



TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * | CRASH SEVERITY | HIT/SKIP |
| 2011J-15223 | 1 - FATAL 2 - INJURY 3 - PDO | 1 - SOLVED 2 - UNSOLVED |

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|---------------------------------------|---|---|-------------------------|-------------------------|-----------------|---------------|
| <input type="checkbox"/> PHOTOS TAKEN | <input type="checkbox"/> PDD UNDER STATE REPORTABLE DOLLAR AMOUNT | <input type="checkbox"/> PRIVATE PROPERTY | REPORTING AGENCY NCIC * | REPORTING AGENCY NAME * | NUMBER OF UNITS | UNIT IN ERROR |
| OH-2 OH-3 OH-1P Other | | | 8304 | MASON POLICE | 02 | 01 |

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| COUNTY * | CITY * | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * | TIME OF CRASH | DAY OF WEEK |
| 83 | | MASON | 02192011J | 2039 | THU |

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| DEGREES / MINUTES / SECONDS | LONGITUDE | DECIMAL DEGREES | LONGITUDE |
| 0 13 19 12 21 14 11 18 74 18 14 11 18 12 21 10 14 96 | | 39.1378330 | -84.3072316 |

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| ROADWAY DIVISION | DIVIDED LANE DIRECTION OF TRAVEL | NUMBER OF THRU LANES | ROAD TYPES OR MILEPOSTS ² |
| <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED | N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND | 01 | 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 |

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| LOCATION ROUTE NUMBER | LOCATION ROAD NAME | LOCATION ROAD TYPE ³ | ROUTE TYPES ⁴ |
| | MASON MONTGOMERY | 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 |
| 225 | S | | | BETHANY | RD |

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| REFERENCE POINT USED | CRASH LOCATION | LOCATION OF FIRST HARMFUL EVENT |
| 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER | 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 | 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 CONDITION | ROAD CONDITIONS | WEATHER |
| 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN | 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 - 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 |

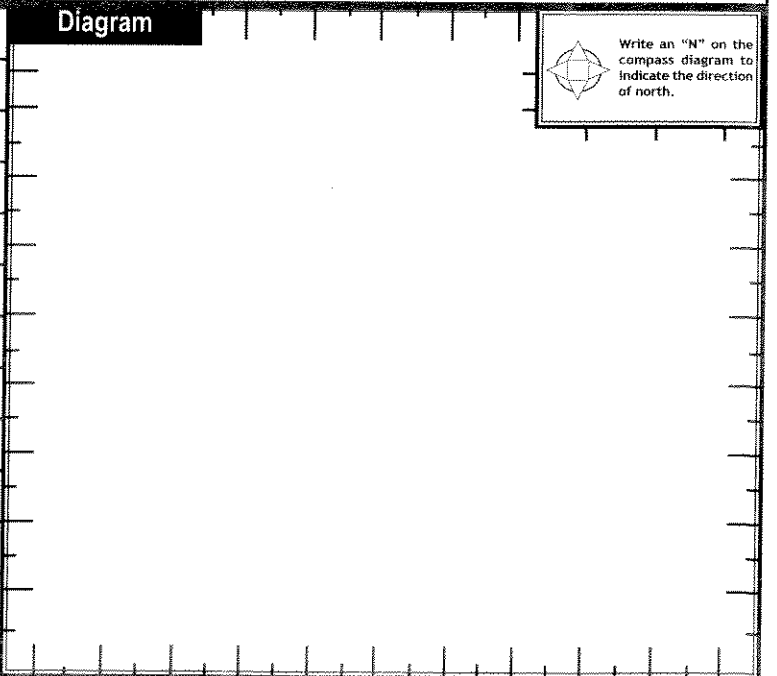
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| MANNER OF CRASH COLLISION/IMPACT | WEATHER |
| 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN | 1 - 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 |

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| ROAD SURFACE | LIGHT CONDITIONS | SCHOOL BUS RELATED |
| 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER | 01 - DAYLIGHT 02 - DAWN 03 - DUSK 04 - DARK - LIGHTED ROADWAY 05 - DARK - ROADWAY NOT LIGHTED 06 - DARK - UNKNOWN ROADWAY LIGHTING 07 - GLARE* 08 - OTHER 9 - UNKNOWN | <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 |

NARRATIVE

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



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| REPORT TAKEN BY | SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPSS) | DATE CRASH REPORTED | TIME CRASH REPORTED | DISPATCH TIME | ARRIVAL TIME | TIME CLEARED | OTHER INVESTIGATION TIME | TOTAL MINUTES |
| Police Agency Motorist | | 02192011J | 2039 | 2040 | 2049 | 2128 | 30 | 78 |
| OFFICER'S NAME * | OFFICER'S BADGE NUMBER | CHECKED BY | PAGE 1 of 4 | | | | | |
| ERIC FITZGERALD | 1437 | [Signature] | | | | | | |



MOTORIST / Non-Motorist / OCCUPANT

LOCAL REPORT NUMBER
2011J-15223

MOTORIST/Non-Motorist

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| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE COX RICHARD M | DATE OF BIRTH 07/29/1941 | AGE 51 | GENDER M - MALE |
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| ADDRESS, CITY, STATE, ZIP 3425 BROKEN RIDGE MASON OH 45040 | CONTACT PHONE - INCLUDE AREA CODE 513-398-7921 |
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| INJURIES 1 | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 99 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
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| OL STATE OH | OPERATOR LICENSE NUMBER RS410896 | OL CLASS 4 | 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) 333.03 | OFFENSE DESCRIPTION ACDA | CITATION NUMBER 73429 | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY 1 |
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MOTORIST/Non-Motorist

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| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE MORRIS DAVID L | DATE OF BIRTH 06/27/1973 | AGE 39 | GENDER M - MALE |
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| ADDRESS, CITY, STATE, ZIP 3845 SLAZENGER CT MASON OH 45040 | CONTACT PHONE - INCLUDE AREA CODE 513-336-7796 |
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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 1 | EJECTION 1 | TRAPPED 1 |
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|----------------|-------------------------------------|---------------|---|--------------------------------------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| OL STATE OH | OPERATOR LICENSE NUMBER RS459963 | OL CLASS 4 | 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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| 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 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED | Non-Motorist 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 CAR (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 "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, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION |
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OCCUPANT

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| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE MORRIS MATTHEW D | DATE OF BIRTH 03/09/2004 | AGE 8 | GENDER M - MALE |
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| ADDRESS, CITY, STATE, ZIP 3845 SLAZENGER CT MASON OH 45040 | CONTACT PHONE - INCLUDE AREA CODE 513-336-7796 |
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| INJURIES 1 | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 07 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 06 | AIR BAG USAGE 5 | EJECTION 1 | TRAPPED 1 |
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| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE MORRIS ZACHARY W | DATE OF BIRTH 08/10/2006 | AGE 6 | GENDER M - MALE |
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| ADDRESS, CITY, STATE, ZIP 3845 SLAZENGER CT MASON OH 45040 | CONTACT PHONE - INCLUDE AREA CODE 513-336-7796 |
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| INJURIES 1 | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 07 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 04 | AIR BAG USAGE 5 | EJECTION 1 | TRAPPED 1 |
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UNIT NUMBER 011, OWNER NAME ALS HEATING SERVICE, OWNER PHONE NUMBER, DAMAGE SCALE 3, DAMAGED AREA diagram, LP STATE OH, LICENSE PLATE PHS 617L, VEHICLE IDENTIFICATION NUMBER 1F1TLR4F678PA97182, # OCCUPANTS 011, VEHICLE YEAR 2011, VEHICLE MAKE FORD, VEHICLE MODEL RANGER, VEHICLE COLOR BLACK, INSURANCE COMPANY MBTBRISTS MUTUAL, POLICY NUMBER 3321762050E

CARRIER NAME, ADDRESS, CITY, STATE, ZIP, CARRIER PHONE- INCLUDE AREA CODE

US DOT, VEHICLE WEIGHT GVWR/GCWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, HM PLACARD ID No., HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED, HIT / SKIP UNIT

Non-Motorist Location Prior to Impact, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES, MED/HEAVY TRUCKS OR COMB UNITS, BUS/VAN/LIMO, Non-Motorist, SPECIAL FUNCTION, MOST DAMAGED AREA, IMPACT AREA, ACTION

Pre-Crash Actions, MOTORIST, Non-Motorist, CONTRIBUTING CIRCUMSTANCES, PRIMARY, SECONDARY, VEHICLE DEFECTS

SEQUENCE OF EVENTS, HARMFUL EVENT, MOST HARMFUL EVENT, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT

TRAFFIC CONTROL, UNIT DIRECTION, STATED, ESTIMATED, FROM 2 To 1, 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST, 5 - NORTHEAST, 6 - NORTHWEST, 7 - SOUTHEAST, 8 - SOUTHWEST, 9 - UNKNOWN

TRAFFIC CONTROL, UNIT DIRECTION, STATED, ESTIMATED, FROM 2 To 1, 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST, 5 - NORTHEAST, 6 - NORTHWEST, 7 - SOUTHEAST, 8 - SOUTHWEST, 9 - UNKNOWN



UNIT

LOCAL REPORT NUMBER
2011J-52213

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|---|---|--|------------------------------|------------------|
| UNIT NUMBER 1021 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) MOBBIS LISA M | OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) | DAMAGE SCALE 3 | DAMAGED AREA |
| LP STATE OH | LICENSE PLATE NUMBER EM3KRS | VEHICLE IDENTIFICATION NUMBER 11GMAJ11352J2J1191198 | # OCCUPANTS 03 | |
| VEHICLE YEAR 2010 | VEHICLE MAKE CHEVROLET | VEHICLE MODEL TRAILBLAZER | VEHICLE COLOR GRAY | |
| <input type="checkbox"/> PROOF OF INSURANCE SHOWN | INSURANCE COMPANY STATE FARM | POLICY NUMBER 1349576019350 | TOWED BY | |

CARRIER NAME, ADDRESS, CITY, STATE, ZIP _____ CARRIER PHONE- INCLUDE AREA CODE _____

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| US DOT | VEHICLE WEIGHT GVWR/GCWR 1 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 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 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED BY GRADE (4 FT.) MEDIUM 4 - TWO-WAY, DIVIDED, POSITIVE MEDIUM BARRIER 5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID NO. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED | | <input type="checkbox"/> HIT / SKIP UNIT |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT 01 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDDLECK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIUM/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 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/HVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN (2 AXLES), 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BODTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HVY 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, SUREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
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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 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 (ALL AREA) 14 - OTHER | ACTION 7 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS 11 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN | MOTORIST 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 PRIMARY 01 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 NEGLIGENCE MANNER 15 - SWEEPING 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 SLOTTY TIREY 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS |
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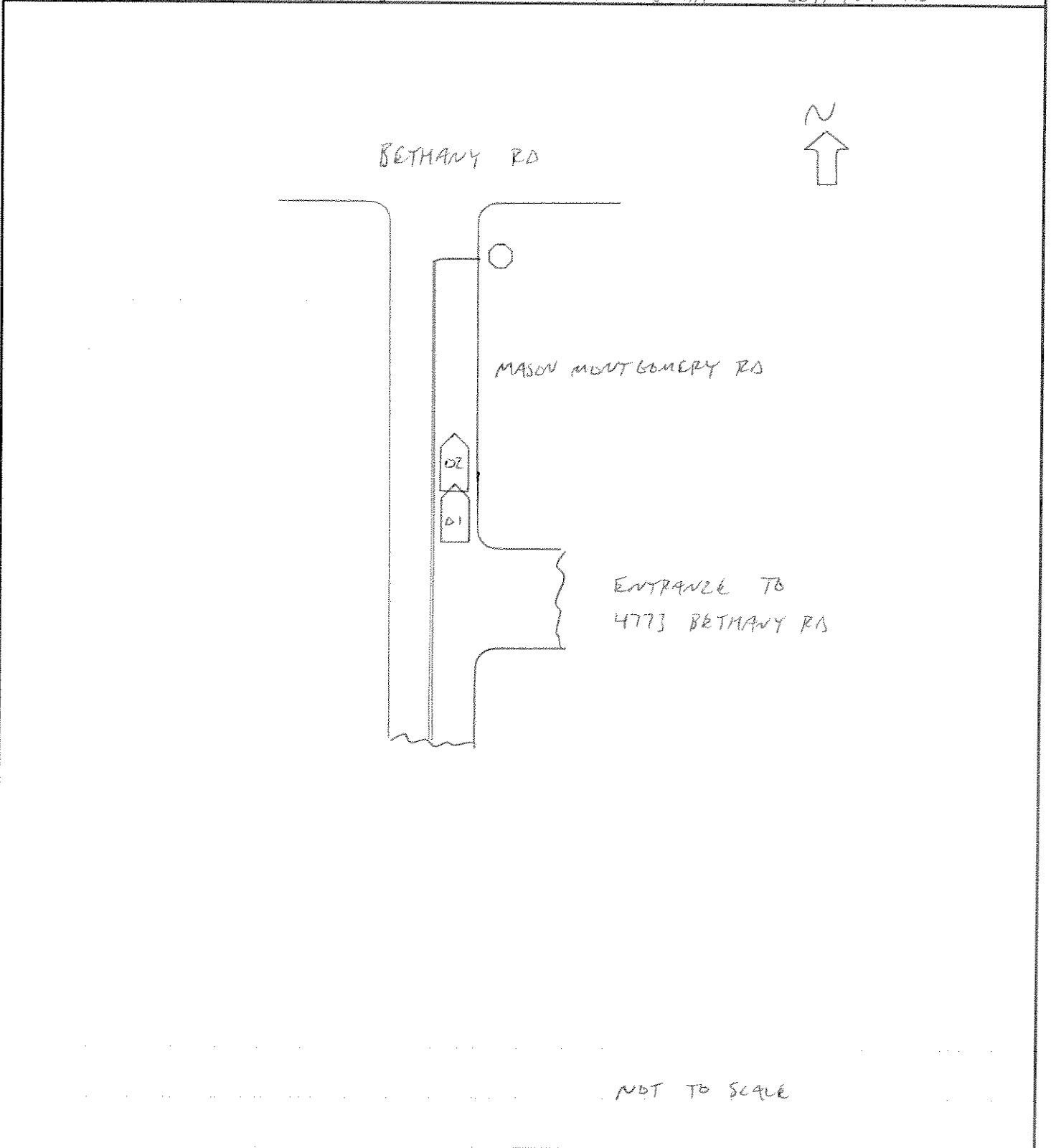
| | |
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| SEQUENCE OF EVENTS 1 20 2 01 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN | NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOW TIRE, BRAKE FAILURE, PNE) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIUM 11 - CROSS CENTER LINE 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 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 - MEDIUM CABLE BARRIER 34 - MEDIUM GUARDRAIL BARRIER OF SUPPORT 35 - MEDIUM CONCRETE BARRIER 36 - MEDIUM 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 10 | POSTED SPEED 35 | TRAFFIC CONTROL 12 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 | 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 12-5223 | REPORTING AGENCY MASON POLICE | DATE OF CRASH M 02 D 19 Y 13 |
| IN COUNTY OF WARREN | CRASH LOCATION MASON MONTGOMERY RD SOUTH OF BETHANY RD | |



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|--------------------------------------|----------------------|
| OFFICER'S SIGNATURE X [Signature] | BADGE NUMBER 1637 |
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| LOCAL REPORT NUMBER 17-5223 | REPORTING AGENCY MASON POLICE | DATE OF CRASH M 02 D 19 Y 13 |
|--------------------------------|----------------------------------|-------------------------------------|

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

I, Richard Cox HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT Mason Montgomery + Bethany
OFFICER'S NAME LOCATION

Approx Speed was 25 mph,
 Going North on Mason Mont.
 Slowing Down at Intersection of
 Bethany Rd. And Mason Montgomery

Brakes Made A Vibrating Sound for 100 ft ??
 Truck would not stop, I Pushed Harder
 Truck did not slow, I Hit other
 Car At Approx 15-20 mph.

No Injuries

| | |
|--|---|
| ADDRESS OF WITNESS | PHONE 378-7921 |
| SIGNATURE OF WITNESS <u>[Signature]</u> | OFFICER'S SIGNATURE X <u>[Signature]</u> |



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| LOCAL REPORT NUMBER 13-5227 | REPORTING AGENCY MASON POLICE | DATE OF CRASH M 02 D 19 Y 13 |
|--------------------------------|----------------------------------|-------------------------------------|

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

I, David L. Morris HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT Mason Montgomery + Bethany
OFFICER'S NAME LOCATION

Was heading North on Mason Mont Rd toward Bethany was coming to a ~~slow~~ stop when I was hit from behind. I was wearing my seat belt.

Matthew D. Morris Age 8 was in the ~~rear~~ backseat on the passenger side of the car. Matthew was in a booster seat and wearing his seat belt.

Zachary Morris Age 6 was in the backseat on the driver side of the car. Zachary was in a booster seat and wearing his seat belt.

Matthew D. Morris Age 8 DOB 3/9/2004
Zachary W. Morris Age 6 DOB 8/10/2006
Both live at 3845 Slazenger Ct Mason, OH 45050

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|--------------------------|--------------------------|
| ADDRESS OF WITNESS | PHONE 513-330-7796 |
| SIGNATURE OF WITNESS | OFFICER'S SIGNATURE X |