



Traffic Crash Report

Local Report Number *	Crash Severity	HIT/Skip
2014-16091	3 1 - Fatal 2 - Injury 3 - PDO	<input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved

Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> Other	PDO Under State Reportable Dollar Amount <input type="checkbox"/> Private Property	Reporting Agency NCIC * 8304	Reporting Agency Name * MASON	Number of Units 02	Unit in error 01 98 - Animal 99 - Unknown
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County * 83	City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township * MASON	Crash Date * 05202014	Time of Crash 1800	Day of Week TUE
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Degrees / Minutes / Seconds Latitude 0 / /	Longitude 0 / /	Decimal Degrees Latitude 39.343493	Longitude 784.276458
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Roadway Division <input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	Divided Lane Direction of Travel N - Northbound E - Eastbound S - Southbound W - Westbound	Number of Thru Lanes 04	Road Types or Milepost ² 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	Location Route Number	Loc Prefix N,S, E,W	Location Road Name KING'S ISLAND	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 <input type="checkbox"/> Miles <input checked="" type="checkbox"/> Feet <input type="checkbox"/> Yards	Dir From Ref N,S, E,W	Reference Route Number 6300	Ref Prefix N,S, E,W	Reference Name (Road, Milepost, House #)	Reference Road Type ²
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Reference Point Used 3 - House Number	Crash Location 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access	11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown	<input type="checkbox"/> Intersection Related	Location of First Harmful Event 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 1 - Straight Level 2 - Straight Grade 3 - Curve Level	4 - Curve Grade 9 - Unknown	Road Conditions Primary 01	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
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Manner of Crash Collision/Impact 2 - Not Collision Between Two Motor Vehicles in Transport	3 - Rear-End 4 - Head-On 5 - Rear-to-Rear	6 - Backing 7 - Angle 8 - Sideswipe, Opposite Direction 9 - Unknown	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
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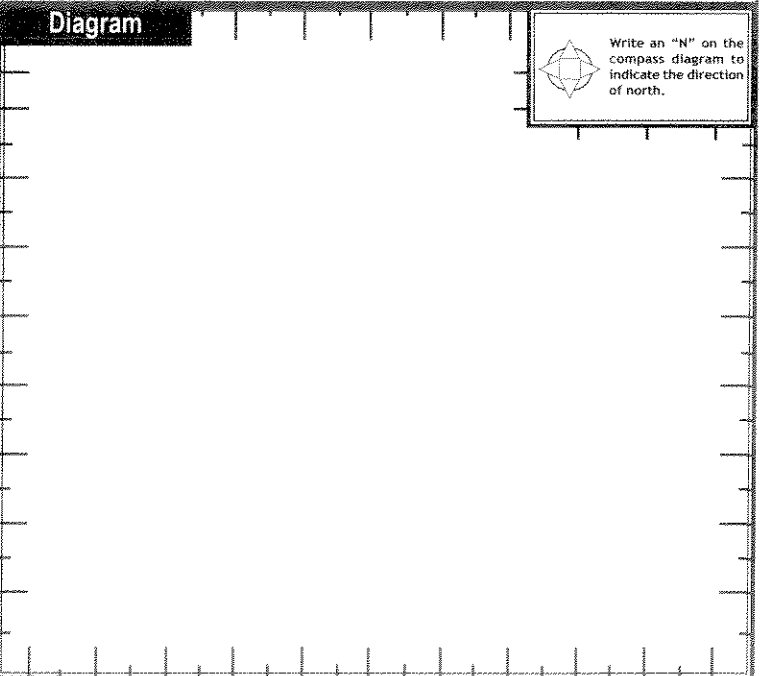
Road Surface 2 - Concrete 3 - Brick/Block	4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light Conditions 1 - Primary 2 - Secondary	1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other	9 - Unknown	<input type="checkbox"/> 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 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
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Narrative

UNIT #1 TRAVELLING SOUTH ON KING'S ISLAND DR.

UNIT #2 STOPPED ON KING'S ISLAND DR AT SOUTH ENTRANCE. UNIT #1 FAILED TO STOP AND STRUCK UNIT #2.



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 ODPS)	Date Crash Reported 05202014	Time Crash Reported 1800	Dispatch Time 1801	Arrival Time 1804	Time Cleared 1852	Other Investigation Time 30	Total Minutes 78
Officer's Name * C. SLANE	Officer's Badge Number 60	Checked By 55/50	Page 1 of 4					



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2014-16091

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE SANNELLA, MICHAEL	DATE OF BIRTH 06/22/1997	AGE 16	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2898 AFTON VALLEY CT MAINEVILLE, OH 45039	CONTACT PHONE - INCLUDE AREA CODE 513-520-2509
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER UD308819	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

OFFENSE CHARGED 333.05A	OFFENSE DESCRIPTION ASSURED CLEAR DISTANCE AHEAD	CITATION NUMBER 7611	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE PATTERSON, KARA L	DATE OF BIRTH 04/01/1973	AGE 41	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6880 CROWN POINTE DR. LIBERTY TWP, OH 45011	CONTACT PHONE - INCLUDE AREA CODE 513-518-3088
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RJ120926	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

OFFENSE CHARGED <input type="checkbox"/> LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	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, 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 - 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 IS "D") 5 - MC/MOPED CLASS	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 012	NAME: LAST, FIRST, MIDDLE PATTERSON, LUCY	DATE OF BIRTH 04/03/2010	AGE 4	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6880 CROWN POINTE DR. LIBERTY TWP, OH 45011	CONTACT PHONE - INCLUDE AREA CODE 513-518-3088
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 05	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 06	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE PATTERSON, ANNA	DATE OF BIRTH 07/12/2003	AGE 10	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6443 WOODGATE WAY LIBERTY TWP, OH 45011	CONTACT PHONE - INCLUDE AREA CODE 513-259-9160
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 04	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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Unit

Local Report Number
2014-16091

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) SANNELLA, KEITH	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 2	Damaged Area Front
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Owner Address: City, State, Zip (Same As Driver)

LP State OH	License Plate Number FTN6974	Vehicle Identification Number YS3FN41U961121956	# Occupants 01
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Vehicle Year 2006	Vehicle Make SAAB	Vehicle Model 95	Vehicle Color GREY
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<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company FARMERS	Policy Number 192343980	Towed By
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Carrier Name, Address, City, State, Zip
Carrier Phone - include area code

US DOT	Vehicle Weight GVWR, GCWR 1	Cargo Body Type 01	Trafficway Description 1
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HM Placard ID No.	HM Class Number	Hazardous Material Released	Non-Motorist Location Prior to Impact 01 - Intersection - Marked Crosswalk	Type of Use 1 - Personal	Unit Type 03	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)
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Special Function 01 - None	09 - Ambulance	17 - Farm Vehicle	Most Damaged Area 09	02 - Taxi	10 - Fire	18 - Farm Equipment	Impact Area 09	03 - Rental Truck (over 10k lbs)	11 - Highway/Maintenance	19 - Motorcycle	Action 3
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Pre-Crash Actions 01	Motorist 01 - Straight Ahead	07 - Making U-Turn	13 - Negotiating a Curve	03 - Changing Lanes	08 - Entering Traffic Lane	14 - Other Motorist Action	Non-Motorist 15 - Entering or Crossing Specified Location	21 - Other Non-Motorist Action
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Contributing Circumstances 09	Motorist 01 - None	11 - Improper Backing	Non-Motorist 22 - None	02 - Failure to Yield	12 - Improper Start From Parked Position	23 - Improper Crossing	Vehicle Defects 01 - Turn Signals
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Sequence of Events 1 20 2 3 4 5 6	Non-Collision Events 01 - Overturn/Rollover	06 - Equipment Failure	10 - Cross Median	02 - Fire/Explosion	02 - Fire/Explosion	07 - Separation of Units	11 - Cross Center Line
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Unit Speed 20	Posted Speed 45	Traffic Control 01	Unit Direction From 1 To 2
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Local Report Number
2014-16091

Unit Number 02	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
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)			1 - None	
LP State OH	License Plate Number DVA 5732	Vehicle Identification Number 5NPEB4ACBEH874350	2 - Minor	
Vehicle Year 2014	Vehicle Make HYUNDAI	Vehicle Model SONATA	3 - Functional	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company TRAVELERS	Policy Number 9877615721011	4 - Disabling	
Carrier Name, Address, City, State, Zip			9 - Unknown	
Carrier Phone - include area code				

US DOT	Vehicle Weight GVWR/GCWR 1 - 1 to 10,000 lbs. 2 - 10,001 to 26,000 lbs. 3 - More than 26,000 lbs.	Cargo Body Type 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - 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 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Centered Left Turn Lane 3 - Two-Way, Divided, Unprotected (Two or Three (4 (1) 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			<input type="checkbox"/> Has HM Placard

Non-Motorist Location Prior to Impact 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Shoulder 08 - Sidewalk 09 - Median/Crossing Island 10 - On-Ramp 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 03 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 Axle, 6 tires 14 - Single Unit Truck; 3 1 axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Saddy, Wagon, Scurry 25 - Bicycle/Moped/Cyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
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Special Function 01 - None 02 - Taxi 03 - Rental Truck (over 10k lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other 09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip. 17 - Farm Vehicle 18 - Farm Equipment 19 - Motorcycle 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 05 Impact Area 05	Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless 13 - Negotiating a Curve 14 - Other Motorist Action	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 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 Motorist 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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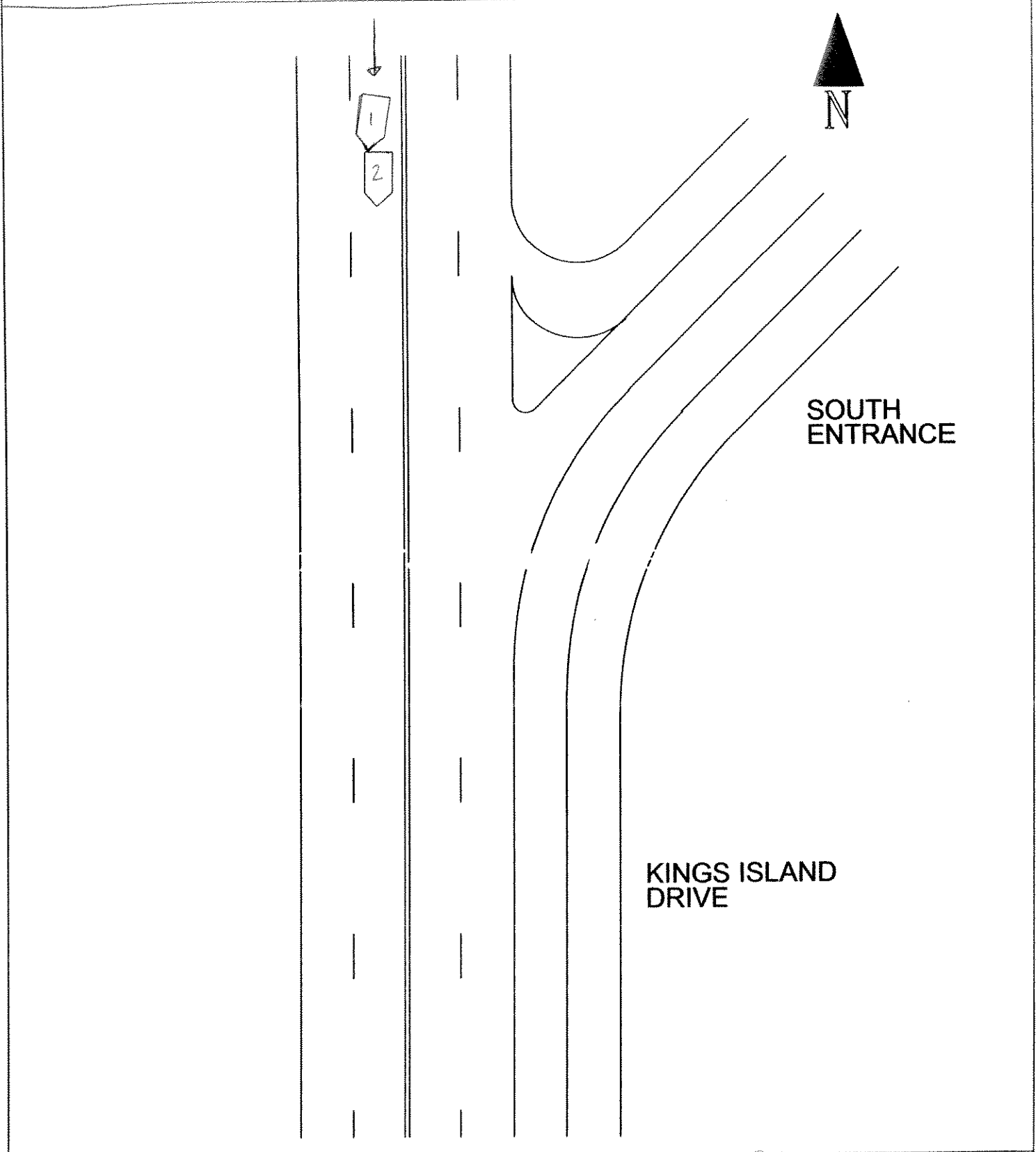
Sequence of Events 1 20 2 3 4 5 6 First Harmful Event Most Harmful Event Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Manhole 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non Collision

Unit Speed 45	Posted Speed 45	Traffic Control 01 - No Controls 02 - Stop Signs 03 - Yield Signs 04 - Traffic Signs 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Cans 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 1 To 2 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 2014-16091	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 5 D 20 Y 14
IN COUNTY OF WARREN	ACCIDENT LOCATION KINGS ISLAND DRIVE @ SOUTH ENTRANCE	



NOT TO SCALE

OFFICER'S SIGNATURE <i>Clinton C. Smith</i>	BADGE NUMBER 60
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 2014-16091	REPORTING AGENCY MASON	DATE OF CRASH MAY 20 1964
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, X Michael Sannella HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)

SLOVE
(OFFICERS NAME)

AT X Kings Island Dr.
(LOCATION)

I was following a gray Sonata, she was turning left into Kings Island I thought she was going faster than I anticipated I swerved to the right lane and ended up clipping my left front end on her back right tail end.

ADDRESS OF WITNESS X 2858 Afton Valley Ct

PHONE X 513-520-2509

SIGNATURE OF WITNESS X Michael Sannella

OFFICERS SIGNATURE Clayton W. ... 1060

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 2014-16091	REPORTING AGENCY MASON	DATE OF CRASH M 5 D 20 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kara Patterson _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
(PRINTED)

SLOVE
(OFFICERS NAME)

AT 6800 Kings Island Dr.
(LOCATION)

I was stopped in left lane with turn signal on, waiting to turn left into Kings Island and the driver behind me didn't stop, but did try to swerve around me. He hit my right bumper.

No one hurts

ADDRESS OF WITNESS 6880 Crown Pointe Dr.

PHONE 518-8088

SIGNATURE OF WITNESS Kara Patterson

OFFICERS SIGNATURE
Christopher J. 1100