



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
2014-1914	2 1 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	DDO UNDER STATE REPORTABLE DOLLAR AMOUNT <input type="checkbox"/>	PRIVATE PROPERTY <input type="checkbox"/>	REPORTING AGENCY NCIC * 1813041	REPORTING AGENCY NAME * MASON POLICE	NUMBER OF UNITS 02	UNIT IN ERROR 01 98 - ANIMAL 99 - UNKNOWN
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COUNTY * 83	CITY * <input checked="" type="checkbox"/> CITY <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * MASON	CRASH DATE * 02062014	TIME OF CRASH 1619	DAY OF WEEK THU
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DEGREES / MINUTES / SECONDS LATITUDE 0 1 " 0 1 "	LONGITUDE 0 1 " 0 1 "	DECIMAL DEGREES LATITUDE 39.364331	LONGITUDE -84.300113
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ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> 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 CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL
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LOCATION ROUTE NUMBER 45	LOCATION ROUTE TYPE 1 42	LOCATION ROAD NAME HARVOY	ROUTE TYPES * IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
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DISTANCE FROM REFERENCE 200	DIR FROM REF <input checked="" type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF W	REFERENCE ROUTE TYPE 1 01	REFERENCE ROUTE NUMBER 01	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) HARVOY	REFERENCE ROAD TYPE * DR
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 01	01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOYT	06 - FIVE-POINT, OR MORE 07 - DR RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	INTERSECTION RELATED <input checked="" type="checkbox"/>	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MESHAN 4 - ON ROADSIDE 5 - ON GREE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 01	SECONDARY <input type="checkbox"/>	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
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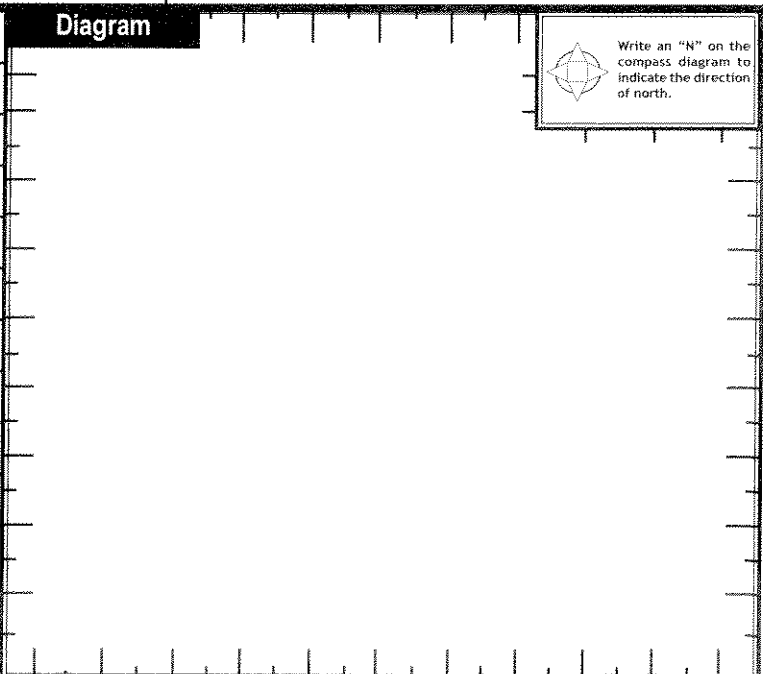
MANNER OF CRASH COLLISION/IMPACT 2	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 2	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE 2	1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY 1	SECONDARY <input type="checkbox"/>	1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLAZE* 8 - OTHER 9 - UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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WORK ZONE RELATED <input type="checkbox"/>	WORKERS PRESENT <input type="checkbox"/>	LAW ENFORCEMENT PRESENT (OTHER/VEHICLE) <input type="checkbox"/>	LAW ENFORCEMENT PRESENT (VEHICLE ONLY) <input type="checkbox"/>	TYPE OF WORK ZONE <input type="checkbox"/>	1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERRUPTED OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/>	1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
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NARRATIVE

UNIT #02 WAS STOPPED IN TRAFFIC FACING EAST ON US 42. UNIT #01 WAS TRAVELLING EASTBOUND ON US 42 APPROACHING UNIT #02, FAILED TO ASSURE A CLEAR DISTANCE AHEAD, AND STRUCK UNIT #02 IN THE REAR.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	SUPPLEMENT (CONNECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) <input type="checkbox"/>	DATE CRASH REPORTED 02062014	TIME CRASH REPORTED 1619	DISPATCH TIME 1619	ARRIVAL TIME 1624	TIME CLEARED 1654	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 60
OFFICER'S NAME * ERIC ATZBERG	OFFICER'S BADGE NUMBER 1437	CHECKED BY 41	PAGE 1 OF 4					



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**2014-3914**

UNIT NUMBER <b>1011</b>	NAME: LAST, FIRST, MIDDLE <b>SHIVE KAITLYN E</b>	DATE OF BIRTH <b>10/27/1995</b>	AGE <b>18</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>3596 AVALON TR LEBANON OH 45036</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513-492-7787</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>99</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OL STATE <b>44</b>	OPERATOR LICENSE NUMBER <b>S11192479</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE <b>1</b>	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
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OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE) <b>333.03</b>	OFFENSE DESCRIPTION <b>ACDA</b>	CITATION NUMBER <b>75628</b>	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <b>6</b>
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UNIT NUMBER <b>1021</b>	NAME: LAST, FIRST, MIDDLE <b>MEDLAND SHARON LOUISE</b>	DATE OF BIRTH <b>11/01/1971</b>	AGE <b>42</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>3734 CARMELLE WOODS DR MASON OH 45040</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513-492-9988</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OL STATE <b>01H</b>	OPERATOR LICENSE NUMBER <b>TT040458</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE <b>1</b>	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
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OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <b>1</b>
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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 Cam) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAR (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP 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 - EJECTED BY MECHANICAL MEANS 3 - EJECTED 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 (NAVIGATION DEVICE, RADIO, DVD) 5 - OTHER INSIDE THE VEHICLE 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER <b>1021</b>	NAME: LAST, FIRST, MIDDLE <b>MEDLAND LAURYN</b>	DATE OF BIRTH <b>03/13/1999</b>	AGE <b>14</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>3734 CARMELLE WOODS DR MASON OH 45040</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513-492-9988</b>
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INJURIES <b>2</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>03</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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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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# Unit

Local Report Number

20114-31914

Unit Number 01	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) SHIVE CHARLES	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )	Damage Scale 2	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 )				
LP State OH	License Plate Number FS Z 2956	Vehicle Identification Number 11S41P1M2G1K6AW111911615	# Occupants 01	
Vehicle Year 2011	Vehicle Make JEEP	Vehicle Model LIBERTY	Vehicle Color SILVER	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company GEICO	Policy Number 4289852792	Towed By	
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 Being Another Vehicle 05 - Logging 06 - Intermodal Container/Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chipp, Gravel	Trafficway Description 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected Passing or Cross-4th) 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 01 - Passenger Vehicle (less than 9 passengers) 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 Axle, 6 tires 14 - Single Unit Truck, 3+ axles 15 - Single Unit Truck / Trailer 16 - Tractor/Tractor (Boxtail) 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/Pedacyclist 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(AI Assess) 14 - Other	Action 01 - Non-Contact 02 - Non-Collision 03 - Striking 04 - Struck 05 - Striking/Struck 09 - Unknown
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Pre-Crash Actions 01 - 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 Primary 09 - 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 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 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] First Harmful Event [1] Most Harmful Event [1]	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 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/Tram) 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 35	Posted Speed 40	Traffic Control 12	Unit Direction From [8] To [5]
<input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated		01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Lights 06 - Stop Sign	07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Advanced Warning
		13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown



# Unit

Local Report Number: 2014-3914

Unit Number: 02	Owner Name: Last, First, Middle (Same As Driver): MEDLAND DEAN	Owner Phone Number - inc. area code (Same As Driver):	Damage Scale: 2	Damaged Area: Front
Owner Address: City, State, Zip (Same As Driver):	LP State: OH	License Plate Number: MEDDIE 1	Vehicle Identification Number: S1TAPYKJ3D1C11B51160J911	
Vehicle Year: 2011	Vehicle Make: TOYOTA	Vehicle Model: SIENNA	Vehicle Color: SILVER	
Proof of Insurance Sheet: [X]	Insurance Company: WESTFIELD	Policy Number: WWP 7667724	Towed By:	
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. [ ]	Cargo Body Type: 01 [ ]	Trafficway Description: 1 [ ]
HM Placard ID No.:	2. 10,001 to 26,000 Lbs. [ ]	02 - Bus/Van (9-15 Seats, Inc Driver)	2 - Two-Way, Not Divided, Continuous Left Turn Lane
HM Class Number:	3. More Than 26,000 Lbs. [ ]	03 - Bus (16+ Seats, Inc Driver)	3 - Two-Way, Divided, Unprotected (Ramp or Grass - 4 Ft.) Median
	<input type="checkbox"/> Hazardous Material Released	04 - Vehicle Towing Another Vehicle	4 - Two-Way, Divided, Positive Median Barrier
		05 - Logging	5 - One-Way Trafficway
		06 - Intermodal Container Chassis	<input type="checkbox"/> Hit / Skip Unit
		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	

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

Special Function: 01 [ ]	01 - None	09 - Ambulance	17 - Farm Vehicle	Most Damaged Area: 06 [ ]	01 - None	08 - Left Side	99 - Unknown	Action: 4 [ ]	1 - Non-Contact
02 - Taxi	10 - Fire	18 - Farm Equipment	18 - Farm Equipment	02 - Center Front	02 - Center Front	09 - Left Front		2 - Non-Collision	
03 - Rental Truck (over 10k lbs)	11 - Highway/Maintenance	19 - Motorhome	19 - Motorhome	03 - Right Front	03 - Right Front	10 - Top and Windows		3 - Striking	
04 - Bus - School (Public or Private)	12 - Military	20 - Golf Cart	20 - Golf Cart	04 - Right Side	04 - Right Side	11 - Undercarriage		4 - Struck	
05 - Bus - Transit	13 - Police	21 - Train	21 - Train	05 - Right Rear	05 - Right Rear	12 - Load/Trailer		5 - Striking/Struck	
06 - Bus - Charter	14 - Public Utility	22 - Other (Explain in Narrative)	22 - Other (Explain in Narrative)	06 - Rear Center	06 - Rear Center	13 - Total(All Areas)		9 - Unknown	
07 - Bus - Shuttle	15 - Other Government			07 - Left Rear	07 - Left Rear	14 - Other			
08 - Bus - Other	16 - Construction Equip.								

Pre-Crash Actions: 01 [ ]	Motorist: 01 - Straight Ahead	07 - Making U-Turn	13 - Negotiating a Curve	Non-Motorist: 15 - Entering or Crossing Specified Location	21 - Other Non-Motorist Action
02 - Backing	08 - Entering Traffic Lane	14 - Other Motorist Action	14 - Other Motorist Action	16 - Walking, Running, Jogging, Playing, Cycling	
03 - Changing Lanes	09 - Leaving Traffic Lane			17 - Working	
04 - Overtaking/Passing	10 - Parked			18 - Pushing Vehicle	
05 - Making Right Turn	11 - Stowing or Stopped in Traffic			19 - Approaching or Leaving Vehicle	
06 - Making Left Turn	12 - Driverless			20 - Standing	
99 - Unknown					

Contributing Circumstances: Primary 01 [ ]	Motorist: 01 - None	11 - Improper Backing	Non-Motorist: 22 - None	Vehicle Defects: 01 [ ]	01 - Turn Signals
02 - Failure to Yield	02 - Failure to Yield	12 - Improper Start From Parked Position	23 - Improper Crossing	02 - Head Lamps	02 - Head Lamps
03 - Ran Red Light	03 - Ran Red Light	13 - Stopped or Parked Illegally	24 - Darting	03 - Tail Lamps	03 - Tail Lamps
04 - Ran Stop Sign	04 - Ran Stop Sign	14 - Operating Vehicle in Negligent Manner	25 - Lying and/or Illegally in Roadway	04 - Brakes	04 - Brakes
05 - Exceeded Speed Limit	05 - Exceeded Speed Limit	15 - Swerving to Avoid (Due to External Conditions)	26 - Failure to Yield Right of Way	05 - Steering	05 - Steering
06 - Unsafe Speed	06 - Unsafe Speed	16 - Wrong Side/Wrong Way	27 - Not Visible (Dark Clothing)	06 - Tire Blowout	06 - Tire Blowout
07 - Improper Turn	07 - Improper Turn	17 - Failure to Control	28 - Inattentive	07 - Worn or Slick tires	07 - Worn or Slick tires
08 - Left of Center	08 - Left of Center	18 - Vision Obstruction	29 - Failure to Obey Traffic Signs /Signals/Officer	08 - Trailer Equipment Defective	08 - Trailer Equipment Defective
09 - Followed Too Closely/ACDA	09 - Followed Too Closely/ACDA	19 - Operating Defective Equipment	30 - Wrong Side of the Road	09 - Motor Trouble	09 - Motor Trouble
10 - Improper Lane Change /Passing/Off Road	10 - Improper Lane Change /Passing/Off Road	20 - Load Shifting/Falling/Spilling	31 - Other Non-Motorist Action	10 - Disabled From Prior Accident	10 - Disabled From Prior Accident
		21 - Other Improper Action		11 - Other Defects	11 - Other Defects

Sequence of Events: 1 [20]	2 [ ]	3 [ ]	4 [ ]	5 [ ]	6 [ ]	Non-Collision Events: 01 - Overturn/Rollover	06 - Equipment Failure (Blown Tire, Brake Failure, etc)	10 - Cross Median
First Harmful Event: 1 [ ]	Most Harmful Event: 1 [ ]	99 - Unknown				02 - Fire/Explosion	07 - Separation of Units	11 - Cross Center Line
						03 - Immersion	08 - Ran Off Road Right	Opposite Direction of Travel
						04 - Jackknife	09 - Ran Off Road Left	12 - Downhill Runaway
						05 - Cargo/Equipment Loss or Shift		13 - Other Non-Collision

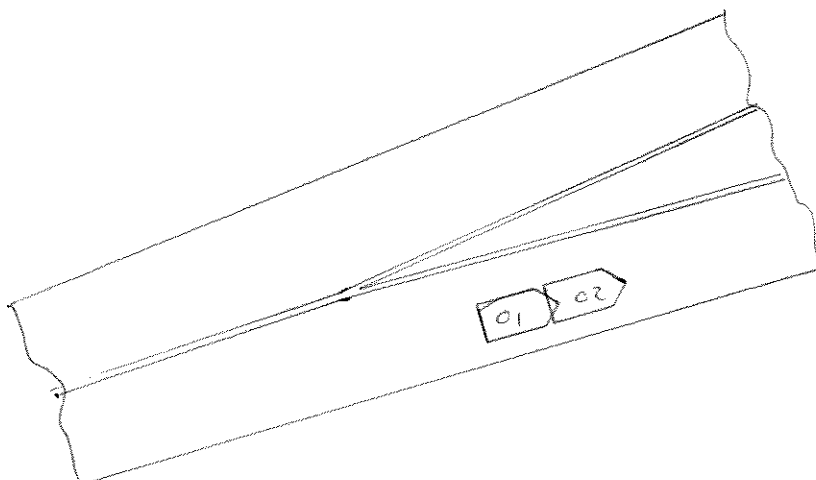
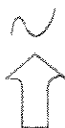
Collision With Person, Vehicle or Object Not Fixed: 14 - Pedestrian	21 - Parked Motor Vehicle	25 - Impact Attenuator/Crash Cushion	33 - Median Cable Barrier	41 - Other Post, Pole or Support	48 - Tree
15 - Pedalcycle	22 - Work Zone Maintenance Equipment	26 - Bridge Overhead Structure	34 - Median Guardrail Barrier	42 - Culvert	49 - Fire Hydrant
16 - Railway Vehicle (Train, Engine)	23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle	27 - Bridge Pier or Abutment	35 - Median Concrete Barrier	43 - Curb	50 - Work Zone Maintenance Equipment
17 - Animal - Farm		28 - Bridge Parapet	36 - Median Other Barrier	44 - Ditch	51 - Wall, Building, Tunnel
18 - Animal - Deer		29 - Bridge Rail	37 - Traffic Sign Post	45 - Embankment	52 - Other Fixed Object
19 - Animal - Other		30 - Guardrail Face	38 - Overhead Sign Post	46 - Fence	
20 - Motor Vehicle to Transport	24 - Other Movable Object	31 - Guardrail End	39 - Light/Luminaries Support	47 - Mailbox	
		32 - Portable Barrier	40 - Utility Pole		

Unit Speed: 0 [ ]	Posted Speed: 40	Traffic Control: 12 [ ]	01 - No Controls	07 - Railroad Crossbucks	13 - Crosswalk Lines	Unit Direction: From 8 To 5	1 - North	5 - Northeast	9 - Unknown
<input type="checkbox"/> Stated		02 - Stop Sign	08 - Railroad Flashers	14 - Walk/Den't Walk	14 - Walk/Den't Walk	2 - South	6 - Northwest		
<input type="checkbox"/> Estimated		03 - Yield Sign	09 - Railroad Gates	15 - Other	15 - Other	3 - East	7 - Southeast		
		04 - Traffic Signal	10 - Construction Barricade	16 - Not Reported	16 - Not Reported	4 - West	8 - Southwest		
		05 - Traffic Flashers	11 - Person (Flagger, Officer)						
		06 - School Zone	12 - Pavement Markings						



OHIO TRAFFIC CRASH REPORT  
DIAGRAM/NARRATIVE CONTINUATION

LOCAL REPORT NUMBER 14-3914	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 02   D 06   Y 14
IN COUNTY OF WARREN	CRASH LOCATION US 42 WEST OF HANOVER DR	



NOT TO SCALE

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

OH-3

LOCAL REPORT NUMBER 14-3914	REPORTING AGENCY MAJON POLICE	DATE OF CRASH M 02   D 06   Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, SHARON MEDLAND HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Fitzgerald AT 42 + Hanover  
OFFICER'S NAME LOCATION

MY DAUGHTER & MYSELF WERE STOPPED AT TRAFFIC LIGHTS OUTSIDE OF HERITAGE PARK WHEN A VEHICLE HIT US FROM BEHIND. WE WERE JOLTED A LITTLE. MY DAUGHTER HAS A HEADACHE & SAYS HER HEAD/NECK HURTS. WE BOTH WERE WEARING SEAT BELTS.

LAURYN MEDLAND - 3/13/99

ADDRESS OF WITNESS 3734 CARMELLE WOODS DRIVE	PHONE 573-492-9988
SIGNATURE OF WITNESS X <u>Sharon Medland</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>



LOCAL REPORT NUMBER 14-3914	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 02   D 06   Y 14
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Kaitlyn Shive HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Fitzgerald AT 42 + Plaines  
OFFICER'S NAME LOCATION

I was heading down towards the light by Heritage Park, it was a green light and cars were moving through. I looked to my right at my senior poster for dance that I just received for a split second. I looked forward and the van in front of me was stopped so I slammed on my brakes and was far enough behind to where it should not have hit but my car had skid when I hit the brake causing me to hit the back of her car.

ADDRESS OF WITNESS 3596 Avalon Trail, Lebanon, OH 45036	PHONE 513-492-7787
SIGNATURE OF WITNESS X <u>Kaitlyn Shive</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>