



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKID
2013-28965	3 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

<input checked="" type="checkbox"/> PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 18304	REPORTING AGENCY NAME * MASON POLICE	NUMBER OF UNITS 02	UNIT IN ERROR 01 98 - ANIMAL 99 - UNKNOWN
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COUNTY * 83	<input checked="" type="checkbox"/> CITY * MASON	CITY, VILLAGE, TOWNSHIP *	CRASH DATE * 10142013	TIME OF CRASH 1730	DAY OF WEEK MON
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DEGREES / MINUTES / SECONDS LATITUDE 38° 12' 01.13" N LONGITUDE 81° 17' 14.01" W	DECIMAL DEGREES LATITUDE 39.337054 LONGITUDE -84.294256
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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 04	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
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LOCATION ROUTE TYPE 1 LOCATION ROUTE NUMBER LOC PREFIX N, S, E, W LOCATION ROAD NAME WESTERN ROW	LOCATION ROAD TYPE 2 ROUTE TYPES * IR - INTERSTATE ROUTE (NO TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
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DISTANCE FROM REFERENCE AT MILES FEET YARDS	DIR FROM REF N, S, E, W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) OLD WESTERN ROW	REFERENCE ROAD TYPE 2
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 04	01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUNT 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	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
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ROAD CONTOUR 3 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS 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	* SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/IMPACT 7 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 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 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY 1 SECONDARY 1	1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER	<input type="checkbox"/> 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
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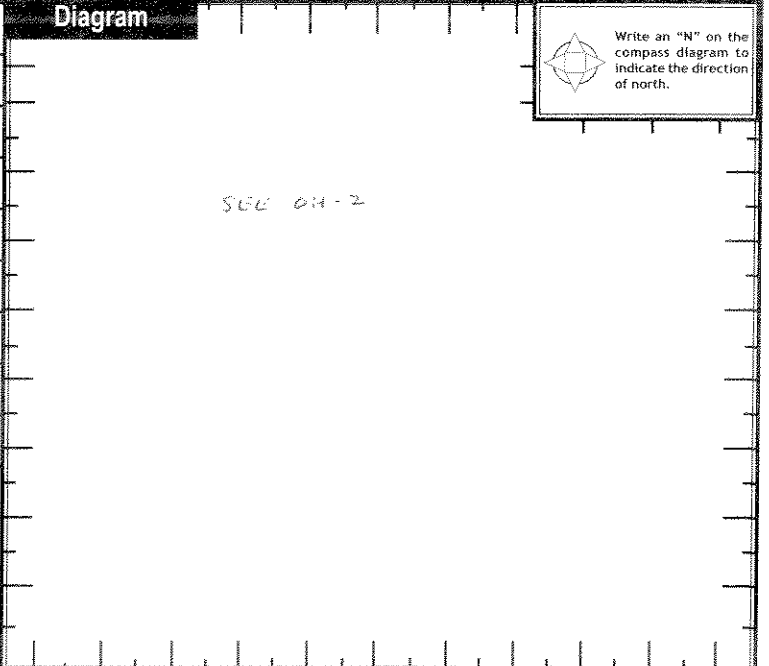
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 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
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NARRATIVE

BOTH UNITS TRAVELING EAST ON WESTERN ROW.

UNIT 1 FAILED TO DRIVE WITHIN LANES AND STRUCK

UNIT 2 -



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OF ADDRESS TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED 10142013	TIME CRASH REPORTED 1730	DISPATCH TIME 1733	ARRIVAL TIME 1747	TIME CLEARED 1914	OTHER INVESTIGATION TIME 0060	TOTAL MINUTES 0165
OFFICER'S NAME * SLONE	OFFICER'S BADGE NUMBER 160	CHECKED BY 55	PAGE 1 OF 4					



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
2013-29965

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE TOOMB, MATTHEW D.	DATE OF BIRTH 01/21/1968	AGE 45	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6756 KEENEHAWAY WAY MASON, OH 45040	CONTACT PHONE - INCLUDE AREA CODE 513-348-6141
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INJURIES 1	INJURED TAKEN BY 1	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 RZ0539Z	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) 331.08	OFFENSE DESCRIPTION DRIVING WITHIN LANES	CITATION NUMBER 75005	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE SLUSHER, STEVEN E.	DATE OF BIRTH 05/28/1958	AGE 55	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 194 YORKWOOD LN. CINCINNATI, OH 45238	CONTACT PHONE - INCLUDE AREA CODE 513-460-9345
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INJURIES 1	INJURED TAKEN BY 1	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 RH829863	OL CLASS 7	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 <input type="checkbox"/> DEVICE USED	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 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 (DOWN TO "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 (OPERATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE TOOMB, ANN	DATE OF BIRTH 10/26/1967	AGE 45	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6756 KEENEHAWAY WAY MASON, OH 45040	CONTACT PHONE - INCLUDE AREA CODE 513-459-9770
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE TOOMB, SHANNON	DATE OF BIRTH 10/29/1999	AGE 13	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6756 KEENEHAWAY WAY MASON, OH 45040	CONTACT PHONE - INCLUDE AREA CODE 513-459-9770
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 06	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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Unit

Local Report Number

2013-28265

Unit Number 01	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 3	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)				1 - None
LP State OH	License Plate Number FOP 6591	Vehicle Identification Number 5FNRF4890A30158Z1	# Occupants 03	2 - Minor
Vehicle Year 2009	Vehicle Make HONDA	Vehicle Model PILOT	Vehicle Color MAR	3 - Functional
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company PROGRESSIVE	Policy Number 901242713	Towed By	4 - Disabling
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.	Cargo Body Type 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, Chipp, Gravel	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Center and Left Turn Lane 3 - Two-Way, Divided, Unprotected Turn or Left Turn Lane 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit		
HM Class Number				

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 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	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/Trailer, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/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, Cart 25 - Bicycle/Pedalcyclist 26 - Pedestrian/Striker 27 - Other Non-Motorist
			<input type="checkbox"/> Has HM Placard		

Special Function 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 05 Impact Area 05	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 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 03 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 Primary 10 Secondary 99 - Unknown	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 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Stick 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 08 3 4 5 6 First Harmful Event 1 Most Harmful Event 1 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 or 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	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	06 - Equipment Failure (Blow Out, 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 Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overload 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	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 35 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	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 Cues 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 4 To 3 1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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Unit

Local Report Number
2013-28965

Unit Number 02	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number - inc. area code (☑ Same As Driver)	Damage Scale 4	Damaged Area Front
Owner Address: City, State, Zip (☑ Same As Driver)			1 - None	
LP State OH	License Plate Number PFX 9061	Vehicle Identification Number 1GTHG35R51114311101	2 - Minor	
Vehicle Year 2001	Vehicle Make GMC	Vehicle Model SAVANA	3 - Functional	
Vehicle Color GOLD	Insurance Company GRANGE MUTUAL	Policy Number CT2052119	4 - Disabling	
Carrier Name, Address, City, State, Zip	Towed By SORA'S	Carrier Phone - include area code	5 - Unusable	

US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than Or Equal To 10,000 lbs. 2 - 10,001 To 26,000 lbs. 3 - More Than 26,000 lbs.	Cargo Class Type 01 - No Cargo/Empty Trailer 02 - Dry Van/Flat Top Trailer, not Reefer 03 - Dry Flat Top Trailer, not Reefer 04 - Vehicle Mounted Apparatus Vehicle 05 - Logging 06 - Off-Highway Construction Equipment 07 - Cargo Van Enclosed Box 08 - Trailer, Other	Trafficway Description 1 - Two Way, Not Divided 2 - Two Way, Not Divided, Continuous Left Turn Lane 3 - Two Way, Divided, Ungrade/At Grade 4 - One Way, Divided, Parallel Median Barrier 5 - One Way Trafficway
HM Placard ID No.	Hazardous Material Released	09 - Other Unknown	☑ Hit / Skip Unit

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-Throughway Area 99 - Other Location	Type of Use 1 - Personal 2 - Commercial 3 - Government ☑ In Emergency Response	Unit Type 01 - Subcompact 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 2 axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/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 Cuggy, Wagon, Surrey 25 - Bicycle/Pedicyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
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Special Function 01 - Army 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 - Air Force 10 - Navy 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 (Specify in Remarks)	Most Damaged Area 01 - Left 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	Action 4	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking, Struck 9 - Unknown
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Pre-Crash Actions 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Stopping 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 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign Secondary 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 99 - Unknown	Motorist 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 Shift/Load 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 - 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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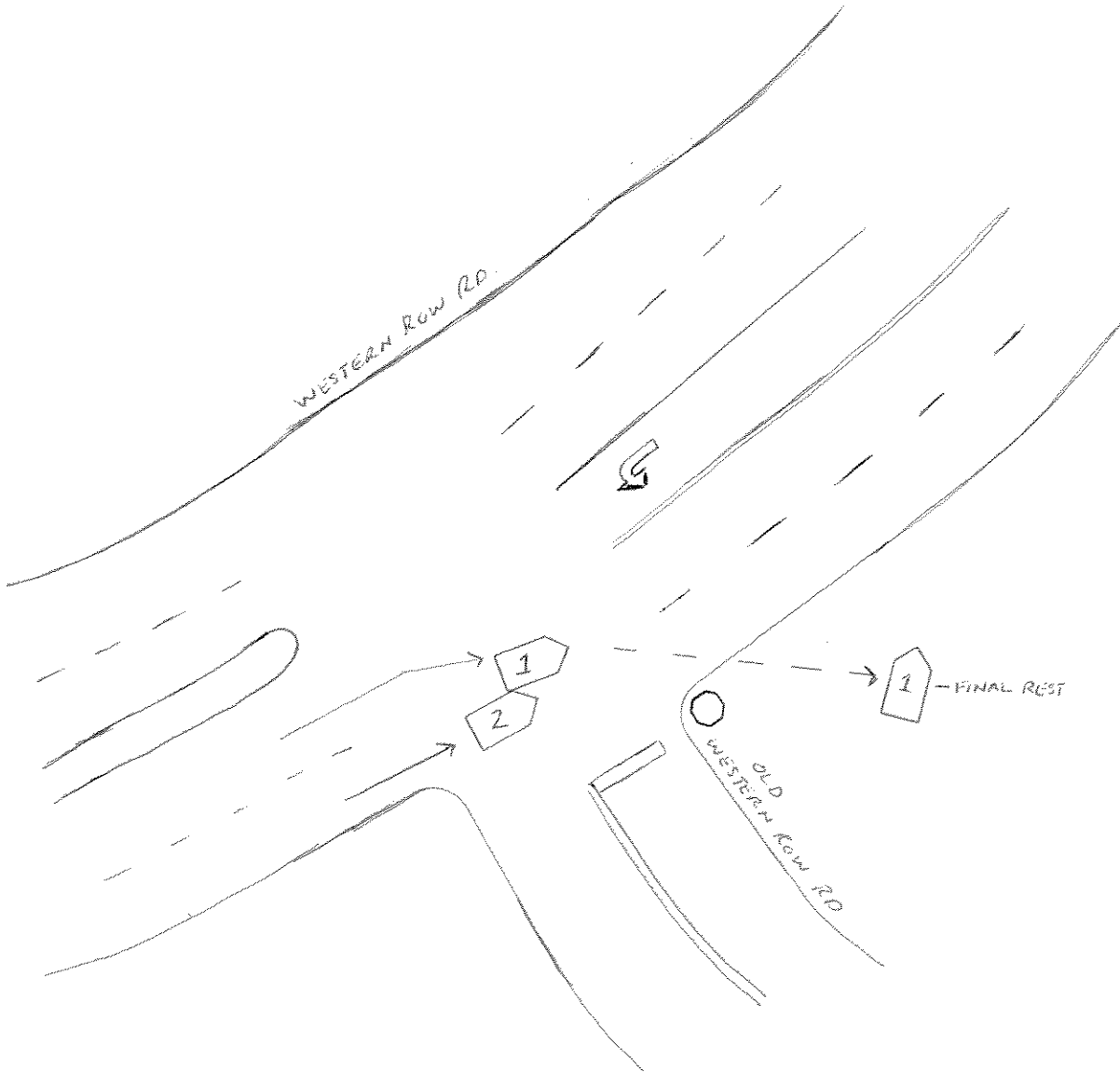
Sequence of Events 1 20 2 3 4 5 6 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - 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 - Pedalcycle 16 - Railway Vehicle (Train, Trolley) 17 - Animal - Farm 18 - Animal - Beer 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 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 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 35 ☑ Stated ☐ Estimated	Posted Speed 35	Traffic Control 12 01 - No Control 02 - Stop Sign 03 - Right Turn 04 - Traffic Signs 05 - Traffic Signals 06 - Work Zone 07 - Railroad Crossings 08 - Railroad Flashes 09 - Railroad Gates 10 - Wayfinding Bar/End 11 - Person (Flagger, Officer) 12 - Pavement Marking 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 4 To 3 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - East 8 - Southwest 9 - Unknown
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LOCAL REPORT NUMBER <i>13-28965</i>	REPORTING AGENCY <i>MASON PD</i>	DATE OF CRASH M <i>10</i> D <i>14</i> Y <i>13</i>
IN COUNTY OF <i>WARREN</i>	CRASH LOCATION <i>WESTERN RD AT OLD WESTERN RD</i>	

* NOT TO SCALE



OFFICER'S SIGNATURE <i>X [Signature]</i>	BADGE NUMBER <i>1060</i>
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LOCAL REPORT NUMBER 13-28965	REPORTING AGENCY MASON PD	DATE OF CRASH M 10 D 14 Y 13
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, MATTHEW TOOMB HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

SLOVE AT Western Row + Old Western Row
OFFICER'S NAME LOCATION

* HEADING EAST ON WESTERN ROW

* USED MY TURN SIGNAL TO CHANGE LANES

* NEXT THING I REALIZED WAS AN IMPACT ON THE BACK RIGHT CORNER OF MY CAR.

* I WAS BEING SPUN OUT AND MAINTAINED CONTROL OF THE CAR.

~~I~~ I BELIEVE I SPUN ONCE IN THE STREET 360°

* I THEN SPUN AROUND AGAIN IN THE GRASS 360°

* ~~THE~~ AFTER STOPPING I RECOGNIZED THE VAN THAT HIT ME KEPT GOING AND THEN SLAMMED ON HIS BREAKS AT THE TRAFFIC LIGHT.

* ~~THE~~ I THOUGHT HE WAS LEAVING THE SCENE

~~THE~~

~~THE~~

ADDRESS OF WITNESS	PHONE 513-348-6141
SIGNATURE OF WITNESS X <u>Matty Toomb</u>	OFFICER'S SIGNATURE X <u>Clifford W. H. 1066</u>

HSY 7003 5/12 [760-0820] 6756 Keeneland Way
MASON, OH 45040



LOCAL REPORT NUMBER 13-28965	REPORTING AGENCY MASON PD	DATE OF CRASH M 10 D 14 Y 13
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, STEVE SLUSHER HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Slone AT WESTERN ROW @ OLD WESTERN ROW
OFFICER'S NAME LOCATION

I WAS DRIVING ON WESTERN ROW RD. IN CURB LANE TOWARD TYLERSVILLE RD. VEHICLE PASSED ME IN CENTER LANE. VEHICLE CAME INTO MY LANE BEFORE IT WAS PASS THE FRONT OF MY VEHICLE. (NO SIGNAL WAS USED BY VEHICLE COMING INTO MY LANE.) WHEN I HIT MY BRAKES I MOST HAVE HIT THEM SO HARD SOMETHING BROKE & PEDAL STAYED ON THE FLOOR & BRAKES DID NOT WORK, VEHICLE HIT MY LEFT FENDER WITH IT'S RIGHT QUARTER PANEL.

ADDRESS OF WITNESS
194 YORKWOOD LANE 45238

PHONE
513 460 9345

SIGNATURE OF WITNESS
 Steve Slusher

OFFICER'S SIGNATURE
 Clayton W. ... 1060



LOCAL REPORT NUMBER <i>13-28965</i>	REPORTING AGENCY <i>MASON PD</i>	DATE OF CRASH M <i>10</i> D <i>14</i> Y <i>13</i>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, *Ann Toomb* HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

SLONE AT *WESTERN ROW @ OLD WESTERN ROW*
OFFICER'S NAME LOCATION

- I was a passenger in the car upfront
 - All I remember was spinning in the car twice around going into the grass ^{from} ~~off~~ the ~~road~~ side of the road

-

*6756 Keeneland Way
 Mason OH 45040*

ADDRESS OF WITNESS	PHONE <i>Home</i> <i>459-9770</i>
SIGNATURE OF WITNESS X <i>[Signature]</i>	OFFICER'S SIGNATURE X <i>[Signature]</i> <i>1060</i>



LOCAL REPORT NUMBER 13-28965	REPORTING AGENCY MASON PD	DATE OF CRASH M 10 D 14 Y 13
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Michael J. Riley HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Stone AT Western Row / Old Western Row
OFFICER'S NAME LOCATION

I witnessed the accident while traveling West on western Row. To my left in the on coming traffic lane I saw the gray van + Maroon? SUV traveling. The Maroon SUV started to move from the inner lane to the outer lane. I do not know if the turn signal was on. The van hit the rear right fender of the SUV. The SUV spun in a 360 onto the grass. I turned onto Western Row to safely stop. I checked the SUV occupants to see if they were ok. The van continued on until stopping a ways down where the officers found it.

401 Windsor Ave. West Carrollton OH 45449
ADDRESS OF WITNESS

737-305-0921
PHONE

X Michael J. Riley SIGNATURE OF WITNESS
X Chitika W. Jr 1060 OFFICER'S SIGNATURE