



Traffic Crash Report

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| Local Report Number * | Crash Severity | HU/Skip |
| 201141-173127 | 2 - Fatal 1 - Injury 3 - PDO | 1 - Solved 2 - Unsolved |

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| 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 | Private Property | Reporting Agency NCIC * | Reporting Agency Name * | Number of Units | Unit in error |
| | | | 08304 | Mason Police Department | 02 | 01 98 - Animal 99 - Unknown |

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|----------|---|---------------------------|--------------|---------------|-------------|
| County * | City * | City, Village, Township * | Crash Date * | Time of Crash | Day of Week |
| 83 | <input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township * | Mason | 05312014 | 1746 | Sat |

| | | | |
|---|-----------|-----------------------------|------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude |
| 0 / / | 0 / / | 39.334733 | -78.279774 |

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| Roadway Division | Divided Lane Direction of Travel | Number of Thru Lanes | Road Types or Milepost ² |
| <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided | <input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound | 04 | 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 PT - Pike SQ - Square TL - Trail |

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|----------------------------------|-----------------------|------------|--------------------|---------------------------------|--|
| Location Route Type ¹ | Location Route Number | Loc Prefix | Location Road Name | Location Road Type ² | Route Types ¹ |
| | | N, S, E, W | Columbia | RD | 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 | Dir From Ref | Reference Route Number | Ref Prefix | Reference Name (Road, Milepost, House #) | Reference Road Type ² |
| <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards | <input type="checkbox"/> N, S, E, W | | | 7082 Columbia | RD |

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| Reference Point Used | Crash Location | Intersection Related | Location of First Harmful Event |
| 3 1 - Intersection 2 - Mile Post 3 - House Number | 01 01 - Not an intersection 02 - Four-way intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout | <input type="checkbox"/> | 1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown |

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| Road Contour | Road Conditions | Weather |
| 1 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown | 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 | 1 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 |

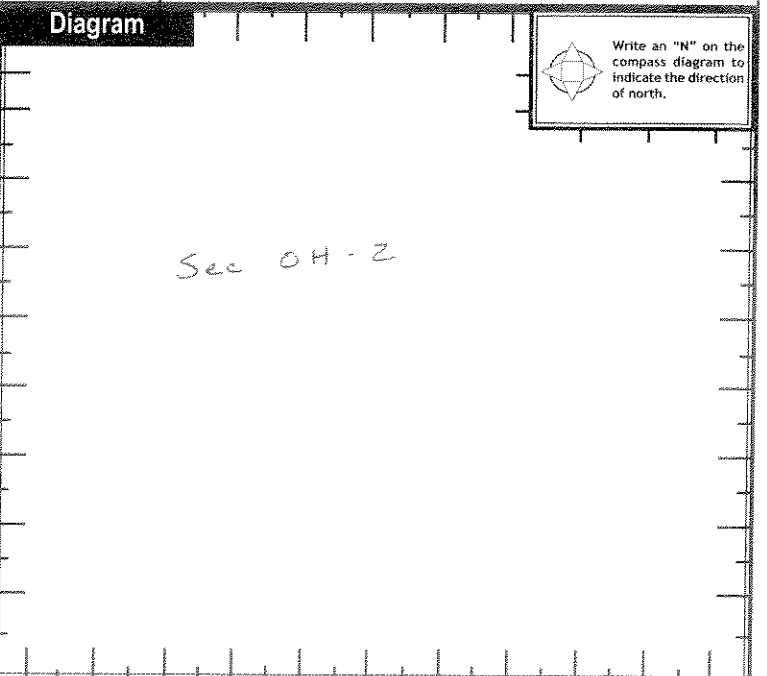
| | | |
|--|---|--|
| Manner of Crash Collision/Impact | Light Conditions | School Bus Related |
| 7 1 - Not Collision Between Two Motor Vehicles in Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown | 1 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other | <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 | Workers Present | Type of Work Zone | Location of Crash in Work Zone |
| <input type="checkbox"/> | <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only) | 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other | 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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| Report Taken By | Supplement (Correction or Addition to an Existing Report Sent to OGPS) |
| <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist | <input type="checkbox"/> |

Narrative

Unit 2 was traveling southbound on Columbia Road. Unit 1 was also traveling southbound on Columbia Road behind Unit 2. Unit 2 started to make a left turn into 7082 Columbia Road. Unit 1 went to pass Unit 2 on the left and struck the front left side of the vehicle. Unit 1 was ejected from motorcycle and slid off of the roadway.



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| Date Crash Reported | Time Crash Reported | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| 05312014 | 1746 | 1746 | 1747 | 1911 | 30 | 114 |
| Officer's Name * | Officer's Badge Number | Checked By | Page 1 of 4 | | | |
| POT Donley | 15 | 37/50 | | | | |



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

201141-1P13K71

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|-------------------|--|---------------------------|-----------|------------------------------------|
| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE Alverson, Marc, S | DATE OF BIRTH 10061955 | AGE 58 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 3240 Shadow Ridge Dr Loveland, OH 45140 | CONTACT PHONE- INCLUDE AREA CODE 513-600-2418 |
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| INJURIES 4 | INJURED TAKEN BY 2 | EMS AGENCY Mason EMS | MEDICAL FACILITY INJURED TAKEN TO Bethesda North | SAFETY EQUIPMENT USED 08 | DOT COMPLIANT MOTORCYCLE HELMET <input checked="" type="checkbox"/> | SEATING POSITION 01 | AIR BAG USAGE 5 | EJECTION 2 | TRAPPED 1 |
|---------------|-----------------------|-------------------------|---|-----------------------------|--|------------------------|--------------------|---------------|--------------|

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|----------------|-------------------------------------|---------------|---|---|----------------|-----------------------------|--------------------------|------------------------|-------------------------|-----------------------|---------------------|
| OL STATE OH | OPERATOR LICENSE NUMBER RG558613 | OL CLASS 4 | No VALID OL <input type="checkbox"/> | M/C Eng. <input checked="" 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 1 |
|----------------|-------------------------------------|---------------|---|---|----------------|-----------------------------|--------------------------|------------------------|-------------------------|-----------------------|---------------------|

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| OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 331.03 | OFFENSE DESCRIPTION Improper passing | CITATION NUMBER 76205 | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY 1 |
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| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE Patkar, Neela, J | DATE OF BIRTH 10081940 | AGE 73 | GENDER F F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 6350 Vistaridge Ln Cincinnati, OH 45227 | CONTACT PHONE- INCLUDE AREA CODE 513-271-6745 |
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| INJURIES 1 | INJURED TAKEN BY 0 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
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|----------------|--------------------------------------|---------------|---|--------------------------------------|----------------|-----------------------------|--------------------------|------------------------|-------------------------|-----------------------|---------------------|
| OL STATE OH | OPERATOR LICENSE NUMBER RT 213878 | OL CLASS 4 | No VALID OL <input type="checkbox"/> | M/C Eng. <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 1 |
|----------------|--------------------------------------|---------------|---|--------------------------------------|----------------|-----------------------------|--------------------------|------------------------|-------------------------|-----------------------|---------------------|

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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 1 |
|---|---------------------|-----------------|--|---------------------------|

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| INJURIES 1 - NO INQUIRY / 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 99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 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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| 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 Sx) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAR (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILER (TRAILER SUCH AS A BOX, PICKUP WITH CAB)) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN | AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN |
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| EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE | TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS | OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (DRIVER "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 - RED 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 02 | NAME: LAST, FIRST, MIDDLE Patkar, Jayant | DATE OF BIRTH 02201942 | AGE 72 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 6350 Vistaridge Ln. Cincinnati, OH 45227 | CONTACT PHONE- INCLUDE AREA CODE 513-271-6745 |
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|---------------|-----------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|
| INJURIES 1 | INJURED TAKEN BY 0 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION 03 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
|---------------|-----------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|

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|-------------------|---|---------------------------|-----------|------------------------------------|
| UNIT NUMBER 00 | NAME: LAST, FIRST, MIDDLE Black, James | DATE OF BIRTH 07131977 | AGE 36 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 1734 Commanche TRL Elsmere, KY 41018 | CONTACT PHONE- INCLUDE AREA CODE 513-617-0460 |
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|---------------|-----------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|
| INJURIES 0 | INJURED TAKEN BY 0 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 00 | DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/> | SEATING POSITION 00 | AIR BAG USAGE 0 | EJECTION 0 | TRAPPED 0 |
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Unit

Local Report Number

1201141-117132171111

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|--|--|--|-----------------------------------|---|
| 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 4 | Damaged Area Front 09 02 03 08 10 01 07 06 05 Rear |
| Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) | | | 1 - None | |
| LP State OH | License Plate Number NP9T | Vehicle Identification Number ZDM1ZBLWOCB018537 | 2 - Minor | |
| Vehicle Year 2012 | Vehicle Make Ducati | Vehicle Model Multi Strada | 3 - Functional | |
| Proof of Insurance Shown <input type="checkbox"/> | Insurance Company State Farm | Policy Number Z611045-A19-35G | 4 - Disabling | |
| | | Towed By Sora's | 5 - Unknown | |
| Carrier Name, Address, City, State, Zip | | | Carrier Phone - include area code | |

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|-------------------|---|------------------------------|--|--|---|
| US DOT | Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10,000 lbs. 2 - 10,001 to 26,000 lbs. 3 - More Than 26,000 lbs. | Cargo Body Type 01 | 01 - No Cargo Body Type Not Applicable 02 - Box Van (9-15' Van) - Inc. Driver 03 - Box Van (16 - 22' Van) - Inc. Driver 04 - Vehicle Towing Another Vehicle 05 - Cargo Van 06 - Semi-Trailers 07 - Cargo Van (closed Box) 08 - Dump, Chute, Trailer | 09 - Van 10 - Cargo Tank 11 - Flat Bed 12 - Bump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown | Trafficway Description 2 |
| HM Placard ID No. | Hazardous Material Released <input type="checkbox"/> | | | | 1 - Two Way, Not Divided 2 - Two Way, Not Divided, Continuous Left Turn Lane 3 - Two Way, Divided, Unimproved/Shoulder or 5' or + (1) Median 4 - Two Way, Divided, Positive Median Barrier 5 - One Way Trafficway |
| HM Class Number | | | | | <input type="checkbox"/> Hit / Skip Unit |

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| Non-Motorist Location Prior to Impact 01 | Type of Use 1 | Unit Type 09 | Passenger Vehicles (less than 9 passengers) | Med/Heavy Trucks or Combo Units > 10K lbs | Bus/Van/Limo (9 or More including Driver) |
| 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown | 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | 09 - Unknown or Hit / Skip 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 | 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear | 13 - Single Unit Truck or Van Trailer, 6 tires 14 - Single Unit Truck 3 - axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Boatlift) 17 - Tractor/Semi-Trailer 18 - Tractor/Dooble 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle | 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/Stater 27 - Other Non-Motorist |
| | | | <input type="checkbox"/> Has HM Placard | | |

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

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|--------------------------------|--|--|--|--|--------------------------------|
| Pre-Crash Actions 04 | 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 - Stopping 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 10 | 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 | 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 |
| | 99 - Unknown | | | | | |

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|--|--|---|--|--|--|
| Sequence of Events | 1 20 2 01 3 43 4 01 5 01 6 01 | Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jack-knife 05 - Cargo/Equipment Loss or Shift | 06 - Equipment Failure (blow fire, 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 (Tram, 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 Motor Vehicle 24 - Other Movable Object | 25 - Impact Attenuator/Grass Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge End 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 - Patch 45 - Embankment 46 - Fence 47 - Mailbox |
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| Unit Speed 035 | Posted Speed 45 | Traffic Control 01 | 01 - No Control 02 - Stop Sign 03 - Stop Sign 04 - Traffic Sign 05 - Traffic Sign 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 - Walk/Dont 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 |
| <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated | | | | | | | | |



Unit

Local Report Number
2014-1173171

| | | | | |
|--|--|--|--------------------------|------------------|
| 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 1 | Damaged Area |
| Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) | | | 1 - None | |
| LP State OH | License Plate Number EUQ 3375 | Vehicle Identification Number 4JGAB7ZE1XA097807 | 2 - Minor | |
| Vehicle Year 1999 | Vehicle Make Mercedes-Benz | Vehicle Model ML430 | 3 - Functional | |
| Vehicle Color Green | Insurance Company AMICA | Policy Number 950634-20ZE | 4 - Disabling | |
| Proof of Insurance Shown <input checked="" type="checkbox"/> | Towed By Sora's | Carrier Name, Address, City, State, Zip | 9 - Out of town | |
| Carrier Phone - include area code | | | | |

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|--------------------|---|---|---|---|
| OS DOT 1 | Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10,000 Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More than 26,000 Lbs. | Cargo Body Type 01 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 2 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected/Passes or Goes (4 FT.) 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 | | | | |

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|--|---|--|---|--|--|
| Non-Motorist Location Prior to Impact 01 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 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | Unit Type 06 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 2Axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bohrtail) 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/Pedalcyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist |
| | | | <input type="checkbox"/> Has HM Placard | | |

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|--|---|---|--|---|--|
| 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 09 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear | 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total(All Areas) 14 - Other | 99 - Unknown 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
|--|---|---|--|---|--|

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|--|---|--|--|
| Pre-Crash Actions 06 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown | 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 |
|--|---|--|--|

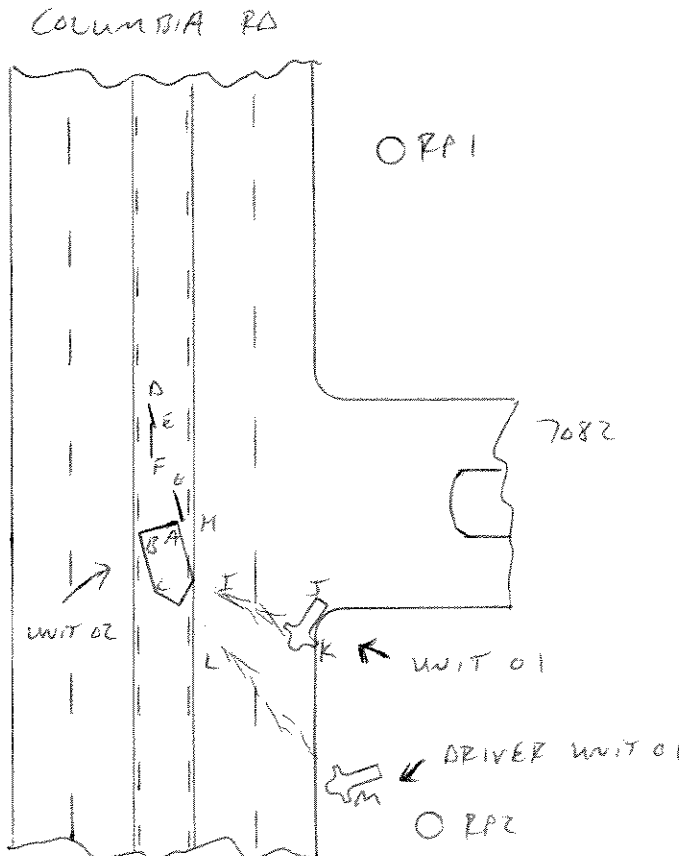
| | | | |
|--|--|---|---|
| Contributing Circumstances 01 Primary 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road | Motorist 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 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 00 3 00 4 00 5 00 6 00 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 (Blow 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 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 Concrete 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 020 | Posted Speed 45 | Traffic Control 01 01 - No Controls 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 - Cresswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported | Unit Direction From 1 To 3 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown |
|--------------------------|---------------------------|--|--|



| | | |
|---------------------------------|------------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER 14-17327 | REPORTING AGENCY MAGON POLICE | DATE OF CRASH M 05 D 31 Y 14 |
| IN COUNTY OF WARREN | CRASH LOCATION 7082 COLUMBIA RD | |



RP1: POLE 042HR 97926
 RP2: POLE 041HR 97925
 RP1 TO RP2: 247³

| | RP1 | RP2 |
|---|------------------|------------------|
| A | 168 ¹ | 97 ⁵ |
| B | 171 ⁹ | 94 ³ |
| C | 179 ³ | 85 ¹ |
| D | 146 ¹ | 117 ¹ |
| E | 150 ³ | 113 ¹ |
| F | 155 ³ | 107 ² |
| G | 164 ³ | 97 ³ |
| H | 166 ⁴ | 94 ⁴ |
| I | 178 ³ | 77 ¹ |
| J | 205 ⁴ | 42 ³ |
| K | 209 ³ | 40 ² |
| L | 182 ⁵ | 76 ³ |
| M | 232 ³ | 17 ³ |

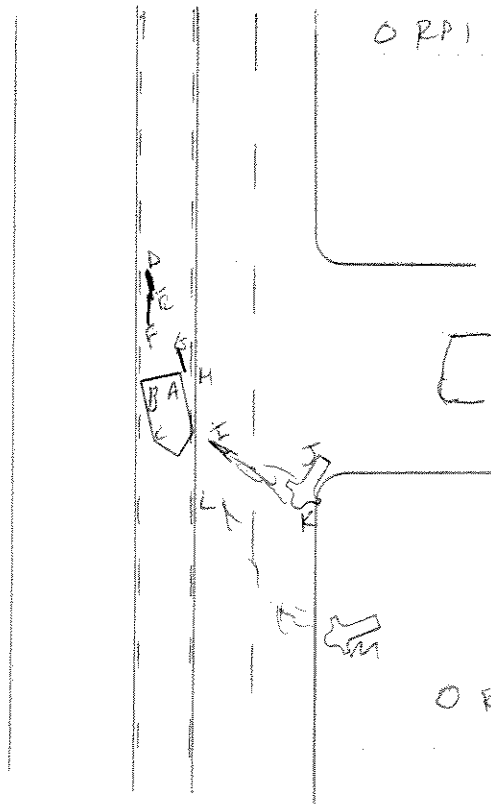
NOT TO SCALE

| | |
|--------------------------|----------------------|
| OFFICER'S SIGNATURE X | BADGE NUMBER 1237 |
|--------------------------|----------------------|



| | | |
|---------------------------------|------------------|----------------------------|
| LOCAL REPORT NUMBER 14-17327 | REPORTING AGENCY | DATE OF CRASH M D Y |
| IN COUNTY OF | CRASH LOCATION | |

FIELD SKETCH



| | RA1 | RA2 |
|---|------------------|------------------------------|
| A | 968 ¹ | 12293^E |
| B | 171 ² | 74 ⁴ |
| C | 179 ² | 85 ⁴ |
| D | 146 ⁴ | 117 ¹ |
| E | 158 ² | 113 ¹ |
| F | 155 ² | 107 ² |
| G | 164 ² | 97 ² |
| H | 126 ⁴ | 94 ⁴ |
| I | 178 ² | 77 ¹ |
| J | 205 ⁴ | 42 ² |
| K | 209 ² | 40 ² |
| L | 182 ² | 76 ² |
| M | 232 ² | 17 ² |

RA1 : POLK
 RA2 : POLK 0Y1HR 97925
 RA1 TO RA2 : 247²

| | |
|--------------------------|----------------------|
| OFFICER'S SIGNATURE X | BADGE NUMBER 1637 |
|--------------------------|----------------------|



| | | |
|---------------------------------|----------------------------------|--------------------------------------|
| LOCAL REPORT NUMBER 14-17327 | REPORTING AGENCY MASON POLICE | DATE OF CRASH MOS D 31 Y 2014 |
|---------------------------------|----------------------------------|--------------------------------------|

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Neela Patkar HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

PO T Donley 15 AT 7022 Columbia Road
OFFICER'S NAME LOCATION

I was driving in Lt Lane. we were lost the road to Sharon Nursery. I was trying to take left turn going toward Lakeshore to ask the direction. Suddenly I heard big thump & saw motor cycle driver & his motor bike tumbling on the road. I realized there is an accident.

How FAST were you GOING? Maybe 20 mile/hr
 NAME: Jayant Patkar
 DOB: 2-20-1942

ARE YOU INJURED? No. Just shaken

WERE YOU WEARING A SEAT BELT? yes (Both)

6350 Vista Ridge Ln, Cincinnati OH 45227
 ADDRESS OF WITNESS PHONE
513 271 6745

SIGNATURE OF WITNESS X Neela Patkar OFFICER'S SIGNATURE X PO T Donley 15



| | | |
|---------------------------------|----------------------------------|---------------------------------------|
| LOCAL REPORT NUMBER 14-17327 | REPORTING AGENCY MASON POLICE | DATE OF CRASH M 05 D 31 Y 2014 |
|---------------------------------|----------------------------------|---------------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, James Black HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

PO T Donley 15 AT 7082' Columbia Road
OFFICER'S NAME LOCATION

~~Looked~~ Looked up to see motor cycle appear to be making a right hand turn. At same moment, other car appeared to not stop in time, hitting motorcycle.

1734 Comanche Trl Elsmere, KY, 41018
ADDRESS OF WITNESS

(513) 617-0460
PHONE

[Signature] PO T Donley 15
SIGNATURE OF WITNESS OFFICER'S SIGNATURE

X X

003-7/13/77