



Traffic Crash Report

Local Report Number *	Crash Severity	HIT/Skip
20114-31105	3 1 - Fatal 2 - Injury 3 - PDO	<input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units *	Unit in error
<input type="checkbox"/> Photos Taken	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	083104	MASON POLICE	02	01
<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-1P				
<input checked="" type="checkbox"/> OH-3	<input type="checkbox"/> Other				

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83	<input type="checkbox"/> Village *	MASON	09232014	0706	TUE
	<input type="checkbox"/> Township *				

Degrees / Minutes / Seconds	Longitude	Decimal Degrees	Longitude
0 / /	0 / /	39.346984	-78.4310193

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost *
<input checked="" type="checkbox"/> Divided	N - Northbound E - Eastbound S - Southbound W - Westbound	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
<input type="checkbox"/> Undivided			

Location Route Type 1	Location Route Number	Loc Prefix	Location Road Name	Location Road Type 2	Route Types *
		N, S, E, W	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	Dir From Ref	Reference Route Type 1	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	N, S, E, W			N, S, E, W	6370	

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 06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access 11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown	<input checked="" type="checkbox"/>	1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	Weather
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

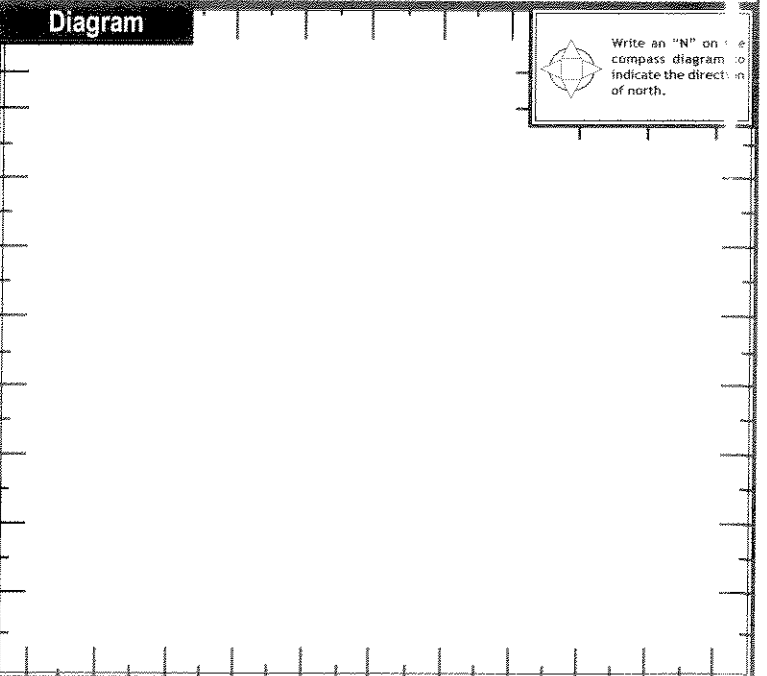
Manner of Crash Collision/Impact	Weather
2 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet,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

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

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

Narrative

UNIT #02 STOPPED IN TRAFFIC FACING NORTHBOUND ON MASON MONTGOMERY RD. UNIT #01 WAS TRAVELLING NORTHBOUND ON MASON MONTGOMERY RD APPROACHING UNIT #02, FAILED TO ASSURE A CLEAR DISTANCE AHEAD, AND STRUCK UNIT #02 IN THE REAR.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to OGPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>	09232014	0706	0707	0709	0739	19030	0960
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 4					
FITZGERALD	1037	50						



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2014-31105

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE LIDDIC JACOB SCOTT	DATE OF BIRTH 11/10/71	AGE 42	GENDER M
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ADDRESS, CITY, STATE, ZIP 4035 MARBLE RIDGE LN MASON OH 45040	CONTACT PHONE- INCLUDE AREA CODE 513-336-8519
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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 UA736743	OL CLASS 4	NO VALID OL	M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE
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OFFENSE CHARGED (LOCAL CODE) 4511.21A	OFFENSE DESCRIPTION ACSA	CITATION NUMBER 76927	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
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UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE BURRESS JACOB WILLIAM	DATE OF BIRTH 02/02/1987	AGE 27	GENDER M
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ADDRESS, CITY, STATE, ZIP 413 FOREST AVE FRANKLIN OH 45005	CONTACT PHONE- INCLUDE AREA CODE 937-694-2276
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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 52164504	OL CLASS 4	NO VALID OL	M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE
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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-TRAILER 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/MAPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, PAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE HARRIS JACOB D	DATE OF BIRTH 05/25/1999	AGE 15	GENDER M
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ADDRESS, CITY, STATE, ZIP 333 ACOMA DR MASON OH 45040	CONTACT PHONE- INCLUDE AREA CODE 513-208-6624
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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 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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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: **1011** Owner Name: Last, First, Middle: **LIDDIC, JEFFREY S** (Same As Driver) Owner Phone Number - inc. area code: **(R) Same As Driver** Damage Scale: **7** Damaged Area:

Owner Address: City, State, Zip: **(R) Same As Driver**

LP State: **OH** License Plate Number: **LIA 20VR** Vehicle Identification Number: **5JAL1A6Z1514161A13171316810** # Occupants: **103**

Vehicle Year: **2014** Vehicle Make: **LANA PEVER** Vehicle Model: **CRJ** Vehicle Color: **SILVER**

Proof of Insurance Shown: Insurance Company: **ATLANTIC STATES** Policy Number: **PAG 7007922** Towed By:

Carrier Name, Address, City, State, Zip: Carrier Phone - include area code:

US DOT: Vehicle Weight GVWR/GCWR: **1** (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, 03 Flatbed, 04 Tank, 05 Drum, 06 Tank, 07 Flat Bed, 08 Semi Trailer, 09 Trailer, 10 Flat Bed, 11 Flat Bed, 12 Dump, 13 Dump, 14 Concrete Mixer, 15 Motorized Container/Chassis, 16 Cargo Van/Enclosed Box, 17 Garbage/Refuse, 18 Other Unknown) Trafficway Description: **4** (1 Two Way, Not Divided, 2 Two Way, Not Divided, Continuous Left Turn Lane, 3 Two Way, Divided, Unseparated/Partial or No 4-11 Median, 4 Two Way, Divided, Positive Median Barrier, 5 One-Way Trafficway) Hit / Skip Unit

HM Placard ID No.: HM Class Number: Hazardous Material Released: 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** (1 Personal, 2 Commercial, 3 Government) Unit Type: **06** (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, 13 Single Unit Truck or Van 2 axle, 6 tires, 14 Single Unit Truck 3+ axles, 15 Single Unit Truck / Trailer, 16 Tractor/Tractor (Boat), 17 Tractor/Semi-trailer, 18 Tractor/Dozer, 19 Tractor/Triples, 20 Other Med/Heavy Vehicle, 21 Bus/Van/Limo (9 or More Including Driver), 22 Bus (16 - Seats, Inc Driver), 23 Animal with Rider, 24 Animal with Buggy, Wagon, Surrey, 25 Bicycle/Pedacyclist, 26 Pedestrian/Skater, 27 Other Non-Motorist) In Emergency Response 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 Remarks)) Most Damaged Area: **02** (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 Foliage Area, 14 Other) Action: **3** (1 Non-Contact, 2 Non-Collision, 3 Striking, 4 Struck, 5 Striking/Struck, 9 Unknown)

Pre-Crash Actions: **01** (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, 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: Primary: **09** (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: **09** (22 None, 23 Improper Crossing, 24 Daring, 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: **09** (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 Damaged From Prior Accident, 11 Other Defects)

Sequence of Events: 1 **20** 2 **00** 3 **00** 4 **00** 5 **00** 6 **00** (First Harmful Event: **1**, Most Harmful Event: **1**) Non-Collision Events: **01** (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 Rse Off Road Right, 09 Ran Off Road Left, 10 Cross Median, 11 Cross Center Lane, 12 Opposite Direction of Travel, 12 Downhill Runaway, 13 Other Non-Collision) Collision With Fixed Object: **01** (25 Impact Alternator/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/Luminaires 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: **010** Posted Speed: **20** Traffic Control: **12** (01 No Control, 02 Stop Sign, 03 Yield Sign, 04 Traffic Signal, 05 Traffic Lights, 06 Traffic Cone, 07 Railroad Crossbucks, 08 Railroad Flashers, 09 Railroad Gates, 10 Construction Barricade, 11 Barricade (Flagger, Officer), 12 Pavement Markings, 13 Crosswalk Lines, 14 Walk/Don't 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)

Local Report Number
2019-31105

Unit Number 1021	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver)	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 2	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)			1 - None	
LP State OH	License Plate Number 6BT9972	Vehicle Identification Number 1J5H4MFZ6B2A10J1187105	2 - Minor	
Vehicle Year 2011	Vehicle Make JEEP	Vehicle Model PATRIOT	3 - Functional	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company STATE FARM	Policy Number 3263701627350	4 - Dismal	
Carrier Name, Address, City, State, Zip			9 - Unknown	

US DOT	Vehicle Weight GVWR/GCWR 1 1 - Less Than or Equal to 104 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	Trafficway Description 4 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected/Protected (4 FT.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	Hazardous Material Released <input type="checkbox"/>	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Private 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	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 Tractor, 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) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Sanny 25 - Bicycle/Pedalcyclist 26 - Pedestrian/Skater 27 - Other Non Motorist
<input type="checkbox"/> In Emergency Response			<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 06 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/AB Areas 14 - Other	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 99 - Unknown	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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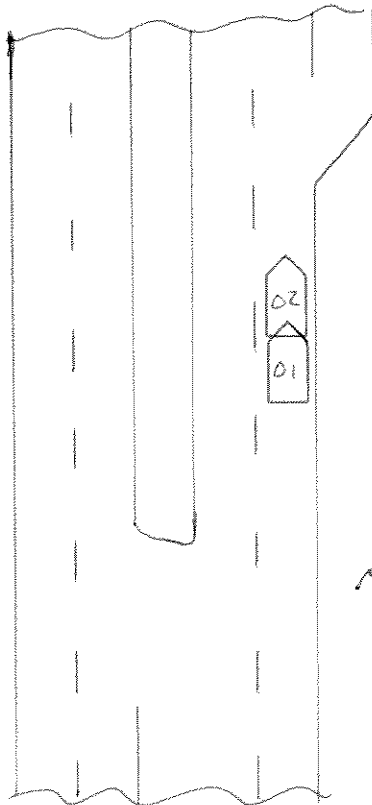
Contributing Circumstances 01	Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road	11 - Improper Backing 12 - Improper 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 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	06 - Equipment Failure (Broken 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 - 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 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

Unit Speed 090	Posted Speed 29	Traffic Control 12 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - Control Zone	07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Cans 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 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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LOCAL REPORT NUMBER <i>14-31105</i>	REPORTING AGENCY <i>MASON POLICE</i>	DATE OF CRASH <i>M 09 D 23 Y 14</i>
IN COUNTY OF <i>WARREN</i>	CRASH LOCATION <i>6370 MASON MONTGOMERY RA</i>	



6370

MASON MONTGOMERY RA

NOT TO SCALE

OFFICER'S SIGNATURE <i>X</i>	BADGE NUMBER <i>1037</i>
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LOCAL REPORT NUMBER 14- 31105	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 09 D 23 Y 14
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, JAKE LIODIC HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT 6370 Mason Montgomery
OFFICER'S NAME LOCATION

AT A RED LIGHT GOING 5-10 MPH, TRIED
TO STOP WHEN RED LIGHTS CAME ON, HIT THE
BREAKS. BUMPED INTO RED SUV.

Q: Was your seat belt on?
A: YES

ADDRESS OF WITNESS 4035 MARBLE RIDGE LN	PHONE 513-336-8319
SIGNATURE OF WITNESS X <u>Jake Liodic</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>



LOCAL REPORT NUMBER 14-31105	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 09 D 23 Y 14
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jacob Burrows HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT Mason Police 6370 Mason Montgomery
OFFICER'S NAME LOCATION

I was stopped in traffic at a red light on Mason-Montgomery Rd. Traffic moved forward 1 car length when a car turned right into the high school, I pulled up and stopped again. That's when I was hit by the Land Rover, we got out, asked for injuries, and exchanged info. By that time the police arrived.

ADDRESS OF WITNESS 417 Forest Ave Franklin	PHONE 937-694-2276
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X