOR VEHICLE <input type="checkbox"/> 22 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE <input type="checkbox"/> 24 - OTHER MOVABLE OBJECT	NON-COLLISION EVENTS <input type="checkbox"/> 01 - OVERTURN/ROLLOVER <input type="checkbox"/> 02 - FIRE/EXPLOSION <input type="checkbox"/> 03 - IMMERSION <input type="checkbox"/> 04 - JACKKNIFE <input type="checkbox"/> 05 - CARGO/EQUIPMENT LOSS OR SHIFT	<input type="checkbox"/> 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) <input type="checkbox"/> 07 - SEPARATION OF UNITS <input type="checkbox"/> 08 - RAN OFF ROAD RIGHT <input type="checkbox"/> 09 - RAN OFF ROAD LEFT	<input type="checkbox"/> 10 - CROSS MEDIAN <input type="checkbox"/> 11 - CROSS CENTER LINE <input type="checkbox"/> 12 - OPPOSITE DIRECTION OF TRAVEL <input type="checkbox"/> 13 - OTHER NON-COLLISION	<input type="checkbox"/> 25 - IMPACT ATTENUATOR/CRASH CUSHION <input type="checkbox"/> 26 - BRIDGE OVERHEAD STRUCTURE <input type="checkbox"/> 27 - BRIDGE PIER OR ABUTMENT <input type="checkbox"/> 28 - BRIDGE PARAPET <input type="checkbox"/> 29 - BRIDGE RAIL <input type="checkbox"/> 30 - GUARDRAIL FACE <input type="checkbox"/> 31 - GUARDRAIL END <input type="checkbox"/> 32 - PORTABLE BARRIER	<input type="checkbox"/> 33 - MEDIAN CABLE BARRIER <input type="checkbox"/> 34 - MEDIAN GUARDRAIL BARRIER <input type="checkbox"/> 35 - MEDIAN CONCRETE BARRIER <input type="checkbox"/> 36 - MEDIAN OTHER BARRIER <input type="checkbox"/> 37 - TRAFFIC SIGN POST <input type="checkbox"/> 38 - OVERHEAD SIGN POST <input type="checkbox"/> 39 - LIGHT/LUMINARIES SUPPORT <input type="checkbox"/> 40 - UTILITY POLE	<input type="checkbox"/> 41 - OTHER POST, POLE OR SUPPORT <input type="checkbox"/> 42 - CULVERT <input type="checkbox"/> 43 - CURB <input type="checkbox"/> 44 - DITCH <input type="checkbox"/> 45 - EMBANKMENT <input type="checkbox"/> 46 - FENCE <input type="checkbox"/> 47 - MAILBOX	<input type="checkbox"/> 48 - TREE <input type="checkbox"/> 49 - FIRE HYDRANT <input type="checkbox"/> 50 - WORK ZONE MAINTENANCE EQUIPMENT <input type="checkbox"/> 51 - WALL, BUILDING, TUNNEL <input type="checkbox"/> 52 - OTHER FIXED OBJECT
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UNIT SPEED 000 POSTED SPEED 35 TRAFFIC CONTROL 12

<input type="checkbox"/> 01 - NO CONTROLS <input type="checkbox"/> 02 - STOP SIGN <input type="checkbox"/> 03 - YIELD SIGN <input type="checkbox"/> 04 - TRAFFIC SIGNAL <input type="checkbox"/> 05 - TRAFFIC FLASHERS <input type="checkbox"/> 06 - SCHOOL ZONE	<input type="checkbox"/> 07 - RAILROAD CROSSBUCKS <input type="checkbox"/> 08 - RAILROAD FLASHERS <input type="checkbox"/> 09 - RAILROAD GATES <input type="checkbox"/> 10 - CONSTRUCTION BARRICADE <input type="checkbox"/> 11 - PERSON (FLAGGER, OFFICER) <input type="checkbox"/> 12 - PAVEMENT MARKINGS	<input type="checkbox"/> 13 - CROSSWALK LINES <input type="checkbox"/> 14 - WALK/DON'T WALK <input type="checkbox"/> 15 - OTHER <input type="checkbox"/> 16 - NOT REPORTED	UNIT DIRECTION FROM <u>3</u> TO <u>4</u> <input type="checkbox"/> 1 - NORTH <input type="checkbox"/> 2 - SOUTH <input type="checkbox"/> 3 - EAST <input type="checkbox"/> 4 - WEST <input type="checkbox"/> 5 - NORTHEAST <input type="checkbox"/> 6 - NORTHWEST <input type="checkbox"/> 7 - SOUTHEAST <input type="checkbox"/> 8 - SOUTHWEST <input type="checkbox"/> 9 - UNKNOWN
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# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
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OCCUPANT

UNIT NUMBER: 011 NAME: LAST, FIRST, MIDDLE: PERRIN CYRUS V DATE OF BIRTH: 12/08/1995 AGE: 19 GENDER: M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 11063 SYCAMORE GROVE LN BLUE ASH OH 45241 CONTACT PHONE- INCLUDE AREA CODE: 513-398-9139

INJURIES: 1 INJURED TAKEN BY:    EMS AGENCY:    MEDICAL FACILITY INJURED TAKEN TO:    SAFETY EQUIPMENT USED: 99 DOT COMPLIANT MOTORCYCLE HELMET:  SEATING POSITION: 05 AIR BAG USAGE: 5 EJECTION: 1 TRAPPED: 1

OCCUPANT

UNIT NUMBER:    NAME: LAST, FIRST, MIDDLE:    DATE OF BIRTH:    AGE:    GENDER:    (F - FEMALE, 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 MOTORCYCLE HELMET:  SEATING POSITION:    AIR BAG USAGE:    EJECTION:    TRAPPED:   

OCCUPANT

UNIT NUMBER:    NAME: LAST, FIRST, MIDDLE:    DATE OF BIRTH:    AGE:    GENDER:    (F - FEMALE, 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 MOTORCYCLE HELMET:  SEATING POSITION:    AIR BAG USAGE:    EJECTION:    TRAPPED:   

OCCUPANT

UNIT NUMBER:    NAME: LAST, FIRST, MIDDLE:    DATE OF BIRTH:    AGE:    GENDER:    (F - FEMALE, 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 MOTORCYCLE HELMET:  SEATING POSITION:    AIR BAG USAGE:    EJECTION:    TRAPPED:   

OCCUPANT

UNIT NUMBER:    NAME: LAST, FIRST, MIDDLE:    DATE OF BIRTH:    AGE:    GENDER:    (F - FEMALE, 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 MOTORCYCLE HELMET:  SEATING POSITION:    AIR BAG USAGE:    EJECTION:    TRAPPED:   

OCCUPANT

UNIT NUMBER:    NAME: LAST, FIRST, MIDDLE:    DATE OF BIRTH:    AGE:    GENDER:    (F - FEMALE, 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 MOTORCYCLE HELMET:  SEATING POSITION:    AIR BAG USAGE:    EJECTION:    TRAPPED:   

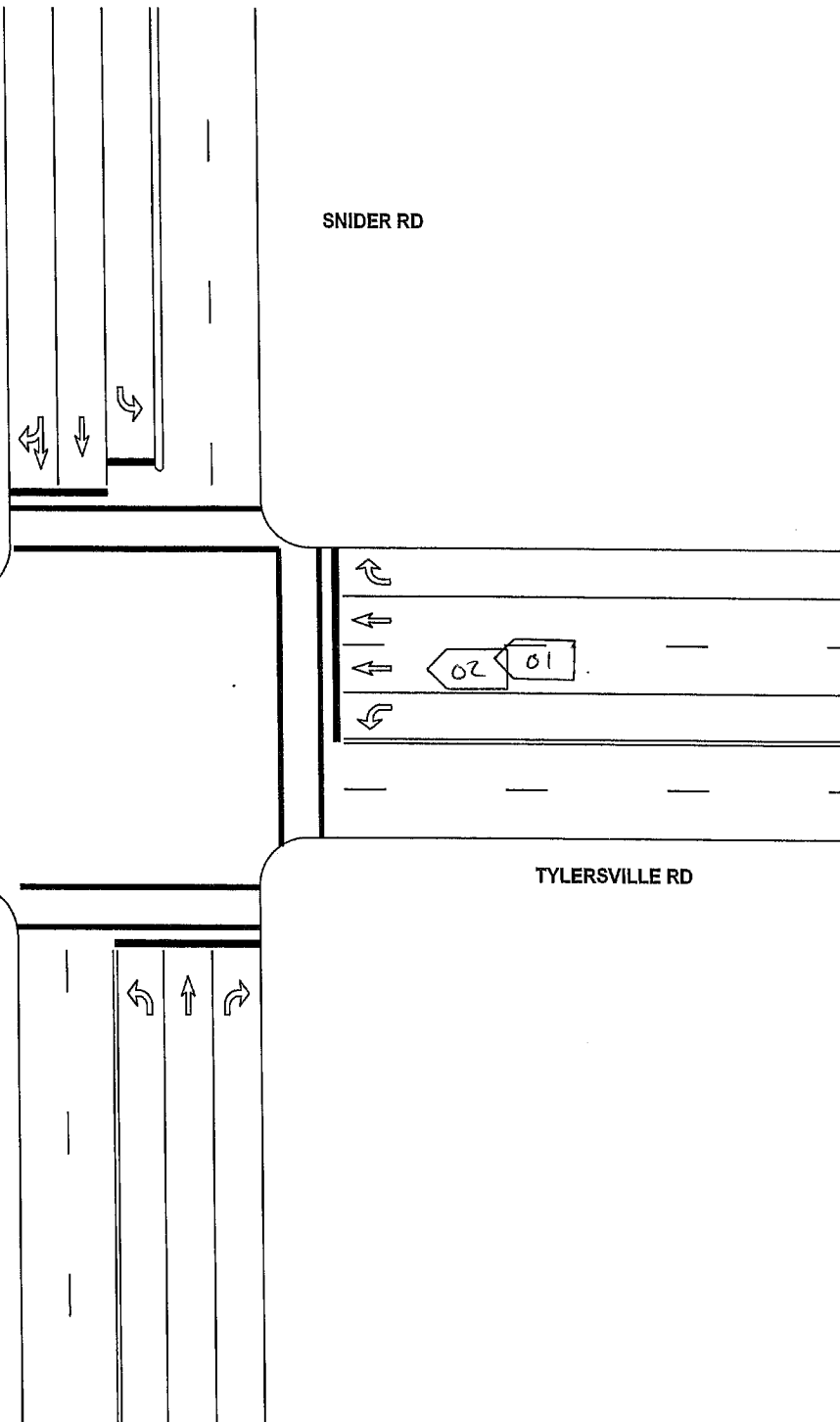
<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT	<b>NON-MOTORIST</b> 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 (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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<b>SEATING POSITION</b> 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	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 15-26932	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 08   D 24   Y 15
IN COUNTY OF WARREN	ACCIDENT LOCATION TYLERSVILLE RD + SNIDER RD	



NOT TO SCALE

OFFICER'S SIGNATURE 	BADGE NUMBER 1237
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LOCAL REPORT NUMBER 15-26932	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 08   D 24   Y 15
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Richard A. Moore HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
P.O. ERIC FITZGERALD AT Snyder + Tylesville  
OFFICER'S NAME LOCATION

WAS STOPPED AT RED LIGHT AT CORNER  
 Tylesville AND SNYDER RD. SMALL BLACK  
 HONDA SUV OR STA WAGON REAR ENDED  
 MY CAR. I GOT OUT TO ASK DRIVER IF  
 HE HAD INSURANCE. HE SAID YES, THEN  
 PROCEEDED TO DRIVE AWAY, TURNING  
 RIGHT ONTO SNYDER RD.

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

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? WEST ON Tylesville

Q. WHAT WAS YOUR SPEED? WE WERE STOPPED AT Red Light

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

ADDRESS OF WITNESS  
10447 Gloria Court, Ohio 4523 PHONE 851-0730

SIGNATURE OF WITNESS [Signature] OFFICER'S SIGNATURE [Signature]  
 X X