



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
2012-26868	3 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN <input type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	REPORTING AGENCY NCIC #	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
			8504	MAISON POLICE	02	01

COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
81	MASON	MASON	11/09/2012	1836	FRI

DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	DECIMAL DEGREES LATITUDE	LONGITUDE
39 20 14.558	84 18 40.448	39.337326	-84.311234

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST #
<input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	5 N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	02	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 - LAKE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE NUMBER	LOC PREFIX	LOCATION ROAD NAME	LOCATION ROAD TYPE #	ROUTE TYPES #
		MAISON MONTGOMERY	R0	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 #
				WESTERN ROW	F0

REFERENCE POINT USED	CRASH LOCATION	INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	02 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUNT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	<input checked="" type="checkbox"/>	1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIUM 9 - UNKNOWN 4 - ON ROADSIDE

ROAD CONTOUR	ROAD CONDITIONS	WEATHER
1 - STRAIGHT LEVEL 4 - CURVE GRADE 2 - STRAIGHT GRADE 9 - UNKNOWN 3 - CURVE LEVEL	01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 02 - WET 06 - WATER (STANDING, MOVING) 03 - SNOW 07 - SLUSH 04 - ICE 08 - DEBRIS*	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/UNKNOWN

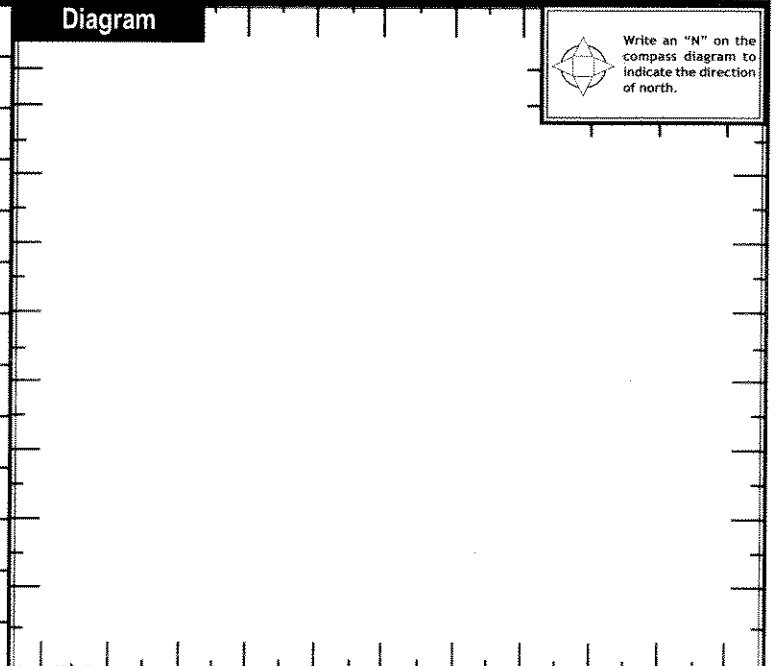
MANNER OF CRASH COLLISION/IMPACT	WEATHER
1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET,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

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
1 - CONCRETE 4 - SLAG, GRAVEL, STONE 2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT 3 - BRICK/BLOCK 6 - OTHER	1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER	<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 4 - INTERMITTENT OR MOVING WORK 2 - LANE SHIFT/CROSSOVER 5 - OTHER 3 - WORK ON SHOULDER OR MEDIAN	1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA 2 - ADVANCE WARNING AREA 5 - TERMINATION AREA 3 - TRANSITION AREA

NARRATIVE

UNIT A01 WAS TRAVELLING SOUTHBOUND ON MAISON MONTGOMERY RD AT WESTERN ROW RD. UNIT A01 WAS NORTHBOUND ON MAISON MONTGOMERY RD FAILED TO YIELD THE RIGHT OF WAY TO UNIT A02, TURNED LEFT AND WAS STRUCK BY UNIT A02. UNIT A01 WAS TURNING LEFT ONTO WESTERN ROW RD.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO GPPS)	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		11/09/2012	1836	1844	1845	1930	180	181
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE 1 OF 3					
ERIC HERRICK	1637	[Signature]						



UNIT

LOCAL REPORT NUMBER

707 2012-2-21-10:18

UNIT NUMBER 01	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER)	DAMAGE SCALE 1 - NONE	DAMAGED AREA FRONT 09 02 03 08 10 04 07 06 05 REAR
LP STATE OH	LICENSE PLATE NUMBER EUA 4700	VEHICLE IDENTIFICATION NUMBER 1B766B3ZM2E070015018	# OCCUPANTS 01	
VEHICLE YEAR 2002	VEHICLE MAKE Dodge	VEHICLE MODEL Dakota	VEHICLE COLOR BLACK	
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Oldways	POLICY NUMBER 4616480765	TOWED BY HAMMILLS	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP: AREA WAGE 103  
CARRIER PHONE - INCLUDE AREA CODE: 513-422-4504

US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10,000 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 - GRAB, 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, CONTIGUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS 14 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	<input type="checkbox"/> HAS HM PLACARD

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 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
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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 - 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 99 - UNKNOWN	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 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 NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 - FIRST HARMFUL EVENT 2 - MOST HARMFUL EVENT 3 - 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 - CURVEVET 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 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/LUMINAIRIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CURBVERT 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 POSTED SPEED 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 SIGNS 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 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - EAST 8 - SOUTHWEST 9 - UNKNOWN
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# UNIT

LOCAL REPORT NUMBER  
2012-26868

UNIT NUMBER 012	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) ANZER ANTHONY A	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )	DAMAGE SCALE 4	DAMAGED AREA FRONT 09 02 03 08 10 04 07 06 05 REAR
LP STATE PA	LICENSE PLATE NUMBER W342240	VEHICLE IDENTIFICATION NUMBER 1J8BN58K78N21619103	# OCCUPANTS 103	
VEHICLE YEAR 2008	VEHICLE MAKE JEEP	VEHICLE MODEL LIBERTY	VEHICLE COLOR SILVER	
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY STATE FARM	POLICY NUMBER 2312215415350	TOWED BY HAMMILLS	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP RONALD ROBINSON	CARRIER PHONE - INCLUDE AREA CODE 513-779-8940
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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 - GRAB, CHEFS, 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 14 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
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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 - 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 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/OPP 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 2 3 4 5 6 FIRST HARMFUL EVENT MOST HARMFUL EVENT 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 - DOWNSHILL 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 - CURB 43 - DITCH 44 - 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 43	POSTED SPEED 35	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 1 To 2 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
 7012-26868

UNIT NUMBER: 011 NAME: LAST, FIRST, MIDDLE: REFFITT RICHARD ELDON DATE OF BIRTH: 12/7/1937 AGE: 74 GENDER: M - MALE

ADDRESS, CITY, STATE, ZIP: 5175 AEROY CT MASON OH 45040 CONTACT PHONE - INCLUDE AREA CODE: 513-204-5835

INJURIES: 1 INJURED TAKEN BY: [ ] EMS AGENCY: [ ] MEDICAL FACILITY INJURED TAKEN TO: [ ] SAFETY EQUIPMENT USED: 04 DOT COMPLIANT: [ ] MOTORCYCLE HELMET: [ ] SEATING POSITION: 01 AIR BAG USAGE: 1 EJECTION: 1 TRAPPED: 1

OL STATE: OH OPERATOR LICENSE NUMBER: QES32009 OL CLASS: 4 No VALID OL: [ ] M/C END: [ ] CONDITION: 1 ALCOHOL/DRUG SUSPECTED: 1 ALCOHOL TEST STATUS: 1 ALCOHOL TEST TYPE: 1 ALCOHOL TEST VALUE: [ ] DRUG TEST STATUS: 1 DRUG TEST TYPE: 1

OFFENSE CHARGED ( [ ] LOCAL CODE ): 331.17 OFFENSE DESCRIPTION: FAILURE TO YIELD TURNING LEFT CITATION NUMBER: 72.776 HANDS-FREE DEVICE USED: [ ] DRIVER DISTRACTED BY: 1

UNIT NUMBER: 021 NAME: LAST, FIRST, MIDDLE: ANZER NATALIE MARIE DATE OF BIRTH: 08/29/1996 AGE: 16 GENDER: F - FEMALE

ADDRESS, CITY, STATE, ZIP: 4149 CROWN CT MASON OH 45040 CONTACT PHONE - INCLUDE AREA CODE: 513-798-1703

INJURIES: 1 INJURED TAKEN BY: [ ] EMS AGENCY: [ ] MEDICAL FACILITY INJURED TAKEN TO: [ ] SAFETY EQUIPMENT USED: 04 DOT COMPLIANT: [ ] MOTORCYCLE HELMET: [ ] SEATING POSITION: 01 AIR BAG USAGE: 1 EJECTION: 1 TRAPPED: 1

OL STATE: OH OPERATOR LICENSE NUMBER: UA732836 OL CLASS: 4 No VALID OL: [ ] M/C END: [ ] CONDITION: 1 ALCOHOL/DRUG SUSPECTED: 1 ALCOHOL TEST STATUS: 1 ALCOHOL TEST TYPE: 1 ALCOHOL TEST VALUE: [ ] DRUG TEST STATUS: 1 DRUG TEST TYPE: 1

OFFENSE CHARGED ( [ ] LOCAL CODE ): [ ] OFFENSE DESCRIPTION: [ ] CITATION NUMBER: [ ] HANDS-FREE DEVICE USED: [ ] DRIVER DISTRACTED BY: [ ]

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).

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 CAB), 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 (OH AND "D"), 5 - M/C/MOPED ONLY. CONDITION: 1 - APPARENTLY NORMAL, 2 - PHYSICAL IMPAIRMENT, 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED), 4 - ILLNESS, 5 - FELL ASLEEP, FAINTED, FATIGUED 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, RADAR, DVD), 6 - OTHER INSIDE THE VEHICLE, 7 - EXTERNAL DISTRACTION.

UNIT NUMBER: 021 NAME: LAST, FIRST, MIDDLE: MIDDLETON BROCK E DATE OF BIRTH: 10/12/1996 AGE: 16 GENDER: F - FEMALE

ADDRESS, CITY, STATE, ZIP: 3264 MASON MOUNT GOMBERT RD MASON OH 45040 CONTACT PHONE - INCLUDE AREA CODE: 513-398-9192

INJURIES: 1 INJURED TAKEN BY: [ ] EMS AGENCY: [ ] MEDICAL FACILITY INJURED TAKEN TO: [ ] SAFETY EQUIPMENT USED: 04 DOT COMPLIANT: [ ] MOTORCYCLE HELMET: [ ] SEATING POSITION: 03 AIR BAG USAGE: 1 EJECTION: 1 TRAPPED: 1

UNIT NUMBER: 021 NAME: LAST, FIRST, MIDDLE: SIMON LIBBY K DATE OF BIRTH: 04/23/1996 AGE: 16 GENDER: F - FEMALE

ADDRESS, CITY, STATE, ZIP: 6490 SHADY OAK LN MASON OH 45040 CONTACT PHONE - INCLUDE AREA CODE: 513-331-0013

INJURIES: 1 INJURED TAKEN BY: [ ] EMS AGENCY: [ ] MEDICAL FACILITY INJURED TAKEN TO: [ ] SAFETY EQUIPMENT USED: 04 DOT COMPLIANT: [ ] MOTORCYCLE HELMET: [ ] SEATING POSITION: 06 AIR BAG USAGE: 5 EJECTION: 1 TRAPPED: 1



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2017-26868

OCCUPANT

UNIT NUMBER [ ] [ ] [ ]	NAME: LAST, FIRST, MIDDLE LOVE AMY	DATE OF BIRTH 04/21/1989	AGE 28	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 7959 JULIE MARIE DR WEST CHESTER OH 43069	CONTACT PHONE - INCLUDE AREA CODE 513 290-5607
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INJURIES [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	INJURED TAKEN BY [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	AIR BAG USAGE [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	EJECTION [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	TRAPPED [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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OCCUPANT

UNIT NUMBER [ ] [ ] [ ]	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	INJURED TAKEN BY [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	AIR BAG USAGE [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	EJECTION [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	TRAPPED [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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OCCUPANT

UNIT NUMBER [ ] [ ] [ ]	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	INJURED TAKEN BY [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	AIR BAG USAGE [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	EJECTION [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	TRAPPED [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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OCCUPANT

UNIT NUMBER [ ] [ ] [ ]	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	INJURED TAKEN BY [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	AIR BAG USAGE [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	EJECTION [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	TRAPPED [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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OCCUPANT

UNIT NUMBER [ ] [ ] [ ]	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	INJURED TAKEN BY [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	AIR BAG USAGE [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	EJECTION [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	TRAPPED [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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OCCUPANT

UNIT NUMBER [ ] [ ] [ ]	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	INJURED TAKEN BY [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	AIR BAG USAGE [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	EJECTION [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]	TRAPPED [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
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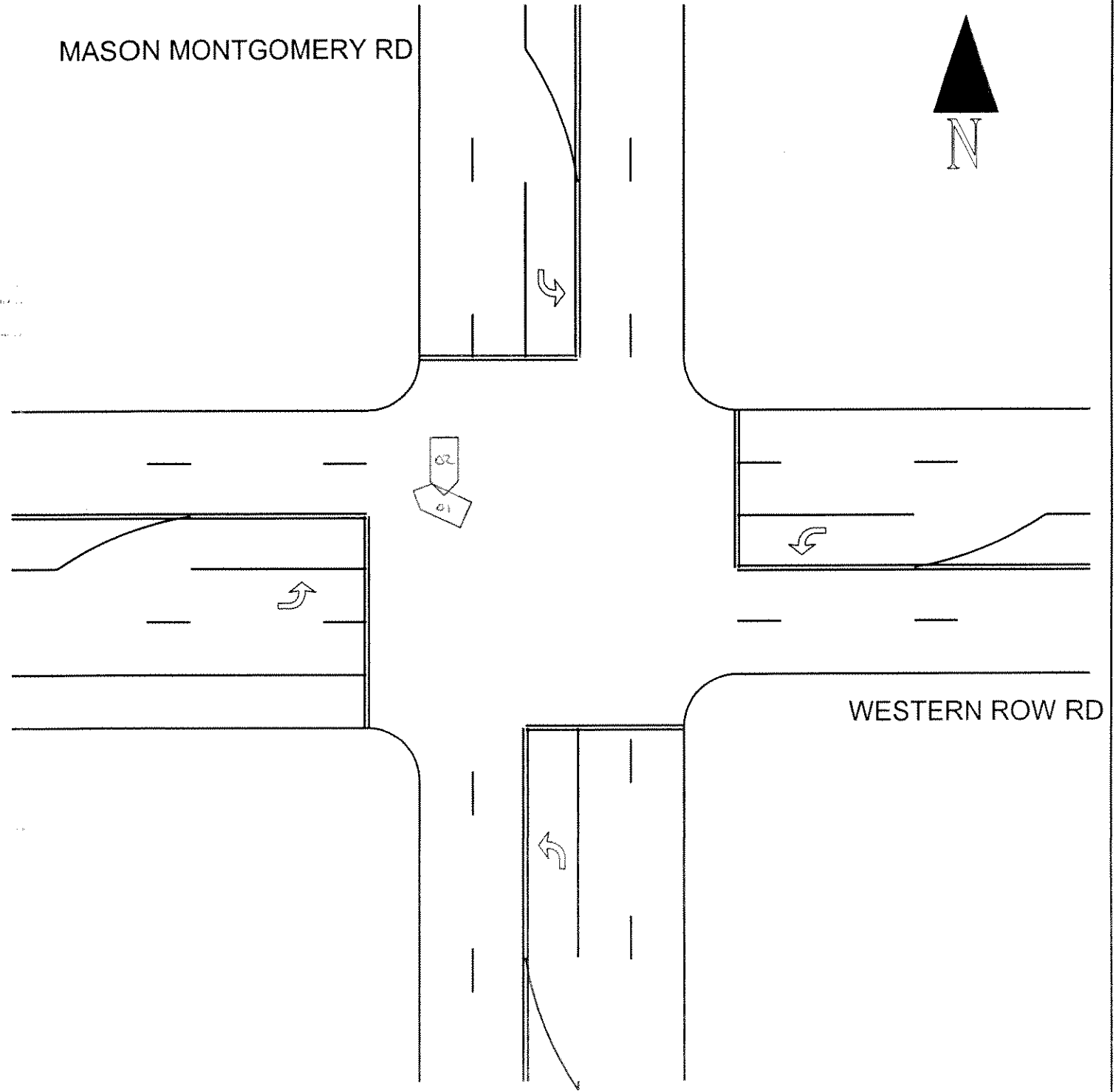
<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED <b>99 - UNKNOWN SAFETY EQUIPMENT</b> <b>NON-MOTORIST</b> 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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<b>SEATING POSITION</b> 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE 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	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 12-26868	REPORTING AGENCY Mason Police	DATE OF ACCIDENT M 11 2009 11/2
IN COUNTY OF WARREN	ACCIDENT LOCATION Mason MONTGOMERY RD + WESTERN Row RD	



NOT TO SCALE

OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NUMBER 105
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LOCAL REPORT NUMBER 12-26868	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 11   D 09   Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Richard Reiff, II HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Fitzgerald AT Mason Montgomery + Western Row  
OFFICER'S NAME LOCATION

I WAS GOING NORTH ON MASON-MONTGOMERY ROAD AND MAKING LEFT TURN ON WESTERN-ROW. HAD GREEN LIGHT AND TURN SIGNAL WAS ON.

OTHER VEHICLE COMING SOUTH ON MASON-MONTGOMERY ROAD AND HIT PASSENGER SIDE OF TRUCK

Q: What was your speed?

A: 15 MPH

Q: Were you wearing your seat belt?

A: YES

Q: Did you have a solid green or left green arrow?

A: SOLID

5175 DERBY CT MASON OHIO 45040 CELL 830-3492  
ADDRESS OF WITNESS PHONE

H-204-5835

SIGNATURE OF WITNESS X <u>Richard Reiff, II</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>
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LOCAL REPORT NUMBER	REPORTING AGENCY Mason Police Department	DATE OF CRASH M   D   Y
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO PRINTED
Ptl. Dan Edwards OFFICER'S NAME AT _____ LOCATION

DESCRIBE WHAT HAPPENED:


Q. What was your speed at the time of the crash?	A.
Q. What was your direction of travel?	A.
Q. Were you wearing a seatbelt?	A.
Q. Were you talking on a cell phone at the time of the crash?	A.
Q. Were you injured due to the crash?	A.

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X





LOCAL REPORT NUMBER 12-26868	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 11   D 09   Y 12
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Natalie Anzer HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

General AT Mason Montgomery + Western Row  
OFFICER'S NAME LOCATION

comming on to mason montgomery in the right hand  
 and while wearing my seatbelt. The light was  
 green. Someone had turned/oncomming traffic a  
 black truck going north on Mason Montf. pulled  
 in front of me while taking a left hand turn.  
 I slammed on my breaks but I couldn't  
 keep from hitting him. I didn't think he  
 was going to pull out in front of me.

43 mph

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS X <u>Natalie Anzer</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 12-26868	REPORTING AGENCY Mason Police	DATE OF CRASH M 11 10 09 1412
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Pamela Love HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
(PRINTED)

H Fitzgerald AT Turned in to PD  
(OFFICER'S NAME) (LOCATION)

On Fri. Nov 9, 2012 I was at the intersection of Western Row & Mason Montgomery Rd. I was facing east on WR waiting to turn R onto SB MM. I witnessed the following accident. An SUV type vehicle was heading SB on MM & a dark truck turned & left in front of it. The dark truck was heading NB on MM turning WB onto WR. I had been sitting at the intersection in the right turn lane waiting to turn R onto SB MM. I was looking N & I heard a horn beep & immediately was drawn to the SB SUV vehicle & saw it brake heavily as a vehicle turned left in front of it. Then the black truck came flying through the intersection turning left. ~~the light~~ I immediately used my OnStar to call for assistance & the light didn't cycle until I was talking to them - like 10-15 seconds. If there are any more details I can provide please let me know.

ADDRESS OF WITNESS 7959 Julie Marie Dr. West Chester, Oh 45009	PHONE 513-290-5007
SIGNATURE OF WITNESS <u>Pamela Love</u>	OFFICER'S SIGNATURE <u>[Signature]</u>