



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
120114-12171231	3 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information

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 98 - Animal 99 - Unknown
			08304	MASON POLICE	02	02

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	CITY OF MASON	08242014	1345	SUN

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
39° 20' 14.33"			

Roadway Division <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	Divided Lane Direction of Travel N - Northbound E - Eastbound S - Southbound W - Westbound	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
		02	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 Type <sup>1</sup>	Location Route Number	Loc Prefix N, S, E, W	Location Road Name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
			MASON-MONTGOMERY	RD	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route

Distance From Reference <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	Dir From Ref N, S, E, W	Reference Route Type <sup>1</sup>	Reference Route Number	Ref Prefix N, S, E, W	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
					WESTERN ROW	RD

Reference Point Used 1 - Intersection 2 - Mile Post 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	Intersection Related	Location of First Harmful Event 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown
1	02				1

Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Road Conditions Primary 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	* Secondary Condition Only
1	01		

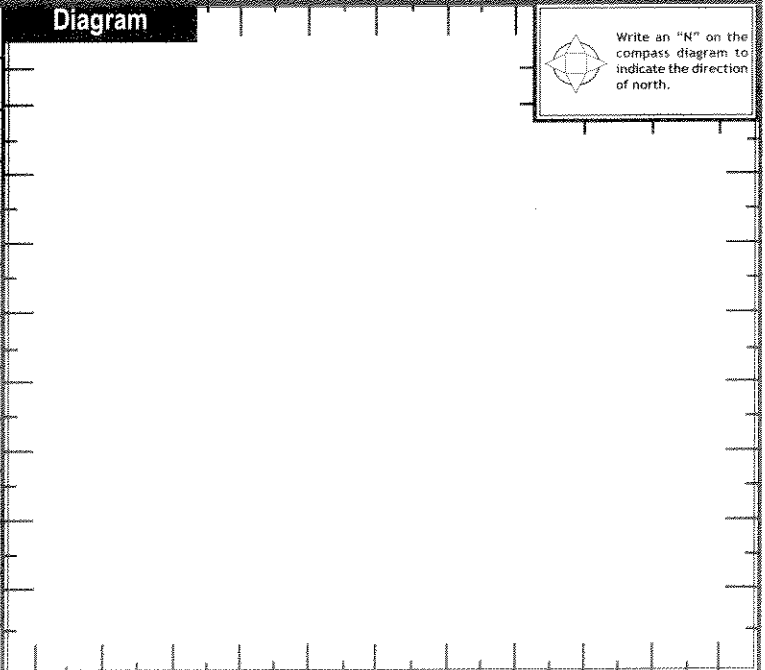
Manner of Crash Collision/Impact 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	Weather 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown
6	2

Road Surface 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light Conditions 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 <input type="checkbox"/> School Bus Directly Involved <input type="checkbox"/> School Bus Indirectly Involved
2	1		

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

Narrative

UNIT #1 WAS(NB) ON MASON-MONTGOMERY ROAD PASSING THROUGH THE WESTERN ROW INTERSECTION. UNIT #2 WAS HEADING (EB) ONTO WESTERN ROW RD. FROM MASON-MONTGOMERY. UNIT #2 TURNED IN FRONT OF UNIT #1 CAUSING THE CRASH.



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 GSPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
		08242014	1350	1359	1355	1439	20	55
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 4					
HERRLINGER	42	50						



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
201412171231

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE CASEY, PATRICK J.	DATE OF BIRTH 07.14.1996	AGE 18	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 9581 TRENTON-OXFORD RD. HAMILTON, O. 45011	CONTACT PHONE - INCLUDE AREA CODE (513) 497 9883
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER FL975002	OL CLASS A	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 1
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OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE MUNSCH, GARY C.	DATE OF BIRTH 10.04.1954	AGE 59	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 8452 ARROWWOOD DR. MASON, O. 45040	CONTACT PHONE - INCLUDE AREA CODE (513) 430.9765
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 3	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RT141049	OL CLASS A	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 1
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OFFENSE CHARGED (LOCAL CODE) 331.17	OFFENSE DESCRIPTION FAILURE TO YIELD	CITATION NUMBER 76447	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 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>NON-MOTORIST</b> 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 99 - UNKNOWN SAFETY EQUIPMENT	<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, 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	<b>AIR BAG USAGE</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>EJECTION</b> 1 - NOT EJECTED 2 - FULLY 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 (OHIO IS "D") 5 - MC/MOPED ONLY	<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 - HBD NOT IMPAIRED 4 - YES - DRUGS 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 (HANDHELD DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE KOTE, RYANNE BELLE	DATE OF BIRTH 02.28.1998	AGE 16	GENDER F - FEMALE
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ADDRESS, CITY, STATE, ZIP 2081 TOLBERT RD. HAMILTON, O. 45011	CONTACT PHONE - INCLUDE AREA CODE (513) 532 7512
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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# Unit

Local Report Number

2014-127723

Unit Number <b>01</b>	Owner Name: Last, First, Middle (X Same As Driver)	Owner Phone Number - inc. area code (X Same As Driver)	Damage Scale <b>7</b>	
Owner Address: City, State, Zip (X Same As Driver)	LP State <b>OH</b>	License Plate Number <b>GGN 8084</b>	Vehicle Identification Number <b>JAB2U2FU4AU018571102</b>	
Vehicle Year <b>2010</b>	Vehicle Make <b>MITSUBISHI</b>	Vehicle Model <b>LANCER</b>	Vehicle Color <b>WHITE</b>	Carrier Name, Address, City, State, Zip
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>ALLSTATE</b>	Policy Number <b>98091419</b>	Towed By <b>BARNE'S</b>	Carrier Phone - include area code

US DOT	Vehicle Weight GVWR/GVW <b>1</b>	Cargo Body Type <b>07</b>	Highway Description <b>1</b>
HM Placard ID No.	Hazardous Material Released <input type="checkbox"/>	Unit Type <b>02</b>	Hit / Skip Unit <input type="checkbox"/>

Non-Motorist Location Prior to Impact <b>01</b>	Type of Use <b>1</b>	Unit Type <b>02</b>	Most Damaged Area <b>02</b>	Impact Area <b>02</b>	Action <b>3</b>
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Special Function <b>01</b>	Pre-Crash Actions <b>01</b>	Contributing Circumstances <b>01</b>	Vehicle Defects <b>01</b>
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Sequence of Events <b>20</b>	Collision with Person, Vehicle or Object Not Fixed <b>20</b>	Collision with Fixed Object <b>20</b>	Unit Direction From <b>2</b> To <b>1</b>
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Unit Speed <b>35</b>	Posted Speed <b>45</b>	Traffic Control <b>04</b>	Unit Direction From <b>2</b> To <b>1</b>
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Unit Speed <b>35</b>	Posted Speed <b>45</b>	Traffic Control <b>04</b>	Unit Direction From <b>2</b> To <b>1</b>
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Unit Speed <b>35</b>	Posted Speed <b>45</b>	Traffic Control <b>04</b>	Unit Direction From <b>2</b> To <b>1</b>
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# Unit

Local Report Number

2014-121723

Unit Number <b>02</b>	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 <b>5</b>	Damaged Area 
LP State <b>OH</b>	License Plate Number <b>GCH 9369</b>	Vehicle Identification Number <b>1GCRKSE77CZ269048</b>	# Occupants <b>011</b>	
Vehicle Year <b>2012</b>	Vehicle Make <b>CHEVROLET</b>	Vehicle Model <b>SILVERADO</b>	Vehicle Color <b>GREY</b>	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>HOME OWNER'S</b>	Policy Number <b>49706705-00</b>	Towed By <b>CASE</b>	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT <b>1</b>	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 25,000 Lbs. 3 - More Than 25,000 Lbs.	Cargo Body Type <b>01</b>	Trafficway Description <b>1</b>
HM Placard ID No.	Hazardous Material Released <input type="checkbox"/>	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	1 - Two Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected/Uncontrolled (25+ ft) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Class Number		<input type="checkbox"/> Hit / Skip Unit	

Non-Motorist Location Prior to Impact <b>01</b>	Type of Use <b>1</b>	Unit Type <b>07</b>	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/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, Sundry 25 - Bicycle/Pedacyclist 26 - Pedestrian/Seater 27 - Other Non-Motorist
<input type="checkbox"/> In Emergency Response	<input type="checkbox"/> Has HM Placard				

Special Function <b>01</b>	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 <b>04</b>	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	Action <b>4</b>	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>06</b>	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 <b>02</b>	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 <b>01</b>	01 - Torn 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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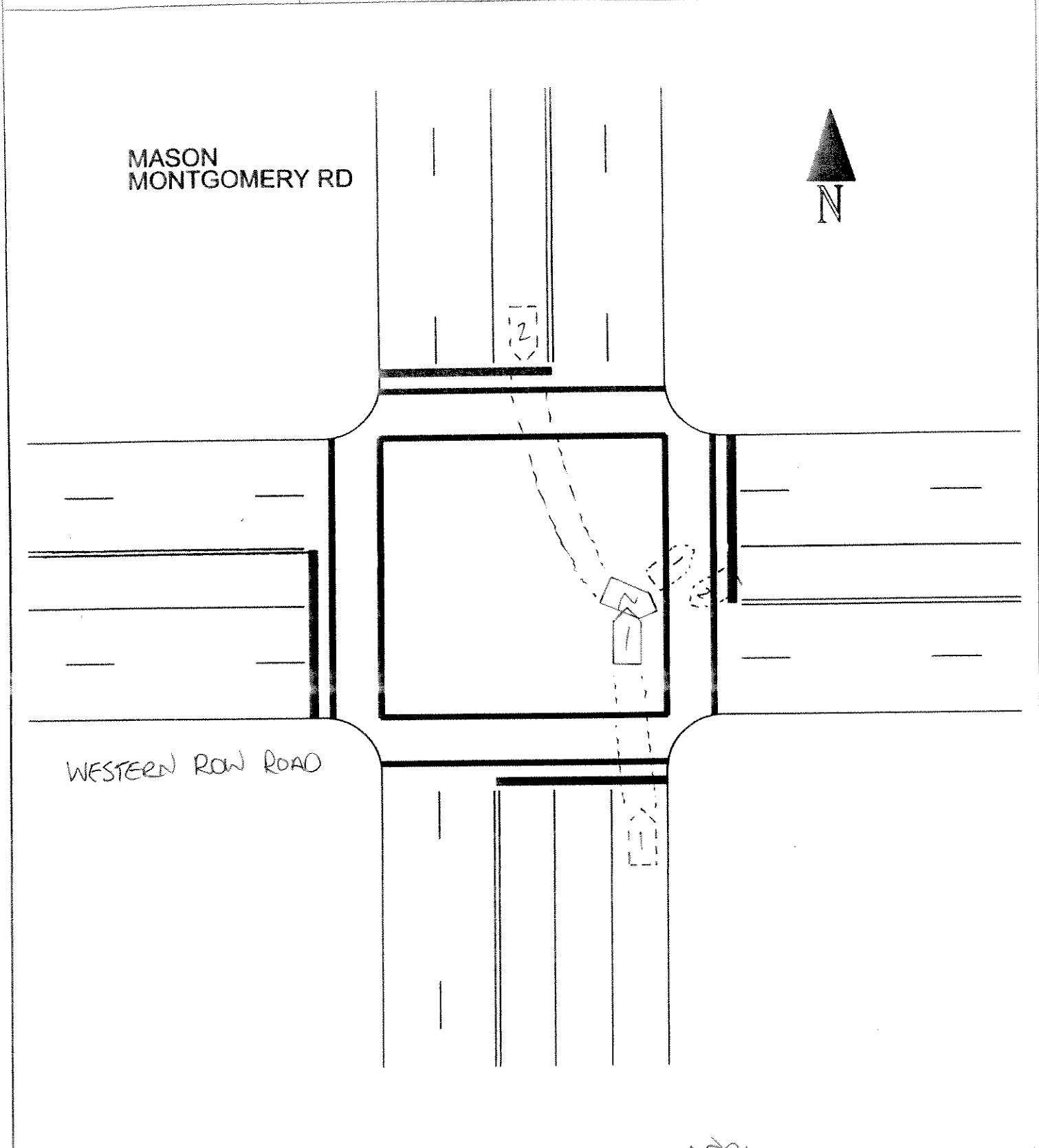
Sequence of Events 1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b>	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 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 - Pedacyclist 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 a Motor Vehicle 24 - Other Movable Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parspel 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 <b>35</b>	Posted Speed <b>35</b>	Traffic Control <b>04</b>	Unit Direction From <b>1</b> To <b>3</b>
<input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated		01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 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 - Walk/Don't Walk 15 - Other 16 - Not Reported	1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER <i>14-27723</i>	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT # 8   0 24   14
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONT RD @ TYLERSVILLE RD	



NOT TO SCALE

OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NUMBER 42
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LOCAL REPORT NUMBER

14-27723

REPORTING AGENCY

MASON POLICE

DATE OF CRASH

8/24/14

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

Patrick Casey

PRINTED

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

P.O. Andrew Herrlinger

AT

7000 Mason - Montgomery

LOCATION

OFFICER'S NAME

I was driving towards the intersection and the man in the silverado pulled out in front of me and it was too late to stop I even slammed my brakes and then the accident happened

Ryanne Belle Kote, age 16, 2/28/98, 2081 Tolbert Rd. Hamilton OH 45011  
513 532 7512

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED?

~~Yes~~ NO

Q. WERE YOU WEARING YOUR SEAT BELT?

Yes All

Q. WHAT DIRECTION WERE YOU GOING?

straight

Q. WHAT WAS YOUR SPEED?

35-38

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH?

NO

ADDRESS OF WITNESS

4501 Trenton Oxford Road

PHONE

513 497 9883

SIGNATURE OF WITNESS

X Patrick Casey

OFFICER'S SIGNATURE

X [Signature]



INCIDENT NUMBER

14-27729

REPORTING AGENCY

MASON POLICE

8 24 14

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

I, X GARY Munsch

PRINTED

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

P.O. Andrew Herrlinger

OFFICER'S NAME

AT

7000 MASON-MONTG.

LOCATION

Turning LEFT from MASON-Montgomery  
RD. onto WESTERN ROW.  
WAS STRUCK IN THE SIDE.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED?

NO

Q. WERE YOU WEARING YOUR SEAT BELT?

YES

Q. WHAT DIRECTION WERE YOU GOING?

SOUTH

Q. WHAT WAS YOUR SPEED?

35 mph

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH?

NO

ADDRESS OF WITNESS

PHONE

4309765

SIGNATURE OF WITNESS

X

OFFICER'S SIGNATURE

X