



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
1161-1321109	3 1 - FATAL 2 - INJURY 3 - PDO.	1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER <input type="checkbox"/>	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY <input type="checkbox"/>	REPORTING AGENCY NCIC * 1083104	REPORTING AGENCY NAME * Mason Police	NUMBER OF UNITS 102	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN 01
--	--	---	------------------------------------	---	------------------------	--

COUNTY * 83	CITY * <input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * Mason	CRASH DATE * 109202016	TIME OF CRASH 11813	DAY OF WEEK MON
----------------	---	------------------------------------	---------------------------	------------------------	--------------------

DEGREES / MINUTES / SECONDS LATITUDE 0 ' 0 '' 0 ''	LONGITUDE 0 ' 0 '' 0 ''	DECIMAL DEGREES LATITUDE 39.1373503	LONGITUDE -84.289378
--	----------------------------	---	-------------------------

ROADWAY DIVISION DIVIDED <input type="checkbox"/> UNDIVIDED <input checked="" type="checkbox"/>	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	NUMBER OF THRU LANES 102	ROAD TYPES OR MILEPOST 2 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
---	--	-----------------------------	--

LOCATION ROUTE TYPE 1 US 42	LOC PREFIX N, S, E, W	LOCATION ROAD NAME	LOCATION ROAD TYPE 2	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 MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS <input type="checkbox"/>	DIR FROM REF N, S, E, W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) 4487	REFERENCE ROAD TYPE 2
--	----------------------------	------------------------	------------------------	--------------------------	--	-----------------------

REFERENCE POINT USED 3 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 01 1 - NOT AN INTERSECTION 02 2 - FOUR-WAY INTERSECTION 03 3 - T-INTERSECTION 04 4 - Y-INTERSECTION 05 5 - TRAFFIC CIRCLE/ROUNDBOAT 06 6 - FIVE-POINT, OR MORE 07 7 - ON RAMP 08 8 - OFF RAMP 09 9 - CROSSOVER 10 10 - DRIVEWAY/ALLEY ACCESS	11 11 - RAILWAY GRADE CROSSING 12 12 - SHARED-USE PATHS OR TRAILS 99 99 - UNKNOWN	INTERSECTION RELATED <input type="checkbox"/>	LOCATION OF FIRST HARMFUL EVENT 1 1 - ON ROADWAY 5 5 - ON GORE 2 2 - ON SHOULDER 6 6 - OUTSIDE TRAFFICWAY 3 3 - IN MEDIAN 9 9 - UNKNOWN 4 4 - ON ROADSIDE
---	---	---	---	---

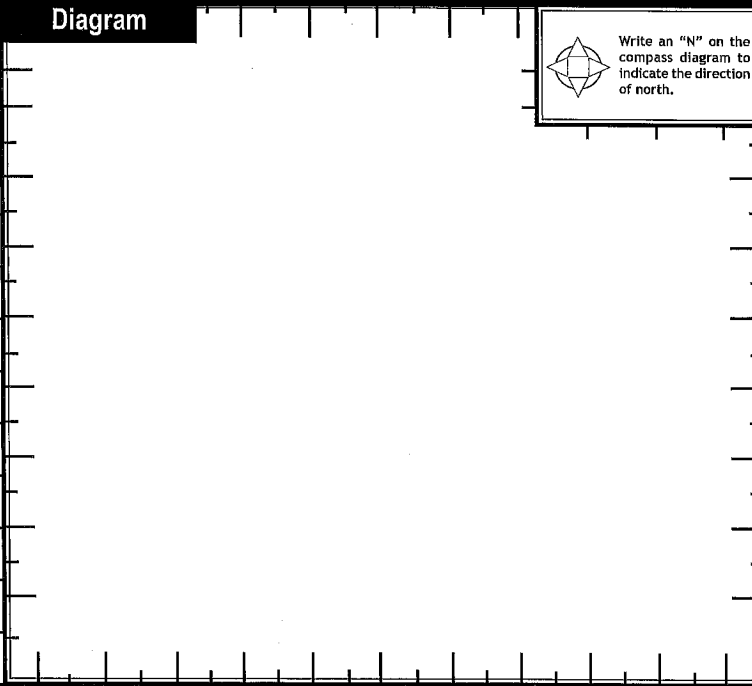
ROAD CONTOUR 1 1 - STRAIGHT LEVEL 4 4 - CURVE GRADE 2 2 - STRAIGHT GRADE 9 9 - UNKNOWN 3 3 - CURVE LEVEL	ROAD CONDITIONS PRIMARY 01 SECONDARY	01 01 - DRY 05 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 02 02 - WET 06 06 - WATER (STANDING, MOVING) 10 10 - OTHER 03 03 - SNOW 07 07 - SLUSH 99 99 - UNKNOWN 04 04 - ICE 08 08 - DEBRIS*	* SECONDARY CONDITION ONLY
---	--	---	----------------------------

MANNER OF CRASH COLLISION/IMPACT 10 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 2 - REAR-END 3 3 - HEAD-ON 4 4 - REAR-TO-REAR 5 5 - BACKING 6 6 - ANGLE 7 7 - SIDESWIPE, SAME DIRECTION 8 8 - SIDESWIPE, OPPOSITE DIRECTION 9 9 - UNKNOWN	WEATHER 1 1 - CLEAR 4 4 - RAIN 7 7 - SEVERE CROSSWINDS 2 2 - CLOUDY 5 5 - SLEET, HAIL 8 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 3 - FOG, SMOG, SMOKE 6 6 - SNOW 9 9 - OTHER/UNKNOWN
--	---

ROAD SURFACE 2 1 - CONCRETE 4 4 - SLAG, GRAVEL, STONE 2 2 - BLACKTOP, BITUMINOUS, ASPHALT 5 5 - DIRT 3 3 - BRICK/BLOCK 6 6 - OTHER	LIGHT CONDITIONS PRIMARY 11 SECONDARY	1 1 - DAYLIGHT 5 5 - DARK - ROADWAY NOT LIGHTED 9 9 - UNKNOWN 2 2 - DAWN 6 6 - DARK - UNKNOWN ROADWAY LIGHTING 3 3 - DUSK 7 7 - GLARE* 4 4 - DARK - LIGHTED ROADWAY 8 8 - OTHER	SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
---	---	--	--

WORK ZONE RELATED <input type="checkbox"/>	WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) <input type="checkbox"/>	TYPE OF WORK ZONE 1 1 - LANE CLOSURE 4 4 - INTERMITTENT OR MOVING WORK 2 2 - LANE SHIFT/CROSSOVER 5 5 - OTHER 3 3 - WORK ON SHOULDER OR MEDIAN	LOCATION OF CRASH IN WORK ZONE 1 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 4 - ACTIVITY AREA 2 2 - ADVANCE WARNING AREA 5 5 - TERMINATION AREA 3 3 - TRANSITION AREA
--	---	---	---

NARRATIVE:  
Unit #1 was exiting the parking lot of Jo Mart on US 42. Unit #2 struck unit #1 in the drivers rear. Unit #1 is at fault turning. No injuries reported.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS) <input type="checkbox"/>	DATE CRASH REPORTED 1091192016	TIME CRASH REPORTED 11813	DISPATCH TIME 11814	ARRIVAL TIME 118311	TIME CLEARED 11905	OTHER INVESTIGATION TIME 160	TOTAL MINUTES 194
OFFICER'S NAME * A. Neal	OFFICER'S BADGE NUMBER 102	CHECKED BY 37/50	PAGE OF					



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER <b>041</b>	NAME: LAST, FIRST, MIDDLE <b>Allen, Chloe</b>	DATE OF BIRTH <b>07.02.1999</b>	AGE <b>17</b>	GENDER <b>F</b> F - FEMALE M - MALE
---------------------------	--	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP <b>591 Orchard way Lebanon, OH 45036</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513-600-2811</b>
---	---

INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>3</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
----------------------	------------------------------	------------	-----------------------------------	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

OL STATE <b>04</b>	OPERATOR LICENSE NUMBER <b>UL 016440</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
-----------------------	---	----------------------	---	--------------------------------------	-----------------------	------------------------------------	---------------------------------	-------------------------------	--------------------	------------------------------	----------------------------

OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE) <b>331.17</b>	OFFENSE DESCRIPTION <b>Improper turn</b>	CITATION NUMBER <b>080 809</b>	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <b>1</b>
--	---	-----------------------------------	--	----------------------------------

UNIT NUMBER <b>002</b>	NAME: LAST, FIRST, MIDDLE <b>ZOPPE, Christian</b>	DATE OF BIRTH <b>12.10.1990</b>	AGE <b>25</b>	GENDER <b>M</b> F - FEMALE M - MALE
---------------------------	--	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP <b>134 North Ave Lebanon, OH 45036</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513-827-0136</b>
---	---

INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
----------------------	------------------------------	------------	-----------------------------------	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

OL STATE <b>04</b>	OPERATOR LICENSE NUMBER <b>TE 432905</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
-----------------------	---	----------------------	---	--------------------------------------	-----------------------	------------------------------------	---------------------------------	-------------------------------	--------------------	------------------------------	----------------------------

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input checked="" type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <b>1</b>
--	---------------------	-----------------	---	----------------------------------

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	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 <b>011</b>	NAME: LAST, FIRST, MIDDLE <b>Allen, Kendal</b>	DATE OF BIRTH <b>08.16.2005</b>	AGE <b>11</b>	GENDER <b>F</b> F - FEMALE M - MALE
---------------------------	---	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP <b>591 Orchard way Lebanon, OH 45036</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513-600-2811</b>
---	---

INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>03</b>	AIR BAG USAGE <b>3</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
----------------------	------------------------------	------------	-----------------------------------	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

UNIT NUMBER <b>024</b>	NAME: LAST, FIRST, MIDDLE <b>Anderson, Christopher</b>	DATE OF BIRTH <b>10.8.1989</b>	AGE <b>26</b>	GENDER <b>M</b> F - FEMALE M - MALE
---------------------------	---	-----------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP <b>353 Magnolia Dr Lebanon, OH 45036</b>	CONTACT PHONE- INCLUDE AREA CODE <b>613-267-9255</b>
---	---

INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>03</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
----------------------	------------------------------	------------	-----------------------------------	------------------------------------	---	-------------------------------	---------------------------	----------------------	---------------------

LOCAL REPORT NUMBER

UNIT NUMBER: 101, OWNER NAME: Allen, Steven, OWNER PHONE NUMBER: 513-600-2811, DAMAGE SCALE: 4, DAMAGED AREA: FRONT diagram.

LP STATE: OH, LICENSE PLATE NUMBER: GQE6191, VEHICLE IDENTIFICATION NUMBER: 1BFAHPI0H1A81CR113115KH0102, VEHICLE YEAR: 2011, VEHICLE MAKE: FORD, VEHICLE MODEL: FUSION, VEHICLE COLOR: BLACK.

US DOT, VEHICLE WEIGHT GVWR/GCWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, HM PLACARD ID No., HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED.

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, SPECIAL FUNCTION, MOST DAMAGED AREA, ACTION.

PRE-CRASH ACTIONS, CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS.

SEQUENCE OF EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT.

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION.

UNIT SPEED: 140, POSTED SPEED: 50, TRAFFIC CONTROL: 12, UNIT DIRECTION: FROM 1 TO 3.



# UNIT

LOCAL REPORT NUMBER

UNIT NUMBER: 1024

OWNER NAME: LAST, FIRST, MIDDLE (A SAME AS DRIVER)

OWNER PHONE NUMBER - INC. AREA CODE (A SAME AS DRIVER)

OWNER ADDRESS: CITY, STATE, ZIP (A SAME AS DRIVER)

DAMAGE SCALE

DAMAGED AREA

LP STATE: OH License Plate Number: GRL 1090

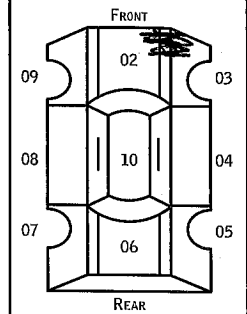
VEHICLE IDENTIFICATION NUMBER: 1LE1T1G1K294114Z119881091 1021 # OCCUPANTS: 1021

VEHICLE YEAR: 2004 VEHICLE MAKE: GMC VEHICLE MODEL: Sierra VEHICLE COLOR: Grey

PROOF OF INSURANCE SHOWN: Motorist Mutual POLICY NUMBER: 8851-00-480560-02A TOWED BY: CASX

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE - INCLUDE AREA CODE

DAMAGE SCALE: 4  
1 - NONE  
2 - MINOR  
3 - FUNCTIONAL  
4 - DISABLING  
9 - UNKNOWNUS DOT: 1 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  
09 - POLE  
10 - CARGO TANK  
11 - FLAT BED  
12 - DUMP  
13 - CONCRETE MIXER  
14 - AUTO TRANSPORTER  
15 - GARBAGE/REFUSE  
99 - OTHER/UNKNOWNTRAFFICWAY 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  
Hit / Skip Unit: HM PLACARD ID No. [ ]  
HM CLASS NUMBER [ ]  
HAZARDOUS MATERIAL RELEASED: 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/UNKNOWNTYPE OF USE:  
1 - PERSONAL  
2 - COMMERCIAL  
3 - GOVERNMENT  
In Emergency Response: UNIT TYPE: 07  
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  
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: 03  
IMPACT AREA: 03  
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  
99 - UNKNOWNACTION: 3  
1 - NON-CONTACT  
2 - NON-COLLISION  
3 - STRIKING  
4 - STRUCK  
5 - STRIKING/STUCK  
9 - UNKNOWN

## PRE-CRASH ACTIONS

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

## 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

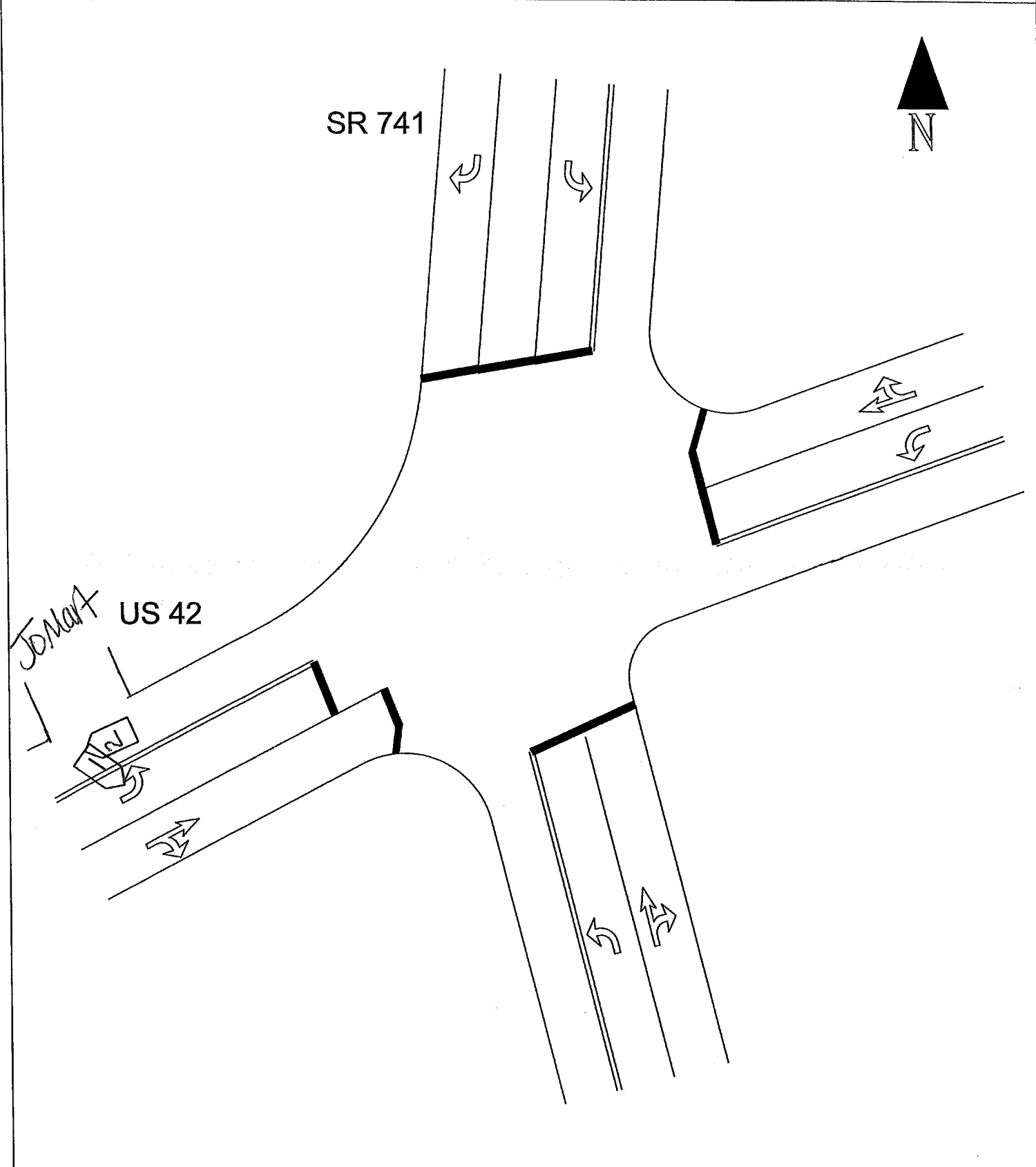
## SEQUENCE OF EVENTS

1: 210 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 FIXED 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 OBJECTUNIT SPEED: 140 POSTED SPEED: 50  
STATED: 140 ESTIMATED: 50TRAFFIC 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 REPORTEDUNIT DIRECTION: FROM 3 TO 4  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
5 - NORTHEAST  
6 - NORTHWEST  
7 - SOUTHEAST  
8 - SOUTHWEST  
9 - UNKNOWN

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER <i>16-32109</i>	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M <i>9</i> D <i>19</i> Y <i>16</i>
IN COUNTY OF WARREN	ACCIDENT LOCATION US 42 @ SR 741	



OFFICER'S SIGNATURE <i>A. Mal</i>	BADGE NUMBER <i>1024</i>
--------------------------------------	-----------------------------

LOCAL REPORT NUMBER 16-32109	REPORTING AGENCY Macon PD	DATE OF CRASH MO9   D 19   Y 16
---------------------------------	------------------------------	------------------------------------

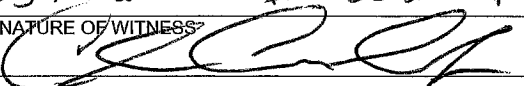

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, CHRISTOPHER ANDERSON HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Neal AT ST RT 42 & 741  
OFFICER'S NAME LOCATION

WE WERE HEADED SOUTHBOUND ON 42 WHEN A BLACK FORD FUSION PULLED OUT TURNING LEFT FROM JO MARTIN GAS STATION HEADED NORTH ON 42; WE APPLIED BRAKES ATTEMPTING TO STOP IN A CONTROLLED MANNER; ~~THE~~ THE FUSION STOPPED IN FRONT OF US AND WE IMPACTED THE REAR DRIVERS SIDE OF THE CAR AND LOST STEERING. MY DRIVER CHRISTIAN LOCKED UP THE BREAKS TO AVOID HITTING THE GUARD RAIL. I HAD MY SEATBELT ON AND HE IMMEDIATELY CALLED POLICE AND ASSESSED DAMAGE.

CHRIS ANDERSON  
 TEL: 513-267-9255  
 LIC #: S2243577  
 DOB: 10AUG1989

ADDRESS OF WITNESS 353 MAGNOLIA DR. LEBANON, OHIO 45036	PHONE 513-267-9255
SIGNATURE OF WITNESS X 	OFFICER'S SIGNATURE X 



LOCAL REPORT NUMBER <b>16-32109</b>	REPORTING AGENCY <b>Mason PD</b>	DATE OF CRASH M <b>9</b>   D <b>19</b>   Y <b>16</b>
--	-------------------------------------	---

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

I, Christian Eppf HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Neal AT 741 and 42 (Joe Mart)  
OFFICER'S NAME LOCATION

Traveling SB on st. Rt. 42 at 40 mph when the subject in a black Ford Fusion pulled out of Joe Mart's driveway turning left to head Northbound. Applied appropriate breaking but unable to stop in time to avoid impact. Immediately after impact I made a call to 911. I was wearing my seatbelt as well as my passenger.

Phone - 513-827-0136  
 Address - 134 North Ave.  
 Lebanon OHier

Chris Anderson  
 513-267-9255

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X



LOCAL REPORT NUMBER 16-32109	REPORTING AGENCY Mason PD	DATE OF CRASH M 9 / D 19 / Y 16
---------------------------------	------------------------------	------------------------------------

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

I, Kendal Allen HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Neal AT CRASH SCENE  
OFFICER'S NAME LOCATION

I kendal Allen was pulling out of a Jo-Mart in a ford-focus with my sister Chloe Allen and two guys in a truck purposely sped up like they were gonna-T-bone us wich he did. Me and Chloe was in the correct lane but only the back end of the car was almost in the other lane. So they hit it. So that is why we were in the situation. So it was their fault not me + Chloe's

thanks

Kendal

*[Signature]*

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X <i>[Signature]</i>





LOCAL REPORT NUMBER 10-32109	REPORTING AGENCY MASON PD	DATE OF CRASH M 9   D 10   Y 2016
---------------------------------	------------------------------	--------------------------------------

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

I, <u>Chloe Allen</u> PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>Neal</u> OFFICER'S NAME	AT <u>1442 &amp; 741</u> LOCATION

I was turning left out of the gas station and the truck was just coming through the intersection so I knew I had plenty of time. He swerved across the double yellow to hit me. I completely cleared his lane and he sped up and hit me left of center.

ADDRESS OF WITNESS <del>5100</del> 5101 Orchard way	PHONE 513 600 2817
SIGNATURE OF WITNESS X <u>Chloe Allen</u>	OFFICER'S SIGNATURE X <u>N. Neal</u>