



Traffic Crash Report

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| Local Report Number * | Crash Severity | Hit/Skip |
| 1201131-1350117 | 3 1 - Fatal 2 - Injury 3 - PDO | <input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved |

Local Information

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| <input checked="" type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" 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 * 08304 | 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 * <input type="checkbox"/> Village * <input type="checkbox"/> Township * | City, Village, Township * CITY OF MASON | Crash Date * 121130913 | Time of Crash 0912 | Day of Week FRI |
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| Degrees / Minutes / Seconds Latitude 39 12 11.118 11 52 78 4 11 7 11 2.319 11 | Longitude 84 12 18 6 7 7 1 | Decimal Degrees Latitude 39.1355032 | Longitude -84.1286771 |
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| Roadway Division <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided | Divided Lane Direction of Travel <input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound | Number of Thru Lanes 01 | Road Types or Milepost 2 AL - Alley CR - Circle AV - Avenue CT - Court BL - Boulevard DR - Drive HE - Heights MP - Milepost HW - Highway PK - Parkway LA - Lane PI - Pike PL - Place ST - Street RD - Road TE - Terrace WA - Way |
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| Location Route Type 1 | Location Route Number | Loc. Prefix N, S, E, W | Location Road Name WASHINGTON | Route Types 1 WA | Location Road Type 2 | Route Types 1 IR - Interstate Route (inc. turnpike) US - US Route SR - State Route CR - Numbered County Route TR - Numbered Township Route |
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| Distance From Reference AT | Dir From Ref <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards <input type="checkbox"/> N, S, E, W | Reference Route Type 1 | Reference Route Number | Ref Prefix N, S, E, W | Reference Name (Road, Milepost, House #) ADAMS | Reference Road Type 2 DR |
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| Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number 1 | Crash Location 03 | 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout | 06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access | 11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown | <input checked="" 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 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown | Road Conditions Primary 01 | Secondary | 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 |
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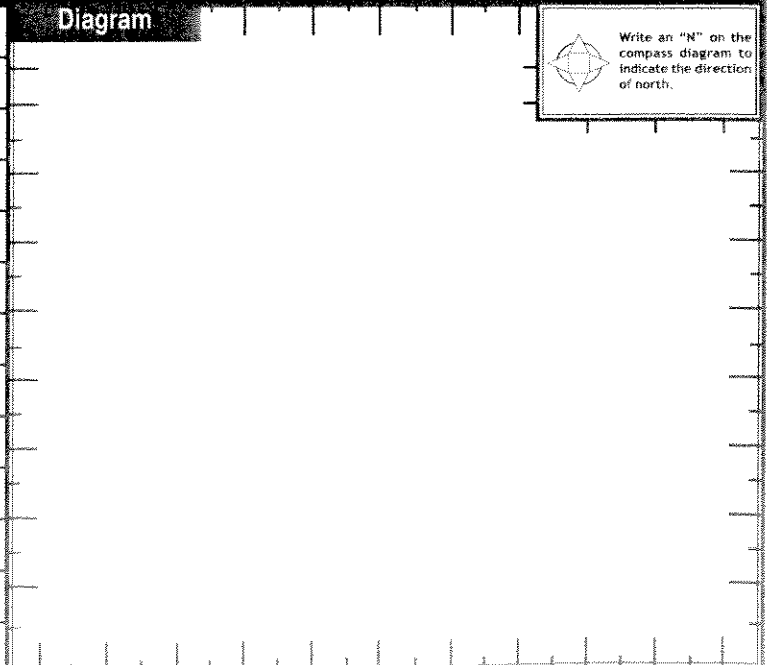
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| Manner of Crash Collision/Impact 6 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown | Weather 1 1 - 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 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway | 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other | 9 - Unknown | <input type="checkbox"/> School Zone Related <input type="checkbox"/> School Bus Directly Involved <input type="checkbox"/> 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

UNIT 2 WAS TRAVELING EAST ON WASHINGTON WAY, UNIT 1 FAILED TO YIELD WHILE TURNING RIGHT ONTO WASHINGTON WAY FROM ADAMS DRIVE. UNIT 1 STRUCK UNIT 2.



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| Date Crash Reported 12113120113 | Time Crash Reported 0912 | Dispatch Time 109115 | Arrival Time 109126 | Time Cleared 109149 | Other Investigation Time 115 | Total Minutes 149 |
| Officer's Name * PO BRIAN LAHMAN | Officer's Badge Number 1052 | Checked By SS / 41 | Page of | | | |



MOTORIST / NON-MOTORIST / OCCUPANT

Local Report Number

210134 135101171111

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| UNIT NUMBER 011 | NAME: LAST, FIRST, MIDDLE MCAFFEE, CHRISTY G | DATE OF BIRTH 08/24/1979 | AGE 34 | GENDER F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 219 VAN BUREN DRIVE MASON, OH 45040 | CONTACT PHONE- INCLUDE AREA CODE 513-289-2249 |
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| INJURIES 0 | INJURED TAKEN BY 0 | 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 RU304027 | 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) 331.18 | OFFENSE DESCRIPTION YIELD SIGN VIOLATION | CITATION NUMBER 75144 | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY 1 |
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| UNIT NUMBER 012 | NAME: LAST, FIRST, MIDDLE HAMILTON, RYAN TAYLOR | DATE OF BIRTH 11/22/1984 | AGE 29 | GENDER M - MALE F - FEMALE |
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| ADDRESS, CITY, STATE, ZIP 219 WASHINGTON, WAY MASON, OH 45040 | CONTACT PHONE- INCLUDE AREA CODE 302-759-7616 |
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| INJURIES 0 | INJURED TAKEN BY 0 | 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 8646664 | 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 <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 (OHIO IS "D") 5 - M/C/MOPED ONLY | CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELT 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 | 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

120131-390171

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| 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 2 | Damaged Area Front 09 02 03 06 10 04 07 06 05 Rear |
| Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver) | | | 1 - None | |
| LP State OH | License Plate Number ERB 8174 | Vehicle Identification Number 2FMFK48C78BA64642 | 2 - Minor | |
| Vehicle Year 2008 | Vehicle Make FORD | Vehicle Model EDGE | 3 - Functional | |
| Vehicle Color BLACK | Insurance Company PEKIN INS | Policy Number 00P653874 | 4 - Disabling | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Towed By NONE | Carrier Name, Address, City, State, Zip | 9 - Unknown | |
| 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 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel | Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Gravel - 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released | 09 - 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 |
| HM Class Number | | | |

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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 - Medway/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown | Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | Unit Type 06 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 Saddle, Wagon, Suroey 25 - Bicycle/Pedicyclist 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 09 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(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 05 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 - Drivertess 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 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 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 Shifting/Falling/Spilling 21 - Other Improper Action Non-Motorist 22 - None 23 - Improper Crossing 24 - Darking 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action | Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or 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 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 a 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 - Pedicyclist 16 - Railway Vehicle (Train/Car) 17 - Animal - Equine 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle (Tractor) 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Striking Object or Anything Set in Motion by a Motor Vehicle 24 - Other Mobile Object 25 - Impact Attenuator/Grass Catcher 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Support 29 - Bridge Rail 30 - Concrete Pole 31 - Concrete End 32 - Retaining 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 pole/sign, Support Utility Pole 40 - Other Post, Pole or Support 41 - Support 42 - Tree 43 - Pole/Support 44 - Pole 45 - Branch 46 - Utility Pole 47 - Pole 48 - Pole 49 - Pole 50 - Pole 51 - Wall, Building, Fence 52 - Other Fixed Object |
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| Unit Speed 110 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated | Posted Speed 25 | Traffic Control 03 01 - No Control 02 - Yield Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - No Control 08 - Railroad Flag Person 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Closed Road 14 - Work Area Sign 15 - Other 16 - Not Reported | Unit Direction From 2 To 4 1 - North 2 - South 3 - East 4 - West 5 - Southwest 6 - Southeast 7 - Northeast 8 - Northwest 9 - Other |
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2013-1350171

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| UNIT NUMBER 02 | OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER) | OWNER PHONE NUMBER - INCL. AREA CODE (☑ SAME AS DRIVER) | DAMAGE SCALE 2 | DAMAGED AREA |
| OWNER ADDRESS: CITY, STATE, ZIP (☑ SAME AS DRIVER) | LP STATE AL | LICENSE PLATE NUMBER 3A21T17 | VEHICLE IDENTIFICATION NUMBER JH4CL9G897C907749 | # OCCUPANTS 01 |
| VEHICLE YEAR 2007 | VEHICLE MAKE ACURA | VEHICLE MODEL TSX | VEHICLE COLOR BLACK | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY GEICO | POLICY NUMBER 4093 78 75 98 | TOWED BY NONE | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | CARRIER PHONE - INCLUDE AREA CODE | |

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| US DOT | VEHICLE WEIGHT GVWR/GCWR 1 | CARGO BODY TYPE 01 | TRAFFICWAY DESCRIPTION 1 |
| HM PLACARD ID NO. | HAZARDOUS MATERIAL RELEASED <input type="checkbox"/> | | |
| HM CLASS NUMBER | | | |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT 01 | TYPE OF USE 1 | UNIT TYPE 02 | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) |
| | | | 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 | 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/DRAWN 19 - TRACTOR/TYRES 20 - OTHER MED/HEAVY VEHICLE | 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, SADDLE 25 - BICYCLE/PEDALCYCLE 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
| | | | <input type="checkbox"/> HAS HM PLACARD | | |

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| SPECIAL FUNCTION 01 | MOST DAMAGED AREA 04 | IMPACT AREA 04 | ACTION 4 |
| 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. | 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 |

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| PRE-CRASH ACTIONS 01 | MOTORIST | Non-Motorist |
| 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 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS | 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION 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 |

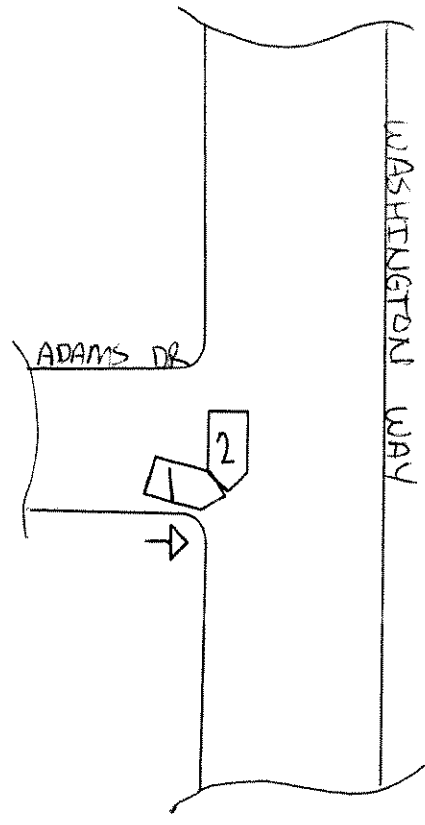
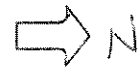
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|---|--|
| CONTRIBUTING CIRCUMSTANCES | VEHICLE DEFECTS |
| PRIMARY 01 | 01 |
| 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACID A 10 - IMPROPER LANE CHANGE /PASSING/LEFT ROAD | 01 - TORX SIGNALS 02 - HEAD LAMP 03 - TAIL LAMP 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLIPPY TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS |
| SECONDARY 01 | |
| 11 - IMPROPER BRAKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED BY PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENCE 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 | 22 - NONE 23 - IMPROPER CROSSLANE 24 - DARTING 25 - LYING AND/OR LULLABY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNALS /SIGNALS/DEFLECT 30 - WOODS SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION |

| | | |
|---|--|---|
| SEQUENCE OF EVENTS | NON-COLLISION EVENTS | VEHICLE DEFECTS |
| 1 20 2 01 3 01 4 01 5 01 6 01 | 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMPELSON 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOAD OR SHIFT | 01 - TORX SIGNALS 02 - HEAD LAMP 03 - TAIL LAMP 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLIPPY TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS |
| FIRST HARMFUL EVENT 1 | MOST HARMFUL EVENT 1 | |
| COLLISION WITH PERSON, VEHICLE OR OBJECT NOT LISTED | | COLLISION WITH FIXED OBJECT |
| 14 - PERSONS 15 - PASSENGER 16 - RAILWAY VEHICLE (TRAIN/LOCOMOTIVE) 17 - ANIMAL - FARM 18 - ANIMAL - DIRT 19 - ANIMAL - OTHER 20 - RAILWAY VEHICLE (IN TRAIN) | 21 - PARKED MOTOR VEHICLE 22 - WAGON/TRACTOR/MOTORCYCLE/ATV 23 - STATIONARY PERSON, STRUCTURE, CARGO OR ANIMALS SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOTORIST ACTION | 25 - IMPACT WITH SIGN/POST/CONCRETE 26 - BRIDGE/GUYWIRE STRUCTURE 27 - BRIDGE/PARTIAL BRIDGE 28 - BRIDGE PAVEMENT 29 - BRIDGE PILE 30 - GUARDRAIL PILE 31 - GUARDRAIL END 32 - FENCE/POST 33 - MOVING CARGO - BARREL 34 - MOVING CARGO - BASKET 35 - MOVING CARGO - BASKET 36 - MOVING CARGO - BASKET 37 - TRUCK/SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/SIGNAL/POST/SIGN 40 - SIGN 41 - OVER - POLE - PILE 42 - OVER - POLE - PILE 43 - OVER - POLE - PILE 44 - OVER - POLE - PILE 45 - OVER - POLE - PILE 46 - OVER - POLE - PILE 47 - OVER - POLE - PILE 48 - TREE 49 - FIRE HYDRANT 50 - WAGON/TRACTOR/MOTORCYCLE/ATV 51 - WALL, BARRIER, TOWER 52 - OTHER FIXED OBJECT |

| | | | |
|--|---------------------------|--|--|
| UNIT SPEED 24 | POSTED SPEED 25 | TRAFFIC CONTROL 01 | UNIT DIRECTION FROM 4 TO 3 |
| <input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED | | 01 - NO CONTROL 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE | 01 - NONE 02 - RED LIGHT 03 - RED LIGHT 04 - RED LIGHT 05 - RED LIGHT 06 - RED LIGHT 07 - RED LIGHT 08 - RED LIGHT 09 - RED LIGHT 10 - RED LIGHT 11 - RED LIGHT 12 - RED LIGHT 13 - RED LIGHT 14 - RED LIGHT 15 - OTHER 16 - NO RED LIGHT |



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|---------------------------------|-------------------------------|--------------------------------|
| LOCAL REPORT NUMBER 13-35017 | REPORTING AGENCY MASON PD | DATE OF CRASH M 12 10 13 13 |
| IN COUNTY OF WARREN | CRASH LOCATION ADAMS DRIVE | |



NOT TO
SCALE

| | |
|--|---------------------|
| OFFICER'S SIGNATURE X PO <i>[Signature]</i> | BADGE NUMBER 152 |
|--|---------------------|



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|---------------------------------|------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER 13-35017 | REPORTING AGENCY MASON PD | DATE OF CRASH M 12 D 13 Y 13 |
|---------------------------------|------------------------------|-------------------------------------|

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

I, X Christy McAfee HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

LAMMAN AT SCENE
OFFICER'S NAME LOCATION

I was driving and came to the corner, I slowed down but didn't stop. I looked as I came to the corner and didn't see anyone. As I turned right onto Washington way I hit another car. I did not see it as I was approaching the corner

| | |
|---|---|
| ADDRESS OF WITNESS X 219 Van Buren Dr Mason OH 45040 | PHONE X 5132892249 |
| SIGNATURE OF WITNESS X <i>[Signature]</i> | OFFICER'S SIGNATURE X <i>[Signature]</i> |



| | | |
|---------------------------------|------------------------------|------------------------------------|
| LOCAL REPORT NUMBER 13-35017 | REPORTING AGENCY MASON PD | DATE OF CRASH M 12 013 Y 13 |
|---------------------------------|------------------------------|------------------------------------|

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

I, A Ryan Hamilton HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

LAHMAN AT SCENE
OFFICER'S NAME LOCATION

I was driving straight on Washington Way
 Went through intersection and crossing we did not stop
 at yield sign. She hit me in the passenger door.
 I corrected, but not completely in time.

| | |
|---|---|
| ADDRESS OF WITNESS X 219 Washington Way Mason OH 45040 | PHONE X 502 759 7616 |
| SIGNATURE OF WITNESS X <u>[Signature]</u> | OFFICER'S SIGNATURE X <u>[Signature]</u> |