



Traffic Crash Report

Local Report Number *

2014-17714

Crash Severity

3 1 - Fatal
2 - Injury
3 - PDO

Hit/Skip

1 - Solved
2 - Unsolved

Local Information

Photos Taken
 OH-2 OH-1P
 OH-3 Other DD Under State Reportable Dollar Amount
 Private PropertyReporting Agency NCIC *
08304Reporting Agency Name *
MASON POLICENumber of Units
02Unit in error
01 98 - Animal
99 - UnknownCounty *
83 City *
 Village *
 Township *City, Village, Township *
MASON

Crash Date *

06032014

Time of Crash

1631

Day of Week

TUE

Degrees / Minutes / Seconds

Latitude

0

Longitude

0

Decimal Degrees

Latitude

39.343512

Longitude

-84.276423

Roadway Division
 Divided
 UndividedDivided Lane Direction of Travel
 N - Northbound E - Eastbound
 S - Southbound W - WestboundNumber of Thru Lanes
04Road Types or Milepost²AL - 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 - TrailLocation Route Type¹

Location Route Number

Loc Prefix
 N,S
 E,W

Location Road Name

KINGS ISLAND

DR Location Road Type³Route Types¹IR - Interstate Route (inc. turnpike) CR - Numbered County Route
US - US Route TR - Numbered Township Route
SR - State RouteDistance From Reference
50 Miles
 Feet
 YardsDir From Ref
 N,S
 E,WReference Route Type¹

Reference Route Number

Ref Prefix
 N,S
 E,W

Reference Name (Road, Milepost, House #)

SOUTH ENTRANCE

Reference Road Type²Reference Point Used
1 - Intersection
2 - Mile Post
3 - House NumberCrash Location
0101 - 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 Access11 - Railway Grade Crossing
12 - Shared-Use Paths or Trails
99 - Unknown Intersection RelatedLocation of First Harmful Event
11 - On Roadway 5 - On Gore
2 - On Shoulder 6 - Outside Trafficway
3 - In Median 9 - Unknown
4 - On RoadsideRoad Contour
1 - Straight Level
2 - Straight Grade
3 - Curve Level4 - Curve Grade
9 - UnknownRoad Conditions
Primary
01

Secondary

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

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 4 - Rain 7 - Severe Crosswinds
2 - Cloudy 5 - Sleet, Hail 8 - Blowing Sand, Soil, Dirt, Snow
3 - Fog, Smog, Smoke 6 - Snow 9 - Other/Unknown

* Secondary Condition Only

Road Surface
2 1 - Concrete
2 - Blacktop, Bituminous, Asphalt
3 - Brick/Block4 - Siag, Gravel, Stone
5 - Dirt
6 - OtherLight Conditions
Primary
1Secondary
1 - Daylight
2 - Dawn
3 - Dusk
4 - Dark - Lighted Roadway5 - Dark - Roadway Not Lighted
6 - Dark - Unknown Roadway Lighting
7 - Glare*
8 - Other
9 - Unknown School Zone Related School Bus Related
 Yes, School Bus Directly Involved
 Yes, School Bus Indirectly Involved Work Zone Related Workers Present
 Law Enforcement Present (Officer/Vehicle)
 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

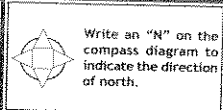
Location of Crash in Work Zone

1 - Before the First Work Zone Warning Sign
2 - Advance Warning Area
3 - Transition Area
4 - Activity Area
5 - Termination Area

Narrative

UNIT 2 WAS STOPPED IN TRAFFIC SOUTHBOUND ON KINGS ISLAND DRIVE NEAR THE SOUTH ENTRANCE. UNIT 1 FAILED TO STOP IN TIME AND STRUCK UNIT 2 IN THE REAR.

Diagram



Write an "N" on the compass diagram to indicate the direction of north.

Report Taken By
 Police Agency Motorist Supplement (Correction or Addition to an Existing Report Sent to ODPS)Date Crash Reported
06032014Time Crash Reported
1631Dispatch Time
1631Arrival Time
1631Time Cleared
1726Other Investigation Time
30Total Minutes
85Officer's Name *
PO T DoakOfficer's Badge Number
15Checked By
10/50



Unit

Local Report Number
2014-17714

Unit Number 01	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 3	Damaged Area
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Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)	LP State OH	License Plate Number FPC 6394	Vehicle Identification Number 1HGC02F63LA165511	# Occupants 01
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Vehicle Year 2012	Vehicle Make HONDA	Vehicle Model ACCORD	Vehicle Color BLACK
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Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company STATE FARM	Policy Number 793 2523 - E23-35	Towed By
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Carrier Name, Address, City, State, Zip	Carrier Phone - include area code
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US DOT 1	Vehicle Weight GVWR/GCWR 1	Large Body Type 01	Trafficway Description 1
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HM Placard ID No.	HM Class Number	Hazardous Material Released <input type="checkbox"/>	Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 02	Med/Heavy Trucks or Combo Units > 10K lbs	Bus/Van/Limo (9 or More In-Seat Drivers)
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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 (If other, in comments)	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 - Inhabit 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
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Contributing Circumstances 09	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	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	3	4	5	6	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
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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	Collision With Fixed Object	25 - Impact Attenuation/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 025	Posted Speed 45	Traffic Control 01	01 - No Control	02 - Stop Sign	03 - Yield Sign	04 - Stop Sign	05 - Traffic Signals	06 - Stop Zone	07 - Railroad Cross-ticks	08 - Railroad Flashed	09 - Railroad Gates	10 - Construction Barricade	11 - Barricade/Flagger, Officer	12 - Downhill Marking	13 - Crosswalk Lane	14 - Walk/Down 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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Unit

Local Report Number
2014-17714

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 3	Damaged Area
Owner Address: City, State, ZIP (<input checked="" type="checkbox"/> Same As Driver)			1 - None	
LP State OH	License Plate Number IBRIDNG	Vehicle Identification Number KM8SC13E05U989166	2 - Minor	
Vehicle Year 2005	Vehicle Make HYUNDAI	Vehicle Model SANTA FE	3 - Functional	
Vehicle Color BLUE	Insurance Company MOTORISTS MUTUAL INS CO	Policy Number 1314-06-881623-05A	4 - Disabling	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Towed By		5 - Unknown	

Carrier Name, Address, City, State, Zip	Carrier Phone- include area code
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US DOT 1	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10K Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 01	Traffic Description 1
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	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 - Intermediate 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	1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected/Passer or Gravel (R.D.) Median 4 - Two Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Class Number	<input type="checkbox"/> In Emergency Response	<input type="checkbox"/> Hit / Skip Unit	

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 06	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 - Tractor/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Trimples 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, Suvvy 25 - Bicycle/Pedicyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
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	99 - Unknown or Hit / Skip	<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 05	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 - TAIL/RAIL AREA 14 - Other 99 - Unknown	Action 4	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 11	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 - Stewing 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 01	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
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Sequence of Events 1 20 2 00 3 00 4 00 5 00 6 00	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 - Opposite Runaway 13 - Other Non-Collision
Collision With Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Trolley) 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 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object	

Unit Speed 000	Posted Speed 45	Traffic Control 01	01 - No Control 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - Control 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/Drain 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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MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2014-17714

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE TORRES-COLON, MARI SOL	DATE OF BIRTH 04/16/1976	AGE 38	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 7330 CAPRI WAY APT 7 MAINEVILLE, OH 45039	CONTACT PHONE- INCLUDE AREA CODE 787-366-1285
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 99	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER UD 799618	OL CLASS 4	No VALID OL	M/C END.	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 (LOCAL CODE) 333.03a	OFFENSE DESCRIPTION ASSURED CLEAR DISTANCE AHEAD	CITATION NUMBER 76206	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE AVERBECK, CAROL, D	DATE OF BIRTH 03/20/1967	AGE 47	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 7520 WATERFORD CIRCLE APT 102 MASON, OH 45040	CONTACT PHONE- INCLUDE AREA CODE 513-374-7669
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INJURIES 1	INJURED TAKEN BY	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
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OL STATE OH	OPERATOR LICENSE NUMBER RP 678066	OL CLASS 4	No VALID OL	M/C END.	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 (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE 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	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 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 (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADAR, 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 MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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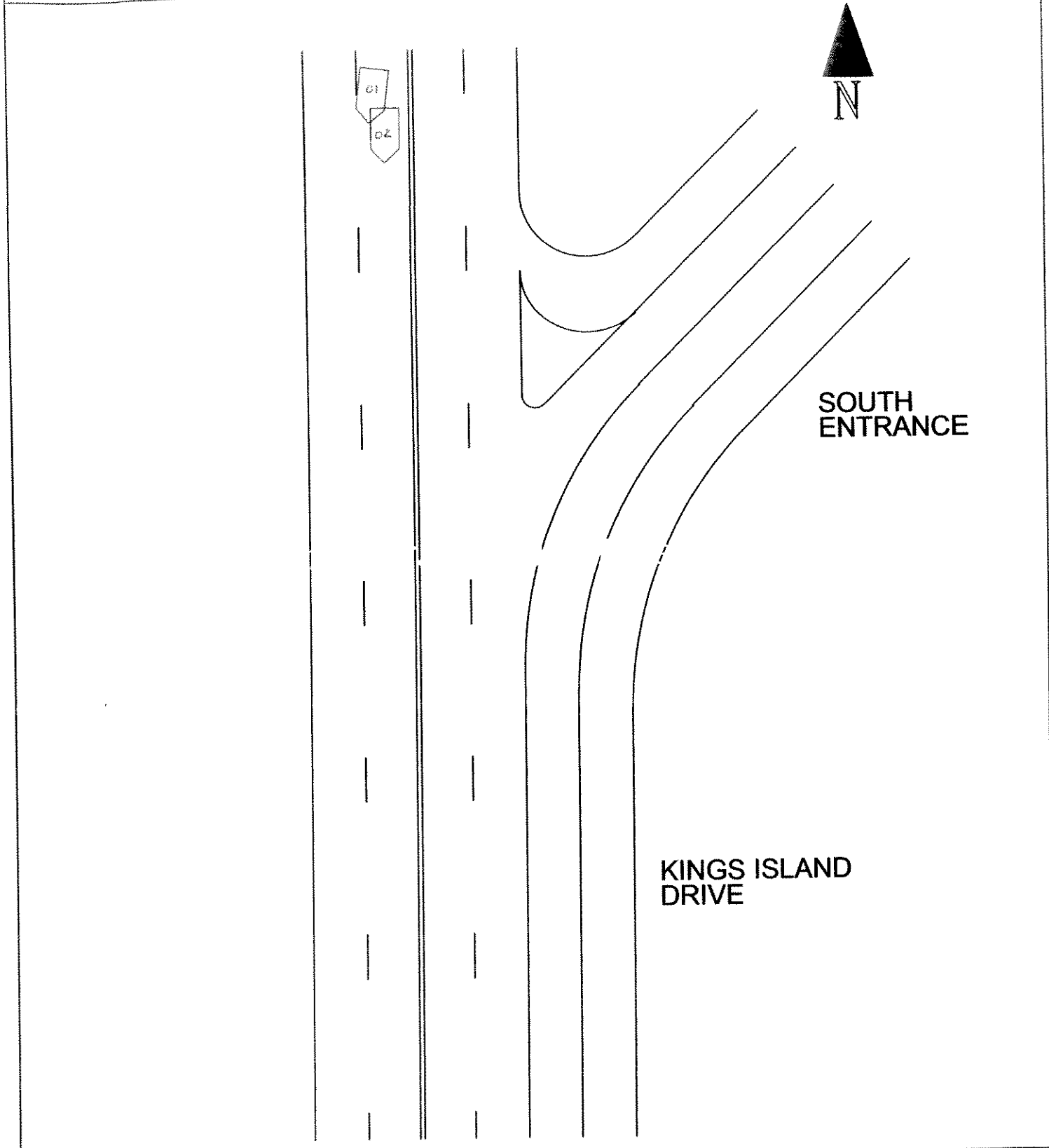
ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER <i>14-17714</i>	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 06 D 03 Y 2014
IN COUNTY OF WARREN	ACCIDENT LOCATION KINGS ISLAND DRIVE @ SOUTH ENTRANCE	



NOT TO SCALE

OFFICER'S SIGNATURE <i>PO T Donley</i>	BADGE NUMBER 15
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LOCAL REPORT NUMBER 14-17714	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 06 D 03 Y 2014
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Marisol Torres-Colon HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

PO T Donley 15 AT Kings Island Dr. near South Entrance
OFFICER'S NAME LOCATION

I hit the Hyundai Santa Fe color Blue in the rear bumper with the front bumper of my car.

The Hyundai was behind a car in the Kings Island Drive. The car in the front of the Hyundai stopped to turn into Kings Island Entrance. The Hyundai stopped but I wasn't able to stop on time. I looked to the right to see if the lane was free to move to that lane but a FedEx Truck was on the lane.

ADDRESS OF WITNESS 7330 Capri Way #7 Mainville OH 45039	PHONE 787-366-1285
SIGNATURE OF WITNESS X <u>Marisol Torres-Colon</u>	OFFICER'S SIGNATURE X <u>PO T Donley 15</u>



LOCAL REPORT NUMBER 14-17714	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 06 D 03 Y 2014
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Carol D. AVERBECK HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

PO T Donley 15 AT Southgate Gate, KI.
OFFICER'S NAME LOCATION

② I was behind a black car that stop to turn left into the South enterance gate of kings Island.

① I was in the left lane heading South. When I ~~stop~~ stop my car - behind the black car.

~~③ I was then~~

③ My car was then struck by another car
 My car was struck on the ~~rear~~ tail gate/trunk door area
 I was jolted when my car was struck, I had my seat belt on

ADDRESS OF WITNESS 7520 Waterford Circle Unit 102 Mason, OH 45040	PHONE ^{cell} 513-374-7669
SIGNATURE OF WITNESS X Carol AVERBECK	OFFICER'S SIGNATURE X PO T Donley 15