



# Traffic Crash Report

Local Report Number \* 2014-14692 Crash Severity 3 HIR/Skip 1  
 1 - Fatal 2 - Injury 3 - PDO 1 - Solved 2 - Unsolved

Local Information: Photos Taken  OH-2  OH-1P  OH-3  Other  
 PDO Under State Reportable Dollar Amount  Private Property   
 Reporting Agency NCIC # 8304 Reporting Agency Name \* MASON Number of Units 02 Unit in error 01  
 98 - Animal 99 - Unknown

County \* 83 City \*  City \*  Village \*  Township \* MASON Crash Date \* 05032014 Time of Crash 2231 Day of Week SAT

Degrees / Minutes / Seconds Latitude 0 / 1 " Longitude 0 / 1 " Decimal Degrees Latitude 39.353041 Longitude -84.263697

Roadway Division  Divided  Undivided Divided Lane Direction of Travel N N - Northbound E - Eastbound S - Southbound W - Westbound Number of Thru Lanes 02 Road Types or Milepost <sup>2</sup>  
 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

Location Route Number 5 Location Route Type 1 Loc. Prefix N,S,E,W Location Road Name KING'S ISLAND Location Road Type DR Route Types <sup>1</sup>  
 IR - Interstate Route (inc. turnpike) CR - Numbered County Route  
 US - US Route TR - Numbered Township Route  
 SR - State Route

Distance From Reference 30 Miles  Feet  Yards  Dir. From Ref S Reference Route Type 1 Reference Route Number 5 Ref. Prefix N,S,E,W Reference Name (Road, Milepost, House #) GREAT WOLF Reference Road Type DR

Reference Point Used 1 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/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 Intersection Related  Location of First Harmful Event 1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

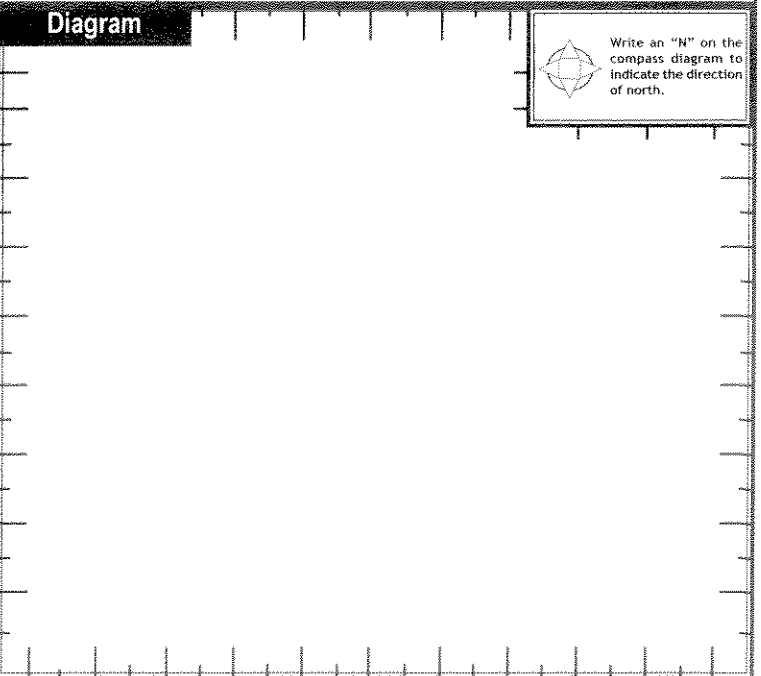
Road Contour 1 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown Road Conditions Primary 01 Secondary 01 01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris\* 09 - Rut, Holes, Bumps, Uneven Pavement\* 10 - Other 99 - Unknown \* Secondary Condition Only

Manner of Crash Collision/Impact 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 1 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Steel, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Road Surface 2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other Light Conditions 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 9 - Unknown School Bus Related  School Zone Related  School Bus Directly Involved  School Bus Indirectly Involved \* Secondary Condition Only

Workers Present  Law Enforcement Present (Officer/Vehicle)  Law Enforcement Present (Vehicle Only)  Work Zone Related  Type of Work Zone 1 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 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative  
UNIT 1 TRAVELLING NORTH ON KING'S ISLAND DR.  
UNIT 2 STOPPED IN TRAFFIC HEADING NORTH  
IN LEFT LANE. UNIT 1 FAILED TO STOP AND  
STRUCK UNIT 2.



Report Taken By  Police Agency  Motorist Supplement (Correction or Addition to an Existing Report Sent to OOPS)  Date Crash Reported 05032014 Time Crash Reported 2231 Dispatch Time 2232 Arrival Time 2245 Time Cleared 2330 Other Investigation Time 45 Total Minutes 90  
 Officer's Name \* C. SLONE Officer's Badge Number 60 Checked By SS / SGT. HAYES 50 Page 1 of 5



# MOTORIST / Non-MOTORIST / OCCUPANT

LEGAL REPORT NUMBER  
2014-14092

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER <b>101</b>	NAME: LAST, FIRST, MIDDLE <b>GARGAS, ADAM S</b>	DATE OF BIRTH <b>09/20/1974</b>	AGE <b>39</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>4226 RIDGECREEK DR. BEAVERCREEK, OH 45446</b>	CONTACT PHONE- INCLUDE AREA CODE <b>937-426-2148</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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>	
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RM310494</b>	OL CLASS <b>4</b>	<input type="checkbox"/> NO VALID OL <input type="checkbox"/> M/C END.	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	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
OFFENSE CHARGED <b>333.03A</b>	OFFENSE DESCRIPTION <b>ASSURED CLEAR DISTANCE</b>	CITATION NUMBER <b>76101</b>	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <b>1</b>						

UNIT NUMBER <b>102</b>	NAME: LAST, FIRST, MIDDLE <b>CRANDALL, STEPHANIE Y</b>	DATE OF BIRTH <b>10/27/1980</b>	AGE <b>33</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>328 BEAM DR. FRANKLIN, OH 45005</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513-292-8406</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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>	
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RQ553265</b>	OL CLASS <b>4</b>	<input type="checkbox"/> NO VALID OL <input type="checkbox"/> M/C END.	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	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
OFFENSE CHARGED <b>( ) LOCAL CODE</b>	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <b>1</b>						

<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> MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 99 - UNKNOWN SAFETY EQUIPMENT	<b>Non-Motorist</b> 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 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, 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	<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 - MC/Moped/DWV	<b>CONDITION</b> 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	<b>ALCOHOL/DRUG SUSPECTED</b> 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - ABD NOT IMPAIRED 4 - YES - DRUG 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, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER <b>102</b>	NAME: LAST, FIRST, MIDDLE <b>STANDIFER, BRIAN K</b>	DATE OF BIRTH <b>10/22/1978</b>	AGE <b>36</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>3877 SR. 123 FRANKLIN, OH 45005</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513-464-6509</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 <input type="checkbox"/> MOTORCYCLE HELMET	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 <b>101</b>	NAME: LAST, FIRST, MIDDLE <b>GARGAS, ERIN T</b>	DATE OF BIRTH <b>01/07/1974</b>	AGE <b>40</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>4226 RIDGECREEK DR. BEAVERCREEK, OH 45446</b>	CONTACT PHONE- INCLUDE AREA CODE <b>937-426-2148</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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>03</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2014-14092

OCCUPANT

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE BREITENSTEIN, PATRICK MARSHALL	DATE OF BIRTH 06/21/1998	AGE 15	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 3628 CRAB ORCHARD DR. BEAVERCREEK, OH 45430	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 03	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 05	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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OCCUPANT

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE GARGAS, SIENNA	DATE OF BIRTH 09/15/2004	AGE 9	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 4226 RIDGELIFF DR. BEAVERCREEK, OH 45440	CONTACT PHONE - INCLUDE AREA CODE 937 426 2448
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 04	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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OCCUPANT

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE GARGAS, MAX	DATE OF BIRTH 06/26/1999	AGE 14	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 4226 RIDGELIFF DR. BEAVERCREEK, OH 45440	CONTACT PHONE - INCLUDE AREA CODE 937 426 2148
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 06	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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OCCUPANT

UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE STANDIFER, HAYDEN	DATE OF BIRTH 11/03/2004	AGE 9	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 3877 SR 123 FRANKLIN, OH 45005	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 04	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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OCCUPANT

UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE STANDIFER, JACOB	DATE OF BIRTH 02/21/2001	AGE 13	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 3877 SR 123 FRANKLIN, OH 45005	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 03	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 05	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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OCCUPANT

UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE HIPSHIRE, DREW	DATE OF BIRTH 01/16/2003	AGE 11	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 803 MAPLE AVE MIAMISBURG, OH 45324	CONTACT PHONE - INCLUDE AREA CODE 937-464-6509
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 06	AIR BAG USAGE 5	EJECTION 1	TRAPPED 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>99 - UNKNOWN SAFETY EQUIPMENT</b> <b>NON-MOTORIST</b> 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	<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-TRUCKING UNIT SUCH AS A BUS, PICK-UP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING IN VEHICLE EXTERIOR (NON-TRUCKING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	<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	<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
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# Unit

Local Report Number  
2014-14092

Unit Number 011	Owner Name: Last, First, Middle (Same As Driver)	Owner Phone Number - inc. area code (Same As Driver)	Damage Scale 2	Damaged Area 
Owner Address: City, State, Zip (Same As Driver)	LP State OH	License Plate Number 644XCV	Vehicle Identification Number 1G2W1P1ZK4YF168778	
Vehicle Year 2010	Vehicle Make PONTIAC	Vehicle Model GRAND PRIX	Vehicle Color BLACK	
Proof of Insurance Shown	Insurance Company METROPOLITAN	Policy Number 6915152780	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code	

US DOT	Vehicle Weight GVWR/GWR 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 Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Vehicle Enclosed Box 08 - Grain, Chips, Gravel 09 - Pile 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknowns	Trafficway Description 4 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected/Parallel (4 Ft. or Fr.) 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

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 04 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 (9-15 Seats, 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 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 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 03 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(LAI Area) 14 - Other 99 - Unknown	Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01 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 99 - Unknown
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Contributing Circumstances Primary 09 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 99 - Unknown	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 Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision	Collision With Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacycle 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 Allowable 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 25 Posted Speed 45 Traffic Control 04 01 - No Control 02 - Stop Sign 03 - Yield Sign 04 - Traffic Sign 05 - Traffic Flashers 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 - Water/Deer Walk 15 - Other 16 - Not Reported	Unit Direction From 2 To 1 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: 2014-14092

Unit Number: 012	Owner Name: Last, First, Middle (Same As Driver)	Owner Phone Number - inc. area code (Same As Driver)	Damage Scale: 2	Damaged Area: Front
LP State: OH	License Plate Number: FHT 6574	Vehicle Identification Number: 19XFA16B69E024365	# Occupants: 05	Diagram showing damage to Front (02, 03, 04, 05, 06, 07, 08, 09)
Vehicle Year: 2019	Vehicle Make: HONDA	Vehicle Model: CIVIC	Vehicle Color: WHITE	
Proof of Insurance Shown: <input checked="" type="checkbox"/>	Insurance Company: PROGRESSIVE	Policy Number: 37699647	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 (No Cargo Body Type/Not Applicable)	Trafficway Description: 4 (Two-Way, Not Divided, Continuous Left Turn Lane)
HM Placard ID No.: _____	Hazardous Material Released: <input type="checkbox"/>	Unit Type: 02 (Sub-Compact)	Has HM Placard: <input type="checkbox"/>

Non-Motorist Location Prior to Impact: 01 (Intersection - Marked Crosswalk)	Type of Use: 1 (Personal)	Unit Type: 02 (Sub-Compact)	Passenger Vehicle (less than 9 passengers): 01 (Sub-Compact)	Med/Heavy Trucks or Combo Units > 10k lbs: 13 (Single Unit Truck or Van 2axle, 6 tires)	Bus/Van/Limo (9 or More Including Driver): 21 (Bus/Van 15 Seats, Inc Driver)
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Special Function: 01 (None)	09 (Ambulance)	17 (Farm Vehicle)	Most Damaged Area: 06 (Center Front)	08 (Left Side)	99 (Unknown)	Action: 4 (Non-Contact)
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Pre-Crash Actions: 11 (Unknown)	Motorist: 01 (Straight Ahead)	07 (Making U-Turn)	13 (Negotiating a Curve)	15 (Entering or Crossing Specified Location)	21 (Other Non-Motorist Action)
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Contributing Circumstances: 01 (None)	Motorist: 01 (None)	Non-Motorist: 22 (None)	Vehicle Defects: 01 (Turn Signals)
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Sequence of Events: 1 (20)	Non-Collision Events: 01 (Overturn/Rollover)	06 (Equipment Failure)	10 (Cross Median)
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Unit Speed: 10	Posted Speed: 45	Traffic Control: 01 (No Controls)	Unit Direction: From 2 To 1
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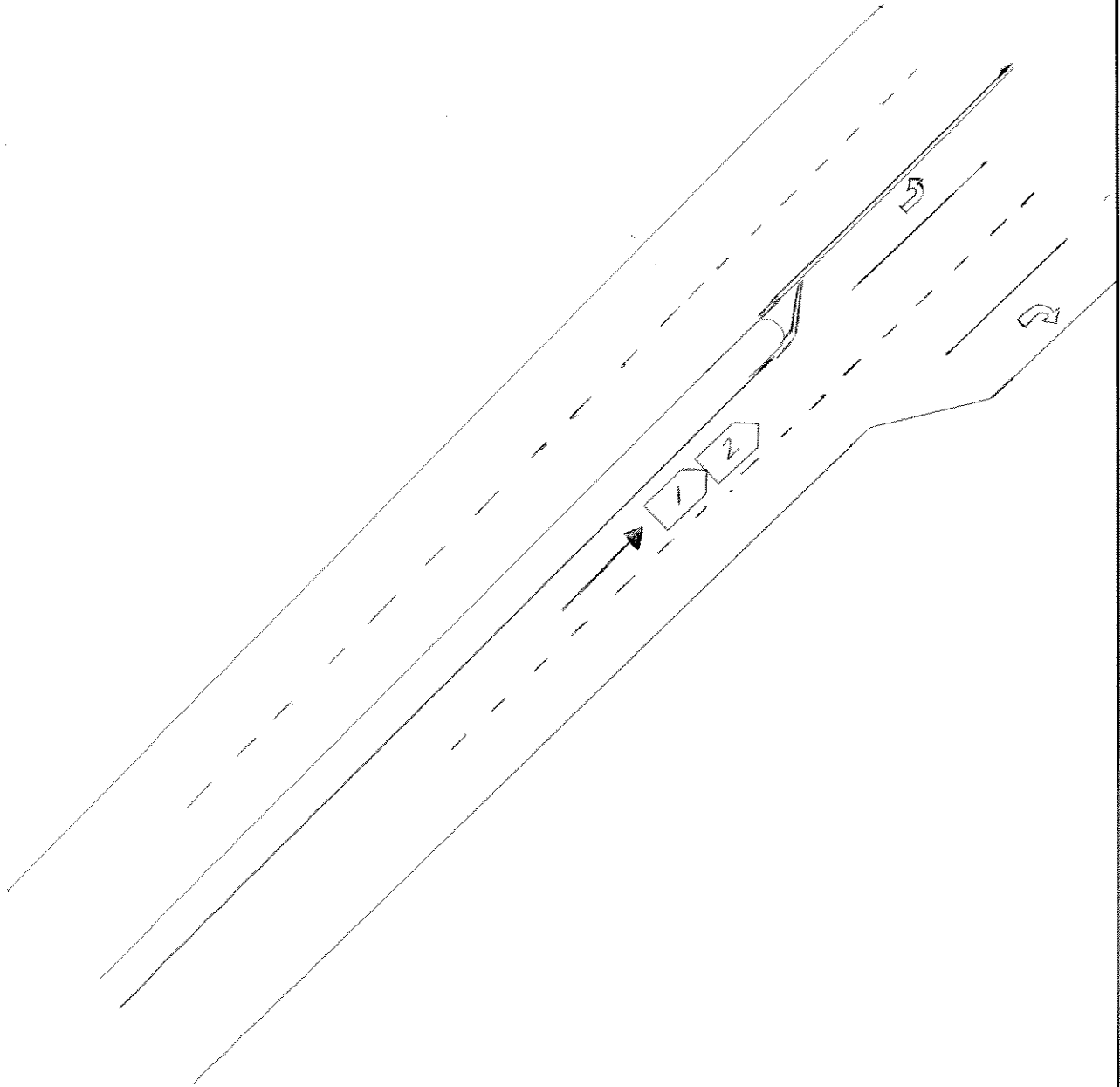


LOCAL REPORT NUMBER <i>14-14092</i>	REPORTING AGENCY <i>MASON POLICE</i>	DATE OF CRASH M <i>5</i>   D <i>3</i>   Y <i>14</i>
IN COUNTY OF <i>WARREN</i>	CRASH LOCATION <i>KINGS ISLAND DR - 5600 BLOCK.</i>	

\* NOT TO SCALE



NORTH



OFFICER'S SIGNATURE <input checked="" type="checkbox"/> <i>Christopher E. Smith</i>	BADGE NUMBER <i>60</i>
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LOCAL REPORT NUMBER 14-14092	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 5   D 3   Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I,  Adam Gargas, HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

SLOWE AT 5650 KING'S ISLAND DR.  
OFFICER'S NAME LOCATION

I Took my Eye's off The Road for A Second & Rear Ended  
A White Honda Civic

HOW FAST WERE WHEN YOU STRUCK VEHICLE? 25 MPH *AGB*

WERE ALL OCCUPANTS WEARING SAFETY BELTS? YES *AGB*

ADDRESS OF WITNESS <input checked="" type="checkbox"/> 4226 Ridgecliff Dr. / Beavercreek, Ohio 45440	PHONE <input checked="" type="checkbox"/> (937) 426-2148
SIGNATURE OF WITNESS <input checked="" type="checkbox"/> <i>[Signature]</i>	OFFICER'S SIGNATURE <input checked="" type="checkbox"/> <i>[Signature]</i>



LOCAL REPORT NUMBER <i>14-14092</i>	REPORTING AGENCY <i>MASON POLICE</i>	DATE OF CRASH M <i>5</i> D <i>3</i> Y <i>14</i>
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, *X Stephanie Crandall* HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

*SLOVE* AT *5656 KING'S ISLAND DR*  
OFFICER'S NAME LOCATION

*I was stopped at the light and the black grand prix hit me in the rear.*

ADDRESS OF WITNESS <i>X 328 Beam Drive</i>	PHONE <i>X 513-292-8406</i>
SIGNATURE OF WITNESS <i>X Stephanie Crandall</i>	OFFICER'S SIGNATURE <i>X [Signature]</i>