



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

16-29765

CRASH SEVERITY

2

1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

1 - SOLVED  
2 - UNSOLVED

## LOCAL INFORMATION

<input checked="" type="checkbox"/> PHOTOS TAKEN <input checked="" 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 * 8304	REPORTING AGENCY NAME * MASON	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 * MASON	CRASH DATE * 09012016	TIME OF CRASH 1651	DAY OF WEEK THU
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DEGREES / MINUTES / SECONDS LATITUDE 0 / /	LONGITUDE 0 / /	DECIMAL DEGREES LATITUDE 39.360822	LONGITUDE -84.307718
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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 <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> W - WESTBOUND	NUMBER OF THRU LANES 03	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 - LANE PI - PIKE SQ - SQUARE TL - TRAIL
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LOCATION ROUTE TYPE <sup>1</sup> US	LOCATION ROUTE NUMBER 42	LOC PREFIX N,S,E,W	LOCATION ROAD NAME	LOCATION ROAD TYPE <sup>2</sup>	ROUTE TYPES <sup>1</sup> IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
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DISTANCE FROM REFERENCE 0	DIR FROM REF <input type="checkbox"/> MILES <input checked="" type="checkbox"/> FEET N,S,E,W	REFERENCE ROUTE TYPE <sup>1</sup>	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) CHURCH	REFERENCE ROAD TYPE <sup>2</sup> ST
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	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	* SECONDARY CONDITION ONLY
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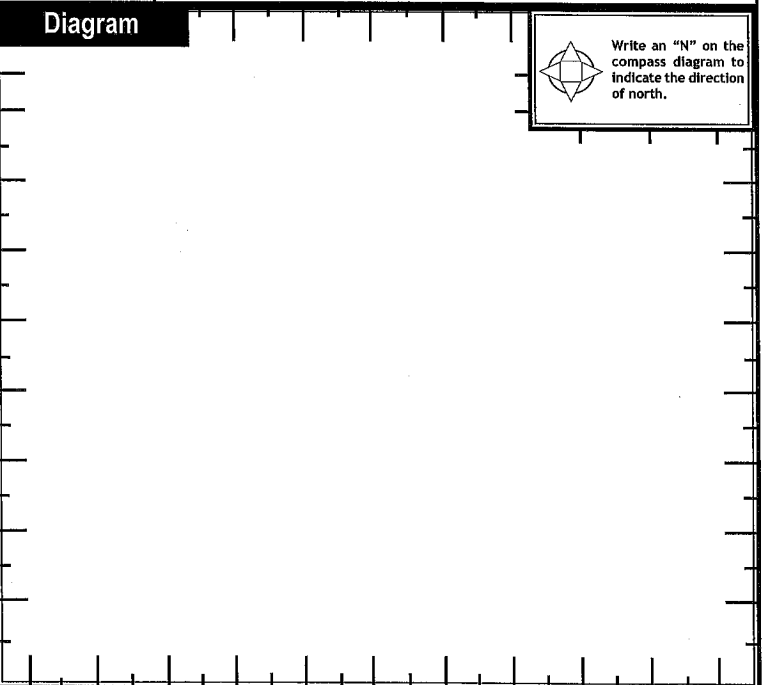
MANNER OF CRASH COLLISION/IMPACT 6	1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, 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 1 - PRIMARY 2 - 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"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED	* SECONDARY CONDITION ONLY
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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 1 FACING NORTH ON E. MAIN ST,  
WAITING TO TURN NORTH ON E. CHURCH ST. UNIT 2 HEADING SOUTH ON E. MAIN ST. UNIT 1 TURNED LEFT INTO THE PATH OF UNIT 2. UNIT 1 STRUCK UNIT 2 CAUSING DAMAGE AND MINOR INJURIES TO THE OCCUPANTS OF UNIT 2.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED 09012016	TIME CRASH REPORTED 1651	DISPATCH TIME 1651	ARRIVAL TIME 1657	TIME CLEARED 1752	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 85
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OFFICER'S NAME * C. SLONE	OFFICER'S BADGE NUMBER 60	CHECKED BY 50	PAGE 1 OF
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# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
 16-29765

UNIT NUMBER: 1011 NAME: LAST, FIRST, MIDDLE: JOHNSON, JEFFREY S.  
 DATE OF BIRTH: 05/18/1967 AGE: 49 GENDER: M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 5037 LEXINGTON CT. MASON, OH 45040  
 CONTACT PHONE - INCLUDE AREA CODE: 513-459-0977

INJURIES: 1 INJURED TAKEN BY: EMS AGENCY: MEDICAL FACILITY INJURED TAKEN TO: SAFETY EQUIPMENT USED: 04  
 DOT COMPLIANT: MOTORCYCLE HELMET: SEATING POSITION: 01 AIR BAG USAGE: 1 EJECTION: 1 TRAPPED: 1  
 OL STATE: 10H OPERATOR LICENSE NUMBER: RH856333 OL CLASS: 4 No VALID OL: 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  
 OFFENSE CHARGED (Local Code): 331.17 OFFENSE DESCRIPTION: RIGHT OF WAY WHEN TURNING LEFT CITATION NUMBER: 81388  
 HANDS-FREE DEVICE USED: DRIVER DISTRACTED BY: 1

UNIT NUMBER: 102 NAME: LAST, FIRST, MIDDLE: SHARP, MARIAH ELIZABETH  
 DATE OF BIRTH: 11/20/1997 AGE: 18 GENDER: F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 711 FOUR SEASONS DR. MASON, OH 45040  
 CONTACT PHONE - INCLUDE AREA CODE: 513-693-7486

INJURIES: 3 INJURED TAKEN BY: 4 EMS AGENCY: MEDICAL FACILITY INJURED TAKEN TO: SAFETY EQUIPMENT USED: 04  
 DOT COMPLIANT: MOTORCYCLE HELMET: SEATING POSITION: 01 AIR BAG USAGE: 2 EJECTION: 1 TRAPPED: 1  
 OL STATE: 10H OPERATOR LICENSE NUMBER: UN193256 OL CLASS: 4 No VALID OL: 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  
 OFFENSE CHARGED (Local Code): OFFENSE DESCRIPTION: CITATION NUMBER: HANDS-FREE DEVICE USED: 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  
 99 - UNKNOWN SAFETY EQUIPMENT  
 Non-Motorist: 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING, 06 - CHILD RESTRAINT SYSTEM-REAR FACING, 07 - BOOSTER SEAT, 08 - HELMET USED  
 09 - NONE USED, 10 - HELMET USED, 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC), 12 - REFLECTIVE CLOTHING, 13 - LIGHTING, 14 - OTHER

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

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 - 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

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

UNIT NUMBER: 102 NAME: LAST, FIRST, MIDDLE: SHARP, LINDSEY  
 DATE OF BIRTH: 10/4/1999 AGE: 17 GENDER: F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 11098 WOODWARD LN. SHARONVILLE, OH 45241  
 CONTACT PHONE - INCLUDE AREA CODE: 513-462-6605

INJURIES: 3 INJURED TAKEN BY: 2 EMS AGENCY: MASON FIRE MEDICAL FACILITY INJURED TAKEN TO: MASON ER  
 SAFETY EQUIPMENT USED: 04 DOT COMPLIANT: MOTORCYCLE HELMET: SEATING POSITION: 03 AIR BAG USAGE: 2 EJECTION: 1 TRAPPED: 1

UNIT NUMBER: 101 NAME: LAST, FIRST, MIDDLE: BOCKERSTETTE, KYLE  
 DATE OF BIRTH: 11/20/1999 AGE: 16 GENDER: M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 7700 BROOKFARM CT. MASON, OH 45040  
 CONTACT PHONE - INCLUDE AREA CODE: 513-835-3509

INJURIES: INJURED TAKEN BY: EMS AGENCY: MEDICAL FACILITY INJURED TAKEN TO: SAFETY EQUIPMENT USED: DOT COMPLIANT: MOTORCYCLE HELMET: SEATING POSITION: AIR BAG USAGE: EJECTION: TRAPPED:



# UNIT

LOCAL REPORT NUMBER

16-29765

UNIT NUMBER 011	OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (☑ SAME AS DRIVER)	DAMAGE SCALE 4	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (☑ SAME AS DRIVER)				
LP STATE OH	LICENSE PLATE NUMBER EQU 8473	VEHICLE IDENTIFICATION NUMBER WMMWSU3C52BT098551	# OCCUPANTS 011	
VEHICLE YEAR 2011	VEHICLE MAKE MINI	VEHICLE MODEL COOPER	VEHICLE COLOR BLUE	
PROOF OF INSURANCE SHOWN ☑	INSURANCE COMPANY WESTFIELD	POLICY NUMBER WNP7220223	TOWED BY JACOBS	
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 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED 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	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			

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDDLEBLOCK - 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 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	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)	21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
<input 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 - 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 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 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
01			03		3

PRE-CRASH ACTIONS 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	MOTORIST 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
06				

CONTRIBUTING CIRCUMSTANCES PRIMARY 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	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 - 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
02			

SEQUENCE OF EVENTS 1 - FIRST HARMFUL EVENT 2 - MOST HARMFUL EVENT 3 - ... 4 - ... 5 - ... 6 - ... 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 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION
20	

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 RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIUM CABLE BARRIER 34 - MEDIUM GUARDRAIL BARRIER 35 - MEDIUM CONCRETE BARRIER 36 - MEDIUM 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
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UNIT SPEED 110	POSTED SPEED 25	TRAFFIC CONTROL 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 8 To 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
<input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED			



# UNIT

LOCAL REPORT NUMBER

116-29765

UNIT-NUMBER 012	OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (☑ SAME AS DRIVER)	DAMAGE SCALE 4	DAMAGED AREA 
LP STATE OH	LICENSE PLATE NUMBER GSK 5669	VEHICLE IDENTIFICATION NUMBER 11Y1S1K1S2831Z404390	# OCCUPANTS 02	
VEHICLE YEAR 2001	VEHICLE MAKE CHEVROLET	VEHICLE MODEL PRISM	VEHICLE COLOR WHITE	
PROOF OF INSURANCE SHOWN ☑	INSURANCE COMPANY LIBERTY MUTUAL	POLICY NUMBER AOS2BB1506177062	TOWED BY JACOBS	

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 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID No.	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>		HIT / SKIP UNIT <input type="checkbox"/>

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDDLEBLOCK - 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 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	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, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
<input 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 - 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 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 01 - NON-CONTACT 02 - NON-COLLISION 03 - STRIKING 04 - STRUCK 05 - 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 99 - UNKNOWN	MOTORIST 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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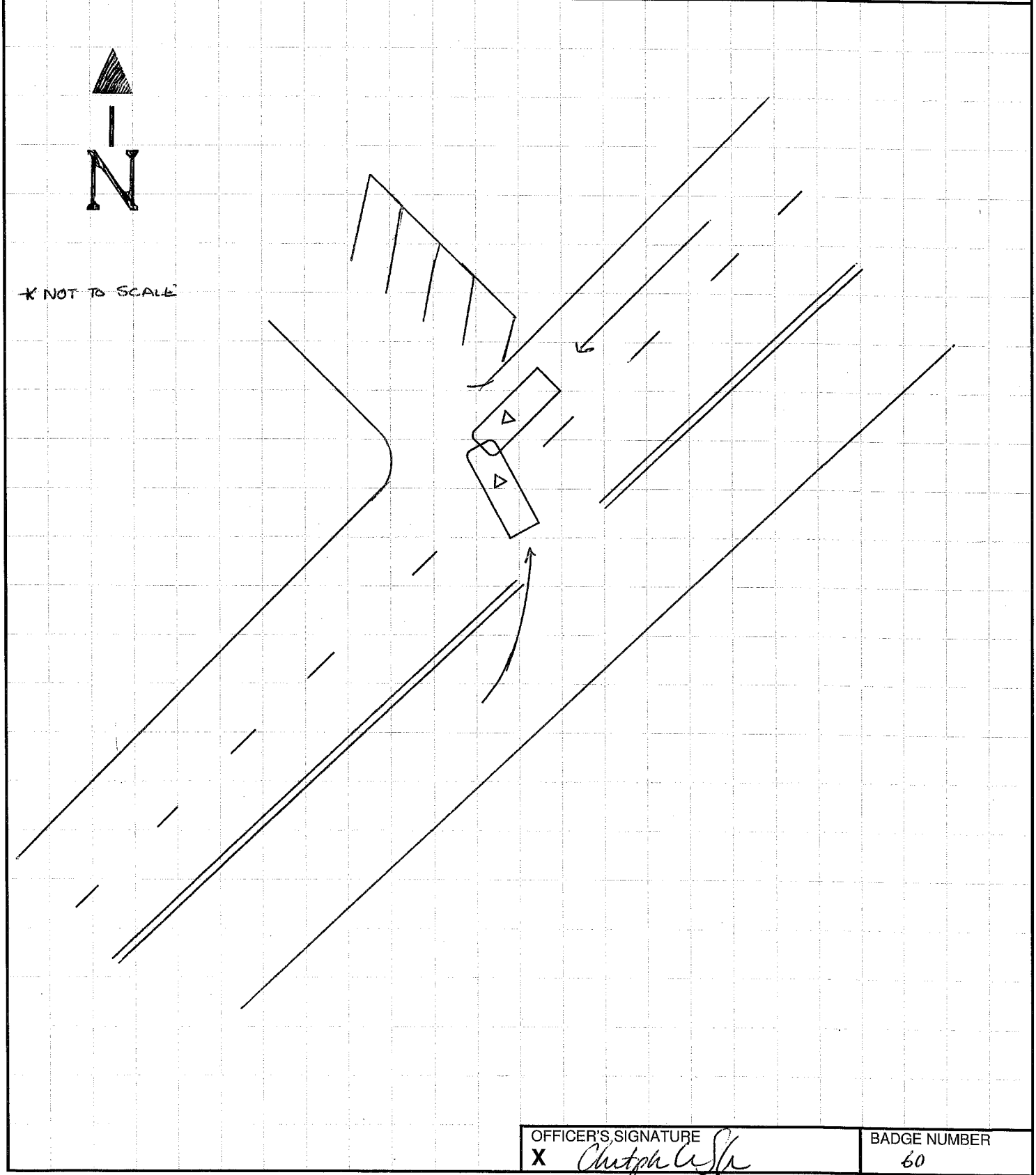
CONTRIBUTING CIRCUMSTANCES PRIMARY 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER 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 - 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 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 (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
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			

UNIT SPEED 20	POSTED SPEED 25	TRAFFIC CONTROL 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 5 TO 8 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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LOCAL REPORT NUMBER <i>16-29765</i>	REPORTING AGENCY <i>MASON</i>	DATE OF CRASH M <i>9</i>   D <i>1</i>   Y <i>16</i>
IN COUNTY OF <i>WARREN</i>	CRASH LOCATION <i>E MAIN ST @ E CHURCH ST.</i>	



OFFICER'S SIGNATURE <i>X [Signature]</i>	BADGE NUMBER <i>60</i>
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LOCAL REPORT NUMBER 16-29765	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 9   D 1   Y 16
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, X Kyle Bokerstette PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
P.O. C. Conn/SLOVE OFFICER'S NAME AT 42 LOCATION by Marathon  
Church St  
 and didn't see the white car and hit the ~~the~~ white car  
 and the Mini Cooper was at fault

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? 60  
 Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? 438576

ADDRESS OF WITNESS X <u>7700 Brookfarm Ct</u>	PHONE <u>513-835-3509</u>
SIGNATURE OF WITNESS X <u>Kyle Bokerstette</u>	OFFICER'S SIGNATURE X <u>Christopher Slu 1060</u>



LOCAL REPORT NUMBER 16 - 29765	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 7   D 7   Y 16
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, X Jeffrey S. Johnson HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

P.O. C. Conn AT E MAIN @ E CHURCH  
OFFICER'S NAME LOCATION

Traveling north on Main St, from Mason-Montgomery toward Kings mill. Traffic heading opposite direction was stopped and backed up due to Red Light at Mason-Montgomery. I had slowed to make a left turn onto E. Church Street. The ~~oncoming~~ <sup>opposite</sup> direction cars on the inside of ~~the~~ Main Street was stopped so as to not block the intersection to E Church Street. I did not see cars on the sidewalk side of Main Street so proceeded to turn left onto E Church. The white car involved was coming down the sidewalk side of Main and hit right front of my car as I was turning onto E. Church. This turned my car another 90° which ended me facing south bound on Main.

- Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? No
- Q. WERE YOU WEARING YOUR SEAT BELT? YES
- Q. WHAT DIRECTION WERE YOU GOING? North on Main, turning Left onto Church
- Q. WHAT WAS YOUR SPEED? ~ 10 MPH or whatever typical left turn in slower traffic
- Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? NO

ADDRESS OF WITNESS <u>5037 Lexington Ct. Mason OH 45040</u>	PHONE <u>513-459-0977</u>
SIGNATURE OF WITNESS <u>X [Signature]</u>	OFFICER'S SIGNATURE <u>X [Signature]</u>



LOCAL REPORT NUMBER 16 - 29765	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 9   D 1   Y 16
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Marian Sharp HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
P.O. C. Conn / SLOVE AT E MAIN @ E CHURCH  
OFFICER'S NAME LOCATION

I was headed out of my apartment in four seasons headed towards mason montgomery road and I was following traffic and a blue mini cooper was trying to turn left onto church street and they were headed towards kings mills and they turned right in front of me onto E Church Street.

- Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? My shoulders sore,
- Q. WERE YOU WEARING YOUR SEAT BELT? Yes, both of us were my sisters leg was hurt
- Q. WHAT DIRECTION WERE YOU GOING? towards mason montgomery
- Q. WHAT WAS YOUR SPEED? 20-23 mph
- Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? NO

ADDRESS OF WITNESS <u>711 Four Seasons Dr. Mason Oh 45040</u>	PHONE <u>513-693-7480</u>
SIGNATURE OF WITNESS <u>Marianah Sharp</u>	OFFICER'S SIGNATURE <u>Clutch</u> 1066