



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER * **201131-35579**

CRASH SEVERITY **3** HIT/SKID

1 - FATAL
2 - INJURY
3 - PDO

1 - SOLVED
2 - UNSOLVED

PHOTOS TAKEN OH-2 OH-1P OH-3 OTHER

PDD UNDER STATE RESPONSIBLE DOLLAR AMOUNT PRIVATE PROPERTY

REPORTING AGENCY NCIC * **831041** REPORTING AGENCY NAME * **MASON POLICE**

COUNTY * **183** CITY * **MASON** CITY, VILLAGE, TOWNSHIP * **MASON**

NUMBER OF UNITS **02** UNIT IN ERROR **01**

CRASH DATE * **12192013** TIME OF CRASH **1604** DAY OF WEEK **THU**

DEGREES / MINUTES / SECONDS

LATITUDE **0** "/ **1** " LONGITUDE **0** "/ **1** "

DECIMAL DEGREES LATITUDE **39.3660119** LONGITUDE **-84.7025416**

ROADWAY DIVISION DIVIDED UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL N-NORTHBOUND E-EASTBOUND S-SOUTHBOUND W-WESTBOUND

NUMBER OF TRUCK LANE(S) **02**

ROAD TYPES OR MILEPOST ²
 AL - ALLEY CR - CIRCLE RE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY
 AV - AVENUE CT - COURT HW - HIGHWAY LA - LANE PK - PARKWAY RD - ROAD TE - TERRACE
 BL - BOULEVARD DR - DRIVE LA - LANE PT - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE TYPE ¹ **01** LOCATION ROUTE NUMBER **01** LOCATION ROAD NAME **MASON MONTGOMERY**

ROUTE TYPES ¹
 IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE
 US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE
 SR - STATE ROUTE

DISTANCE FROM REFERENCE **50** DIR FROM REF **S** REFERENCE ROUTE NUMBER **01** REFERENCE NAME (ROAD, MILEPOST, HOUSE #) **5001**

DIR FROM REF **S** REFERENCE ROUTE TYPE ¹ **01** REFERENCE NAME (ROAD, MILEPOST, HOUSE #) **5001**

REFERENCE POINT USED **3** CRASH LOCATION **01**

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/ROUNDBOAT 10 - DRIVEWAY/ALLEY ACCESS

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

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

ROAD CONTOUR **2** ROAD CONDITIONS **01**

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

MANNER OF CRASH COLLISION/IMPACT **2** WEATHER **2**

1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPED, SAME DIRECTION 8 - SIDESWIPED, 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 **1**

1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAB, 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 SCHOOL BUS DIRECTLY INVOLVED SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) LAW ENFORCEMENT PRESENT (VEHICLE ONLY)

TYPE OF WORK ZONE **1**

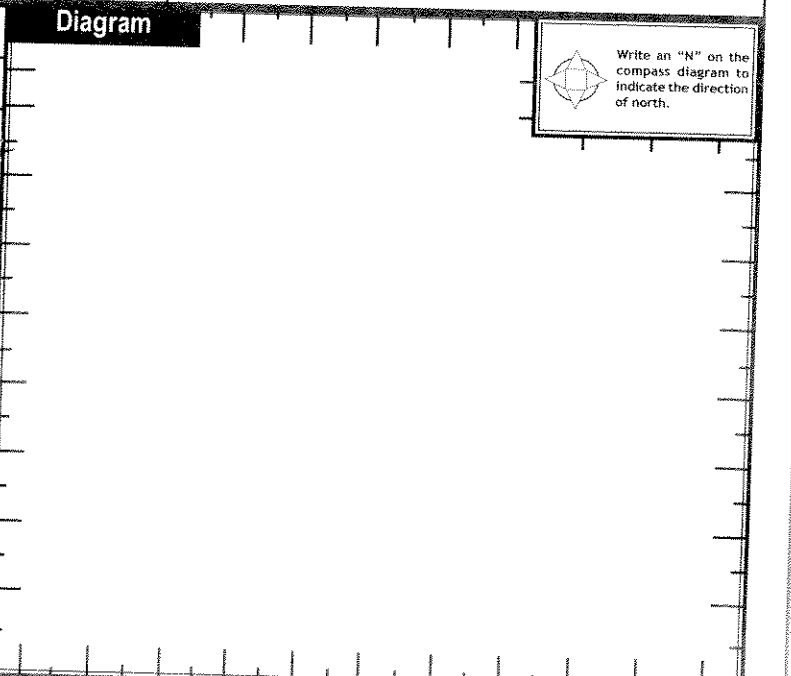
1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER

LOCATION OF CRASH IN WORK ZONE **1**

1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

NARRATIVE

UNIT #02 WAS TRAVELLING SOUTHBOUND ON MASON MONTGOMERY RD SHOWING FOR A SPEED LIMIT OF 35. UNIT #01 WAS TRAVELLING BEHIND UNIT #02, FAILED TO ASSURE A CLEAR DISTANCE AHEAD AND STRUCK UNIT #02 IN THE REAR.

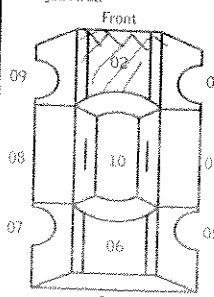


REPORT TAKEN BY POLICE AGENCY MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED **12192013** TIME CRASH REPORTED **1604** DISPATCH TIME **1605** ARRIVAL TIME **1619** TIME CLEARED **1652** OTHER INVESTIGATION TIME **030** TOTAL MINUTES **077**

OFFICER'S NAME * **ERIC FITZGERALD** OFFICER'S BADGE NUMBER **1057** CHECKED BY **STET JANKO GALLER**

Local Report Number
2013-JIS579

Unit Number 1011	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) MURPHY KATHERINE	Owner Phone Number - Inc. area code (<input type="checkbox"/> Same As Driver)	Damage Scale 2	Damaged Area 
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver)			1 - None 2 - Minor 3 - Functional 4 - Disabling 5 - Unknown	
LP State OH	License Plate Number EUQ 5376	Vehicle Identification Number 1HMEC6J2B21A	# Occupants 1	
Vehicle Year 2011	Vehicle Make HONDA	Vehicle Model ACCORD	Vehicle Color SILVER	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company NATIONWIDE	Policy Number 9234K561247	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT	Vehicle Weight GVWR/GCWR 1 1 - Less than or Equal to 10k lbs. 2 - 10,001 to 24,000 lbs. 3 - More than 24,000 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 09 - Pallet 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two Way, Not Divided, Concrete Left Turn Lane 3 - Two Way, Divided, Unseparated/Variable Lane Use (4-PL Median) 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 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	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 2 axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Boat)ed 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, Trailer 25 - Bicycle/PedacyclIM 26 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> In Emergency Response					
<input type="checkbox"/> Has HM Placard					

Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (Over 10k lbs) 04 - Bus - School (Grade or below) 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 - Microhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 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
Impact Area 02		

Pre-Crash Actions 01 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 - Stowing 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

Contributing Circumstances 09 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	Vehicle Defects 01 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 Inusable 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 70 2 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1	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
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Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedicycle 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 - 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

Unit Speed 25	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 Gates 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 1 To 2 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
20131315579

Unit Number 03	Owner Name: Last, First, Middle MURRAY KEVIN	<input checked="" type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code 9401342069	<input checked="" type="checkbox"/> Same As Driver	Damage Scale 2	Damaged Area
Owner Address: City, State, Zip <input checked="" type="checkbox"/> Same As Driver					1 - None	
LP State OH	License Plate Number FXC4700	Vehicle Identification Number 1H4GC1E2F8110A087193	# Occupants 01	2 - Minor		
Vehicle Year 2013	Vehicle Make HONDA	Vehicle Model Accord	Vehicle Color WHITE	3 - Functional		
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company AMICA	Policy Number 9401342069	Towed By	4 - Disabling	07	
Carrier Name, Address, City, State, Zip					5 - Unknown	08
					6 - Unknown	09

US DOT	Vehicle Weight GVWR/GCWR 1 Low (Less than or equal to 10,000 lbs) 2 10,001 to 26,000 lbs 3 More than 26,000 lbs	Cargo Body Type 01 No Cargo Body Type (No occupants) 02 Box Van (9-15 seats, no driver) 03 Box (15+ seats, no driver) 04 Other (including another vehicle) 05 Unknown 06 Commercial Passenger Coach 07 Group Van (passenger van) 08 Group, Coach, School	Trafficway Description 1 Two Way, Not Divided 2 Two Way, Not Divided, Continuous Left Turn Lane 3 Two Way, Divided, Unprotected Divided Median 4 Two Way, Divided, Protected Median Barrier 5 One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released		<input checked="" type="checkbox"/> HH / 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 checked="" type="checkbox"/> In Emergency Response	Unit Type 03 Passenger Vehicle (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 2 axle, 6 tires 14 Single Unit Truck; 3+ axles 15 Single Unit Truck / Trailer 16 Truck/Tractor (Boutali) 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, Sundry 25 Bicycle/Pedacyclist 26 Pedestrian/Skater 27 Other Non-Motorist
<input checked="" 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 Impound/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 Remarks)	Most Damaged Area 01 Front 02 Driver's Side 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 - Flat/Flat Area 14 - Other	Action 01 Unknown 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 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 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

Contributing Circumstances 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/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 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 01 Turn Signals 02 Head Lamps 03 Tail Lamps 04 Brakes 05 Steering 06 Tire Blowout 07 Worn or Stuck 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 Overtake/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 (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 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 Post 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

Unit Speed 35	Posted Speed 35	Traffic Control 12 01 No Control 02 Stop Sign 03 Yield Sign 04 Traffic Signal 05 Train Crossing 06 Roundabout 07 Railroad Crossings 08 Railroad Flashers 09 Railroad Gates 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 1 To 2 1 North 2 South 3 East 4 West 5 Northeast 6 Northwest 7 Southeast 8 Southwest 9 Unknown
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
2013-35579

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE MCVEY RYAN CHRISTOPHER	DATE OF BIRTH 03/19/1993	AGE 20	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
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ADDRESS, CITY, STATE, ZIP 4886 CLAVIC TURN LN MASON OH 45040	CONTACT PHONE- INCLUDE AREA CODE 513-288-1751
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INJURIES <input type="checkbox"/>	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 <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE OH	OPERATOR LICENSE NUMBER TN674572	OL CLASS 4	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> 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
OFFENSE CHARGED 333.03	OFFENSE DESCRIPTION ALCA	CITATION NUMBER 75359	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>							

UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE MURRAY MARJORIE A	DATE OF BIRTH 12/06/1964	AGE 49	GENDER <input type="checkbox"/> F - FEMALE <input checked="" type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP 5625 RICHMOND PARK DR MASON OH 45040	CONTACT PHONE- INCLUDE AREA CODE 513-459-7070
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INJURIES <input type="checkbox"/>	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 <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE OH	OPERATOR LICENSE NUMBER RN229269	OL CLASS 4	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> 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
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>							

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 99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	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, PICKUP 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	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OH IS "D") 5 - 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	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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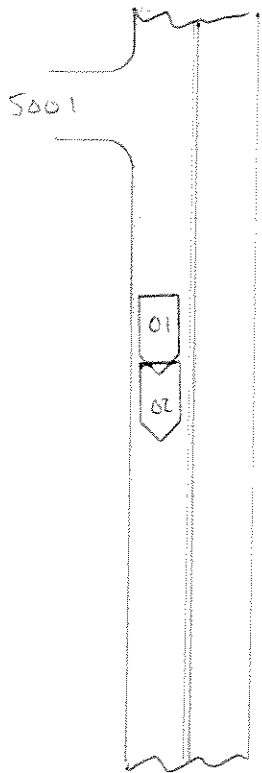
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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LOCAL REPORT NUMBER 13-75579	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 12 D 19 Y 13
IN COUNTY OF WARREN	CRASH LOCATION 5001 MASON MONTGOMERY RD	



MASON MONTGOMERY RD

NOT TO SCALE

OFFICER'S SIGNATURE X	BADGE NUMBER 1437
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LOCAL REPORT NUMBER 13-75579	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 12 D 15 Y 13
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Marjorie Murray HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT 5000 Concord Crossing
OFFICER'S NAME LOCATION

I was travelling South on Mason Montgomery Rd. near Concord Crossing the speed limit went from 35 to 25.

I was travelling 40 miles per hour, the person behind me was right on my bumper. I then slowed down to 25 mph and he ran into the back of me.

Q: How hard did you brake when you were slowing for the 25?

A: Slow to medium

ADDRESS OF WITNESS 5625 Richmond Park Dr Mason, OH	PHONE 513 459-7070
SIGNATURE OF WITNESS X <u>Marjorie A. Murray</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>



LOCAL REPORT NUMBER 13-35579	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 12 D 19 Y 13
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Ryan McVey HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT 5000 Concord Crossing
OFFICER'S NAME LOCATION

Car in front ~~brake~~ pulls out of Terrace, so I had to reduce speed. Then I was tail gating and she brake checks me. I did it because I had to reduce speed quickly, at the initial point of the car turning out of Terrace.

Q: Were you wearing your seat belt?
 A: Yes

Q: How fast were you travelling when you first hit your brakes when the collision happened?
 A: 25

ADDRESS OF WITNESS 4886 CLASSIC TURN LANE	PHONE 513-700-2886-1751
SIGNATURE OF WITNESS X <u>Ryan McVey</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>