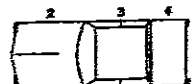
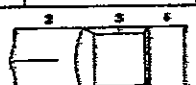




Local Traffic Crash Report

Local Report Number 000180040453

Report Taken <input type="checkbox"/> Headquarters <input type="checkbox"/> Substation		Total Number of Vehicles and Pedestrians Involved: <u>1</u>		Combined Vehicle and Property Damage (Account for the total of all vehicles and property damaged) <input type="checkbox"/> Over \$150 <input type="checkbox"/> Under \$150	
In County Of: <u>Clermont</u>		* Within corporate limits of: (if not, file with correct agency):		Date of Crash: <u>10 07 18</u>	Day: <u>Sunday</u>
Crash Occurred On: <u>2195 SR 222 Bethel OH 45102</u>		Within The Intersection Of: <u>- NA -</u>			
If Not In Intersection (List Nearest Intersecting Street, Milepost, House No.) Miles <u>2195</u> Feet <u>W</u> <u>S</u> <u>E</u> <u>N</u> of <u>2195</u>					
Unit No. <u>A 1</u>	No. Of Occupants <u>3</u>	Operating <input checked="" type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent	
Driver - Pedestrian Name (Last, First, MI): <u>Mason Tom Paul</u>		Address (No., Street, State, Zip Code):			
Phone No.	Birth Date: <u>M 4 0 17 183</u>	Age: <u>35</u>	Sex: <u>M</u>	State:	Driver's License No. <u>Diside</u>
Owner (If Same As Driver, Write Same): <u>2195 SR 222 Bethel OH 45102</u>		Address			
Veh. Year	Make: <u>John Deere</u>	Model: <u>Gator</u>	Color: <u>Green</u>	Style: <u>ATV</u>	State License Plate No.
Circle Damage Areas: 		Damage Severity: <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale: <input checked="" type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Vehicle Disposition: <input checked="" type="checkbox"/> Driven Away <input type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	Fire: <input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
Unit No. <u>B</u>	No. Of Occupants	Operating <input type="checkbox"/> Parked <input type="checkbox"/> Driverless <input type="checkbox"/> Non-Contact <input type="checkbox"/>		Insurance Co. Or Agent	
Driver - Pedestrian Name (Last, First, MI)		Address (No., Street, State, Zip Code)			
Phone No.	Birth Date	Age	Sex	State	Driver's License No.
Owner (If Same As Driver, Write Same)		Address			
Veh. Year	Make	Model	Color	Style	State License Plate No.
Circle Damage Areas: 		Damage Severity: <input type="checkbox"/> Non-Functional <input type="checkbox"/> Functional <input type="checkbox"/> Disabling	Damage Scale: <input type="checkbox"/> None <input type="checkbox"/> Light <input type="checkbox"/> Moderate <input type="checkbox"/> Heavy	Vehicle Disposition: <input type="checkbox"/> Driven Away <input checked="" type="checkbox"/> Remained At Scene <input type="checkbox"/> Towed	Fire: <input type="checkbox"/> No Fire <input type="checkbox"/> Fire Due To Crash <input type="checkbox"/> Other Fire
From Unit No. <u>G 1</u>	Name (Last, First, MI): <u>Mason, Landin</u>	Birth Date: <u>M 4 0 22 16</u>	Age: <u>2</u>	Sex:	Position: <u>A</u>
Address: <u>2195 SR 222 Bethel OH 45102</u>		Phone:	Age:	Sex:	
From Unit No. <u>D 1</u>	Name (Last, First, MI): <u>Mason, Gabriel</u>	Birth Date: <u>M 10 0 8 14</u>	Age: <u>4</u>	Sex: <u>F</u>	
Address: <u>2195 SR 222 Bethel OH 45102</u>		Phone:	Age:	Sex:	
From Unit No. <u>E</u>	Name (Last, First, MI)	Birth Date	Age	Sex	
Address		Phone	Age	Sex	Restraints: A B C D E F
From Unit No. <u>F</u>	Name (Last, First, MI)	Birth Date	Age	Sex	
Address		Phone	Age	Sex	1 Not Used 2 None Available 3 Lap Belt Used 4 Lap/Shoulder Belt Used 5 Shoulder Belt Used 6 Child Safety Seat 7 Air Bag Used 8 Use Not Reported
From Unit No. <u>G</u>	Name (Last, First, MI)	Birth Date	Age	Sex	
Address		Phone	Age	Sex	Ejection: A B C D E F
From Unit No. <u>H</u>	Name (Last, First, MI)	Birth Date	Age	Sex	
Address		Phone	Age	Sex	1 Not Ejected 2 Partial 3 Total 4 Trapped Inside Vehicle
From Unit No. <u>I</u>	Name (Last, First, MI)	Birth Date	Age	Sex	
Address		Phone	Age	Sex	
Date Report Filed: <u>10 07 18</u>		Desk Officer's Name & Badge #: <u>Deputy Jase</u>			

Driver - Pedestrian - Vehicle Section

Occupant Section

Local Report Number: _____ Describe What Happened Refer To Units By Number: **Driver Paul Mason stated he was holding his 4 year daughter on his lap and his 2 yr son (Larkin) was sitting in the front passenger seat. When he just started the motor to move forward when Larkin leaped to the right causing him to let go of Larkin, Larkin rolled off the motor on the right side and the rear fire rolled over Larkin's legs. EMS advised minor to no jury - Transport Larkin to children for evaluation**

Weather Conditions 1 No Adverse Weather 2 Rain 3 Snow 4 Fog 5 High Wind 6 Other		First Harmful Event Two MV in Transport 1 Head On 2 Rear-End 3 Backing 4 Sideswipe Meeting 5 Sideswipe Passing 6 Angle One MV in Transport (Collision) 7 Parked 8 Pedestrian 9 Animal 10 Train 11 Pedal Cycle 12 Other Non-MV 13 Fixed Object 14 Other Object Non-Collision 15 Fall From or In MV 16 Overturning 17 Other Non-Collision		
Road Conditions 1 Dry 2 Wet 3 Snow 4 Ice 5 Dirt/Sand 6 Other		Location 1 Intersection 2 Intersection-Related 3 Driveway Access 4 Railroad Crossing 5 Bridge-Passing Over 6 Bridge-Passing Under 7 Non-Intersection 8 Private Property		
Light 1 Daylight 2 Dawn 3 Dusk 4 Dark No Lights 5 Dark Lighted 6 Other				
Road Contour 1 Straight Level 2 Straight Grade 3 Curve Level 4 Curve Grade				
Occurrence 1 On Roadway 2 Off Left Side 3 Off Right Side 4 On Opposing Lane of Divided Highway				
Special Area 1 Road Construction/Maintenance Area 2 School Zone				

Type of Unit	#	A	B	Pre-Crash Actions	A	B	Contributing Factor	A	B
Car 1 Sub-Compact 2 Compact 3 Mid-Size 4 Full Size Truck 5 Pickup 6 Panel/Van 7 Straight Truck 8 Straight Truck & Trailer 9 Truck Tractor 10 Tractor & Semi-Trailer 11 Tractor & Double Trailer Motorcycle 12 MC up to 350cc 13 MC up to 750cc 14 MC over 751cc 15 Motorized Bicycle				Driver Actions 1 Going Straight 2 Turning Right 3 Turning Left 4 Turning on Red Light 5 U Turn 6 Stopped To Turn 7 Stopped in Traffic 8 Parking/Unparking 9 Parked 10 Backing 11 Passing 12 Changing Lanes 13 Merging/Exiting Ramp 14 Out of Control 15 Swerving 16 Driverless Vehicle 17 Other Driver Action			Driver Error 1 None 2 Failure to Yield 3 Unsafe Speed 4 Following Too Closely or ACDA 5 Ran Red Light 6 Ran Stop or Yield Sign 7 Improper Turn 8 Improper Passing 9 Improper Lane Change 10 Improper Backing 11 Improper Start from Parked Position 12 Stopped or Parked Illegally 13 Left of Center 14 Failure to Control 15 Driver Inattention 16 Drove Off Road Reason Unknown 17 Other Driver Error		
Bus 16 School Bus 17 Church 18 Public Emergency 19 Police Vehicle 20 Fire Truck 21 Ambulance/Rescue Other 22 Taxi 23 Motor Home 24 Train 25 Farm Vehicle 26 Farm Equipment 27 Snowmobile 28 Construction Equip. 29 Animal W/Trailer 30 Animal W/Buggy 31 Bicycle 32 All Others F = Pedestrian				Pedestrian Actions 18 Crossing in X-Walk 19 Crossing Other than X-Walk 20 Walking in Road (With Traffic) 21 Walking in Road (Against Traffic) 22 Playing in Road 23 Working on Road 24 Entering or Leaving Vehicle 25 Pushing/Working on Vehicle in Road 26 Other in Road 27 On Sidewalk or Shoulder			Non-Driver Factor 16 Vehicle Defects 19 Load Shifting, Falling, Spilling 20 Pavement Defect 21 Shoulder Defect 22 Debris on Road 23 Downed Traffic Sign/Device 24 Vision Obstruction 25 Animal Actions 26 Pedestrian Actions		
Speed Unit Estimated Legal A 1-2 B Motorcycle Helmet Use Unit Driver Pass A B				Traffic Control A B 1 Driver 1 No Controls 2 Stop Sign 3 Yield Sign 4 Traffic Signal 5 Traffic Flashers 6 School Zone 7 Railroad Crossbucks 8 Railroad Flashers 9 Railroad Gates 10 Construction Barricades 11 Police Officer 12 Pavement Markings 13 Other Pedestrian 14 No Controls 15 Crosswalk Lines 16 Walk/Don't Walk Device	Fixed Object A B 1 Struck 1 None 2 Utility Pole 3 Traffic Sign 4 Bridge/Culvert 5 Guard Rail 6 Fence 7 Tree 8 Shrubbery 9 Curb 10 Ditch 11 Embankment 12 Building 13 Mail Box 14 Construction Barricade 15 Fire Hydrant 16 Other Object	Truck Load A B 1 Empty 2 Perishable Goods 3 General Freight 4 Metal/Heavy Machinery 5 Hazardous Gas 6 Hazardous Liquid 7 Hazardous Solid 8 Radioactive Material Truck Axles A B Tractor Trailer Rigs	Vehicle Defects Code if Contributing Factor is 16 Primary A B Secondary A B 1 Turn Signals 2 Head Lamps 3 Tail Lamps 4 Brakes 5 Steering 6 Tire Slowout 7 Worn or Sack Tires 8 Trailer Equipment Defective 9 Motor Trouble 10 Disabled from Prior Accident 11 Other Defects		