



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
444672	2 1 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION		REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	108304 MASON POLICE	102	01 98 - ANIMAL 99 - UNKNOWN

COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
83	<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	MASON	112192016	1142	MON

DEGREES / MINUTES / SECONDS	LONGITUDE	DECIMAL DEGREES	LONGITUDE
0 1 " 0 1 "	0 1 "	39.328978	-84.311988

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST 2
<input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	5 N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	102	AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE NUMBER	LOCATION ROAD NAME	ROUTE TYPES 1
01	MASON MONTGOMERY	IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE NUMBER	REF PREFIX	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE 2
200	<input type="checkbox"/> MILES <input checked="" type="checkbox"/> FEET YARDS	01	<input type="checkbox"/> N,S, <input type="checkbox"/> E,W	CEDAR VILLAGE DR	DR

REFERENCE POINT USED	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	01 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBABOUT 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	1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

ROAD CONTOUR	ROAD CONDITIONS	WEATHER
1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	01 PRIMARY SECONDARY	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

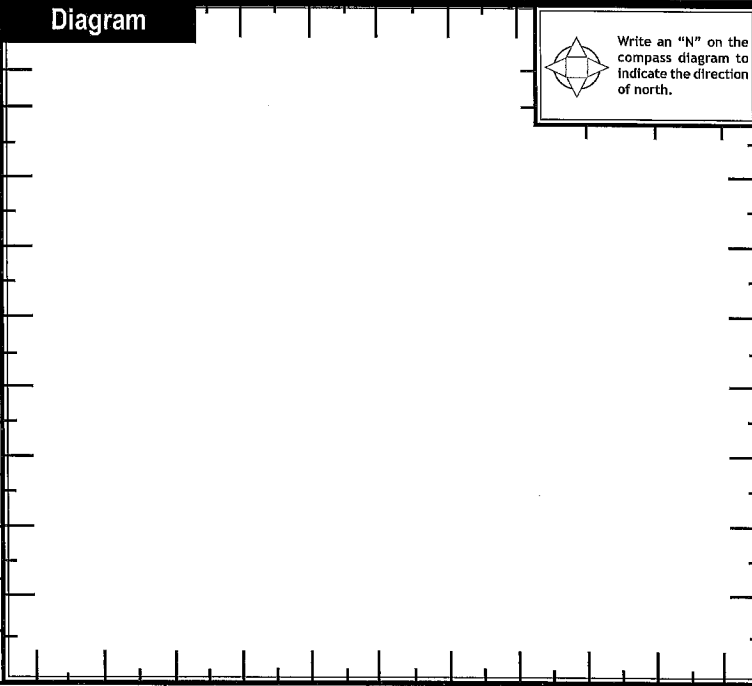
MANNER OF CRASH COLLISION/IMPACT	WEATHER
2 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	2 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET,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

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

WORK ZONE RELATED	WORKERS PRESENT	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/>	<input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

NARRATIVE

UNIT #02 WAS STOPPED IN TRAFFIC
FACING SOUTH ON MASON MONTGOMERY
RD NORTH OF CEDAR VILLAGE DR.
UNIT #01 WAS STOPPED BEHIND
UNIT #02, PROCEEDED FORWARD
AND STRUCK UNIT #02 IN THE REAR.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	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	<input type="checkbox"/>	112192016	1142	1114J	1154	11278	1030	1064
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE OF					
FITZGERALD	77	SGT John K. Cullen						

7500



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER 1011	NAME: LAST, FIRST, MIDDLE BURTON BRIDGETTE V	DATE OF BIRTH 06/06/1994	AGE 22	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 150 CANNONBURY CT APT B1 KETTERING OH 45409	CONTACT PHONE- INCLUDE AREA CODE 513-340-6127
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER TS730731	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE
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OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 331.13	OFFENSE DESCRIPTION IMPROPER STARTING	CITATION NUMBER 082537	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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UNIT NUMBER 1021	NAME: LAST, FIRST, MIDDLE SOBOL CHRISTOPHER J	DATE OF BIRTH 11/01/1971	AGE 45	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6593 JENNIFER CT LIBERTY TWP OH 45044	CONTACT PHONE- INCLUDE AREA CODE 513-847-4029
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INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER 22260832	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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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	99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	NON-MOTORIST 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 1021	NAME: LAST, FIRST, MIDDLE SOBOL STEPHANIE	DATE OF BIRTH 05/02/1979	AGE 37	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6593 JENNIFER CT LIBERTY TWP OH 45044	CONTACT PHONE- INCLUDE AREA CODE 513-847-4029
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INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 1021	NAME: LAST, FIRST, MIDDLE SOBOL SYDNEY	DATE OF BIRTH 01/23/2006	AGE 10	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6593 JENNIFER CT LIBERTY TWP OH 45044	CONTACT PHONE- INCLUDE AREA CODE 513-847-4029
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 06	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER

OCCUPANT

UNIT NUMBER: 02 NAME: LAST, FIRST, MIDDLE: SUBOL PEYTON DATE OF BIRTH: 01/20/2009 AGE: 7 GENDER: F - FEMALE / M - MALE

Address, City, State, Zip: 6597 JENNIFER CT LIBERTY TWA OH 45044 CONTACT PHONE- INCLUDE AREA CODE: 513-847-4029

INJURIES: INJURED TAKEN BY: EMS AGENCY: _____ MEDICAL FACILITY INJURED TAKEN TO: _____ SAFETY EQUIPMENT USED: 04 DOT COMPLIANT MOTORCYCLE HELMET: SEATING POSITION: 04 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:

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 CAB) 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
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LOCAL REPORT NUMBER

UNIT NUMBER: **1011** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) **SLUSHER KIMBERLEE** OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER) **573-697-1066**

DAMAGE SCALE: **2** DAMAGED AREA:

OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER) **4085 SPRING HILL WAY MANDEVILLE OH 45039**

LP STATE: **OH** LICENSE PLATE NUMBER: **ESY4666** VEHICLE IDENTIFICATION NUMBER: **1LFAPF156M15A265196** # OCCUPANTS: **01**

VEHICLE YEAR: **2005** VEHICLE MAKE: **FORD** VEHICLE MODEL: **TAURUS** VEHICLE COLOR: **BLUE**

PROOF OF INSURANCE SHOWN: INSURANCE COMPANY: **GERCO** POLICY NUMBER: **4199303621** TOWED BY:

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

US DOT: HM PLACARD ID NO.: **1** 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 - GRAIN, CHIPS, GRAVEL 99 - OTHER/UNKNOWN

TRAFFICWAY DESCRIPTION: **4**

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: HAZARDOUS MATERIAL RELEASED HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT: **01**

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**

1 - PERSONAL
 2 - COMMERCIAL
 3 - GOVERNMENT

IN EMERGENCY RESPONSE:

UNIT TYPE: **03**

99 - UNKNOWN OR HIT / SKIP

PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)
 01 - SUB-COMPACT
 02 - COMPACT
 03 - MID SIZE
 04 - FULL SIZE
 05 - MINIVAN
 06 - SPORT UTILITY VEHICLE
 07 - PICKUP
 08 - VAN
 09 - MOTORCYCLE
 10 - MOTORIZED BICYCLE
 11 - SNOWMOBILE/ATV
 12 - OTHER PASSENGER VEHICLE

MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS
 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES
 14 - SINGLE UNIT TRUCK; 3+ AXLES
 15 - SINGLE UNIT TRUCK / TRAILER
 16 - TRUCK/TRACTOR (BOBTAIL)
 17 - TRACTOR/SEMI-TRAILER
 18 - TRACTOR/DOUBLE
 19 - TRACTOR/TRIPLES
 20 - OTHER MED/HEAVY VEHICLE

BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)
 21 - BUS/VAN (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/PEDALCYCLIST
 26 - PEDESTRIAN/SKATER
 27 - OTHER NON-MOTORIST

HAS HM PLACARD

SPECIAL FUNCTION: **01**

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: **02**

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-CONTACT
 2 - NON-COLLISION
 3 - STRIKING
 4 - STRUCK
 5 - STRIKING/STUCK
 9 - UNKNOWN

PRE-CRASH ACTIONS: **01**

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: **21**

MOTORIST
 01 - NONE
 02 - FAILURE TO YIELD
 03 - RAN RED LIGHT
 04 - RAN STOP SIGN
 05 - EXCEEDED SPEED LIMIT
 06 - UNSAFE SPEED
 07 - IMPROPER TURN
 08 - LEFT OF CENTER
 09 - FOLLOWED TOO CLOSELY/ACDA
 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD
 11 - IMPROPER BACKING
 12 - IMPROPER START FROM PARKED POSITION
 13 - STOPPED OR PARKED ILLEGALLY
 14 - OPERATING VEHICLE IN NEGLIGENT MANNER
 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)
 16 - WRONG SIDE/WRONG WAY
 17 - FAILURE TO CONTROL
 18 - VISION OBSTRUCTION
 19 - OPERATING DEFECTIVE EQUIPMENT
 20 - LOAD SHIFTING/FALLING/SPILLING
 21 - OTHER IMPROPER ACTION

NON-MOTORIST
 22 - NONE
 23 - IMPROPER CROSSING
 24 - DARTING
 25 - LYING AND/OR ILLEGALLY IN ROADWAY
 26 - FAILURE TO YIELD RIGHT OF WAY
 27 - NOT VISIBLE (DARK CLOTHING)
 28 - INATTENTIVE
 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER
 30 - WRONG SIDE OF THE ROAD
 31 - OTHER NON-MOTORIST ACTION

VEHICLE DEFECTS: **01**

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: **26** 2: **01** 3: **01** 4: **01** 5: **01** 6: **01**

FIRST HARMFUL EVENT: **1** MOST HARMFUL EVENT: **1**

99 - UNKNOWN

Non-COLLISION EVENTS
 01 - OVERTURN/ROLLOVER
 02 - FIRE/EXPLOSION
 03 - IMMERSION
 04 - JACKKNIFE
 05 - CARGO/EQUIPMENT LOSS OR SHIFT
 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)
 07 - SEPARATION OF UNITS
 08 - RAN OFF ROAD RIGHT
 09 - RAN OFF ROAD LEFT
 10 - CROSS MEDIAN
 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL
 12 - DOWNHILL RUNAWAY
 13 - OTHER NON-COLLISION

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED
 14 - PEDESTRIAN
 15 - PEDALCYCLE
 16 - RAILWAY VEHICLE (TRAIN, ENGINE)
 17 - ANIMAL - FARM
 18 - ANIMAL - DEER
 19 - ANIMAL - OTHER
 20 - MOTOR VEHICLE IN TRANSPORT
 21 - PARKED MOTOR VEHICLE
 22 - WORK ZONE MAINTENANCE EQUIPMENT
 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE
 24 - OTHER MOVABLE OBJECT

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: **005** POSTED SPEED: **45** TRAFFIC CONTROL: **12**

01 - NO CONTROLS 07 - RAILROAD CROSSBUCKS 13 - CROSSWALK LINES
 02 - STOP SIGN 08 - RAILROAD FLASHERS 14 - WALK/DON'T WALK
 03 - YIELD SIGN 09 - RAILROAD GATES 15 - OTHER
 04 - TRAFFIC SIGNAL 10 - CONSTRUCTION BARRICADE 16 - NOT REPORTED
 05 - TRAFFIC FLASHERS 11 - PERSON (FLAGGER, OFFICER)
 06 - SCHOOL ZONE 12 - PAVEMENT MARKINGS

UNIT DIRECTION: FROM **1** TO **2**

1 - NORTH 5 - NORTHEAST 9 - UNKNOWN
 2 - SOUTH 6 - NORTHWEST
 3 - EAST 7 - SOUTHEAST
 4 - WEST 8 - SOUTHWEST

LOCAL REPORT NUMBER

UNIT NUMBER 10121	OWNER NAME: LAST, FIRST, MIDDLE (S) SAME AS DRIVER	OWNER PHONE NUMBER - INC. AREA CODE (S) SAME AS DRIVER	DAMAGE SCALE 2	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (S) SAME AS DRIVER			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER GUL 2052	VEHICLE IDENTIFICATION NUMBER 11F1TKW1E6X6FA292J721	2 - MINOR	
VEHICLE YEAR 2011	VEHICLE MAKE Ford	VEHICLE MODEL F150	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input type="checkbox"/>	INSURANCE COMPANY SAFECO	POLICY NUMBER K248 7768	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN	
			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 - 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	TRAFFICWAY DESCRIPTION 01 - TWO-WAY, NOT DIVIDED 02 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 03 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN 04 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 05 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	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
HM CLASS NUMBER			

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 <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 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 99 - UNKNOWN OR HIT / SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)	21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST	<input type="checkbox"/> HAS HM PLACARD
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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 - TRAILER 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 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 99 - UNKNOWN	ACTION 01 - NON-CONTACT 02 - NON-COLLISION 03 - STRIKING 04 - STRUCK 05 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 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 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
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CONTRIBUTING CIRCUMSTANCES PRIMARY 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	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
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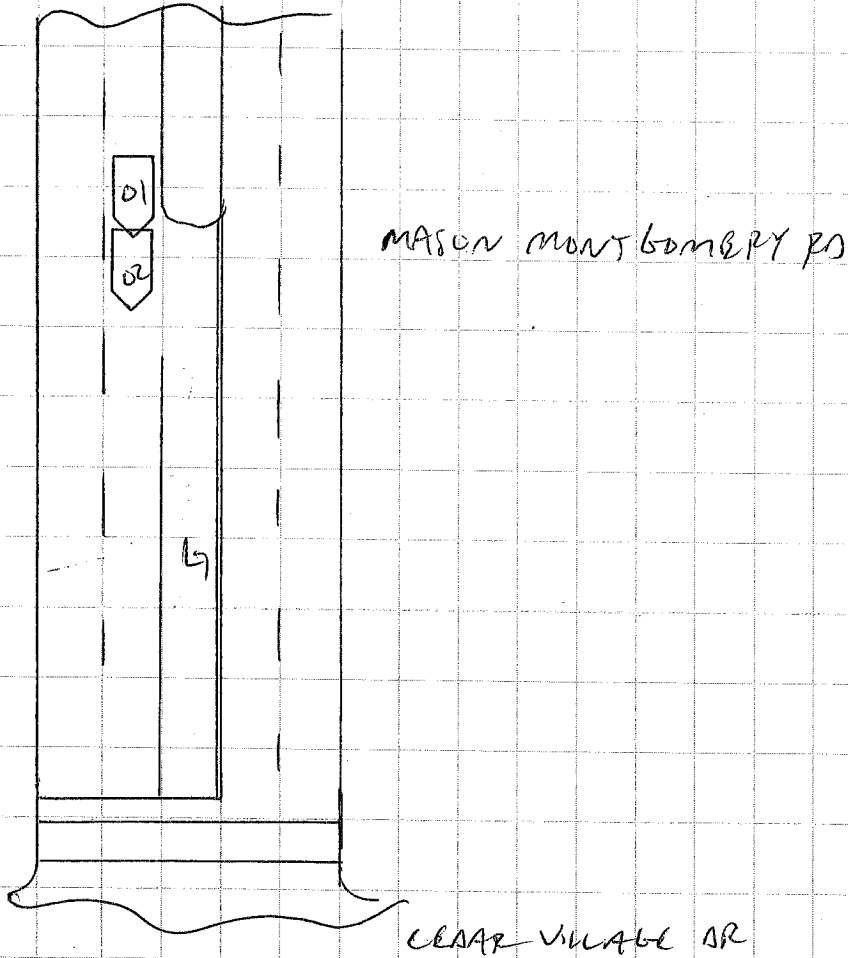
SEQUENCE OF EVENTS 1 20 2 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION
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COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - 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
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UNIT SPEED 999	POSTED SPEED 45	TRAFFIC CONTROL 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 7 TO 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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LOCAL REPORT NUMBER 16-44672	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 12 D 19 Y 16
IN COUNTY OF WARREN	CRASH LOCATION MASON MONTGOMERY RD NORTH OF CEDAR VILLAGE DR	



NOT TO SCALE

OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 1037
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LOCAL REPORT NUMBER 16-44672	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 12 D 19 Y 16
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, CHRIS SOBOL HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

FITZGERALD AT MASON Montgomery Rd
OFFICER'S NAME LOCATION

WAS STOPPED AT TRAFFIC LIGHT. LIGHT WAS RED. WAS
 STRUCK FROM BEHIND WHILE STOPPED AT RED LIGHT.
 SEVERE INJURY TO NECK AND BACK. BOTH WIFE AND I.

- Chris Sobol DRIVER 10-19-71
- Stephanie Sobol - Front Passenger 05-02-79
- Sydney Sobol Rear Right Passenger 01-23-06
- Peggy Sobol Rear Left Passenger 01-20-09

Q: Was the other vehicle stopped with you before striking you? Yes
 A: Yes

Q: WERE YOU OR ANYONE IN YOUR VEHICLE INJURED? Yes
 Q: WERE YOU WEARING YOUR SEAT BELT? Yes
 Q: HOW FAST WERE YOU TRAVELLING BEFORE ANY EVASIVE ACTION? WAS STOPPED 0mph
 Q: WERE YOU DISTRACTED BY ANYTHING OR USING A PHONE? NO

ADDRESS OF WITNESS <u>6593 Jennifer Court, Liberty Township OH 45044</u>	PHONE <u>513-847-4009</u>
SIGNATURE OF WITNESS <u>[Signature]</u>	OFFICER'S SIGNATURE <u>[Signature]</u>



LOCAL REPORT NUMBER 1644672	REPORTING AGENCY MASON POLICE	DATE OF CRASH M/2 D/19 Y/14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Bridgette Burton PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

FITZGERALD OFFICER'S NAME AT First financial LOCATION

I was the only person in the car.
I was not injured. I was wearing my seat belt. I was not traveling hardly at all. We were both stopped at a red light. The light turned green & I hit the gas & proceed forward & the truck in front of my vehicle did not go they were stopped & I very lightly hit the back of their car with my car. AS far as damage my license plate hit the trailer & hitch of his car & is damaged but as far as his truck I did not see any damage.

- Q: WERE YOU OR ANYONE IN YOUR VEHICLE INJURED?
- Q: WERE YOU WEARING YOUR SEAT BELT?
- Q: HOW FAST WERE YOU TRAVELLING BEFORE ANY EVASIVE ACTION?
- Q: WERE YOU DISTRACTED BY ANYTHING OR USING A PHONE?

ADDRESS OF WITNESS 150 Cannonsbury Ct. APT B1 Kettering OH	PHONE 513 240 6127
SIGNATURE OF WITNESS X <u>B. Burton</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>