



Traffic Crash Report

Local Report Number 2014008757	Crash Severity 3 1 - Fatal 2 - Injury 3 - PDO	HHSkip <input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved
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Local Information		Reporting Agency NCIC * 018304	Reporting Agency Name * MASON POLICE	Number of Units 011	Unit in error <input type="checkbox"/> 98 - Animal <input type="checkbox"/> 99 - Unknown
<input type="checkbox"/> Photos Taken <input checked="" 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			

County * 03	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township * MASON	Crash Date * 03/20/14	Time of Crash 1135	Day of Week THU
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Degrees / Minutes / Seconds Latitude 0 / / "	Longitude 0 / / "	OR	Decimal Degrees Latitude 39.355419	Longitude -79.281082
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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 E - Eastbound <input type="checkbox"/> 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 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 Type 1 <input type="checkbox"/>	Location Route Number / / / / /	Loc Prefix <input type="checkbox"/> N,S, <input type="checkbox"/> E,W	Location Road Name FAIRWAY	Location Road Type 2 DR	Route Types 1 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 AT <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	Dir From Ref <input type="checkbox"/> N,S, <input type="checkbox"/> E,W	Reference Route Type 1 <input type="checkbox"/>	Reference Route Number / / / / /	Ref Prefix <input type="checkbox"/> N,S, <input type="checkbox"/> E,W	Reference Name (Road, Milepost, House #) SPORTS COMPLEX CENTER	Reference Road Type 2 DR
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Reference Point Used <input type="checkbox"/> 1 - Intersection <input type="checkbox"/> 2 - Mile Post <input type="checkbox"/> 3 - House Number	Crash Location 03 01 - Not an intersection 06 - Five-point, or more 02 - Four-way Intersection 07 - On Ramp 03 - T-Intersection 08 - Off Ramp 04 - Y-Intersection 09 - Crossover 05 - Traffic Circle/Roundabout 10 - Driveway/Alley Access	Reference Name (Road, Milepost, House #) SPORTS COMPLEX CENTER	Intersection Related <input type="checkbox"/>	Location of First Harmful Event 2 1 - On Roadway 5 - On Gore 2 - On Shoulder 6 - Outside Trafficway 3 - In Median 9 - Unknown 4 - On Roadside
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Road Contour <input type="checkbox"/> 1 - Straight Level 4 - Curve Grade <input type="checkbox"/> 2 - Straight Grade 9 - Unknown <input type="checkbox"/> 3 - Curve Level	Road Conditions Primary <input type="checkbox"/> Secondary <input type="checkbox"/> 01 - Dry 05 - Sand, Mud, Dirt, Oil, Gravel 02 - Wet 06 - Water (Standing, Moving) 03 - Snow 07 - Slush 04 - Ice 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown
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Manner of Crash Collision/Impact <input type="checkbox"/> 1 - Not Collision Between Two Motor Vehicles In Transport <input type="checkbox"/> 2 - Rear-End <input type="checkbox"/> 3 - Head-On <input type="checkbox"/> 4 - Rear-to-Rear <input type="checkbox"/> 5 - Backing <input type="checkbox"/> 6 - Angle <input type="checkbox"/> 7 - Sideswipe, Same Direction <input type="checkbox"/> 8 - Sideswipe, Opposite Direction <input type="checkbox"/> 9 - Unknown	Weather <input type="checkbox"/> 1 - Clear 4 - Rain 7 - Severe Crosswinds <input type="checkbox"/> 2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Soil, Dirt, Snow <input type="checkbox"/> 3 - Fog, Smog, Smoke 6 - Snow 9 - Other/Unknown
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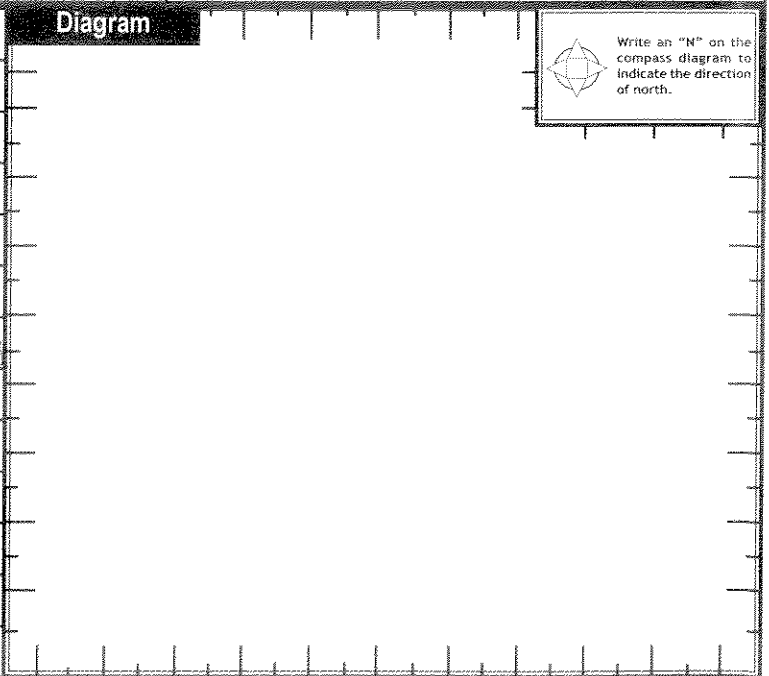
Road Surface <input checked="" type="checkbox"/> 1 - Concrete 4 - Slag, Gravel, Stone <input type="checkbox"/> 2 - Blacktop, Bituminous, Asphalt 5 - Dirt <input type="checkbox"/> 3 - Brick/Block 6 - Other	Light Conditions Primary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/> 1 - Daylight 5 - Dark - Roadway Not Lighted 9 - Unknown 2 - Dawn 6 - Dark - Unknown Roadway Lighting 3 - Dusk 7 - Glare* 4 - Dark - Lighted Roadway 8 - Other	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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<input type="checkbox"/> Work Zone Related <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	Type of Work Zone <input type="checkbox"/> 1 - Lane Closure 4 - Intermittent or Moving Work <input type="checkbox"/> 2 - Lane Shift/Crossover 5 - Other <input type="checkbox"/> 3 - Work on Shoulder or Median	Location of Crash in Work Zone <input type="checkbox"/> 1 - Before the First Work Zone Warning Sign 4 - Activity Area <input type="checkbox"/> 2 - Advance Warning Area 5 - Termination Area <input type="checkbox"/> 3 - Transition Area
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Narrative

UNIT # 1 RAN OFF ROAD RIGHT ON FAIRWAY DRIVE AT SPORTS COMPLEX CENTER STRIKING A LIGHT POLE AND A ROAD CONSTRUCTION SIGN. BOTH THE POLE AND THE SIGN. POST WAS DESTROYED. THE LIGHT POLE IS OWNED BY THE CITY OF MASON 6000 MASON MONTGOMERY RD MASON, OHIO 45040 513 229-8500

THE ROAD CONSTRUCTION SIGN IS OWNED BY JOHN R. JURGENSON CORP.



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 to ODPSS)	Date Crash Reported 03/20/14	Time Crash Reported 1135	Dispatch Time 1135	Arrival Time 1145	Time Cleared 1215	Other Investigation Time 120	Total Minutes 160
Officer's Name * PT. Edwards	Officer's Badge Number 1047	Checked By SS 41	Page 1	of 1				



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
201408757

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE BROCK, STUART A.	DATE OF BIRTH 11/20/21/1962	AGE 51	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 7104 SUMMITT AVE. CINCINNATI, OHIO 45243	CONTACT PHONE - INCLUDE AREA CODE 513 313 0095
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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 RM 228221	OL CLASS 4	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 7	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 331.34	OFFENSE DESCRIPTION FAILURE TO CONTROL	CITATION NUMBER 75785	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 6
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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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OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	<input type="checkbox"/> NO VALID OL	<input type="checkbox"/> M/C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
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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
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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 CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (DRIVER'S "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 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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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Unit

Local Report Number
2014098757

Unit Number 101	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 2	Damaged Area
LP State OH	License Plate Number EHS6181	Vehicle Identification Number 1HC4G1P541W81XB181B122181911011	# Occupants 1011	
Vehicle Year 1999	Vehicle Make CHRYSLER	Vehicle Model TOWN & COUNTRY	Vehicle Color BLUE	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company TRAVELERS	Policy Number 9788860401011	Towed By	

Carrier Name, Address, City, State, Zip _____ Carrier Phone - include area code _____

US DOT	Vehicle Weight GVWR/GCWR 1	Cargo Body Type du	Trafficway Description 1
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 05	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)
	<input checked="" type="checkbox"/> In Emergency Response			

Special Function 01	Most Damaged Area 02	Impact Area 02	Action 3
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Pre-Crash Actions 01	Motorist	Non-Motorist
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Contributing Circumstances 17	Vehicle Defects 01
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Sequence of Events 1 08 2 39 3 41 4 00 5 00 6 00	Non-Collision Events
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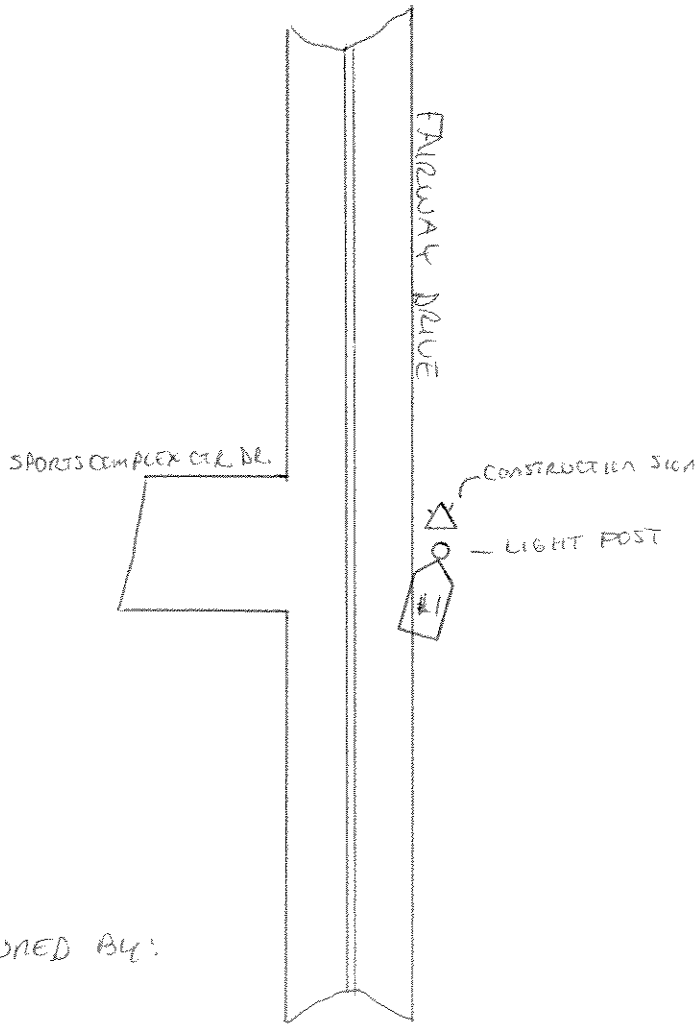
Collision with Person, Vehicle or Object Not Fixed	Collision With Fixed Object
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Unit Speed 10	Posted Speed 25	Traffic Control 12	Unit Direction From 2 To 1
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LOCAL REPORT NUMBER <i>14-8757</i>	REPORTING AGENCY <i>MASON POLICE</i>	DATE OF CRASH M <i>3</i> D <i>20</i> Y <i>14</i>
IN COUNTY OF	CRASH LOCATION <i>FAIRWAY / SPORTS COMPLEX CENTER DRIVE</i>	

NOT TO SCALE



LIGHT POLE OWNED BY:

*CITY OF MASON
6000 MASON MONTGOMERY
MASON, OHIO 45040
513 229-8500*

CONSTRUCTION SIGN IS OWNED BY:

*JOHN R. JURGENSON CORP.
MOSPELLER ROAD
CINCINNATI OH. 45241*

OFFICER'S SIGNATURE X <i>P. Edwards</i>	BADGE NUMBER <i>1247</i>
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LOCAL REPORT NUMBER <i>14-8757</i>	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 3 D 20 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

<input checked="" type="checkbox"/> <u>Stuard Brock</u> PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Ptl. Dan Edwards OFFICER'S NAME	AT <u>FAIRWAY / KINGS MILLS</u> LOCATION

DESCRIBE WHAT HAPPENED:

*I took left turn at Fairway
My gallon of Hot tub acid tipped over
ON floor and leaked out
I ~~did~~ panicked to pick it up
went off road, hit light pole
on side of road*

Q. What was your speed at the time of the crash?	A. <i>10 mph</i>
Q. What was your direction of travel?	A.
Q. Were you wearing a seatbelt?	A. <i>yes</i>
Q. Were you talking on a cell phone at the time of the crash?	A. <i>No</i>
Q. Were you injured due to the crash?	A. <i>No</i>

ADDRESS OF WITNESS <i>5606 Autumn wynd</i>	<i>Milford Oh 45150</i>	PHONE <i>513 313 0095</i>
SIGNATURE OF WITNESS <input checked="" type="checkbox"/> <i>Stu Brock</i>	OFFICER'S SIGNATURE <input checked="" type="checkbox"/> <i>Ptl. Edwards</i>	