



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
291399-35558

MOTORIST/Non-MOTORIST

UNIT NUMBER 014	NAME: LAST, FIRST, MIDDLE STEVENS PENNY M	DATE OF BIRTH 01/21/1954	AGE 59	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 8811 CASTLEFORD LN CINCINNATI OHIO 45242	CONTACT PHONE- INCLUDE AREA CODE 513 984-8813
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RQ667240	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 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY 1		

MOTORIST/Non-MOTORIST

UNIT NUMBER 017	NAME: LAST, FIRST, MIDDLE MOORE, DEBRA P	DATE OF BIRTH 06/13/1951	AGE 62	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 5025 FARMRIDGE WAY MASON, OHIO 45040	CONTACT PHONE- INCLUDE AREA CODE 513 313-0366
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INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RQ48267	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 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY 1		

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, 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 (OHIO IS "D") 5 - MC/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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MOTORIST/Non-MOTORIST

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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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 0035558

Unit Number 011	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	Damage Area Front
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)			1 - None	
LP State OH	License Plate Number CEX534Z	Vehicle Identification Number 4T111BF2B1B1111151917351	2 - Minor	
Vehicle Year 12010111	Vehicle Make TOYOTA	Vehicle Model AVALON	3 - Extensive	
Vehicle Color BLACK	Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company STATE FARM	4 - Severe	
Carrier Name, Address, City, State, Zip	Policy Number 2431267-E20-35N	Towed By	5 - Unusable	
Carrier Phone - include area code			6 - Total Loss	
US DOT			7 - Unusable	

Vehicle Weight GVWR/GCWR <input type="checkbox"/> 1 - Less than 7,500 lbs. (Class 1) <input type="checkbox"/> 2 - 7,501 to 14,999 lbs. (Class 2) <input type="checkbox"/> 3 - 15,000 to 24,999 lbs. (Class 3)	Damage Code Type 01	Trafficway Description 1
Hazardous Material Released <input type="checkbox"/>	HM Placard ID No.	1 - Two Way Traffic
HM Class Number	1 - Unknown	2 - One Way, One Direction, Controlled Trafficway
Non-Motorist Location Prior to Impact	2 - One Way, Both Directions, Controlled Trafficway	3 - One Way, Both Directions, Uncontrolled Trafficway
Type of Use 1	3 - Unknown	4 - One-Way Trafficway
Unit Type 03	4 - Unknown	<input type="checkbox"/> Hit / Skip Unit

Special Placard 01	Most Damaged Area 01	Impact Area 02	Action 3
01 - None	01 - Front	01 - Front	1 - Non-Contact
02 - Taxi	02 - Center Front	02 - Left Side	2 - Non-Collision
03 - Rental Truck (Other than 10)	03 - Right Front	03 - Left Front	3 - Striking
04 - Bus - School (Public or Private)	04 - Right Side	04 - Top and Windows	4 - Struck
05 - Bus - Transit	05 - Right Rear	05 - Undercarriage	5 - Striking/Struck
06 - Bus - Charter	06 - Rear Center	06 - Load/Trailer	9 - Unknown
07 - Bus - Shuttle	07 - Left Rear	07 - Total/All Areas	
08 - Bus - Other		08 - Other	

Pre-Crash Actions 11	Motorist	Non-Motorist
01 - Straight Ahead	01 - None	01 - None
02 - Backing	02 - Making U-Turn	02 - Entering or Crossing Specified Location
03 - Changing Lanes	03 - Entering Traffic Lane	03 - Waiting, Running, Jogging, Playing, Cycling
04 - Overtaking/Passing	04 - Leaving Traffic Lane	04 - Working
05 - Making Right Turn	05 - Parked	05 - Pushing Vehicle
06 - Making Left Turn	06 - Stopping or Stopped in Traffic	06 - Approaching or Leaving Vehicle
	07 - Driverless	07 - Standing

Contributing Circumstances 09	Motorist	Non-Motorist	Vehicle Defects 01
01 - None	01 - None	01 - None	01 - Turn Signals
02 - Failure to Yield	02 - Improper Backing	02 - Improper Crossing	02 - Head Lamps
03 - Ran Red Light	03 - Improper Stop From Parked Position	03 - Improper Crossing	03 - Tail Lamps
04 - Ran Stop Sign	04 - Stopped or Parked Illegally	04 - Darting	04 - Brakes
05 - Exceeded Speed Limit	05 - Operating Vehicle in Negligent Manner	05 - Lying/Entering Illegally in Roadway	05 - Steering
06 - Unsafe Speed	06 - Swerving to Avoid (Due to External Conditions)	06 - Failure to Yield Right of Way	06 - Tire Blowout
07 - Improper Turn	07 - Wrong Side/Wrong Way	07 - Not Visible (Dark Clothing)	07 - Worn or Slack Tires
08 - Left of Center	08 - Failure to Control	08 - Inattentive	08 - Trailer Equipment Defective
09 - Followed Too Closely/AGDA	09 - Vision Obstruction	09 - Failure to Obey Traffic Signs / Signals/Officer	09 - Motor Trouble
10 - Improper Lane Change /Passing/Off Road	10 - Operating Defective Equipment	10 - Wrong Side of the Road	10 - Drank/Drank From Prior Accident
	11 - Load Shifting/Spilling/Spilling	11 - Other Non-Motorist Action	11 - Other Defects
	12 - Other Improper Action		

Sequence of Events	Non-Collision Events	Collision with Fixed Object
1 20	01 - Overtaking/Passing	01 - Impact Against a Fixed Object
2	02 - Fire/Explosion	02 - Multiple Impacts/Structures
3	03 - Immersion	03 - Impact Into an Obstacle
4	04 - Jackknife	04 - Impact Into a Structure
5	05 - Cargo/Equipment Load Shift	05 - Impact Into a Structure
6		06 - Equipment Failure
First Harmful Event 1		07 - Separation of Units
Most Harmful Event 1		08 - Ran Off Road Right
		09 - Ran Off Road Left
		10 - Cross Median
		11 - Cross Center Lane
		12 - Opposite Direction of Travel
		13 - Downhill Runaway
		14 - Other Non-Collision

Collision with Person, Vehicle or Object Not Fixed	Collision with Fixed Object	Other
01 - Pedestrian	01 - Impact Against a Fixed Object	01 - Other
02 - Pedestrian	02 - Multiple Impacts/Structures	02 - Other
03 - Pedestrian	03 - Impact Into an Obstacle	03 - Other
04 - Pedestrian	04 - Impact Into a Structure	04 - Other
05 - Pedestrian	05 - Impact Into a Structure	05 - Other
06 - Pedestrian	06 - Equipment Failure	06 - Other
07 - Pedestrian	07 - Separation of Units	07 - Other
08 - Pedestrian	08 - Ran Off Road Right	08 - Other
09 - Pedestrian	09 - Ran Off Road Left	09 - Other
10 - Pedestrian	10 - Cross Median	10 - Other
11 - Pedestrian	11 - Cross Center Lane	11 - Other
12 - Pedestrian	12 - Opposite Direction of Travel	12 - Other
13 - Pedestrian	13 - Downhill Runaway	13 - Other
14 - Pedestrian	14 - Other Non-Collision	14 - Other



Unit

Local Report Number
201300355581

Unit Number 012	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) PLUMMER, THOMAS H	Owner Phone Number - incl. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 2	Damaged Area
LP State OH	License Plate Number 3674NH	Vehicle Identification Number 1HGCM5G3B3A10729731011	# Occupants 01	
Vehicle Year 12100131	Vehicle Make HONDA	Vehicle Model ACCORD	Vehicle Color GRAY	
Year of Inspection 12	Year into Company STATE FARM	Policy Number 2781801 B03 35 H	Towed By	

US DOT	Vehicle Weight GVWR/GCW 1	Cargo Body Type 01	Trafficway Description 1
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released		<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 03	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (2 or More Including Driver)
	<input type="checkbox"/> In Emergency Response				

Special Function 01	Most Damaged Area 06	Impact Area 06	Action 4
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Pre-Crash Actions 11	Motorist	Non-Motorist
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Contributing Circumstances 01	Motorist	Non-Motorist	Vehicle Defects 01
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Sequence of Events 20	Non-Collision Events	Collision With Fixed Object
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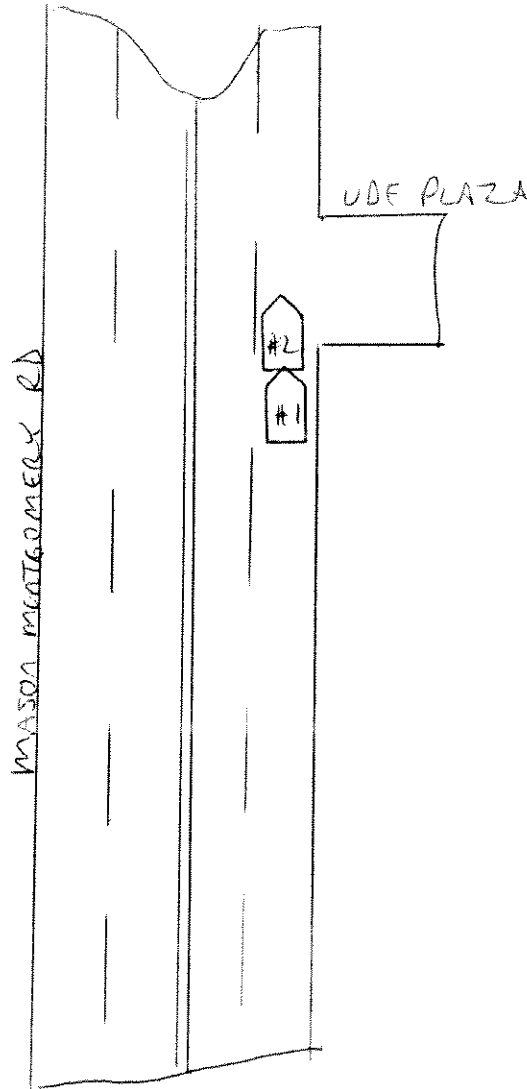
Post-Crash L1001	Post-Crash 45	Traffic Camera 12	Other 2
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LOCAL REPORT NUMBER <i>13-25558</i>	REPORTING AGENCY <i>MASON POLICE</i>	DATE OF CRASH <i>M 12/19/13</i>
IN COUNTY OF <i>WARREN</i>	CRASH LOCATION <i>MAJOR MONTGOMERY ROAD</i>	

NOT TO SCALE

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OFFICER'S SIGNATURE <i>X P. Edwards</i>	BADGE NUMBER <i>1047</i>
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LOCAL REPORT NUMBER <u>13-35358</u>	REPORTING AGENCY Mason Police Department	DATE OF CRASH M D Y
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

Debra P. Moore HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Ptl. Dan Edwards AT Mason-Mont. Rd
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED: slowed down to turn right into parking lot for Greater Cincinnati Credit Union, car behind me did not slow down and rear-ended me.

Q. What was your speed at the time of the crash? A. 5 mph

Q. What was your direction of travel? A. turning

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. neck/lumbar area

ADDRESS OF WITNESS _____ PHONE 513-313-0368

SIGNATURE OF WITNESS X OFFICER'S SIGNATURE X Ptl. Edwards 47