



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \* 2013-31785 CRASH SEVERITY 2 HIT/SKIP 0

1 - FATAL 2 - INJURY 3 - PDO 1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN  OH-2  OH-1P  OH-3  OTHER  PDD UNDER STATE REPORTABLE DOLLAR AMOUNT  PRIVATE PROPERTY

REPORTING AGENCY NCIC \* 8304 REPORTING AGENCY NAME \* MASON POLICE NUMBER OF UNITS 02 UNIT IN ERROR 01

COUNTY \* 83 CITY \*  VILLAGE \*  TOWNSHIP \*  CITY, VILLAGE, TOWNSHIP \* MASON CRASH DATE \* 11092013 TIME OF CRASH 1935 DAY OF WEEK SAT

DEGREES / MINUTES / SECONDS LATITUDE 39° 21' 00.30" N LONGITUDE 78° 41' 54.29" W DECIMAL DEGREES LATITUDE 39.352029 LONGITUDE -84.331887

ROADWAY DIVISION  DIVIDED  UNDIVIDED DIVIDED LANE DIRECTION OF TRAVEL  N - NORTHBOUND  E - EASTBOUND  S - SOUTHBOUND  W - WESTBOUND NUMBER OF THRU LANES 04 ROAD TYPES OR MILEPOST <sup>2</sup>

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 RD LOCATION ROUTE TYPE 1 LOCATION ROAD NAME TYLERSVILLE LOCATION ROAD TYPE 2 ROUTE TYPES <sup>1</sup>

IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE  
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE  
SR - STATE ROUTE

DISTANCE FROM REFERENCE 10 DIR FROM REF W REFERENCE ROUTE TYPE 1 REFERENCE ROUTE NUMBER RD REFERENCE NAME (ROAD, MILEPOST, HOUSE #) SNIDER REFERENCE ROAD TYPE 2

REFERENCE POINT USED 1 CRASH LOCATION 01 REFERENCE POINT USED 1 LOCATION OF FIRST HARMFUL EVENT 1

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 10 - DRIVEWAY/ALLEY ACCESS  
06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN  
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

ROAD CONTOUR 1 ROAD CONDITIONS PRIMARY 01 SECONDARY 01 WEATHER 1

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  
\* Secondary Condition Only

MANNER OF CRASH COLLISION/IMPACT 2 WEATHER 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  
1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN

ROAD SURFACE 2 LIGHT CONDITIONS PRIMARY 4 SECONDARY 01 SCHOOL BUS RELATED

1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER  
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  
 YES, SCHOOL BUS DIRECTLY INVOLVED  
 YES, SCHOOL BUS INDIRECTLY INVOLVED  
\* Secondary Condition Only

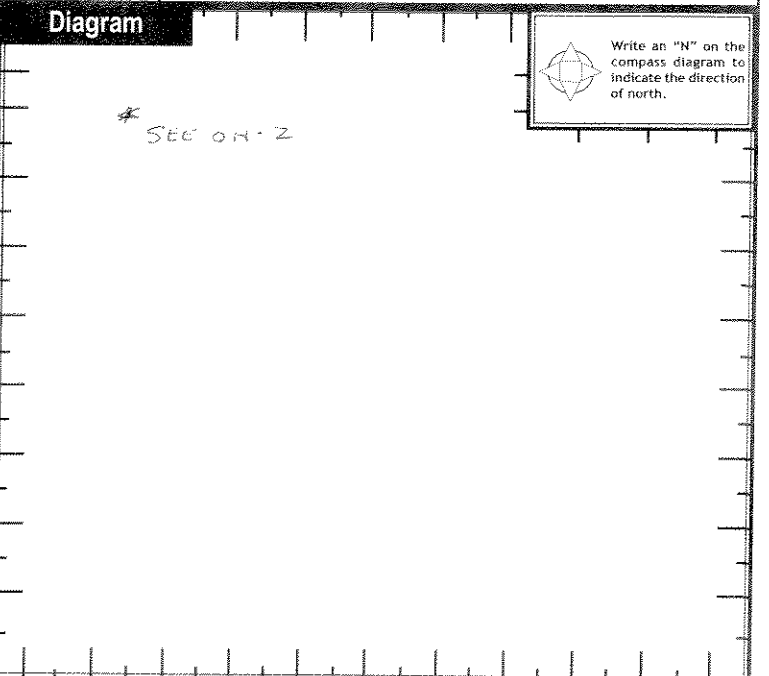
WORK ZONE RELATED  WORKERS PRESENT  LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)  LAW ENFORCEMENT PRESENT (VEHICLE ONLY) TYPE OF WORK ZONE 01 LOCATION OF CRASH IN WORK ZONE 01

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 2 TRAVELING WEST ON TYLERSVILLE RD,  
SLOWED FOR DISABLED VEHICLE. UNIT 1 STRUCK  
UNIT 2 IN THE REAR.

REPORT TAKEN BY  POLICE AGENCY  MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)



DATE CRASH REPORTED 11092013 TIME CRASH REPORTED 1935 DISPATCH TIME 1936 ARRIVAL TIME 1939 TIME CLEARED 2119 OTHER INVESTIGATION TIME 20 TOTAL MINUTES 120

OFFICER'S NAME \* SLOANE OFFICER'S BADGE NUMBER 60 CHECKED BY SS PAGE 1 OF 4



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2013-31785

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE MEINTEL, TAYLOR N	DATE OF BIRTH 12301994	AGE 18	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6652 LIBERTY PARK DR. LIBERTY TWP., OH 45044	CONTACT PHONE- INCLUDE AREA CODE 513-779-3109
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED CH	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 TUB53832	OL CLASS 4	<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	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (LOCAL CODE) 333.03	OFFENSE DESCRIPTION ACDA	CITATION NUMBER 75010	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE NOBLE II, JONATHAN TROY	DATE OF BIRTH 10091991	AGE 22	GENDER M - MALE F - FEMALE
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ADDRESS, CITY, STATE, ZIP 102 WEST PL. TRENTON, OH 45067	CONTACT PHONE- INCLUDE AREA CODE 513-773-4364
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INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY MASON FD	MEDICAL FACILITY INJURED TAKEN TO WEST CHESTER MED.	SAFETY EQUIPMENT USED 01	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 TH581663	OL CLASS 4	<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	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-IMPACTING 4 - IMPACTING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED <b>Non-Motorist</b> 05 - CHILD RESTRAINT SYSTEM- FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 99 - UNKNOWN SAFETY EQUIPMENT	<b>Non-Motorist</b> 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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<b>SEATING POSITION</b> 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 Cab) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (Non-Trailing Unit) 15 - Non-Motorist 16 - OTHER 99 - UNKNOWN	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	<b>OPERATOR LICENSE CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO'S "D") 5 - M/C/MOPED ONLY	<b>CONDITION</b> 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	<b>ALCOHOL/DRUG SUSPECTED</b> 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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<b>ALCOHOL TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	<b>DRUG TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	<b>DRIVER DISTRACTED BY</b> 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	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 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: 2013-31785

Unit Number: 01	Owner Name: Last, First, Middle ( Same As Driver ) MEINTEL, PAUL	Owner Phone Number - inc. area code ( Same As Driver )	Damage Scale: 4	Damaged Area: Front
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Owner Address: City, State, Zip ( Same As Driver )

LP State: OH	License Plate Number: FLB 3026	Vehicle Identification Number: 1G1AK1F55A7151686	# Occupants: 01
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Vehicle Year: 2010	Vehicle Make: CHEVROLET	Vehicle Model: COBALT	Vehicle Color: BLUE
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Proof of Insurance Shown: <input checked="" type="checkbox"/>	Insurance Company: ALLSTATE	Policy Number: 980783040	Towed By: CASE
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Carrier Name, Address, City, State, Zip

Carrier Phone - include area code

US DOT: 1	Vehicle Weight GVWR-GWR: 1 ( Less than or Equal to 10k lbs )	Gargo Body Type: 01	Trafficway Description: 1
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HM Placard ID No.	HM Class Number	Hazardous Material Released: <input type="checkbox"/>	Non-Motorist Location Prior to Impact: 01	Type of Use: 1	Unit Type: 02	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combi Units - 10k lbs	Bus/Van/Limo (9 or More including driver)
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Special Function: 01	Most Damaged Area: 02	Impact Area: 02	Action: 3
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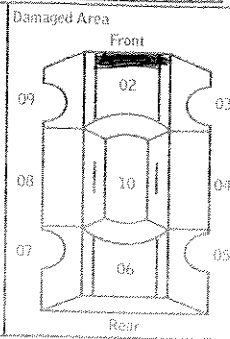
Pre-Crash Actions: 01	Motorist	Non-Motorist
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Contributing Circumstances: 09	Vehicle Defects: 01
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Sequence of Events: 20	Non-Collision Events: 01
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Collision with Person, Vehicle or Object Not Fixed: 14	Collision With Fixed Object: 25
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Unit Speed: 15	Posted Speed: 35	Traffic Control: 01	Unit Direction: From 3 To 4
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# Unit

Local Report Number: 2013-31785

Unit Number: 02	Owner Name: Last, First, Middle (Same As Driver): BURWICK, GREGORY A	Owner Phone Number - inc. area code (Same As Driver):	Damage Scale: 2	Damaged Area: Front
Owner Address: City, State, Zip (Same As Driver):			1 - None	
LP State: OH	License Plate Number: FEZ 9571	Vehicle Identification Number: 1J4AAZD1H4L175202	2 - Minor	
Vehicle Year: 2010	Vehicle Make: JEEP	Vehicle Model: WRANGLER	3 - Functional	
Vehicle Color: SILVER	Insurance Company: USAA	Policy Number: 02912 53 496	4 - Disabling	

Carrier Name, Address, City, State, Zip	Carrier Phone-include area code
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US DOT: 1	Vehicle Weight GVWR/GCWR: 1- Less than or Equal to 10,000 lbs.	Cargo Body Type: 01	Trafficway Description: 1
HM Placard ID No.	2- 10,001 to 26,000 lbs.	02	2 - Two-Way, Not Divided, Continuous Left Turn Lane
HM Class Number	3- More than 26,000 lbs.	03	3 - Two-Way, Divided, Unprotected Barrier or Snow-Covered Median
	Hazardous Material Released	04	4 - Two-Way, Divided, Positive Median Barrier
		05	5 - One-Way Trafficway

Non-Motorist Location Prior to Impact: 01	Type of Use: 1	Unit Type: 06	Med/Heavy Trucks or Combo Units > 10k lbs: 13	Bus/Van/Limo (9 or More Including Driver): 21
02 - Intersection - Marked Crosswalk	1 - Person	07 - Unknown or Hit / Skip	14 - Single Unit Truck or Van 2 axle, 6 tires	22 - Bus (5 - 8 Seats, Inc. Driver)
03 - Intersection - No Crosswalk	2 - Commercial		15 - Single Unit Truck / Trailer	23 - Animal with Rider
04 - Intersection - Other	3 - Government		16 - Truck/Tractor (Boatall)	24 - Animal with Doggy, Wagon, Sundry
05 - Midblock - Marked Crosswalk			17 - Tractor/Seam-trailer	25 - Bicycle/Pedacyclist
06 - Travel Lane - Other Location			18 - Tractor/Double	26 - Pedestrian/Skater
07 - Shoulder/Roadside			19 - Tractor/Triples	27 - Other Non-Motorist
08 - Sidewalk			20 - Other Med/Heavy Vehicle	
09 - Median/Crossing Island				
10 - Driveway Access				
11 - Shared-Use Path or Trail				
12 - Non-Travelway Area				
99 - Other/Unknown				

Special Function: 01	02 - Taxi	03 - Rental Truck (incl. Full Line)	04 - Bus - School (Public or Private)	05 - Bus - Transit	06 - Bus - Charter	07 - Bus - Shuttle	08 - Bus - Other	09 - Air-Tanker	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 - Motorcycle	20 - Golf Cart	21 - Train	22 - Other (explain in Remarks)	Most Damaged Area: 06	01 - Front	02 - Driver's Seat	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: 4	1 - Non-Contact	2 - Non-Collision	3 - Striking	4 - Struck	5 - Striking/Struck	9 - Unknown
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Pre-Crash Actions: 11	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: 01	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 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	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, 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 - Stuck by Failing, 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/Luminaires 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: 005	Posted Speed: 35	Traffic Control: 12	Unit Direction: From 3 To 4
01 - No Controls	02 - Stop Sign	03 - Yield Sign	04 - Traffic Signal
05 - Stop Flashers	06 - Speed Flashers	07 - Railroad Crossbucks	08 - Railroad Flashers
08 - Stop Sign	09 - Railroad Gates	09 - Railroad Gates	10 - Construction Barricade
10 - Stop Sign	11 - Permit Flagger, Officer	11 - Permit Flagger, Officer	12 - Railroad Crossbucks
12 - Stop Sign	13 - Crosswalk Lines	13 - Crosswalk Lines	14 - Wall/Door Walk
14 - Stop Sign	15 - Other	15 - Other	16 - Not Reported
16 - Stop Sign	17 - North	17 - North	18 - South
18 - Stop Sign	19 - East	19 - East	20 - West
20 - Stop Sign	21 - Northeast	21 - Northeast	22 - Northwest
22 - Stop Sign	23 - Southeast	23 - Southeast	24 - Southwest
24 - Stop Sign	25 - Unknown	25 - Unknown	26 - Other

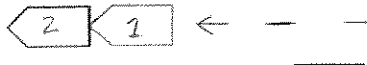
Unit Speed: 005	Posted Speed: 35	Traffic Control: 12	Unit Direction: From 3 To 4
01 - No Controls	02 - Stop Sign	03 - Yield Sign	04 - Traffic Signal
05 - Stop Flashers	06 - Speed Flashers	07 - Railroad Crossbucks	08 - Railroad Flashers
08 - Stop Sign	09 - Railroad Gates	09 - Railroad Gates	10 - Construction Barricade
10 - Stop Sign	11 - Permit Flagger, Officer	11 - Permit Flagger, Officer	12 - Railroad Crossbucks
12 - Stop Sign	13 - Crosswalk Lines	13 - Crosswalk Lines	14 - Wall/Door Walk
14 - Stop Sign	15 - Other	15 - Other	16 - Not Reported
16 - Stop Sign	17 - North	17 - North	18 - South
18 - Stop Sign	19 - East	19 - East	20 - West
20 - Stop Sign	21 - Northeast	21 - Northeast	22 - Northwest
22 - Stop Sign	23 - Southeast	23 - Southeast	24 - Southwest
24 - Stop Sign	25 - Unknown	25 - Unknown	26 - Other

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 13-31785	REPORTING AGENCY MASON PD	DATE OF ACCIDENT M 11   D 9   Y 13
IN COUNTY OF WARREN	ACCIDENT LOCATION TYLERSVILLE RD @ SNIDER RD.	

SNIDER RD



TYLERSVILLE RD

NOT TO SCALE

OFFICER'S SIGNATURE SCONE	BADGE NUMBER 60
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LOCAL REPORT NUMBER 13 - 31785	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 11   D 9   Y 13
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FOR LOCAL USE ONLY -- DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Taylor Meintel HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

P.O. Christopher Slone AT TYLERVILLE @ SNIDER  
OFFICER'S NAME LOCATION

There was a green car, as the guy said out of gas, pulled over no blinkers on. The jeep wrangler had slammed on his brakes. I had looked ~~up~~<sup>over</sup> after looking at my mirror to get over lanes and it was then that my car hit the other jeep.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? no

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? towards Cox road

Q. WHAT WAS YOUR SPEED? I dont know exactly

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? no

ADDRESS OF WITNESS <u>6052 Liberty Park Drive</u>	PHONE <u>513 779 3109</u>
SIGNATURE OF WITNESS X <u>Taylor Meintel</u>	OFFICER'S SIGNATURE X <u>[Signature]</u> 60



LOCAL REPORT NUMBER 13-31785	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 11   D 09   Y 13
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jonathan Nolle HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
P.O. Christopher Slone AT Tylesville Road + Snider Rd  
OFFICER'S NAME LOCATION

I went thru the light at snider rd. A Green car was off to the side of the road and car in front of me slammed on their brakes trying to get in the left lane. I slammed on my brakes and was almost to a stop when car behind me hit me.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? Yes

Q. WERE YOU WEARING YOUR SEAT BELT? No

Q. WHAT DIRECTION WERE YOU GOING? West

Q. WHAT WAS YOUR SPEED? 5 mph

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? No

ADDRESS OF WITNESS 102 West Place	PHONE 513-773-4764
SIGNATURE OF WITNESS X <u>J Nolle</u>	OFFICER'S SIGNATURE X <u>Chris Slone</u> 60