



TRAFFIC CRASH REPORT

Case Number	2015-00002720	Crash Severity	3	1 - Fatal	2 - Injury	3 - PDO
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Report Taken By	083104	Agency	MASON POLICE	Number of Units	01	Motorist's Name	01
County	83	City	MASON	Crash Date	01252015	Time of Crash	2013

DEGREES / MINUTES / SECONDS LATITUDE	0 / 0 / 0	LONGITUDE	0 / 0 / 0
DECIMAL DEGREES LATITUDE	39.345267	DECIMAL DEGREES LONGITUDE	-84.310414

ROADWAY DIVISION	<input checked="" type="checkbox"/> DIVIDED	DIVIDED LANE DIRECTION OF TRAVEL	N	NUMBER OF TRUCK LANES	02	ROAD TYPES OR MILEPOST	RD
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LOCATION ROUTE NUMBER		LOCATION ROAD NAME	MASON - MONTGOMERY	LOCATION ROAD TYPE	RD	ROUTE TYPES	RD
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DISTANCE FROM REFERENCE	100	DIR FROM REF	N	REFERENCE ROUTE NUMBER		REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	TYLERVILLE
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REFERENCE POINT USED	1	CRASH LOCATION	01	INTERSECTION RELATED	<input type="checkbox"/>	LOCATION OF FIRST HARMFUL EVENT	4
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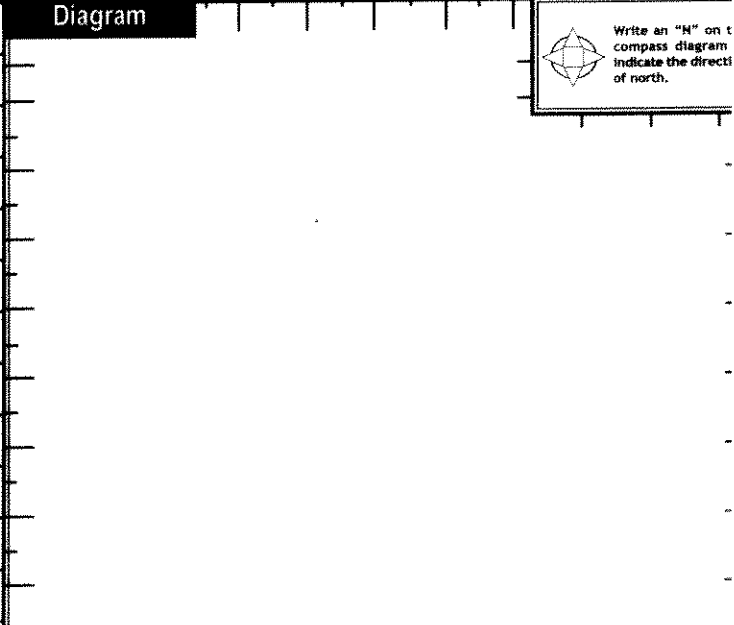
ROAD CONTOUR	1	ROAD CONDITIONS PRIMARY	02	WEATHER	4
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MANNER OF CRASH COLLISION/IMPACT	1	WEATHER	4
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ROAD SURFACE	2	LIGHT CONDITIONS	4	SCHOOL BUS RELATED	<input type="checkbox"/>
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WORK ZONE RELATED	<input type="checkbox"/>	TYPE OF WORK ZONE		LOCATION OF CRASH IN WORK ZONE	
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NARRATIVE
 UNIT #1 WAS NORTH BOUND ON MASON - MONTGOMERY ROAD, NORTH OF TYLERVILLE ROAD, WHEN IT DEPARTED FROM THE ROADWAY STRIKING THE CURB, A POLE, AND THEN RESTING ON A ROCK.



REPORT TAKEN BY	<input checked="" type="checkbox"/> POLICE AGENCY	<input type="checkbox"/> MOTORIST	SUPPLEMENT (Collection of Addition to an Existing Report Sent to GDPS)	<input type="checkbox"/>
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LOCAL REPORT NUMBER
2015 7094902720

UNIT NUMBER 011	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (X SAME AS DRIVER)	DAMAGE SCALE 4	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (X SAME AS DRIVER)			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE OH	LICENSE PLATE NUMBER DTW 1389	VEHICLE IDENTIFICATION NUMBER 1H1GC1B76515PA187289	# OCCUPANTS 011	
VEHICLE YEAR 11/9/13	VEHICLE MAKE HONDA	VEHICLE MODEL ACCORD	VEHICLE COLOR MAROON	
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY ELECTRIC INSURANCE	POLICY NUMBER 2A08134A7	TOWED BY CASE	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE - INCLUDE AREA CODE

US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - 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 4 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAVEMENT OR GRASS > 4 FT.) 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

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 02 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH Buggy, WAGON, SADDLE 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
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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 OR 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 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STR 9 - UNKNOWN
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PRE-CRASH ACTIONS 01 99 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY 01 SECONDARY 01 99 - UNKNOWN	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 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 43 2 41 3 52 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 3 99 - UNKNOWN	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 - CULVERT 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 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DIRT MOTOR VEHICLE 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 FAIL 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/LUMINAIRIES 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 - WALLS, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED	POSTED SPEED	TRAFFIC CONTROL	UNIT DIRECTION
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MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2015-1004002740

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE WEAVER, KIM	DATE OF BIRTH 1/20/71	AGE 45	GENDER F
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ADDRESS, CITY, STATE, ZIP 3472 WRENWOOD MASON, OH 45040	CONTACT PHONE- INCLUDE AREA CODE 513-398-9934
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INJURIES 1	INJURED TAKEN BY []	EMS AGENCY []	MEDICAL FACILITY INJURED TAKEN TO []	SAFETY EQUIPMENT USED 99	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LIC. ENSE NUMBER NY315678	OL CLASS 4	No. VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 6	ALCOHOL/DRUG SUSPECTED 2	ALCOHOL TEST STATUS 4	ALCOHOL TEST TYPE 4	ALCOHOL TEST VALUE .185	DRUG TEST STATUS 1	DRUG TEST TY 1
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OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 331.34	OFFENSE DESCRIPTION FAILURE TO CONTROL	CITATION NUMBER 77804	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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UNIT NUMBER []	NAME: LAST, FIRST, MIDDLE []	DATE OF BIRTH []	AGE []	GENDER []
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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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OL STATE []	OPERATOR LIC. ENSE NUMBER []	OL CLASS []	No. VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION []	ALCOHOL/DRUG SUSPECTED []	ALCOHOL TEST STATUS []	ALCOHOL TEST TYPE []	ALCOHOL TEST VALUE []	DRUG TEST STATUS []	DRUG TEST TY []
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) []	OFFENSE DESCRIPTION []	CITATION NUMBER []	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY []
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM- FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 99 - UNKNOWN SAFETY EQUIPMENT	Non-Motorist 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (SEATING, 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 CAR (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 (DRIVERS "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 - HB0 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, RADAR, GPS) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER []	NAME: LAST, FIRST, MIDDLE []	DATE OF BIRTH []	AGE []	GENDER []
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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 []
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ADDRESS, CITY, STATE, ZIP []	CONTACT PHONE- INCLUDE AREA CODE []
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Motorist/Non-Motorist

Motorist/Non-Motorist

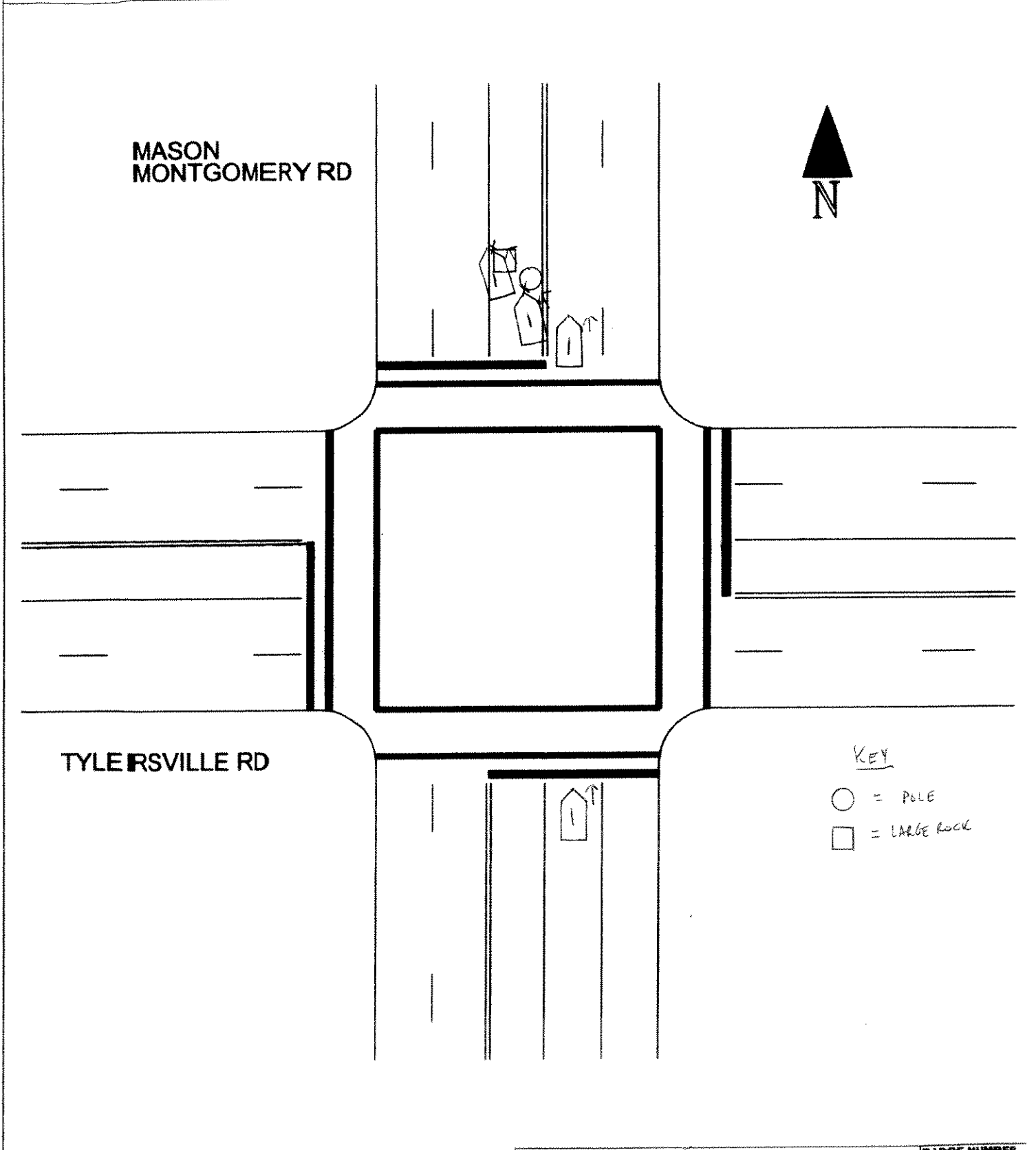
Occupant

Occupant

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-

LOCAL REPORT NUMBER <i>2015-2720</i>	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT <i>M 01 10 25 14 2015</i>
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONT RD @ TYLERSVILLE RD	





OHIO DEPARTMENT
OF PUBLIC SAFETY
REGISTRATION, SAFETY, & INSURANCE

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 2015-2720	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 0 25 2015
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Benee Dupont HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
P.O. SECHRIST AT MASON - MONTGOMERY @ TYLERVILLE
OFFICER'S NAME LOCATION

I was driving from Mason Community Center going toward Western Row when I witnessed a car fly across the median coming head on towards us. The car ended up stuck on a rock in the landscaped area. I pulled over to help + she was frantically trying to continue driving the wrong way onto traffic. She was unable to get her car to move forward however. When I asked if she was okay she wouldn't respond + continued trying to floor the gas pedal to leave. The car engine was smoking + I repeatedly told her to grab her purse + get out of the car in case it caught fire. She appeared disheveled, confused, + not quite with it. She finally got out of the car + wandered into traffic a couple of times, almost getting hit. I had her stand by her car close to the median. She appeared intoxicated - slurred speech, stage slow responses.

- Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED?
- Q. WERE YOU WEARING YOUR SEAT BELT?
- Q. WHAT DIRECTION WERE YOU GOING?
- Q. WHAT WAS YOUR SPEED?
- Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH?

398 Old Willow Ct South Lebanon Oh 45065 1/14



OHIO DEPARTMENT
OF PUBLIC SAFETY

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 2015-2720	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 10 25 2015
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Lauren Dupont PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. SECHRIST OFFICER'S NAME AT Mason - Montgomery @ Tybesville LOCATION

Leaving Mason Community Center, my mother, brothers, & I witnessed a woman driving across the median into oncoming traffic into our lane. Her car became stuck in the median between rocks. We pulled over to help her, and the woman appeared intoxicated and continued to try to drive over the median. When we asked her if she was okay, she initially did not respond to any of our questions. Eventually, she told us that she was okay, but she demonstrated significantly slurred speech. We tried to tell her to turn her car off because it was smoking, and she appeared to not comprehend our directions. Eventually she got out of the car and took out her purse, but she appeared to stumble around in her car for a while before she was able to get her purse and step out. It was at this time that the police officers & fire department showed up to help.

- Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED?
- Q. WERE YOU WEARING YOUR SEAT BELT?
- Q. WHAT DIRECTION WERE YOU GOING?
- Q. WHAT WAS YOUR SPEED?
- Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH?

11050 BRUCE FOREST CT. MARYOW, OH 45152

513-518-0544