



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
2013-23816	2 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

<input type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> P/DO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER			108304	MASON PD	02	01 98 - ANIMAL 99 - UNKNOWN

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 *	MASON	08/20/13	1:83P	TUE

DEGREES / MINUTES / SECONDS	DECIMAL DEGREES
LATITUDE: 39° 20' 54.00" LONGITUDE: -84° 14' 24.00"	LATITUDE: _____ LONGITUDE: _____

ROADWAY DIVISION	DIVIDE LANE DIRECTION OF TRAVEL	NUMBER OF TRAIL LINES	ROAD TYPES OR MILEPOST *
<input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	2 N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	03	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	LOC PREFIX	LOCATION ROAD NAME	LOCATION ROAD TYPE	ROUTE TYPES *
	N, S, E, W	Kent's Island	2R	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	REFERENCE ROUTE NUMBER	REF PREFIX	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE
150	N, S, E, W			N, S, E, W	WESTERN ROW	RD

REFERENCE POINT USED	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
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/ROUNDBOAT 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 type="checkbox"/> INTERSECTION RELATED 2 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

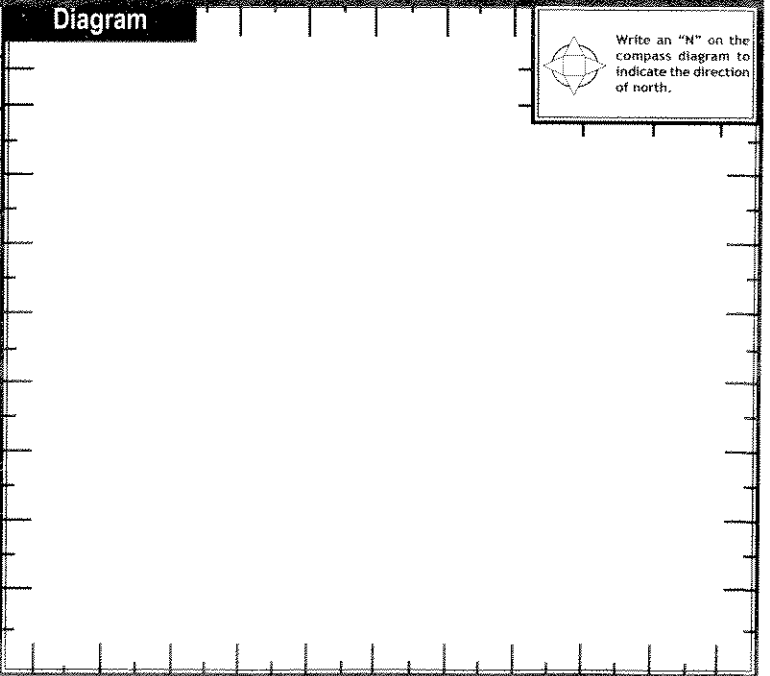
ROAD CONTOUR	ROAD CONDITIONS	WEATHER
1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	PRIMARY: 01 SECONDARY: 01	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN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

MANNER OF CRASH COLLISION/IMPACT	WEATHER
1 - 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

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	PRIMARY: 01 SECONDARY: 01	<input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE DRIVER)	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 1 IMPROPERLY MERGED TO THE RIGHT INTO LANE OCCUPIED BY UNIT 2. UNIT 2 SWERVED TO AVOID COLLISION AND DROVE OFF RIGHT SIDE OF ROAD STRIKING A STREET SIGN.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DDPSS)	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		08/20/13	1:83P	1:83P	1:56P	1:57P	00:29	19:10
OFFICER'S NAME	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE 1 of 5					
BAUMAN	49	55						



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

291312331161

UNIT NUMBER 1021	NAME: LAST, FIRST, MIDDLE BARKLEY, AUSTIN R. A.	DATE OF BIRTH 10311991	AGE 21	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2179 S ALBONS WAY LIBERTY, TN 37091	CONTACT PHONE - INCLUDE AREA CODE 513-720-2019
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INJURIES 0	INJURED TAKEN BY 0	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 TS 843544	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 (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE HENDON, SHAWNA K	DATE OF BIRTH 02061972	AGE 36	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 4175 SOPHIA WAY CHEVY CHASE, OH 45002	CONTACT PHONE - INCLUDE AREA CODE 513-941-8398
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INJURIES 0	INJURED TAKEN BY 0	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 RV 291144	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 (<input checked="" type="checkbox"/> LOCAL CODE) 331.08A1	OFFENSE DESCRIPTION IMPROPER LANE CHANGE	CITATION NUMBER 73809	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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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 NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 99 - UNKNOWN SAFETY EQUIPMENT	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 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 (OH IS "D") 5 - M/C/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 (NAVIGATOR/DEVICE, RADAR, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 021	NAME: LAST, FIRST, MIDDLE VAN BENSCHOTTEN MADELINE R	DATE OF BIRTH 07281992	AGE 21	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 4568 GUNFORD DR W CHEVY CHASE, OH 45069	CONTACT PHONE - INCLUDE AREA CODE 513-374-3071
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INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 02	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE HENDON, WILLIAM H	DATE OF BIRTH 11292004	AGE 8	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 4175 SOPHIA WAY CHEVY CHASE, OH 45002	CONTACT PHONE - INCLUDE AREA CODE 513-941-8398
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INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

21013-12313V6

Motorist/New-Motorist

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 [] []
OL STATE [] [] []	OPERATOR LICENSE NUMBER	OL CLASS []	No <input type="checkbox"/> VALID OL M/C <input type="checkbox"/> END.	CONDITION []
ALCOHOL/DRUG SUSPECTED [] []	ALCOHOL TEST STATUS []	ALCOHOL TEST TYPE []	ALCOHOL TEST VALUE [] [] [] []	DRUG TEST STATUS []
DRUG TEST TYPE []	DRUG TEST VALUE [] [] [] []	DRUG TEST STATUS []	DRUG TEST TYPE []	
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY [] []

Motorist/Non-Motorist

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 [] []
OL STATE [] [] []	OPERATOR LICENSE NUMBER	OL CLASS []	No <input type="checkbox"/> VALID OL M/C <input type="checkbox"/> END.	CONDITION []
ALCOHOL/DRUG SUSPECTED [] []	ALCOHOL TEST STATUS []	ALCOHOL TEST TYPE []	ALCOHOL TEST VALUE [] [] [] []	DRUG TEST STATUS []
DRUG TEST TYPE []	DRUG TEST VALUE [] [] [] []	DRUG TEST STATUS []	DRUG TEST TYPE []	
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY [] []

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 NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 99 - UNKNOWN SAFETY EQUIPMENT	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 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, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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Occupant

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE HENDON, SEAN J.	DATE OF BIRTH 10/12/2008	AGE 5	GENDER M - MALE
ADDRESS, CITY, STATE, ZIP 4175 SOPHIA WAY CHEVES OH 45002			CONTACT PHONE - INCLUDE AREA CODE 513-941-9399	

INJURIES [] [] [] [] []	INJURED TAKEN BY [] [] []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET	SEATING POSITION 07	AIR BAG USAGE [] []	EJECTION [] []	TRAPPED [] []

Occupant

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE HENDON ROBERT G.	DATE OF BIRTH 03/18/2002	AGE 11	GENDER M - MALE
ADDRESS, CITY, STATE, ZIP 4175 SOPHIA WAY CHEVES OH 45002			CONTACT PHONE - INCLUDE AREA CODE 513-941-9399	

INJURIES [] [] [] [] []	INJURED TAKEN BY [] [] []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET	SEATING POSITION 09	AIR BAG USAGE [] []	EJECTION [] []	TRAPPED [] []



UNIT

LOCAL REPORT NUMBER
 201131-1233116

UNIT NUMBER: 011
 OWNER NAME: HENDON, ROBERT G
 OWNER PHONE NUMBER: 513 941-8398

OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER)
 DAMAGE SCALE: 1 - NONE
 DAMAGED AREA: FRONT

LP STATE: OH
 LICENSE PLATE NUMBER: EB6904B
 VEHICLE IDENTIFICATION NUMBER: 5M11A40M14B1M611251631041

VEHICLE YEAR: 2011
 VEHICLE MAKE: NISSAN
 VEHICLE MODEL: ARMADA
 VEHICLE COLOR: GRAY

PROOF OF INSURANCE SHOWN: TRAVELERS
 INSURANCE COMPANY: TRAVELERS
 POLICY NUMBER: 9893996101011
 TOWED BY: GRAY

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

US DOT: 011
 VEHICLE WEIGHT GVWR/GCWR: 1- LESS THAN OR EQUAL TO 10K LBS.
 HM PLACARD ID NO.:
 HM CLASS NUMBER:
 HAZARDOUS MATERIAL RELEASED:
 CARGO BODY TYPE: 01 - No Cargo Body Type/NOT APPLICABLE
 TRAFFICWAY DESCRIPTION: 1 - Two-Way, Not Divided

Non-Motorist Location Prior to Impact: 01 - INTERSECTION - MARKED CROSSWALK
 TYPE OF USE: 1 - PERSONAL
 UNIT TYPE: 06 - PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)
 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS): 01 - SUB-COMPACT
 Med/Heavy Trucks or Combo Units > 10K LBS: 13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 6 TIRES
 Bus/Van/Limo (9 or more including driver): 21 - BUS/VAN (9-15 SEATS, INC DRIVER)

SPECIAL FUNCTION: 01 - NONE
 MOST DAMAGED AREA: 01 - NONE
 IMPACT AREA: 01 - NONE
 ACTION: 1 - NON-CONTACT

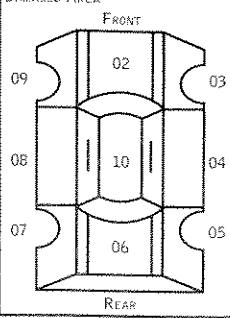
PRE-CRASH ACTIONS: 03 - CHANGING LANES
 MOTORIST: 01 - STRAIGHT AHEAD
 Non-Motorist: 15 - ENTERING OR CROSSING SPECIFIED LOCATION

CONTRIBUTING CIRCUMSTANCES: 10 - IMPROPER LAKE CHANGE
 VEHICLE DEFECTS: 01 - TURN SIGNALS

SEQUENCE OF EVENTS: 1 13 2 3 4 5 6
 JUST HARMFUL EVENT: 1
 MOST HARMFUL EVENT: 13
 Non-Collision Events: 01 - OVERTURN/ROLL-OVER

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED: 14 - PEDESTRIAN
 COLLISION WITH FIXED OBJECT: 25 - IMPACT ATTENUATOR/CRASH CUSHION

UNIT SPEED: 0310
 POSTED SPEED: 45
 TRAFFIC CONTROL: 01 - NO CONTROLS
 UNIT DIRECTION: From 1 To 2





UNIT

LOCAL REPORT NUMBER
20131-213116

UNIT NUMBER 012	OWNER NAME: LAST, FIRST, MIDDLE (<input checked="" type="checkbox"/> SAME AS DRIVER) BARNEY, GARY P.	OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 513-300-8906	DAMAGE SCALE 2	DAMAGED AREA
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OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER)

LP STATE PA	LICENSE PLATE NUMBER DBA 2933	VEHICLE IDENTIFICATION NUMBER 2C86M6846P2673741	# OCCUPANTS 012
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VEHICLE YEAR 2005	VEHICLE MAKE CHRYSLER	VEHICLE MODEL PACIFICA	VEHICLE COLOR GOLD
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<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY STATE FARM	POLICY NUMBER 818 2156 02635E	TOWED BY
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CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE - INCLUDE AREA CODE

US DOT	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. 1	CARGO BODY TYPE 011	TRAFFICWAY DESCRIPTION 1
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NON-MOTORIST LOCATION PRIOR TO IMPACT 01	TYPE OF USE 1	UNIT TYPE 06	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)
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SPECIAL FUNCTION 01	01 - NONE	09 - AMBULANCE	17 - FARM VEHICLE	MOST DAMAGED AREA 03	01 - NONE	08 - LEFT SIDE	99 - UNKNOWN	ACTION 3
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PRE-CRASH ACTIONS 01	MOTORIST	01 - STRAIGHT AHEAD	07 - MAKING U-TURN	13 - NEGOTIATING A CURVE	15 - ENTERING OR CROSSING SPECIFIED LOCATION	21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES 01	MOTORIST	01 - NONE	11 - IMPROPER BACKING	22 - NONE	VEHICLE DEFECTS 01	01 - TURN SIGNALS
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SEQUENCE OF EVENTS 08 37 3 4 5 6	FIRST HARMFUL EVENT 1	MOST HARMFUL EVENT 2	99 - UNKNOWN	NON-COLLISION EVENTS	01 - OVERTURN/ROLLOVER	06 - EQUIPMENT FAILURE (BLOWN TYRE, BRAKE FAILURE, ETC)	10 - CROSS MEDIAN
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COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	25 - IMPACT ATTENUATION/CRASH CUSHION	33 - MEDIAN CABLE BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE
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UNIT SPEED 020	POSTED SPEED 45	TRAFFIC CONTROL 01	01 - NO CONTROLS	07 - RAILROAD CROSSINGS	13 - CROSSWALK LINES	UNIT DIRECTION FROM 1 TO 2	1 - NORTH	5 - NORTHEAST	9 - UNKNOWN
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LOCAL REPORT NUMBER

13-23316

REPORTING AGENCY

MASON POLICE

DATE OF ACCIDENT

M 8 | 0 20 | Y 13

IN COUNTY OF

WARREN

ACCIDENT LOCATION

KINGS ISLAND DR @ WESTERN ROW RD

Kings Island Dr



Western Row Rd

IR 71 NB Ramp

Not to scale

OFFICER'S SIGNATURE

BADGE NUMBER

59

OHIO TRAFFIC CRASH WITNESS STATEMENT

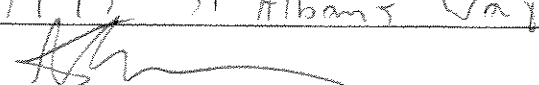
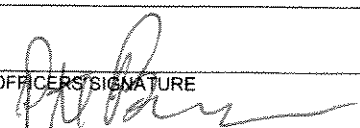
OH-3 REV 1/82

LOCAL REPORT NUMBER 13-23316	REPORTING AGENCY MASON P.D.	DATE OF CRASH M 8 / D 20 / Y 13
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Austin Barkley (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Officer Bauman (OFFICERS NAME) AT Western Row / KI Drive (LOCATION)

Was about to turn right in right turn lane when other car merged without seeing me in the turn lane - I avoided the collision by losing control and hitting a pole and sign out of no other option. slammy brakes

ADDRESS OF WITNESS 7179 St. Albans Way	PHONE 513-777-2062
SIGNATURE OF WITNESS 	OFFICERS SIGNATURE 

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 13-23316	REPORTING AGENCY MASON P.D.	DATE OF CRASH M 8/20/13
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Shawna Hendon (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO
BAUMAN (OFFICERS NAME) AT KINGS ISLAND DR + WESTERN RAIL (LOCATION)

I was in 2nd lane from left and merged into turning (Rt) lane. The car in that lane was in my blind spot. The driver yanked the wheel and could not regain control resulting him to hit a street sign then a pole. NO damage to my car.

ADDRESS OF WITNESS 4175 Sophias Way, Olives, OH 45002	PHONE 513/9418398
SIGNATURE OF WITNESS <i>Shawna Hendon</i>	OFFICERS SIGNATURE <i>[Signature]</i>