



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER * 1210114-12323

CRASH SEVERITY 3 1 - FATAL 2 - INJURY 3 - PDO

HIT/SKIP 1 - SOLVED 2 - UNSOLVED

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

PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

PRIVATE PROPERTY

REPORTING AGENCY NOTIC * 831041

REPORTING AGENCY NAME * MASON POLICE

NUMBER OF UNITS 01

UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN

COUNTY * 83

CITY * CITY VILLAGE TOWNSHIP * MASON

CRASH DATE * 01232914

TIME OF CRASH 11719

DAY OF WEEK THU

DEGREES / MINUTES / SECONDS

LATITUDE 39.325825 LONGITUDE -84.305420

ROADWAY DIVISION DIVIDED UNDIVIDED

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

NUMBER OF THRU LANES 02

ROAD TYPES OR MILEPOST *
 AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY
 AV - AVENUE CF - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE
 BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE NUMBER 73 LOCATION ROUTE TYPE 1 1

LOC PREFIX N,S E,W

LOCATION ROAD NAME WHITE BLOSSOM

LOCATION ROAD TYPE 2 BL

ROUTE TYPES *
 IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE
 US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE
 SR - STATE ROUTE

DISTANCE FROM REFERENCE 73 DIR FROM REF N,S E,W

REFERENCE ROUTE TYPE 1 1 REF PREFIX N,S E,W

REFERENCE ROUTE NUMBER 73 REFERENCE NAME (ROAD, MILEPOST, HOUSE #) FRINGE TREE GLEN

REFERENCE ROAD TYPE 2 1

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

CRASH LOCATION 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

INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN

ROAD CONDITIONS PRIMARY 02 SECONDARY 03

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

* 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 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 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER

LIGHT CONDITIONS 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

SCHOOL BUS RELATED SCHOOL ZONE RELATED YES, SCHOOL BUS DIRECTLY INVOLVED YES, SCHOOL BUS INDIRECTLY INVOLVED

* Secondary Condition Only

WORK ZONE RELATED

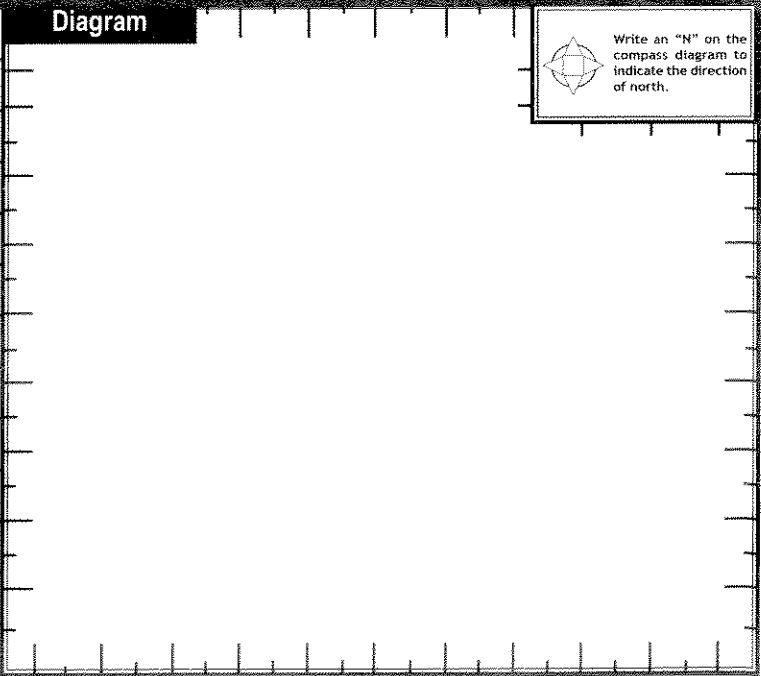
WORKERS PRESENT LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

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

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

NARRATIVE

UNIT #01 WAS TRAVELLING SOUTHEAST ON WHITE BLOSSOM BLVD AND SHE TO A MEDICAL EMERGENCY TRAVELLED OFF THE LEFT SIDE OF THE ROADWAY, BACKED UP, TRAVELLED OFF THE RIGHT SIDE OF THE ROADWAY, AND STRUCK A TREE.



REPORT TAKEN BY POLICE AGENCY MOTORIST

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)

DATE CRASH REPORTED 01232014 TIME CRASH REPORTED 11719 DISPATCH TIME 11741 ARRIVAL TIME 11724 TIME CLEARED 11950 OTHER INVESTIGATION TIME 1150 TOTAL MINUTES 1299

OFFICER'S NAME * ERIC FITZGERALD OFFICER'S BADGE NUMBER 1037 CHECKED BY SGT John K. Cullen PAGE 1 OF J



Unit

Local Report Number
2014-2323

Unit Number 011	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number - inc. area code (☑ Same As Driver)	Damage Scale 3	Damaged Area
Owner Address: City, State, Zip (☑ Same As Driver)	LP State OH	License Plate Number FRM6452	Vehicle Identification Number 15TDZK3E1M31AS10101515718	
Vehicle Year 2011	Vehicle Make TOYOTA	Vehicle Model HIGHLANDER	Vehicle Color WHITE	1 - None
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company ALLSTATE	Policy Number 980481971	Towed By CASE	2 - Minor
Carrier Name, Address, City, State, Zip				3 - Functional
Carrier Phone - include area code				4 - Disabling
				5 - Unknown

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	01 - No Cargo Body Type, Apartment 02 - Bus/Van (15 Seats, inc. Driver) 03 - Box 16 Years, inc. Driver 04 - Vehicle Bodying Another Vehicle 05 - Lorry 06 - Inter-modal Container (Chest) 07 - Cargo Van Enclosed Box 08 - Gen. Crds, Trailer 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 16 - Other Unknown	Trafficway Description 1	1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Opposing Traffic Flow 4 - Two-Way, Divided, Parallel 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 01	Type of Use 1	Unit Type 06	Passenger Vehicles (Seating 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-Trafficway Area 99 - Other/Unknown	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 Seats, inc. Driver) 22 - Bus - 16+ Years, inc. Driver	23 - Animal with Rider 24 - Animal with Saddle, Wagon, Surret 25 - Bicycle/Pedacyclist 26 - Pedestrian/Stater 27 - Other Non-Motorist
			<input type="checkbox"/> Has HM Placard		

Special Function 01	01 - None 02 - Taxi 03 - Rental Truck (over 10k Lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other 09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip. 17 - Farm Vehicle 18 - Farm Equipment 19 - Motorcycle 20 - Golf Cart 21 - Train 22 - Other (Specify in Narrative)	Most Damaged Area 06	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 Area 14 - Other 99 - Unknown	Action 4	1 - Non-Contact 2 - Non-Collision 3 - Struck 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 02	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	Vehicle Defects
Primary 21	01
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
Secondary 01	01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects

Sequence of Events	Non-Collision Events
1 09 2 08 3 48 4 01 5 01 6 01	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
First Harmful Event 3	Most Harmful Event 3

Collision with Person, Vehicle or Object Not Fixed	Collision With Fixed Object
14 - Pedestrian 15 - Pedicycle 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/Luminaires Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 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	

Unit Speed 51	Posted Speed 25	Traffic Control 01	01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Advance Signages 06 - Volume Zone 07 - Railroad Crossroads 08 - Railroad Crossers 09 - Railroad Gates 10 - Construction Barricade 11 - Person or Logger, Officer 12 - Pavement Markings 13 - Crosswalk Lines 14 - Work/Do Not Walk 15 - Other 16 - Not Reported	Unit Direction From 3 To 4	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

2014-12323

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER PL	NAME: LAST, FIRST, MIDDLE MILBRY-PORTER MAPLA J	DATE OF BIRTH 08/14/1960	AGE 53	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 7819 YELLOWWOOD DR MASOV OH 45040	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 99	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE	EJECTION	TRAPPED
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OL STATE OH	OPERATOR LICENSE NUMBER RP752427	OL CLASS 4	No VALID OL	M/C END.	CONDITION 4	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
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OFFENSE CHARGED (Local Code)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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OFFENSE CHARGED (Local Code)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED Non-Motorist 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 99 - UNKNOWN SAFETY EQUIPMENT	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 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
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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'S "D") 5 - M/C/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELT 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 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	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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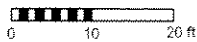
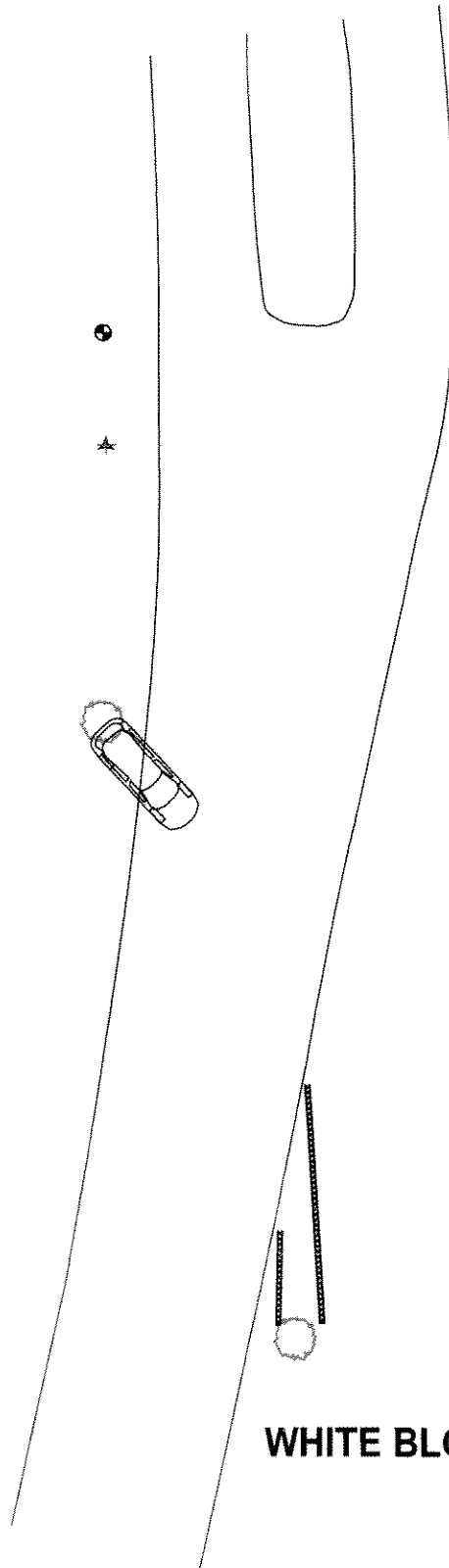
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 14 - 2323	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 01 D 23 Y 14
IN COUNTY OF WARREN	ACCIDENT LOCATION 4737 WHITE BLOSSOM BLVD	



WHITE BLOSSOM BLVD

OFFICER'S SIGNATURE 	BADGE NUMBER 1637
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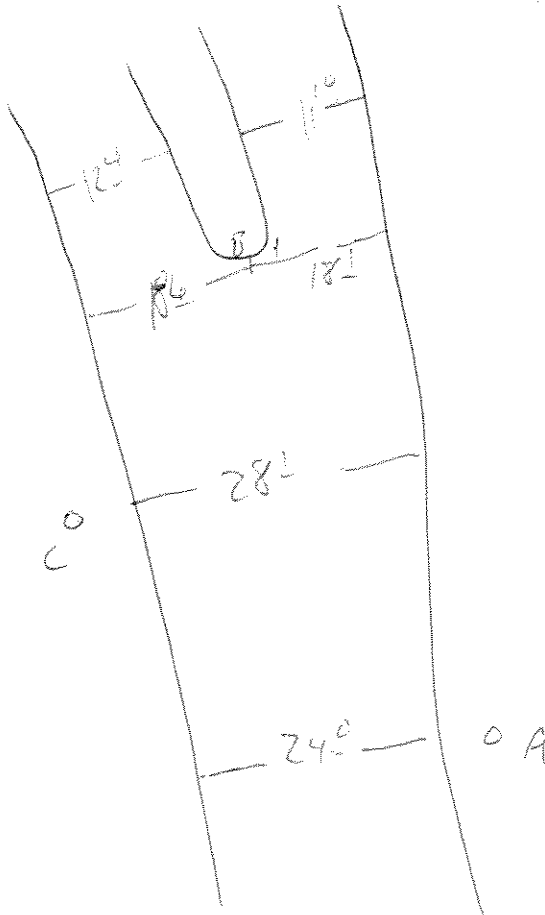
LOCAL REPORT NUMBER 14-2327	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 D 23 Y 14
IN COUNTY OF WARREN	CRASH LOCATION 4737 WHITE BLOSSOM	

ROAD WIDTH NOTES

A-B - 127

B-C - 56

C-A - 881



OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 1037
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TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 14-2323	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 D 23 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Lauren Cavanaugh HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

AT White Blossom
OFFICER'S NAME LOCATION

at 5:10pm I was on White Blossom and saw a white Hylander on the left (other) side of the road almost on the side walk then it went in reverse across the road in front of me and hit a tree. I did not see a drive so I ran to see and saw a black woman late 50's slumped over in the drivers seat I called 911 + banged on the window got a small movement from her and then she was unresponsive the police officer arrived in about 5 minutes and began CPR.

5011964

ADDRESS OF WITNESS 4575 Hypackth Dr Mason OH 45040	PHONE 937-829-3000
SIGNATURE OF WITNESS X <u>Lauren Cavanaugh</u>	OFFICER'S SIGNATURE X