



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

15-089

CRASH SEVERITY

3
1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

PHOTOS TAKEN
 OH-2 OH-1P
 OH-3 OTHER

PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

PRIVATE PROPERTY

REPORTING AGENCY NCIC * 08303

REPORTING AGENCY NAME * LEBANON POLICE

NUMBER OF UNITS 01

UNIT IN ERROR 01
98 - ANIMAL
99 - UNKNOWN

COUNTY * 03

CITY *
 VILLAGE *
 TOWNSHIP *

CITY, VILLAGE, TOWNSHIP * LEBANON

CRASH DATE * 03102015

TIME OF CRASH 1600

DAY OF WEEK MON

DEGREES / MINUTES / SECONDS

LATITUDE 0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

DECIMAL DEGREES

LATITUDE 39.454643 LONGITUDE -84.178679

ROADWAY DIVISION
 DIVIDED
 UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL
 N - NORTHBOUND E - EASTBOUND
 S - SOUTHBOUND W - WESTBOUND

NUMBER OF THRU LANES 03

ROAD TYPES OR MILEPOST²AL - 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 SR

LOCATION ROUTE NUMBER 48

LOC PREFIX N,S,E,W

LOCATION ROAD NAME

LOCATION ROAD TYPE 2

ROUTE TYPES¹IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE
SR - STATE ROUTEDISTANCE FROM REFERENCE 15
 MILES
 FEET
 YARDS

DIR FROM REF N,S,E,W S

REFERENCE ROUTE TYPE 1 SR

REFERENCE ROUTE NUMBER 42

REF PREFIX N,S,E,W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)

REFERENCE ROAD TYPE 2

REFERENCE POINT USED
1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBER

CRASH LOCATION 02

01 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE
02 - FOUR-WAY INTERSECTION 07 - ON RAMP 11 - RAILWAY GRADE CROSSING
03 - T-INTERSECTION 08 - OFF RAMP 12 - SHARED-USE PATHS OR TRAILS
04 - Y-INTERSECTION 09 - CROSSOVER 99 - UNKNOWN
05 - TRAFFIC CIRCLE/ROUNDBOAT 10 - DRIVEWAY/ALLEY ACCESS INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT

1 - ON ROADWAY 5 - ON GORE
2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY
3 - IN MEDIAN 9 - UNKNOWN
4 - ON ROADSIDEROAD CONTOUR
1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVELROAD CONDITIONS
PRIMARY 01
SECONDARY 09

ROAD CONDITIONS

ROAD CONDITIONS

01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*
02 - WET 06 - WATER (STANDING, MOVING) 10 - OTHER
03 - SNOW 07 - SLUSH 99 - UNKNOWN
04 - ICE 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 9

1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS
2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW
3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWNROAD SURFACE
1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL, STONE
5 - DIRT
6 - OTHERLIGHT CONDITIONS
PRIMARY 1
SECONDARY 3

LIGHT CONDITIONS

1 - DAYLIGHT
2 - DAWN
3 - DUSK
4 - DARK - LIGHTED ROADWAY5 - DARK - ROADWAY NOT LIGHTED
6 - DARK - UNKNOWN ROADWAY LIGHTING
7 - GLARE*
8 - OTHER
9 - UNKNOWN

* SECONDARY CONDITION ONLY

 SCHOOL ZONE RELATEDSCHOOL BUS RELATED
 YES, SCHOOL BUS DIRECTLY INVOLVED
 YES, SCHOOL BUS INDIRECTLY INVOLVED WORK ZONE RELATED WORKERS PRESENT
 LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
 LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

TYPE OF WORK ZONE

1 - LANE CLOSURE 4 - INTERMITTENT OR MOVING WORK
2 - LANE SHIFT/CROSSOVER 5 - OTHER
3 - WORK ON SHOULDER OR MEDIAN

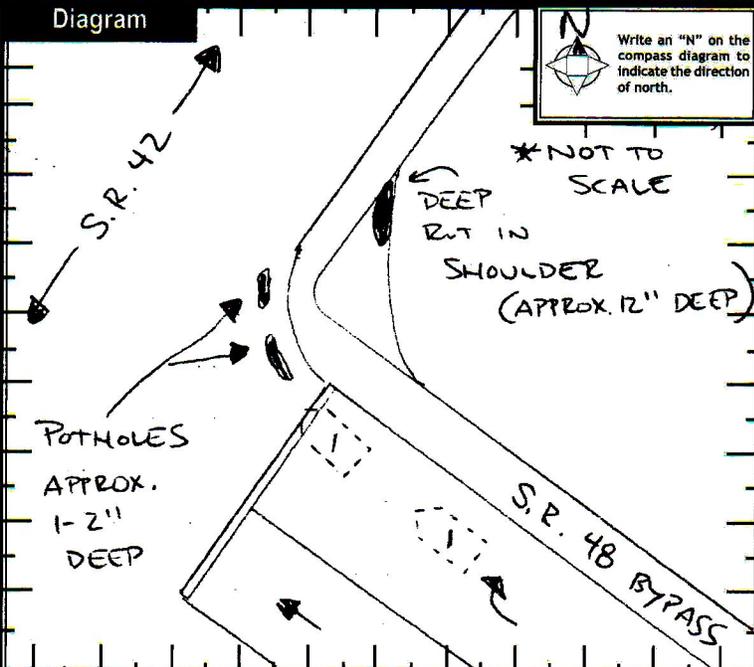
LOCATION OF CRASH IN WORK ZONE

1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA
2 - ADVANCE WARNING AREA 5 - TERMINATION AREA
3 - TRANSITION AREA

NARRATIVE

UNIT #1 WAS MAKING A RIGHT-HAND TURN FROM S.R. 48 ONTO S.R. 42 WHEN IT HIT EITHER THE DEEP RUT ON THE SHOULDER OR THE SHALLOW POT HOLES ON THE ROADWAY. BOTH PASSENGER SIDE TIRES & WHEELS WERE DAMAGED.

Diagram

REPORT TAKEN BY
 POLICE AGENCY MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)

DATE CRASH REPORTED 03172015

TIME CRASH REPORTED 2023

DISPATCH TIME 2033

ARRIVAL TIME 2033

TIME CLEARED 2047

OTHER INVESTIGATION TIME

TOTAL MINUTES 0014

OFFICER'S NAME * STALLARD

OFFICER'S BADGE NUMBER 113

CHECKED BY

10m-131

PAGE 1 OF 3



UNIT

LOCAL REPORT NUMBER

15-089

UNIT NUMBER 01	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 4	DAMAGED AREA FRONT 09 03 08 10 04 07 06 05 REAR
OWNER ADDRESS: CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER GCS2761	VEHICLE IDENTIFICATION NUMBER 3FAHP0BZ5AR1178648	2 - MINOR	
VEHICLE YEAR 2007	VEHICLE MAKE FORD	VEHICLE MODEL 4S	3 - FUNCTIONAL	
VEHICLE COLOR BLACK	PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY 21ST CENTURY CAS. CO.	4 - DISABLING	
POLICY NUMBER 6836290	TOWED BY		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 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	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 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 PLACARD ID No.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED			<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 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 99 - UNKNOWN OR HIT / SKIP	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
<input type="checkbox"/> 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 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 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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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
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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 SECONDARY 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 13 3 4 5 6 FIRST HARMFUL EVENT 2 MOST HARMFUL EVENT 2 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 30	POSTED SPEED 50	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 9 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHWEST 8 - SOUTHWEST 9 - UNKNOWN
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MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
15-089

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE MANNING, TINA M.	DATE OF BIRTH 11/29/1979	AGE 35	GENDER F F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 3523 MIDDLETOWN RD. WAYNESVILLE, OH 45068			CONTACT PHONE- INCLUDE AREA CODE 513-535-1978	

Motorist/Non-Motorist

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY ---	MEDICAL FACILITY INJURED TAKEN TO ---	SAFETY EQUIPMENT USED <input checked="" type="checkbox"/> 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/> 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE OH	OPERATOR LICENSE NUMBER RU197295	OL CLASS <input checked="" type="checkbox"/> D	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE ---	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
OFFENSE CHARGED <input type="checkbox"/> LOCAL CODE	OFFENSE DESCRIPTION ---			CITATION NUMBER ---		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY <input type="checkbox"/>			

UNIT NUMBER ---	NAME: LAST, FIRST, MIDDLE ---	DATE OF BIRTH ---	AGE ---	GENDER <input type="checkbox"/> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP ---			CONTACT PHONE- INCLUDE AREA CODE ---	

Motorist/Non-Motorist

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY ---	MEDICAL FACILITY INJURED TAKEN TO ---	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE ---	OPERATOR LICENSE NUMBER ---	OL CLASS <input type="checkbox"/>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE ---	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
OFFENSE CHARGED <input type="checkbox"/> LOCAL CODE	OFFENSE DESCRIPTION ---			CITATION NUMBER ---		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY <input type="checkbox"/>			

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 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 ---	NAME: LAST, FIRST, MIDDLE ---	DATE OF BIRTH ---	AGE ---	GENDER <input type="checkbox"/> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP ---			CONTACT PHONE- INCLUDE AREA CODE ---	

Occupant

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

STATE: OHIO

COMPANY:

21st Century Casualty Company

POLICY NO: 683 62 90 COMPANY NO: 36404

EFFECTIVE DATE: 01/31/15 EXPIRATION DATE: 07/31/15

VEHICLE IDENTIFICATION NUMBER: 3FAHP08Z57R178648 YEAR: 07

MAKE/MODEL: FORD FUSION SEL

INSURED:

TINA M MANNING
3523 MIDDLETOWN RD
WAYNESVILLE, OH 45068-9396

AGENCY/COMPANY ISSUING CARD:

21st CENTURY INSURANCE
21ST CENTURY PLAZA
P.O. BOX 15510
WILMINGTON, DE 19850-5510

THIS POLICY MEETS MINIMUM FINANCIAL RESPONSIBILITY LAWS BI,
 PD (PIP WHERE APPLICABLE) IN THIS STATE
 SEE IMPORTANT NOTICE ON REVERSE SIDE

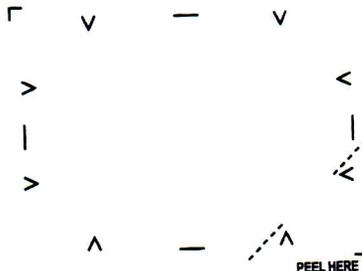
Form D-200 (5/99)

OHIO BMV REGISTRATION CARD APPLICATION NO. 366112EN

LICENSE NO. GCS2761	AGENCY NO. 9980	ISSUE DATE 09/22/2014	EXPIRATION DATE 11/22/2015	WEIGHT 000000	REG CODE (1) CLASS PC	TYPE R
VEH. SERIAL NO. 3FAHP08Z57R178648	VEH. YEAR 2007	MAKE FORD	VEH. TYPE 4S	REG YEARS 1	CODE (2) NR	CODE (3)
TITLE 8301145370		DATE PURCHASED 01/09/2007	SPECIAL PLATE	SEATING CAP.		
OWNER NAME TINA M MANNING			SPECIAL FEE 0.00	PLATE FEE 0.00	REG. FEE 34.88	
ADDITIONAL NAME			LOCAL TAX 20.00	TOTAL FEE 54.88		
LEASE / TAX I.D. NO.	CONTROL NO. 0000020145989784	OLD APPLICATION 291981DZ		OLD PLATE GCS2761		

INSTRUCTIONS FOR APPLYING PLATE DECALS:

- 1) Verify plate number and decal match.
- 2) Do not moisten decal or apply at temperature less than 0 degrees F.
- 3) Clean and dry plate or previous decal before affixing new decal.
- 4) Remove decal by bending corner of card under decal along dotted line.
- 5) Next, lift up corner of decal where card is creased.
- 6) Decal is fragile, peel decal off slowly.
- 7) Place decal in lower right corner of rear plate. If plate has a previous decal attached, place new decal to cover old decal.
- 8) Rub or press firmly around edges of decal after applying.
- 9) See back side for further instructions.



CUT HERE

00BB2110H1010486N068362900594

WALT LUTI TIRE, INC.

P.O. BOX 245 • 496 LAKESIDE DRIVE
LEBANON, OHIO 45036
513/932-4350 • FAX 513/932-4232
800/866-8580
www.walrtlutitire.com



Invoice # 1-114747 Dealer ID# Page 1 of 1

Professional Service Since 1949

Date 03/17/2015

Emp: 1-7 ML / 1-7 ML

In Mar 11, 2015 8:00 am

Out Mar 17, 2015 5:25 pm

*** INVOICE ***

Sold To:
TINA MANNING
3523 MIDDLETOWN RD
WAYNESVILLE OH 45068

Ship To:

Other Information:

Vehicle: 07 FORD FUSION S L4 2.3
License:
Mileage: In: 156,365 Out: 156,365
Vin#:
PO#:

Home Phone: 513-897-4846 Cell Phone: 513-276-1789

Salesman	Mechanic	Part #	QTY	Description	Parts	Labor	FET	Total
11	57		2.00	225/50R17 CONTINENTAL PURE CONTACT	161.08	0.00	0.00	322.16
11	57	TRS-MNT003	2.00	MOUNT/DISMOUNT PACKAGE	0.00	0.00	0.00	0.00
11	57	TRS-DSP007	2.00	TIRE DISPOSAL - PACKAGE	0.00	0.00	0.00	0.00
11	57	TRS-TAX100	2.00	OHIO STATE TIRE FEE	1.00	0.00	0.00	2.00
11	57	TRS-BAL004	2.00	COMPUTER BALANCE - PASS	0.00	8.00	0.00	16.00
11	57	TRS-WHEELS	2.00	OE WHEELS	185.00	0.00	0.00	370.00

Card Type: MASTERCARD

CC#: *****1111

Auth. #

Amount:

\$758.10

Signature: _____

Buyer agrees to pay total amount above, according to cardholder's agreement with issuer.

AT WALT LUTI TIRE, WE STRIVE TO PROVIDE THE BEST PRODUCTS, IN QUALITY AND SELECTION, AT COMPETITIVE PRICES AND INSTALL, SERVICE AND WARRANT OUR WORK BY A COMPETENT, TRAINED AND CARING STAFF. OUR ULTIMATE GOAL IS TO DEVELOP AND MAINTAIN LASTING RELATIONSHIPS WITH OUR CUSTOMERS AND EMPLOYEES, WHILE SERVICING THE NEEDS OF THIS COMMUNITY.

(UNDER OHIO LAW) YOU HAVE THE RIGHT TO AN ESTIMATE IF THE EXPECTED COST OF REPAIR OR SERVICES WILL BE MORE THAN \$25.00. INITIAL YOUR CHOICE.

WRITTEN ESTIMATE _____ ORAL ESTIMATE _____ I DO NOT REQUEST AN ESTIMATE _____

In the event that you, the customer, authorize commencement but do not authorize completion of a repair or service, a charge will be imposed for disassembly, reassembly or partially completed work. Such charge will be directly related to the actual amount of labor or parts involved in the inspection, repair or service.

I UNDERSTAND THAT ALL CHARGES ARE DUE THE 10TH OF THE MONTH FOLLOWING PURCHASE. IF PAYMENT IN FULL IS NOT MADE BY THEN, I HEREBY AGREE TO PAY SIMPLE INTEREST AT THE RATE OF 1.5% PER MONTH (18% PER ANNUM) ON THE DECLINING UNPAID BALANCE UNTIL PAID IN FULL. I ACKNOWLEDGE RECEIPT OF A COPY OF THIS AGREEMENT.

COLLECTION FEES WILL BE ADDED IN THE EVENT OF NON-PAYMENT.

X _____
CUSTOMER SIGNATURE

Cash:	Check: 0.00	Credit: 758.10	Charge:	Parts: 694.16
Change:				Labor: 16.00
				Subtotal: 710.16
				Sales Tax: 47.94
				Total: \$758.10