



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
14-1327119	2 1 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE RE-PORTABLE DOLLAR AMOUNT <input type="checkbox"/>	PRIVATE PROPERTY <input type="checkbox"/>	REPORTING AGENCY NCIC # 108394	REPORTING AGENCY NAME Mason police	NUMBER OF UNITS 1011	UNITS IN ERROR 01 98 - ANIMAL 99 - UNKNOWN
COUNTY * 03	CITY * Mason	CITY, VILLAGE, TOWNSHIP * Mason	CRASH DATE * 1101020114	TIME OF CRASH 01159	DAY OF WEEK FRI	

DEGREES / MINUTES / SECONDS LATITUDE 0 / 0 / 0	LONGITUDE 0 / 0 / 0	OR	DECIMAL DEGREES LATITUDE 39.1379405	LONGITUDE 784.3225819
--	------------------------	----	---	--------------------------

ROADWAY DIVISION <input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	NUMBER OF THRU LANES 01	ROAD TYPES OR MILEPOST # 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 - LAKE PI - PIKE SQ - SQUARE TL - TRAIL
---	--	----------------------------	--

LOCATION ROUTE NUMBER 00	LOCATION ROUTE TYPE #	LOC PREFIX N, S, E, W	LOCATION ROAD NAME Hickory woods	LOCATION ROAD TYPE #	ROUTE TYPES # IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
-----------------------------	-----------------------	--------------------------	-------------------------------------	----------------------	---

DISTANCE FROM REFERENCE 50	DIR FROM REF S N, S, E, W	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 4043	REFERENCE ROAD TYPE #
-------------------------------	---------------------------------	------------------------	--------------------------	--	-----------------------

REFERENCE POINT USED 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 01 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDABOUT 06 - FIVE-POINT OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	INTERSECTION RELATED <input type="checkbox"/>	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
--	--	--	--

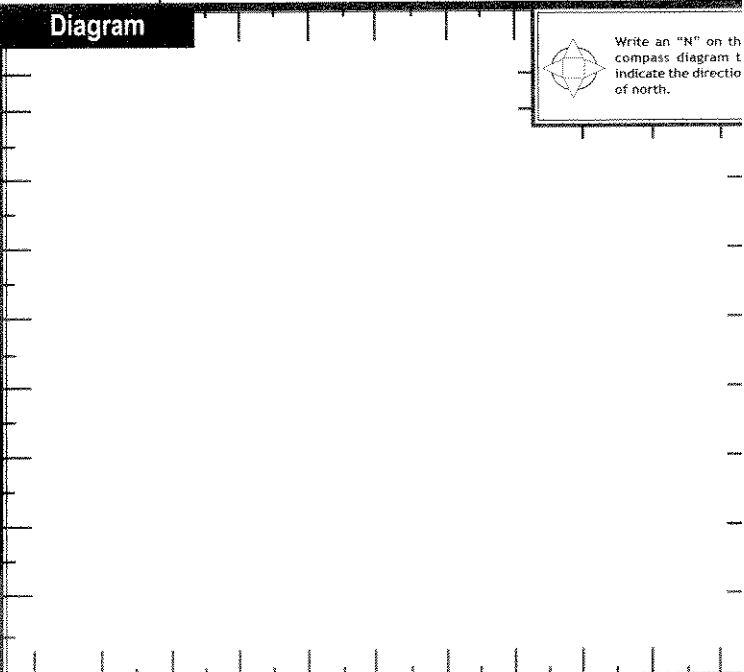
ROAD CONTOUR 3 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS 02 PRIMARY SECONDARY	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN	* SECONDARY CONDITION ONLY
--	---	---	----------------------------

MANNER OF CRASH COLLISION/IMPACT 1 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 2 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 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS 4 PRIMARY SECONDARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER 9 - UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
---	--	--

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 traveling North on Hickory Woods, driver struck the curb to the right and over-corrected. Unit #1 jumped the center median striking two trees and an irrigation spicket. Driver was taken to West Chester Hospital per her mother's request since she is a juvenile.



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 ODPS)	DATE CRASH REPORTED 1011020114	TIME CRASH REPORTED 01159	DISPATCH TIME 01159	ARRIVAL TIME 02031	TIME CLEARED 02541	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 1125
OFFICER'S NAME Neal	OFFICER'S BADGE NUMBER 21	CHECKED BY SO	PAGE 01					



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Moser, Mishka	DATE OF BIRTH 04/20/1997	AGE 17	GENDER F F - FEMALE M - MALE
--------------------------	---	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP 344 Shadow Lake Mason, OH 45040	CONTACT PHONE - INCLUDE AREA CODE 513-535-4140
---	--

INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY Mason	MEDICAL FACILITY INJURED TAKEN TO West Chester	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
----------------------	------------------------------	----------------------------	--	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

OL STATE OH	OPERATOR LICENSE NUMBER WF318077	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 0	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 0.00	DRUG TEST STATUS 1	DRUG TEST TYPE 1
-----------------------	--	----------------------	---	--------------------------------------	-----------------------	------------------------------------	---------------------------------	-------------------------------	-----------------------------------	------------------------------	----------------------------

OFFENSE CHARGED (LOCAL CODE) Failure to control	OFFENSE DESCRIPTION 331.34	CITATION NUMBER 76481	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
---	--------------------------------------	---------------------------------	--	----------------------------------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
---------------------------	-----------------------------------

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
----------	------------------	------------	-----------------------------------	-----------------------	------------------------------------	------------------	---------------	----------	---------

OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
----------	-------------------------	----------	-------------	----------	-----------	------------------------	---------------------	-------------------	--------------------	------------------	----------------

OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
------------------------------	---------------------	-----------------	------------------------	----------------------

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	Non-Motorist
----------	------------------	-----------------------	-------------------------------	--------------

SEATING POSITION	AIR BAG USAGE
------------------	---------------

EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
----------	---------	------------------------	-----------	------------------------

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
---------------------	-------------------	------------------	----------------	----------------------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
---------------------------	-----------------------------------

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
----------	------------------	------------	-----------------------------------	-----------------------	------------------------------------	------------------	---------------	----------	---------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
---------------------------	-----------------------------------

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
----------	------------------	------------	-----------------------------------	-----------------------	------------------------------------	------------------	---------------	----------	---------



Unit

Local Report Number

Unit Number 011	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Dullaghan, Devon L	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 513-535-4140	Damage Scale 4	Damaged Area
LP State OH	License Plate Number FTN 7030	Vehicle Identification Number 11G874U52711S1Z225905	# Occupants 011	
Vehicle Year 1995	Vehicle Make Saturn	Vehicle Model 4 Door	Vehicle Color Gold	
<input type="checkbox"/> Proof of Insurance Sheet	Insurance Company Twin City Fire Ins	Policy Number Expired	Towed By Hammels	

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

US DOT 01	Vehicle Weight GVWR/GCWR 01	Cargo Body Type 01	Trafficway Description 4
HM Placard ID No.	Hazardous Material Released <input type="checkbox"/>	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs

Non-Motorist Location Prior to Impact 01	Type of Use 01	Unit Type 03	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)
--	--------------------------	------------------------	---	---	---

Special Function 01	Most Damaged Area 02	Impact Area 02	Action 3
-------------------------------	--------------------------------	--------------------------	--------------------

Pre-Crash Actions 01	Motorist	Non-Motorist
--------------------------------	----------	--------------

Contributing Circumstances Primary 01 Secondary 06	Vehicle Defects 01
--	------------------------------

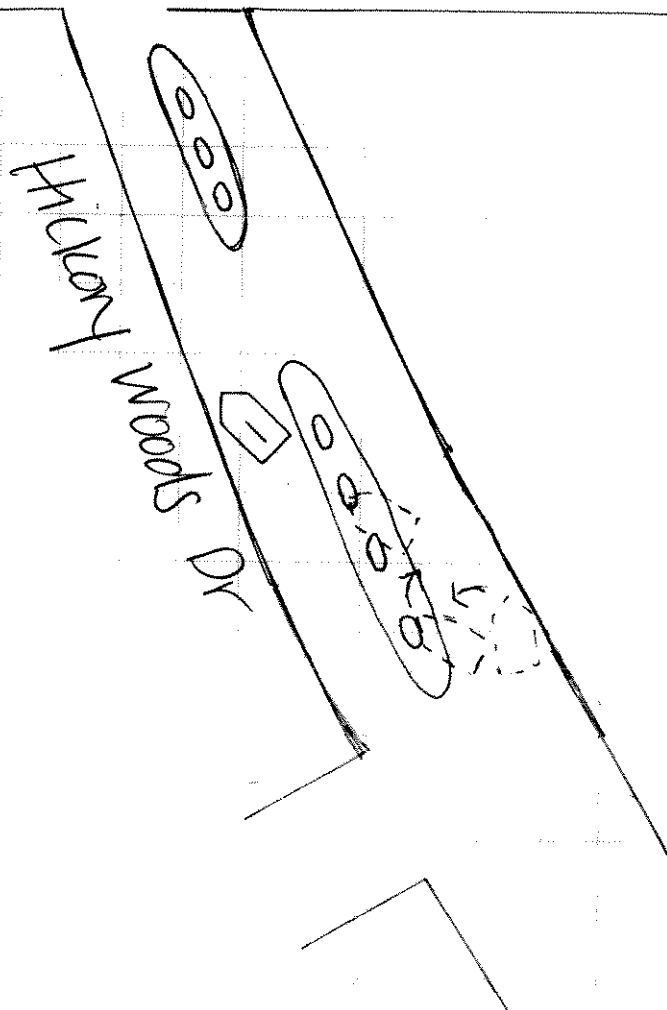
Sequence of Events 1 20 2 43 3 48 4 01 5 01 6 01	Non-Collision Events	Collision With Fixed Object
---	----------------------	-----------------------------

Unit Speed 16k	Posted Speed 25k	Traffic Control 17A	Unit Direction From 2 To 1
--------------------------	----------------------------	-------------------------------	---



LOCAL REPORT NUMBER 14-32719	REPORTING AGENCY Mason	DATE OF CRASH M 10 10 14
IN COUNTY OF Warren	CRASH LOCATION 4043 Hickory woods Dr	

Bethany Rd



*Not to Scale

OFFICER'S SIGNATURE X Neal	BADGE NUMBER 21
-------------------------------	--------------------