



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

32266

CRASH SEVERITY

3 1 - FATAL  
2 - INJURY  
3 - PDO

HIT/SKIP

1 1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

|  |   |   |                                   |   |                       |   |
|--|---|---|-----------------------------------|---|-----------------------|---|
| <input checked="" type="checkbox"/> PHOTOS TAKEN<br><input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input 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 *<br>083014 | REPORTING AGENCY NAME *<br>MASON POLICE | NUMBER OF UNITS<br>01 | UNIT IN ERROR<br>01 98 - ANIMAL<br>99 - UNKNOWN |
|--|---|---|-----------------------------------|---|-----------------------|---|

|                 |   |                                    |                          |                        |                    |
|-----------------|---|------------------------------------|--------------------------|------------------------|--------------------|
| COUNTY *<br>083 | <input checked="" type="checkbox"/> CITY *<br><input type="checkbox"/> VILLAGE *<br><input type="checkbox"/> TOWNSHIP * | CITY, VILLAGE, TOWNSHIP *<br>MASON | CRASH DATE *<br>09212016 | TIME OF CRASH<br>1005H | DAY OF WEEK<br>WED |
|-----------------|---|------------------------------------|--------------------------|------------------------|--------------------|

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| DEGREES / MINUTES / SECONDS<br>LATITUDE<br>0 / / " LONGITUDE<br>0 / / " | DECIMAL DEGREES<br>LATITUDE<br>39.31627163 | LONGITUDE<br>784.2910255 |
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| ROADWAY DIVISION<br><input type="checkbox"/> DIVIDED<br><input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL<br><input type="checkbox"/> N - NORTHBOUND<br><input type="checkbox"/> S - SOUTHBOUND<br><input type="checkbox"/> E - EASTBOUND<br><input type="checkbox"/> W - WESTBOUND | NUMBER OF THRU LANES<br>02 | ROAD TYPES OR MILEPOST <sup>2</sup><br>AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY<br>AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE<br>BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL |
|---|--|----------------------------|---|

|                                  |                       |                           |                               |                                       |  |
|----------------------------------|-----------------------|---------------------------|-------------------------------|---------------------------------------|--|
| LOCATION ROUTE TYPE <sup>1</sup> | LOCATION ROUTE NUMBER | LOC PREFIX<br>N,S,<br>E,W | LOCATION ROAD NAME<br>HANOVER | LOCATION ROAD TYPE <sup>2</sup><br>02 | ROUTE TYPES <sup>1</sup><br>IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE<br>US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE<br>SR - STATE ROUTE |
|----------------------------------|-----------------------|---------------------------|-------------------------------|---------------------------------------|--|

|   |                             |                                   |                        |                           |  |  |
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| DISTANCE FROM REFERENCE<br>MILES<br>FEET<br>YARDS<br>AT | DIR FROM REF<br>N,S,<br>E,W | REFERENCE ROUTE TYPE <sup>1</sup> | REFERENCE ROUTE NUMBER | REF PREFIX<br>N,S,<br>E,W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #)<br>4024 HANOVER | REFERENCE ROAD TYPE <sup>2</sup><br>02 |
|---|-----------------------------|-----------------------------------|------------------------|---------------------------|--|--|

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

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

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

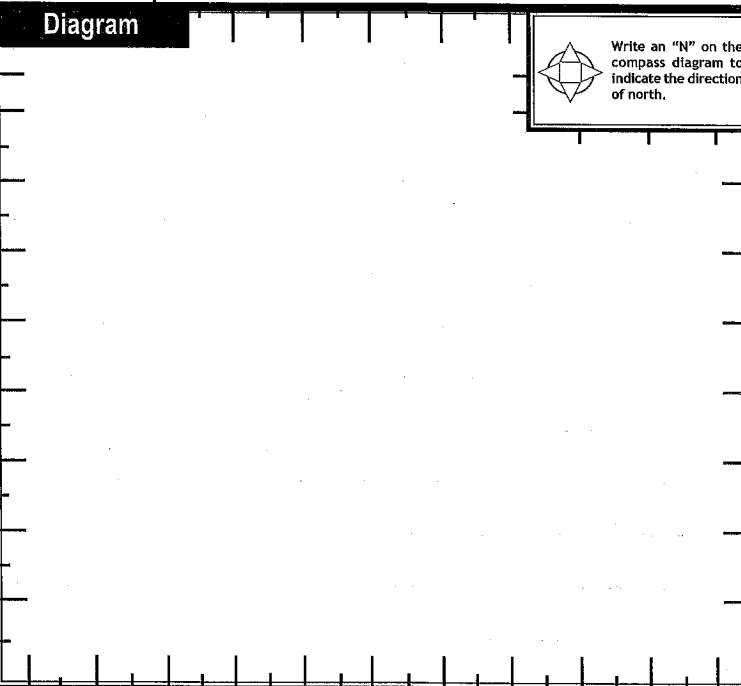
|  |   |   |   |
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| ROAD SURFACE<br>2 1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>6 - OTHER | LIGHT CONDITIONS<br>PRIMARY<br>SECONDARY<br>4 4 | 1 - DAYLIGHT<br>2 - DAWN<br>3 - DUSK<br>4 - DARK - LIGHTED ROADWAY<br>5 - DARK - ROADWAY NOT LIGHTED<br>6 - DARK - UNKNOWN ROADWAY LIGHTING<br>7 - GLARE*<br>8 - OTHER<br>9 - UNKNOWN | <input type="checkbox"/> SCHOOL BUS RELATED<br><input type="checkbox"/> SCHOOL ZONE RELATED<br><input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED<br><input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
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| <input type="checkbox"/> WORK ZONE RELATED | <input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | TYPE OF WORK ZONE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |
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NARRATIVE

UNIT #1 WAS TRAVELING SOUTH ON HANOVER DRIVE, WHEN UNIT #1 RAN OFF ROAD TO THE RIGHT, STRIKING A MAILBOX, THEN A LANDSCAPE ROCK. UNIT #1 THEN ROLLED OVER ONTO ITS ROOF. DRIVER OF UNIT #1 STATED HE SPILLED HIS DRINK AND WAS TRYING TO PICK IT UP AT THE TIME OF THE CRASH.

MAILBOX OWNED BY: DONNA BASTIN  
4024 HANOVER DR MASON OH 45040  
513 262-0624



|   |   |                                 |                              |                       |                       |                       |                                |                      |
|---|---|---------------------------------|------------------------------|-----------------------|-----------------------|-----------------------|--------------------------------|----------------------|
| REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY<br><input type="checkbox"/> MOTORIST | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | DATE CRASH REPORTED<br>09212016 | TIME CRASH REPORTED<br>1005H | DISPATCH TIME<br>0954 | ARRIVAL TIME<br>1005H | TIME CLEARED<br>0115H | OTHER INVESTIGATION TIME<br>30 | TOTAL MINUTES<br>910 |
| OFFICER'S NAME *<br>PTL EDWARDS   | OFFICER'S BADGE NUMBER<br>1047  | CHECKED BY<br>37 50             | PAGE<br>OF                   |                       |                       |                       |                                |                      |



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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UNIT NUMBER: **0111** NAME: LAST, FIRST, MIDDLE: **GARCIA, ANGEL LAGUNAS** DATE OF BIRTH: **02/29/1992** AGE: **24** GENDER:  F - FEMALE  M - MALE

ADDRESS, CITY, STATE, ZIP: **4509 HANOVER DRIVE MASON OHIO 45040** CONTACT PHONE- INCLUDE AREA CODE: **513 365-0821**

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

OL STATE: **OH** OPERATOR LICENSE NUMBER: **UE4SS789** OL CLASS: **4** No  VALID OL  M/C END.  CONDITION:  ALCOHOL/DRUG SUSPECTED:  ALCOHOL TEST STATUS:  ALCOHOL TEST TYPE:  ALCOHOL TEST VALUE:  DRUG TEST STATUS:  DRUG TEST TYPE:

OFFENSE CHARGED ( LOCAL CODE): **331.34** OFFENSE DESCRIPTION: **FAILURE TO CONTROL** CITATION NUMBER: **081785** HANDS-FREE  DEVICE USED  DRIVER DISTRACTED BY:

UNIT NUMBER:  NAME: LAST, FIRST, MIDDLE:  DATE OF BIRTH:  AGE:  GENDER:  F - FEMALE  M - MALE

ADDRESS, CITY, STATE, ZIP:  CONTACT PHONE- INCLUDE AREA CODE:

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

OL STATE:  OPERATOR LICENSE NUMBER:  OL CLASS:  No  VALID OL  M/C END.  CONDITION:  ALCOHOL/DRUG SUSPECTED:  ALCOHOL TEST STATUS:  ALCOHOL TEST TYPE:  ALCOHOL TEST VALUE:  DRUG TEST STATUS:  DRUG TEST TYPE:

OFFENSE CHARGED ( LOCAL CODE):  OFFENSE DESCRIPTION:  CITATION NUMBER:  HANDS-FREE  DEVICE USED  DRIVER DISTRACTED BY:

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| <b>INJURIES</b><br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL | <b>INJURED TAKEN BY</b><br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | <b>SAFETY EQUIPMENT USED</b><br><b>MOTORIST</b><br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT USED<br><b>NON-MOTORIST</b><br>05 - CHILD RESTRAINT SYSTEM-FORWARD FACING<br>06 - CHILD RESTRAINT SYSTEM- REAR FACING<br>07 - BOOSTER SEAT<br>08 - HELMET USED<br><b>99 - UNKNOWN SAFETY EQUIPMENT</b> | <b>Non-Motorist</b><br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)<br>12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER |
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| <b>SEATING POSITION</b><br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN | <b>AIR BAG USAGE</b><br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |
|---|--|---|---|

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| <b>EJECTION</b><br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | <b>TRAPPED</b><br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | <b>OPERATOR LICENSE CLASS</b><br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS "D")<br>5 - MC/MOPED ONLY | <b>CONDITION</b><br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS<br>5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER | <b>ALCOHOL/DRUG SUSPECTED</b><br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HBD NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |
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| <b>ALCOHOL TEST STATUS</b><br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | <b>ALCOHOL TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER | <b>DRUG TEST STATUS</b><br>1 - NONE<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | <b>DRUG TEST TYPE</b><br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER | <b>DRIVER DISTRACTED BY</b><br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/E-MAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)<br>6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |
|--|---|---|--|--|

UNIT NUMBER:  NAME: LAST, FIRST, MIDDLE:  DATE OF BIRTH:  AGE:  GENDER:  F - FEMALE  M - MALE

ADDRESS, CITY, STATE, ZIP:  CONTACT PHONE- INCLUDE AREA CODE:

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

UNIT NUMBER:  NAME: LAST, FIRST, MIDDLE:  DATE OF BIRTH:  AGE:  GENDER:  F - FEMALE  M - MALE

ADDRESS, CITY, STATE, ZIP:  CONTACT PHONE- INCLUDE AREA CODE:

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

LOCAL REPORT NUMBER

UNIT NUMBER: 01, OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER), OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER), DAMAGE SCALE: 4, DAMAGED AREA: FRONT

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

LP STATE: OH, LICENSE PLATE NUMBER: GBF 5208, VEHICLE IDENTIFICATION NUMBER: 11YVHP18V B1X95M09467, # OCCUPANTS: 1011

VEHICLE YEAR: 2010, VEHICLE MAKE: MAZDA, VEHICLE MODEL: G, VEHICLE COLOR: GRAY

PROOF OF INSURANCE SHOWN: PROGRESSIVE, POLICY NUMBER: 910930289, TOWED BY: SOLAS

CARRIER NAME, ADDRESS, CITY, STATE, ZIP; CARRIER PHONE - INCLUDE AREA CODE

US DOT, HM PLACARD ID NO., HM CLASS NUMBER, VEHICLE WEIGHT GVWR/GCWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION

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

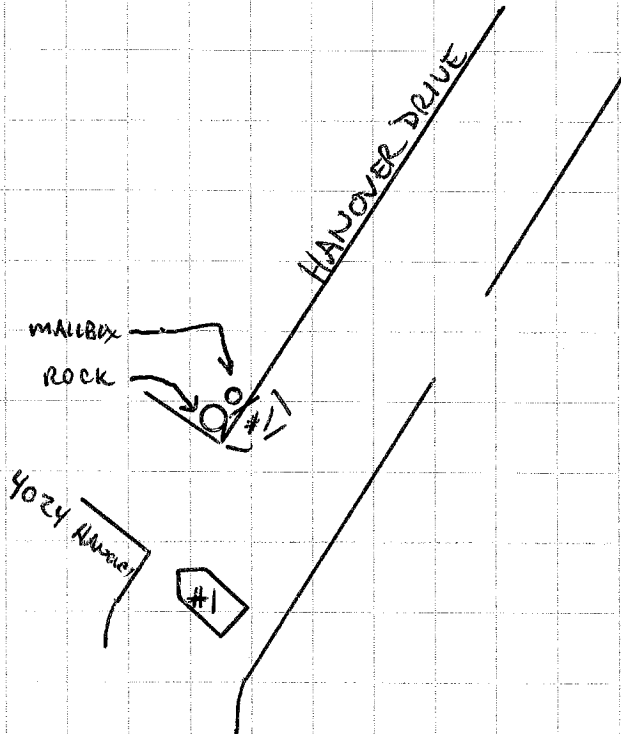
UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION

UNIT SPEED: 25, POSTED SPEED: 25, TRAFFIC CONTROL: 01, UNIT DIRECTION: FROM 11 TO 2



|                        |                                      |                                    |
|------------------------|--------------------------------------|------------------------------------|
| LOCAL REPORT NUMBER    | REPORTING AGENCY<br>MASON POLICE     | DATE OF CRASH<br>M 9   D 21   Y 16 |
| IN COUNTY OF<br>WARREN | CRASH LOCATION<br>4024 HANOVER DRIVE |                                    |

NOT TO SCALE



|                                       |                      |
|---------------------------------------|----------------------|
| OFFICER'S SIGNATURE<br>X Ptl. Edwards | BADGE NUMBER<br>1047 |
|---------------------------------------|----------------------|