



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER * 2016	5952	CRASH SEVERITY <input checked="" type="checkbox"/> 1 - FATAL <input type="checkbox"/> 2 - INJURY <input type="checkbox"/> 3 - PDO	HIT/SKIP <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED
-------------------------------	------	--	--

### LOCAL INFORMATION

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input checked="" type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 08304	REPORTING AGENCY NAME * MASON POLICE	NUMBER OF UNITS 01	UNIT IN ERROR 01	98 - ANIMAL 99 - UNKNOWN
--	---	--	----------------------------------	---	-----------------------	---------------------	-----------------------------

COUNTY * 83	CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * CITY OF MASON	CRASH DATE * 02212016	TIME OF CRASH 1540	DAY OF WEEK SUN
----------------	---	--	--------------------------	-----------------------	--------------------

DEGREES / MINUTES / SECONDS LATITUDE 0 ' 0 '' 0 ''	LONGITUDE 0 ' 0 '' 0 ''	DECIMAL DEGREES LATITUDE 39.364555	LONGITUDE 84.310323
--	----------------------------	--	------------------------

ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> W - WESTBOUND	NUMBER OF THRU LANES 02	ROAD TYPES OR MILEPOST 2 AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL
--	--	----------------------------	--

LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME CONCORD HILLS	LOCATION ROAD TYPE 2 CR	ROUTE TYPES 1 IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
-----------------------	-----------------------	--------------------	-------------------------------------	----------------------------	---

DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF N,S,E,W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 5094 CONCORD HILLS	REFERENCE ROAD TYPE 2 CR
--	----------------------	------------------------	------------------------	--------------------	--	-----------------------------

REFERENCE POINT USED 3 - HOUSE NUMBER	CRASH LOCATION 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDABOUT	06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	<input 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
--	--	---	--	---	--

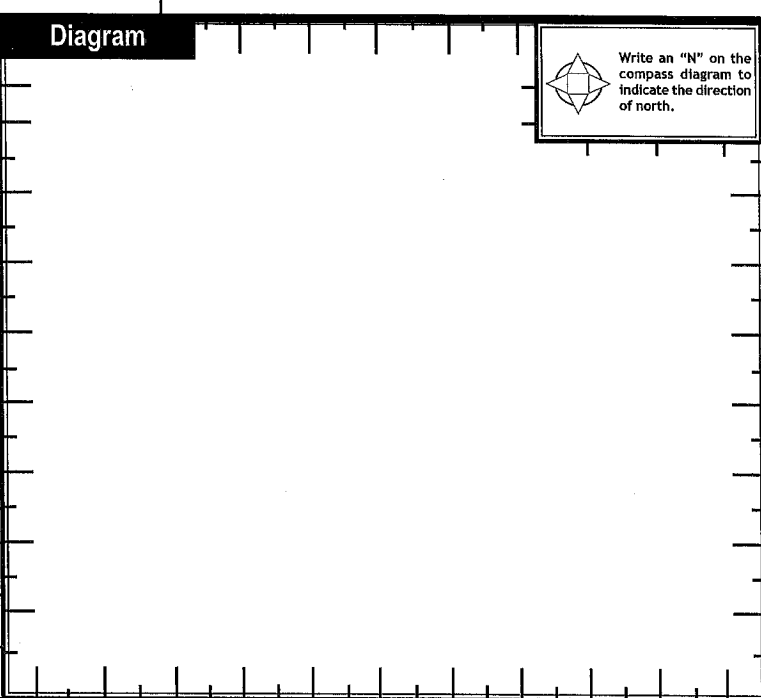
ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 01	SECONDARY	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10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

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
---	---

ROAD SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAS, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER 9 - UNKNOWN	<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> SCHOOL BUS INDIRECTLY INVOLVED	* SECONDARY CONDITION ONLY
--	--	--	----------------------------

<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
---	---	---

NARRATIVE  
UNIT #1 HEADED IN REVERSE FROM 5068 CONCORD HILLS CIRCLE. UNIT #1 TRAVELED AT A HIGH RATE OF SPEED AND COVERED THE ENTIRE BLOCK BEFORE STRIKING A TREE AT 5094 CONCORD HILLS CIRCLE.



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 02212016	TIME CRASH REPORTED 1542	DISPATCH TIME 1542	ARRIVAL TIME 1544	TIME CLEARED 1644	OTHER INVESTIGATION TIME 0200	TOTAL MINUTES 0264
OFFICER'S NAME * A.S. HERRLINGER	OFFICER'S BADGE NUMBER 42	CHECKED BY 50	PAGE 1 OF 3					



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER 2016 5952

MOTORIST/Non-MOTORIST

UNIT NUMBER <u>1011</u>	NAME: LAST, FIRST, MIDDLE <u>KENNEY, HELEN M.</u>	DATE OF BIRTH <u>11/30/1933</u>	AGE <u>82</u>	GENDER <u>F</u> F - FEMALE M - MALE
----------------------------	--	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP <u>5068 CONCORD HILLS CIRCLE MASON, OHIO 45040</u>	CONTACT PHONE- INCLUDE AREA CODE <u>513 307 8097</u>
---	---

INJURIES <u>5</u>	INJURED TAKEN BY <u>2</u>	EMS AGENCY <u>MASON EMS 51</u>	MEDICAL FACILITY INJURED TAKEN TO <u>UC WESTCHESTER MEDICAL</u>	SAFETY EQUIPMENT USED <u>04</u>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <u>01</u>	AIR BAG USAGE <u>1</u>	EJECTION <u>1</u>	TRAPPED <u>1</u>		
OL STATE <u>OH</u>	OPERATOR LICENSE NUMBER <u>RU265003</u>	OL CLASS <u>4</u>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <u>1</u>	ALCOHOL/DRUG SUSPECTED <u>1</u>	ALCOHOL TEST STATUS <u>1</u>	ALCOHOL TEST TYPE <u>1</u>	ALCOHOL TEST VALUE <u>1</u>	DRUG TEST STATUS <u>1</u>	DRUG TEST TYPE <u>1</u>

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

MOTORIST/Non-MOTORIST

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

ADDRESS, CITY, STATE, ZIP <u>  </u>	CONTACT PHONE- INCLUDE AREA CODE <u>  </u>
--	---

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

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

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 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
--	---	--	---

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

EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO 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
---	--	---	---	---	---

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

OCCUPANT

UNIT NUMBER <u>WJ</u>	NAME: LAST, FIRST, MIDDLE <u>LEIST, CHAD</u>	DATE OF BIRTH <u>0520.19.67</u>	AGE <u>48</u>	GENDER <u>M</u> F - FEMALE M - MALE
--------------------------	---	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP <u>5078 CONCORD HILLS CIRCLE MASON OHIO 45040</u>	CONTACT PHONE- INCLUDE AREA CODE <u>513 835 1833</u>
--	---

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

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

ADDRESS, CITY, STATE, ZIP <u>  </u>	CONTACT PHONE- INCLUDE AREA CODE <u>  </u>
--	---

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

LOCAL REPORT NUMBER

UNIT NUMBER <b>011</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 <b>4</b>	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>Ewv3200</b>	VEHICLE IDENTIFICATION NUMBER <b>1K41T056E49B609733</b>	2 - MINOR	
VEHICLE YEAR <b>2019</b>	VEHICLE MAKE <b>CHEVROLET</b>	VEHICLE MODEL <b>AVEO</b>	3 - FUNCTIONAL	
PROOF OF - INSURANCE SHOWN	INSURANCE COMPANY <b>STATE FARM</b>	POLICY NUMBER <b>819 8346 F22 35 G</b>	4 - DISABLING	
		TOWED BY <b>BARRETT'S</b>	9 - UNKNOWN	

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 <b>01</b>	TRAFFICWAY DESCRIPTION <b>1</b>
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM CLASS NUMBER		09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b>	TYPE OF USE <b>1</b>	UNIT TYPE <b>02</b>	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)
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	1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT  <input type="checkbox"/> IN EMERGENCY RESPONSE	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	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	21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) <b>NON-MOTORIST</b> 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
		99 - UNKNOWN OR HIT / SKIP	<input type="checkbox"/> HAS HM PLACARD	

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

PRE-CRASH ACTIONS <b>02</b>	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	VEHICLE DEFECTS							
<table border="0"> <tr> <td>PRIMARY <b>17</b></td> <td>MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD</td> <td>NON-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</td> </tr> <tr> <td>SECONDARY <b>00</b></td> <td>99 - UNKNOWN</td> </tr> </table>	PRIMARY <b>17</b>	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	NON-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	SECONDARY <b>00</b>	99 - UNKNOWN	<table border="0"> <tr> <td><b>00</b></td> <td>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</td> </tr> </table>	<b>00</b>	01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
PRIMARY <b>17</b>	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	NON-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						
SECONDARY <b>00</b>	99 - UNKNOWN							
<b>00</b>	01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS							

SEQUENCE OF EVENTS	NON-COLLISION EVENTS	COLLISION WITH FIXED OBJECT																								
<table border="0"> <tr> <td>1 <b>08</b></td> <td>2 <b>48</b></td> <td>3 <b>51</b></td> <td>4 <b>00</b></td> <td>5 <b>00</b></td> <td>6 <b>00</b></td> </tr> <tr> <td>FIRST HARMFUL EVENT</td> <td>MOST HARMFUL EVENT</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td><b>2</b></td> <td><b>2</b></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	1 <b>08</b>	2 <b>48</b>	3 <b>51</b>	4 <b>00</b>	5 <b>00</b>	6 <b>00</b>	FIRST HARMFUL EVENT	MOST HARMFUL EVENT					<b>2</b>	<b>2</b>					<table border="0"> <tr> <td>01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT</td> <td>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT</td> <td>10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION</td> </tr> </table>	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	<table border="0"> <tr> <td>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</td> <td>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</td> <td>41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX</td> </tr> </table>	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
1 <b>08</b>	2 <b>48</b>	3 <b>51</b>	4 <b>00</b>	5 <b>00</b>	6 <b>00</b>																					
FIRST HARMFUL EVENT	MOST HARMFUL EVENT																									
<b>2</b>	<b>2</b>																									
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																								
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																								

UNIT SPEED <b>48</b>	POSTED SPEED <b>15</b>	TRAFFIC CONTROL <b>01</b>	UNIT DIRECTION FROM <b>1</b> TO <b>8</b>
<input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED		01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST
		07 - RAILROAD CROSSBUCKS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN

LOCAL REPORT NUMBER <i>2016-5962</i>	REPORTING AGENCY <i>MASON POLICE</i>	DATE OF CRASH <i>M 02   D 21   Y 16</i>
IN COUNTY OF <i>WARREN</i>	CRASH LOCATION <i>CONCORD HILLS CR</i>	

**CRASH REPORT Rear Crush**

2008/CHEVROLET CARS/AVEO 4DR SEDAN FWD /LS/LT

C1 = 22.44", C2 = 44.28", C3 = 43.51", C4 = 26.63"

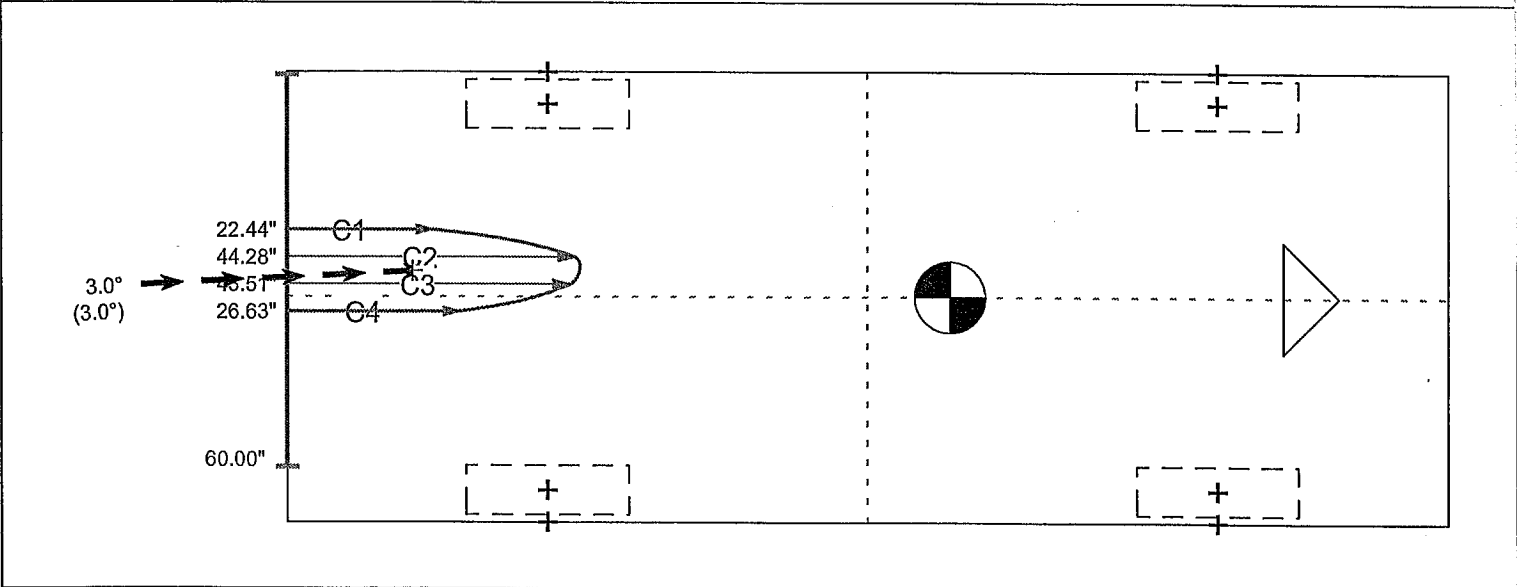
Damage Length = 12.50"  
Crash (L) = 60.00"  
Damage Offset = 4.00"  
A = 162.33 lb/in  
B = 49.44 lb/in<sup>2</sup>  
G = 266.495 lb  
Wt = 2700.9 lbs  
PDOF = 3.00°(φ=3.00°)  
Y = (1+tan(φ)<sup>2</sup>)  
g (Gravity) = 32.2 ft/s<sup>2</sup>

$$E = L/3 * [ 3G + A/2 * ( C1 + 2*C2 + 2*C3 + C4 ) + B/6 * ( C1^2 + 2*C2^2 + 2*C3^2 + C4^2 + C1*C2 + C2*C3 + C3*C4 ) ] * Y$$

E = 2535782.37 in/lbs  
E = 211315.2 ft/lbs

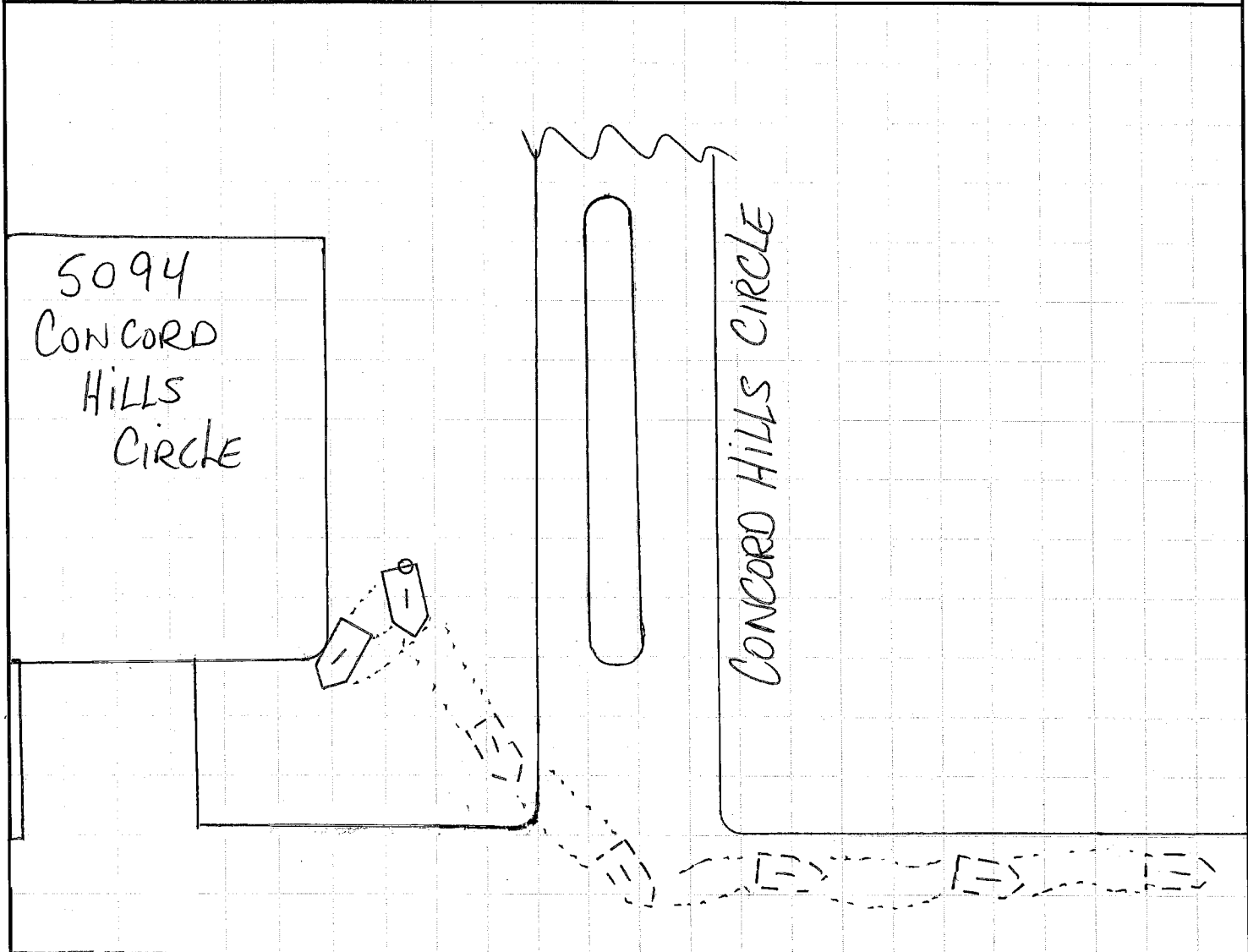
$$EBS = \text{Sqrt}(2g*(E/12) / Wt) = \text{ft/s}$$

EBS = 70.98 ft/s  
EBS = 48.4 mph



OFFICER'S SIGNATURE <i>X [Signature]</i>	BADGE NUMBER <i>55</i>
---	---------------------------

LOCAL REPORT NUMBER	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH <b>M 2   02   Y 16</b>
IN COUNTY OF <b>WARREN</b>	CRASH LOCATION <b>CONCORD HILLS CIRCLE</b>	

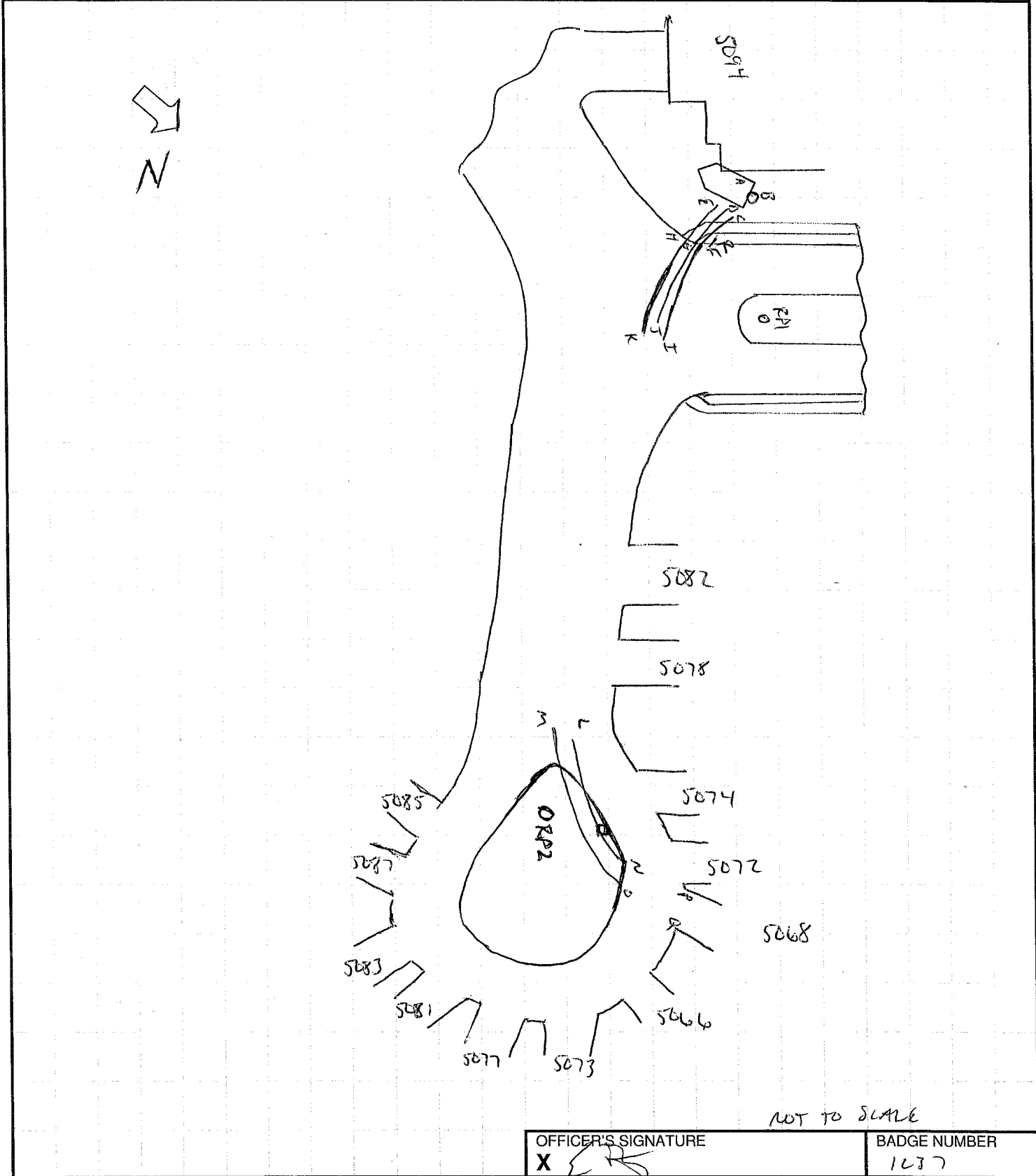


\*NOT DRAWN TO SCALE

OFFICER'S SIGNATURE <b>X</b>	<i>[Handwritten Signature]</i>	BADGE NUMBER <b>42</b>
---------------------------------	--------------------------------	---------------------------



LOCAL REPORT NUMBER 16-5952	REPORTING AGENCY MASON POLICE	DATE OF CRASH MOZ   DZ1   Y2016
IN COUNTY OF WARREN	CRASH LOCATION 5094 CONCORD HILLS CIR	





LOCAL REPORT NUMBER 16-5952	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 02   D 21   Y 14
IN COUNTY OF WARREN	CRASH LOCATION 5094 CONCORD HILLS CIR	

RP1 : LIGHT POLE

RP2 : LIGHT POLE

RP1 TO RP2 : 199<sup>3</sup>

	RP1	RP2	
A	41 <sup>5</sup>	234 <sup>2</sup>	R/R TIRE
B	38 <sup>3</sup>	231 <sup>2</sup>	TREE
C	33 <sup>4</sup>	222 <sup>2</sup>	L/F TIRE MARK
D	35 <sup>3</sup>	223 <sup>0</sup>	R/R TIRE MARK
E	36 <sup>2</sup>	222 <sup>3</sup>	R/F TIRE MARK
F	29 <sup>3</sup>	210 <sup>5</sup>	L/F TIRE MARK
G	32 <sup>3</sup>	210 <sup>1</sup>	R/R TIRE MARK
H	33 <sup>2</sup>	210 <sup>2</sup>	R/F TIRE MARK
I	39 <sup>5</sup>	175 <sup>4</sup>	L/F TIRE MARK
J	35 <sup>4</sup>	189 <sup>1</sup>	R/R TIRE MARK
K	39 <sup>3</sup>	183 <sup>0</sup>	R/F TIRE MARK
L	176 <sup>6</sup>	23 <sup>2</sup>	END OF TIRE MARK L
M	174 <sup>5</sup>	25 <sup>8</sup>	END OF TIRE MARK R
N	230 <sup>1</sup>	45 <sup>4</sup>	START OF TIRE MARK L
O	239 <sup>5</sup>	52 <sup>2</sup>	START OF TIRE MARK R
P	243 <sup>2</sup>	67 <sup>9</sup>	DRIVEWAY
Q	263 <sup>2</sup>	79 <sup>0</sup>	DRIVEWAY
R	28 <sup>3</sup>	210 <sup>4</sup>	L/R

OFFICER'S SIGNATURE

X

BADGE NUMBER

1037



LOCAL REPORT NUMBER	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH M 2   D 21   Y 16
---------------------	---	------------------------------------

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

I, CHAD LEIST HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
P.O. ANDREW HERRLINGER AT 5094 CONCORD HILLS CIR.  
OFFICER'S NAME LOCATION

I SAW HER DRIVE IN REVERSE  
 AT A HIGH SPEED AND HIT THE  
 TREE AND FRONT PORCH

CHAD LEIST W/C/MEN

- Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED?
- Q. WERE YOU WEARING YOUR SEAT BELT?
- Q. WHAT DIRECTION WERE YOU GOING?
- Q. WHAT WAS YOUR SPEED?
- Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH?

ADDRESS OF WITNESS <u>5078 CONCORD HILLS CIRCLE</u>	PHONE <u>835-1833</u>
SIGNATURE OF WITNESS X <u>[Signature]</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>

DOB 5/20/67