



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
210V KL 2033	3 1 - FATAL 2 - INJURY 3 - PDO	0 1 - SOLVED 2 - UNSOLVED

<input checked="" type="checkbox"/> PROCS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
			08304	MASON POLICE	02	01 98 - ANIMAL 99 - UNKNOWN

COUNTY *	<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
83		MASON	01162014	0703	THU

DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	DECIMAL DEGREES LATITUDE	LONGITUDE
0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0	0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9 0	39.357220	-84.309250

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF TRUCK LANES	ROAD TYPES OR MILEPOST #
<input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N - NORTHBOUND E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND	04	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 TYPE #	LOCATION ROUTE NUMBER	LOC PREFIX N, S, E, W	LOCATION ROAD NAME	LOCATION ROAD TYPE #	ROUTE TYPES #
			MASON MONTGOMERY	AD	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 N, S, E, W	REFERENCE ROUTE TYPE #	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE #
AT					151 MASON MONTGOMERY	AD

REFERENCE POINT USED	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
3 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/ROUNDBOAT 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 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIATE 4 - ON ROADSIDE 5 - ON GULF 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

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

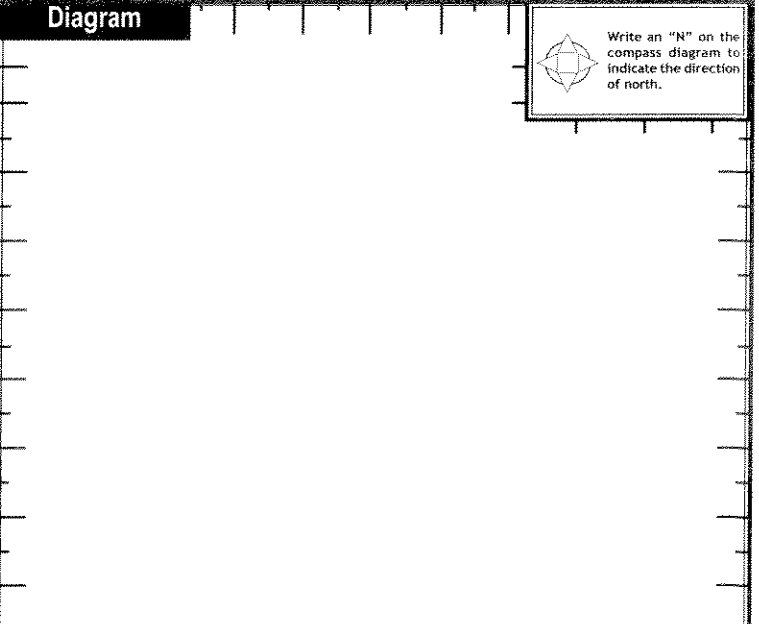
MANNER OF CRASH COLLISION/IMPACT	WEATHER
2 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, 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	4 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	<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"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	<input type="checkbox"/> 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	<input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

NARRATIVE

UNIT # 2 HAD JUST STRUCK A VEHICLE, WHEN UNIT #1 STRUCK UNIT #2 FROM BEHIND ON MASON MONTGOMERY ROAD SOUTHBOUND. MINOR DAMAGE TO THE REAR OF UNIT #2 AND NO VISIBLE DAMAGE TO UNIT #1.



REPORT TAKEN BY	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT BY ODPS)				
DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
01/16/2014	0703	0703	0708	0803	11610P	1201
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE	OF		
AH. EDWARDS	1047	See John Cullen				



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

1201141-2033

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE MOSES, HALEY M.	DATE OF BIRTH 12/22/1997	AGE 16	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 4398 SOUTHRIDGE DRIVE	CONTACT PHONE - INCLUDE AREA CODE 513 504-9931
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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 UE 909605	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 1
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OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE ) 333.03	OFFENSE DESCRIPTION ACDA	CITATION NUMBER 75413	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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UNIT NUMBER 013	NAME: LAST, FIRST, MIDDLE SZYMKOWICZ, JOSEPH M.	DATE OF BIRTH 02/26/1997	AGE 16	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 6048 BETHANY ROAD MASON, OHIO 45045	CONTACT PHONE - INCLUDE AREA CODE 513 398-7122
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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 UB 872051	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 1
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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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<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>NON-MOTORIST</b> 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - UNKNOWN SAFETY EQUIPMENT	<b>Non-Motorist</b> 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 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, PICKUP WITH CAP)	<b>12 - PASSENGER IN UNENCLOSED CARGO AREA</b> <b>13 - TRAILING UNIT</b> <b>14 - RIDING ON VEHICLE / EXTERIOR (NON-TRAILING UNIT)</b> <b>15 - NON-MOTORIST</b> <b>16 - OTHER</b> <b>99 - UNKNOWN</b>	<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
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<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	<b>OPERATOR LICENSE CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OH IS "D") 5 - M/C/MPED ONLY	<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FEEL ASLEEP, FAINTED, FATIGUED UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	<b>ALCOHOL/DRUG SUSPECTED</b> 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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<b>ALCOHOL TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	<b>DRUG TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	<b>DRIVER DISTRACTED BY</b> 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
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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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION [ ]	AIR BAG USAGE [ ]	EJECTION [ ]	TRAPPED [ ]
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UNIT NUMBER 013	NAME: LAST, FIRST, MIDDLE SZYMKOWICZ, GABBY	DATE OF BIRTH 01/09/1998	AGE 15	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6048 BETHANY ROAD MASON OHIO 45040	CONTACT PHONE - INCLUDE AREA CODE 513 398-7122
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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 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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Unit Number <b>PL1</b>	Owner Name: Last, First, Middle <input checked="" type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code <input checked="" type="checkbox"/> Same As Driver	Damage Scale <b>1</b>	Damaged Area Front 09 02 03 08 10 04 07 06 05 Rear
Owner Address: City, State, Zip <input checked="" type="checkbox"/> Same As Driver			1 - None	
LP State <b>OH</b>	License Plate Number <b>EMG705C</b>	Vehicle Identification Number <b>NT1GHT1E110US1410114151121Z1 1011</b>	2 - Minor	
Vehicle Year <b>2000</b>	Vehicle Make <b>LEXUS</b>	Vehicle Model <b>RX300</b>	3 - Functional	
Insurance Company <b>ALL STATE</b>	Policy Number <b>980484240</b>	Towed By	4 - Disabling	
Carrier Name, Address, City, State, Zip			5 - Unknown	
Carrier Phone- include area code				

US DOT	Vehicle Weight GVWR/GCWR <b>1</b> 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 <b>01</b> 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van 19-25 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 <b>1</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Two or More Lanes) Median 4 - Two-Way, Divided, Protected Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released		<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact <b>01</b> 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 <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>06</b> 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, 2 axle, 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 or More Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Sled 25 - Bicycle/Pedalcyclist 26 - Pedestrian/Stroller 27 - Other Non-Motorist
			<input type="checkbox"/> Has HM Placard		

Special Function <b>01</b> 01 - None 02 - Taxi 03 - Rental Truck (over 10k lbs) 04 - Bus - School (Child or Young) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other	09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area <b>01</b> 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total/All Areas 14 - Other	Action <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>17</b> 99 - Unknown	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 <b>09</b> 99 - Unknown	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 <b>01</b> 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b>	Non-Collision Events 01 - Overtake/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/Tramcar) 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
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Unit Speed <b>10</b>	Posted Speed <b>35</b>	Traffic Control <b>12</b> 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Planners 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 <b>1</b> To <b>2</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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# Unit

Local Report Number

R210141-2023

Unit Number <b>014</b>	Owner Name: Last, First, Middle <input checked="" type="checkbox"/> Same As Driver	Owner Phone Number - incl. area code <input checked="" type="checkbox"/> Same As Driver	Damage score <b>2</b>	Damaged Area 
Owner Address: City, State, Zip <input checked="" type="checkbox"/> Same As Driver	LP State <b>OH</b>	License Plate Number <b>FDQ 4251</b>	Vehicle Identification Number <b>WB1AN1A1B3B5147K1X1ZG07R1</b>	
Vehicle Year <b>2010</b>	Vehicle Make <b>BMW</b>	Vehicle Model <b>328i</b>	Vehicle Color <b>BLACK</b>	1 - None
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>STATE FARM</b>	Policy Number <b>450 6179 F03 35B</b>	Towed By <b>CASE</b>	2 - Minor
Carrier Name, Address, City, State, Zip				3 - Functional
Carrier Phone-include area code				4 - Disabled
				5 - Unknown

US DOT	Vehicle Weight GVWR-GCWR 1 - Less than or equal to 105 lbs. 2 - 10,001 to 24,000 lbs. 3 - More than 24,000 lbs.	Cargo Body Type <b>01</b>	Trafficway Description <b>1</b>
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	01 - No Cargo/Body Type Not Applicable 02 - Box/Van 99 (15 Pass. Inc. Driver) 03 - Box (15 - Pass. Inc. Driver) 04 - Vehicle towing Another Vehicle 05 - Load Pk 06 - International Container/Chassis 07 - Cargo/Trailer Enclosed Box 08 - Crates, Casks, Drums 09 - None 10 - Cargo Case 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 16 - Other/Unknown	1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Contains Left Turn Lane 3 - Two-Way, Divided, Unprotected Passover Lane, 14' or More to 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Class Number		09 - Unknown or Hit / Skip	<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact <b>01</b>	Type of Use <b>01</b>	Unit Type <b>03</b>	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More including Driver)
01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Pathway Area 99 - Other Location	1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	01 - Sub-Compact 02 - Compact 03 - Mid-Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	13 - Single Unit Truck or Van 2 axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Boatall) 17 - Tractor/semi-trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	21 - Bus/Van (9-15 Pass. Inc. Driver) 22 - Bus (16 - Seats, Inc. Driver) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist	
			<input type="checkbox"/> Has HM Placard		

Special Function <b>01</b>	01 - None 02 - Taxi 03 - Rental Truck (other not tax) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other 09 - Ambulance 10 - Fire 11 - Wrecker/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip.	17 - Farm Vehicle 18 - Farm Equipment 19 - Motorcycle 20 - Golf Cart 21 - Train 22 - Other (explain in remarks)	Most Damaged Area <b>06</b>	01 - Front 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total/All Areas 14 - Other	Action <b>4</b>	1 - Non-Collision 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
			<input type="checkbox"/> Has HM Placard			

Pre-Crash Actions <b>11</b>	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Stowing 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 - Stalling 21 - Other Non-Motorist Action
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Contributing Circumstances	Vehicle Defects
Primary <b>01</b>	01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled from Prior Accident 11 - Other Defects
Secondary <b>01</b>	
99 - Unknown	

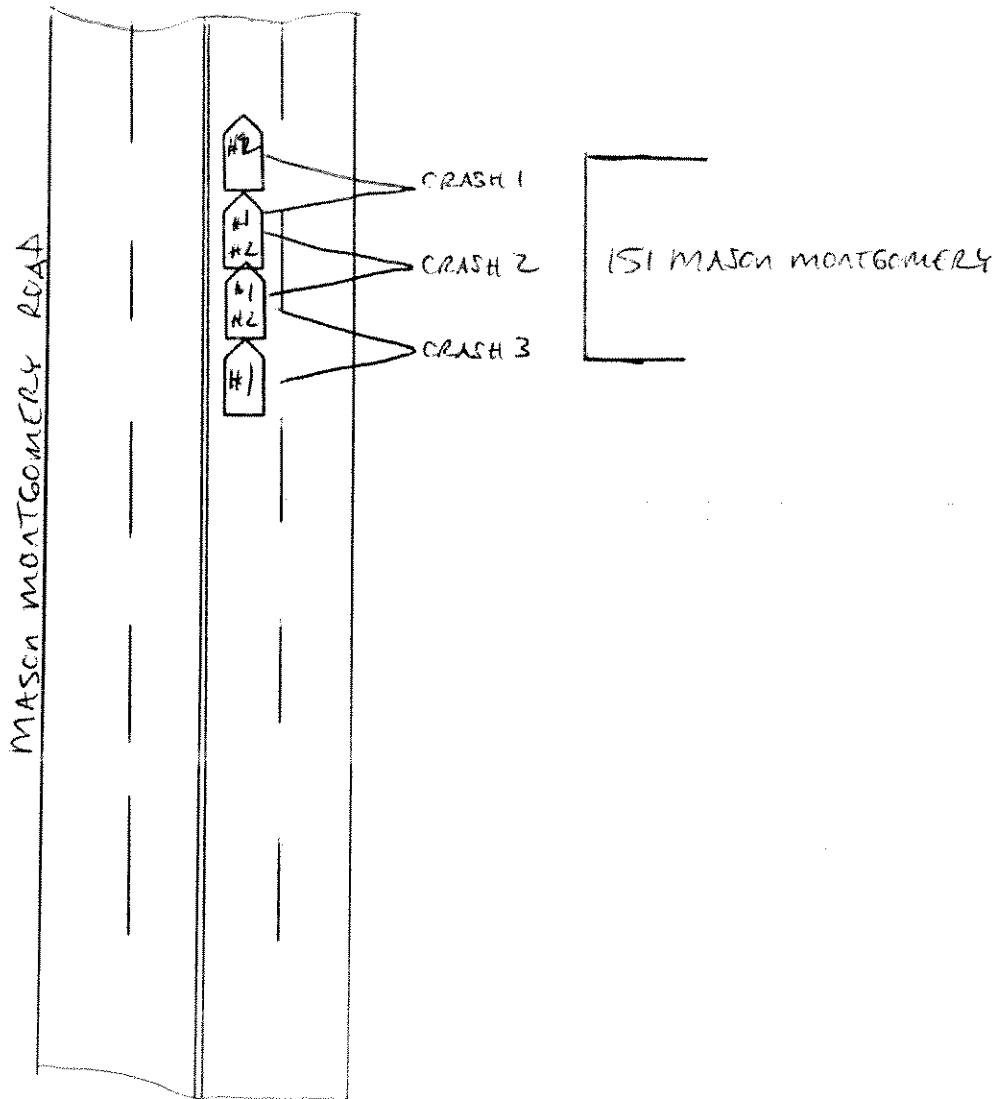
Sequence of Events	Non-Collision Events	Collision With Fixed Object
1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b>	01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blow Tire, Brake Failure, etc) 07 - Culvert 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line 12 - Opposite Direction of Travel 13 - Downhill Runaway 14 - Other Non-Collision	25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Barrier 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
Collision with Person, Vehicle or Object Not Fixed	Collision With Fixed Object	
14 - Pedestrian 15 - Pedacyclist 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		

Unit Speed <b>115</b>	Postcard Speed <b>35</b>	Traffic Control <b>12</b>	Unit Direction From <b>1</b> To <b>2</b>
<input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated		01 - No Control 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - Speed Zone 07 - Railroad Crosslocks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Barricade (Flagger, Officer) 12 - Advanced Warning	1 - Crosswalk Lines 2 - White/Black Mark 3 - Other 4 - Not Reported 5 - North 6 - South 7 - East 8 - West 9 - Unknown 10 - Northeast 11 - Northwest 12 - Southeast 13 - Southwest



LOCAL REPORT NUMBER <i>14-2033</i>	REPORTING AGENCY <i>MASON POLICE</i>	DATE OF CRASH <i>M 1 10 16 Y 14</i>
IN COUNTY OF <i>WARREN</i>	CRASH LOCATION <i>151 MASO MONTGOMERY ROAD</i>	

NOT TO SCALE



OFFICER'S SIGNATURE <i>X Ptl. Edward</i>	BADGE NUMBER <i>1047</i>
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LOCAL REPORT NUMBER 14-2033	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 1/06/14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

Haley Moses HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Ptl. Dan Edwards AT MM/  
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED:

car that was 2 cars in front of me,  
 hit the car in front of him. Then the  
 car ahead of me slammed into them.  
 then I slammed on brakes & just barely  
 hit him

Q. What was your speed at the time of the crash? A. 35

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: 4398 Southridge Drive PHONE: 513 504-9931

SIGNATURE OF WITNESS: Haley Moses  OFFICER'S SIGNATURE: Ptl. Edwards



LOCAL REPORT NUMBER <i>19-2033</i>	REPORTING AGENCY Mason Police Department	DATE OF CRASH <i>10/16/14</i>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, *John P. Simpson* HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Ptl. Dan Edwards AT *111 W FOXFIELD*  
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED:

*The guy in front of me in a car. It glided on the brake and could divide the car. Some car hit me from behind after. Then brake off*

Q. What was your speed at the time of the crash? A. *15 mph*

Q. What was your direction of travel? A. *School*

Q. Were you wearing a seatbelt? A. *Yes*

Q. Were you talking on a cell phone at the time of the crash? A. *No*

Q. Were you injured due to the crash? A. *No*

ADDRESS OF WITNESS  
*1042 Benton Bethany Rd*

PHONE  
*5135442691*

SIGNATURE OF WITNESS  
*[Signature]*

OFFICER'S SIGNATURE  
*[Signature]*