



TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * | CRASH SEVERITY | HIT/SKIP |
| | 1 - FATAL 2 - INJURY 3 - PDD | 1 - SOLVED 2 - UNSOLVED |
| | 2 | |

LOCAL INFORMATION
ATRIUM MEDICAL CENTER

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| PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | PDD UNDER STATE REPORTABLE DOLLAR AMOUNT | REPORTING AGENCY NCIC * 08304 | REPORTING AGENCY NAME * MASON POLICE | NUMBER OF UNITS 02 | UNIT IN ERROR 01 |
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| COUNTY * 03 | CITY * MASON | CITY, VILLAGE, TOWNSHIP * | CRASH DATE * 11/01/2013 | TIME OF CRASH 0650 | DAY OF WEEK FR |
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| DEGREES / MINUTES / SECONDS LATITUDE 0 ' 0 " 0 " | LONGITUDE 0 ' 0 " 0 " | DECIMAL DEGREES LATITUDE 39.348541 | LONGITUDE -84.307472 |
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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 02 | ROAD TYPES OR MILEPOST ² 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 TYPE ¹ | LOCATION ROUTE NUMBER | LOC PREFIX N, S, E, W | LOCATION ROAD NAME NIXON PARK | LOCATION ROAD TYPE ² 02 | ROUTE TYPES ¹ 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 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 #) 4859 NIXON PARK | REFERENCE ROAD TYPE ² 02 |
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| 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/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 | INTERSECTION RELATED <input type="checkbox"/> | LOCATION OF FIRST HARMFUL EVENT 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN |
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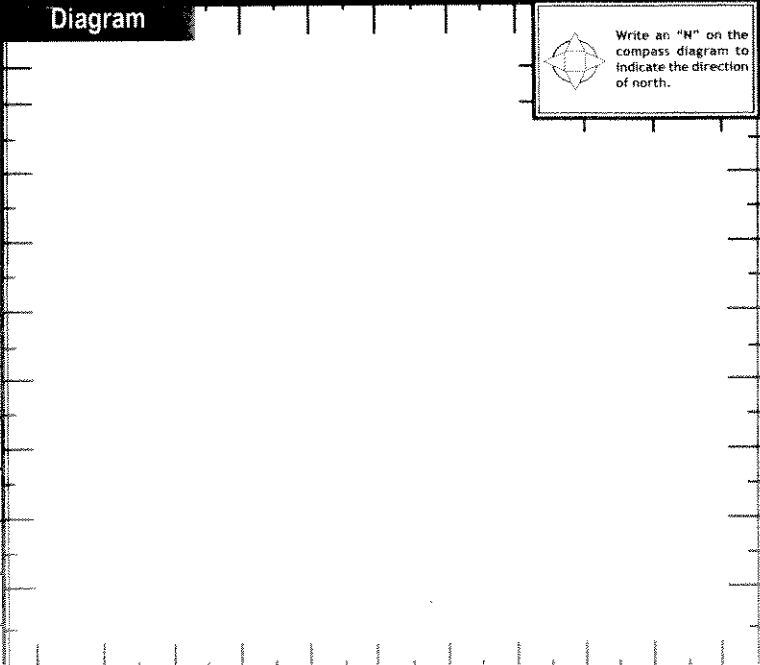
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| ROAD CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN | ROAD CONDITIONS PRIMARY 02 SECONDARY 01 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN | * SECONDARY CONDITION ONLY |
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| MANNER OF CRASH COLLISION/IMPACT 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 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 4 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 | 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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| 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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
UNIT #1 WAS TRAVELING WEST ON CORWIN NIXON AT THE ATRIUM MEDICAL CENTER, WHEN UNIT #1 STRUCK A JUVENILE PEDESTRIAN WHO WAS CROSSING THE STREET WITHIN THE CROSSWALK. PEDESTRIAN WAS CHECKED AT THE SCENE BY MASON EMS AND WAS NOT TRANSPORTED.



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| REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | <input type="checkbox"/> SUPPLEMENT (CORRECTION TO AN EXISTING REPORT SENT BY ODP&S) | DATE CRASH REPORTED 11/01/2013 | TIME CRASH REPORTED 0650 | DISPATCH TIME 0650 | ARRIVAL TIME 0653 | TIME CLEARANCE 0730 | FINISH INVESTIGATION TIME 1120 | TOTAL MINUTES 1160 |
| OFFICER'S NAME * PH. EDWARDS | OFFICER'S BADGE NUMBER 1047 | CHECKED BY PH. Edwards | PAGE | OF | | | | |



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

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| UNIT NUMBER 09 | NAME: LAST, FIRST, MIDDLE HOGAN, THOMAS C. | DATE OF BIRTH 1/01/13/1970 | AGE 43 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 4613 COBBLESTONE COURT MASON, OHIO 45040 | CONTACT PHONE- INCLUDE AREA CODE 513 398-8984 |
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| INJURIES 1 | INJURED TAKEN BY <input type="checkbox"/> | 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 | |
| OL STATE OH | OPERATOR LICENSE NUMBER RG 372062 | OL CLASS 4 | No <input type="checkbox"/> VALID OL <input type="checkbox"/> M/C END. | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE 1 | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |

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| OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 331.17 | OFFENSE DESCRIPTION FAILURE TO YIELD RIGHT OF WAY | CITATION NUMBER 74969 | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY 1 |
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| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE BELL, LYDIA | DATE OF BIRTH 1/02/91/1928 | AGE 15 | GENDER F F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 6644 BLUEFIELD LANE MASON, OHIO 45040 | CONTACT PHONE- INCLUDE AREA CODE 513 295-0331 |
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| INJURIES 3 | INJURED TAKEN BY 4 | EMS AGENCY MASON EMS | MEDICAL FACILITY INJURED TAKEN TO CHILDREN'S LIBERTY | SAFETY EQUIPMENT USED 09 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED | |
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | No <input type="checkbox"/> VALID OL <input type="checkbox"/> M/C END. | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |

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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 |
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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 (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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| UNIT NUMBER 00 | NAME: LAST, FIRST, MIDDLE TRICE, NANCY | DATE OF BIRTH 01/20/11/1949 | AGE 64 | GENDER F F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 7566 ALEXANDER DRIVE MASON, OHIO 45040 | CONTACT PHONE- INCLUDE AREA CODE 513 600-7723 |
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| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
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| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE- INCLUDE AREA CODE |
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| INJURIES | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
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Unit

Local Report Number

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| Unit Number 94 | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) CINCINNATI INSURANCE | Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) | Damage Scale 1 | Damaged Area |
| LP State OH | License Plate Number FWT 3044 | Vehicle Identification Number 1FAHP12E82DA6220637 | # Occupants 011 | |
| Vehicle Year 2013 | Vehicle Make FORD | Vehicle Model TAURUS | Vehicle Color BLACK | |
| Proof of Insurance Shown <input checked="" type="checkbox"/> | Insurance Company CINCINNATI INSURANCE | Policy Number CAP 7714848 | 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/Flashed or Grass (4 FL) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released | 99 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown | <input type="checkbox"/> Hit / Skip Unit |

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| Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown | Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | Unit Type 03 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 2axle, 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, Sled 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist |
| <input type="checkbox"/> Has HM Placard | | | | |

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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 01 02 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear | 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total/All Areas 14 - Other | Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
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| Pre-Crash Actions 01 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 | Motorist 02 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 - Failure 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 02 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 02 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 14 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, 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 - Pedacyclist 16 - Railway Vehicle (Train, Locomotive) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport | 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object | Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier | 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole 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 120 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated | Posted Speed 00 | Traffic Control 13 01 - No Control 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone | 07 - Railroad Crossbuck 08 - Railroad Flasher 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings | 13 - Crosswalk Lines 14 - Walk/Bike Way 15 - Other 16 - Not Reported | Unit Direction From 3 To 4 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Southeast |
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Unit

Local Report Number _____

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| Unit Number 024 | 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 1 - None 2 - Minor 3 - Functional 4 - Disabling 9 - Unknown | Damaged Area Front 09 02 03 08 10 04 07 06 05 Rear |
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Owner Address: City, State, Zip Same As Driver

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| LP State | License Plate Number | Vehicle Identification Number | # Occupants |
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| Vehicle Year | Vehicle Make | Vehicle Model | Vehicle Color |
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| <input type="checkbox"/> Proof of Insurance Shown | Insurance Company | Policy Number | Towed By |
|---|-------------------|---------------|----------|

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

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| 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 - Box/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 - Trailer, Other 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, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Raised or Less than 4 ft) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway |
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| HM Placard ID No. | HM Class Number | <input type="checkbox"/> Hazardous Material Released | Non-Motorist Location Prior to Impact 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown | Type of Use 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | Unit Type 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 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Boutail) 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, Surrey 25 - Bicycle/Pedalcyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist |
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| 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 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 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
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| Pre-Crash Actions 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 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 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 (Blow 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 |
|---|---|

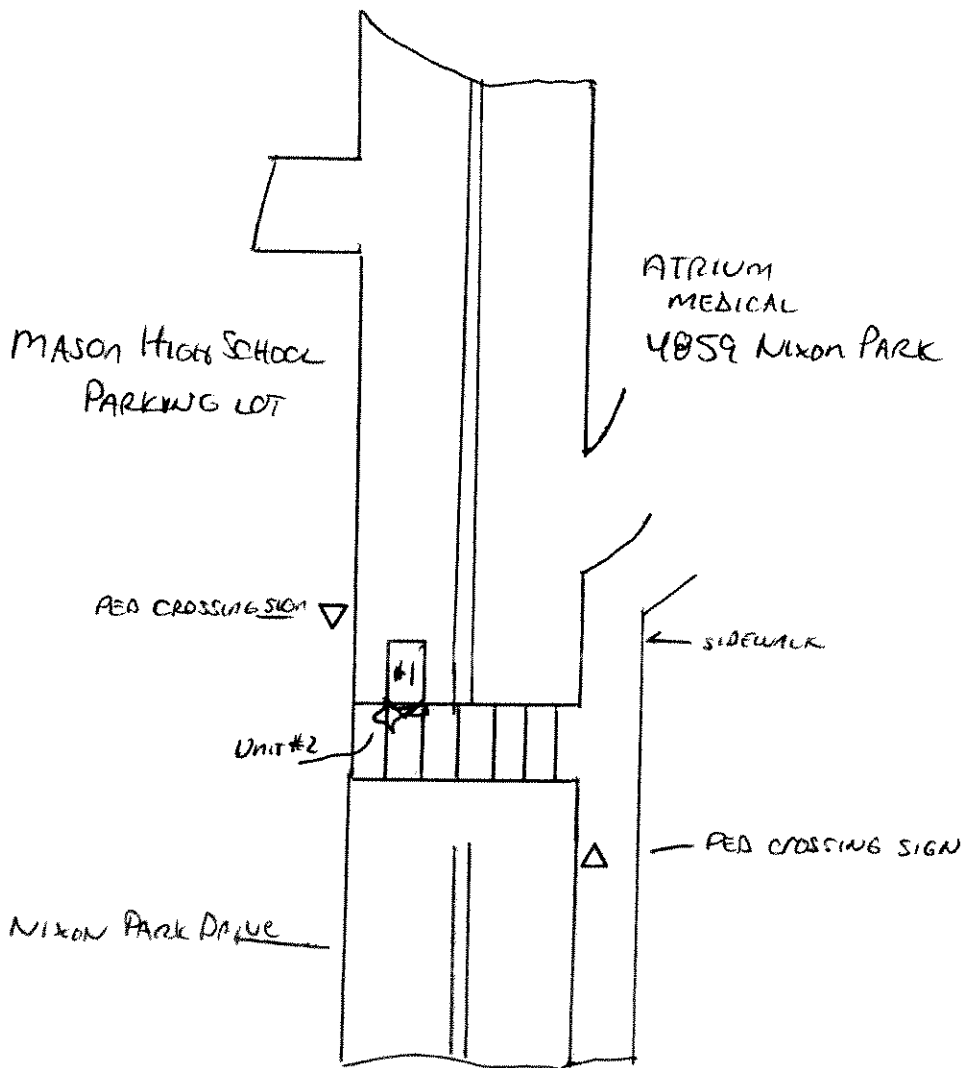
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|---|---|
| Collision with Person, Vehicle, or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Not a Train) 17 - Animal - Farm 18 - Animal - Dog 19 - Animal - Other 20 - Motor Vehicle in Transition 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Swinging Object, or Anything Set in Motion by Main Vehicle 24 - Other Classifying Object | Collision With Fixed Object 25 - Impact Attenuator/Grade Collision 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Support 29 - Bridge Road 30 - Guardrail Post 31 - Intersecting Road 32 - Overhead Structure 33 - Median Cable Barrier 34 - Median Concrete Barrier 35 - Median Other Barrier 36 - Traffic Sign Post 37 - Overhead Sign Post 38 - Support Structure/Support 39 - Utility Pole 40 - Other Post, Pole or Support 41 - Median Guardrail Barrier 42 - Culvert 43 - Other 44 - Utility 45 - Embankment 46 - Other 47 - Tree 48 - Tree 49 - Tree Hybrid 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Fence 52 - Other Fixed Object |
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|-----------------------------------|--------------|------------------------------|---|
| Unit Speed Stated Estimated | Posted Speed | Traffic Control 13 | Unit Direction From 2 1 1 - East 2 - North 3 - East 4 - West 5 - South 6 - Southwest 7 - South 8 - Southeast |
|-----------------------------------|--------------|------------------------------|---|



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| LOCAL REPORT NUMBER | REPORTING AGENCY MASON POLICE | DATE OF CRASH M 11 D 1 Y 13 |
| IN COUNTY OF WARREN | CRASH LOCATION 4859 NIXON PARK DRIVE | |

NOT TO SCALE



| | |
|---------------------------------------|----------------------|
| OFFICER'S SIGNATURE X P.H. Edwards | BADGE NUMBER 1047 |
|---------------------------------------|----------------------|



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|---------------------|------------------|-------------------------------|
| LOCAL REPORT NUMBER | REPORTING AGENCY | DATE OF CRASH M / D / Y 13 |
|---------------------|------------------|-------------------------------|

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

I, Marcy Trice HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

AT Crown Nixon
OFFICER'S NAME LOCATION

I was at the cross walk + stopped for the kids to cross going into the H.S. A car from the opposite direction did not stop and the kids were already in the cross walk. I don't believe the car was doing the speed limit. She was ~~hit~~ hit in the middle of his car + flew in the air

| | |
|--|---|
| ADDRESS OF WITNESS | PHONE 600-7723 |
| SIGNATURE OF WITNESS X <u>Marcy Trice</u> | OFFICER'S SIGNATURE X <u>[Signature]</u> |



| | | |
|---------------------|---|------------------------------------|
| LOCAL REPORT NUMBER | REPORTING AGENCY Mason Police Department | DATE OF CRASH M 11 D 1 Y 13 |
|---------------------|---|------------------------------------|

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

I, Thomas C. Hogan HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Ptl. Dan Edwards AT Crown Nixon / Atalum
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED: I had just dropped my daughter off at the transfer point, I was proceeding W/B on Crown Nixon Park drive. I struck a pedestrian who was crossing the street right across the medical center building. She was wearing all black.

Q/ What was your speed at the time of the crash? A. @ 20 mph

Q. What was your direction of travel? A. W/B

Q. Were you wearing a seatbelt? A. YES

Q. Were you talking on a cell phone at the time of the crash? A. NO

Q. Were you injured due to the crash? A. NO

ADDRESS OF WITNESS: 4613 Cobblestone Ct Mason Ohio PHONE: 513-398-8784

SIGNATURE OF WITNESS: [Signature] OFFICER'S SIGNATURE: [Signature]