



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
151011	3 1 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION

<input type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER			1083104	MASON POLICE	152	01 98 - ANIMAL 99 - UNKNOWN

COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
83	MASON	MASON	01042017	0703	WED

DEGREES / MINUTES / SECONDS	LONGITUDE	DECIMAL DEGREES	LONGITUDE
0 / 0 / 0	0 / 0 / 0		

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST <sup>2</sup>
<input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> W - WESTBOUND	104	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 <sup>1</sup>	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME	LOCATION ROAD TYPE <sup>2</sup>	ROUTE TYPES <sup>1</sup>
			MASON MONTGOMERY	RD	IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE <sup>2</sup>
10	M N,S,E,W				TYLERSVILLE	RA

REFERENCE POINT USED	CRASH LOCATION	CRASH LOCATION	INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	01 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDAABOUT 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"/>	<input type="checkbox"/>	1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

ROAD CONTOUR	ROAD CONDITIONS	ROAD CONDITIONS	WEATHER
1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	PRIMARY 01 SECONDARY 02 03 04	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	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

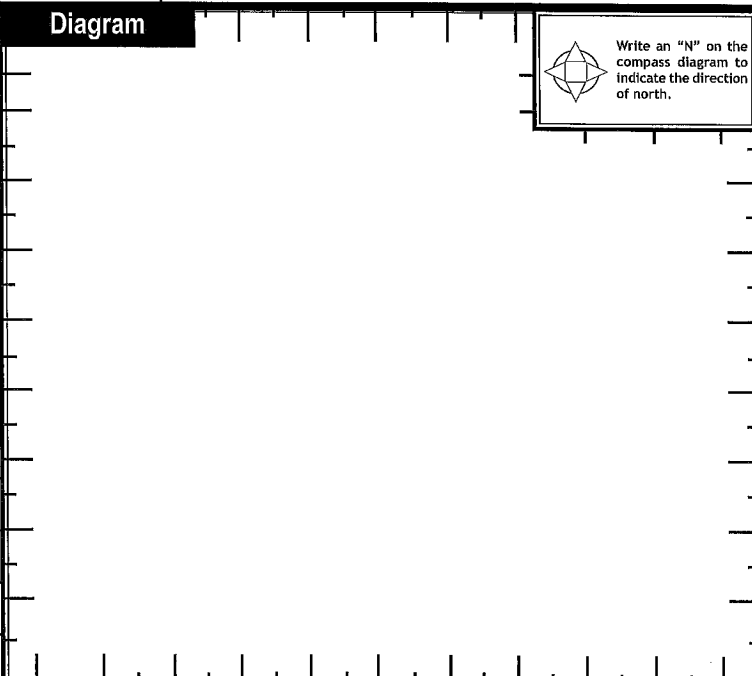
MANNER OF CRASH COLLISION/IMPACT	WEATHER
2 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET,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

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	4 PRIMARY 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	<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	WORKERS PRESENT	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/>	<input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	<input type="checkbox"/> 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	<input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

**NARRATIVE**

UNIT #02 SLOWED IN TRAFFIC NORTHWARD ON MASON MONTGOMERY RD NEAR TYLERSVILLE PA. UNIT #01 WAS NORTHWARD BEHIND UNIT #02, FAILED TO ASSURE A CLEAR DISTANCE AHEAD, AND STRUCK UNIT #02 IN THE REAR.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/>	01042017	0703	0703	0743	0730	0030	0057
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE OF					
FITZGERALD	77	56						



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER <b>1011</b>	NAME: LAST, FIRST, MIDDLE <b>DENNISTON IV GEORGE POPADACK</b>	DATE OF BIRTH <b>04/29/1999</b>	AGE <b>17</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>6871 LAKEWOOD DR MASON OH 45040</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513-490-2915</b>
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INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>		
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>UK6J6679</b>	OL CLASS <b>4</b>	No <input type="checkbox"/> VALID OL	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 ) <b>4511.21A</b>	OFFENSE DESCRIPTION <b>ACDA</b>	CITATION NUMBER <b>082548</b>	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <b>7</b>
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UNIT NUMBER <b>1012</b>	NAME: LAST, FIRST, MIDDLE <b>KEOLE TANVI MOHAN</b>	DATE OF BIRTH <b>04/04/1999</b>	AGE <b>17</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>7646 HUNT CLUB DR MASON OH 45040</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513-492-9576</b>
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INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>		
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>UL928905</b>	OL CLASS <b>4</b>	No <input type="checkbox"/> VALID OL	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 type="checkbox"/> DEVICE USED	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	99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	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, 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 (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
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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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UNIT NUMBER <b>1011</b>	NAME: LAST, FIRST, MIDDLE <b>BREWER ERIN</b>	DATE OF BIRTH <b>11/21/82</b>	AGE <b>16</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>7712 LIVINGSTON CT MASON OH 45040</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513-388-1112</b>
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INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>06</b>	AIR BAG USAGE <b>5</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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UNIT NUMBER <b>1011</b>	NAME: LAST, FIRST, MIDDLE <b>DENNISTON CHLOE</b>	DATE OF BIRTH <b>10/31/2002</b>	AGE <b>14</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>6871 LAKEWOOD DR MASON OH 45040</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513-490-4342</b>
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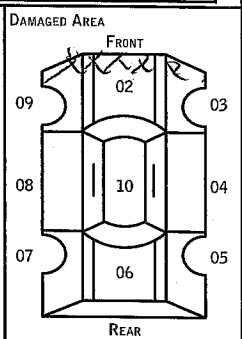
INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>03</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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LOCAL REPORT NUMBER

UNIT NUMBER: 101  
OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) DENNISTON GEORGE R

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

DAMAGE SCALE: 2



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

LP STATE: OH  
LICENSE PLATE NUMBER: GMB6848

VEHICLE IDENTIFICATION NUMBER: 1J4TZ1B1M1M715FM201181214

# OCCUPANTS: 10

VEHICLE YEAR: 2015

VEHICLE MAKE: MALDA

VEHICLE MODEL: J

VEHICLE COLOR: GRAY

PROOF OF INSURANCE SHOWN: NATIONWIDE

POLICY NUMBER: 9234P3566J2

TOWED BY

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE- INCLUDE AREA CODE

US DOT  
HM PLACARD ID No.  
HM CLASS NUMBER

VEHICLE WEIGHT GVWR/GCWR  
HAZARDOUS MATERIAL RELEASED

CARGO BODY TYPE  
PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)  
MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS

TRAFFICWAY DESCRIPTION  
Hit / Skip Unit

NON-MOTORIST LOCATION PRIOR TO IMPACT  
TYPE OF USE  
IN EMERGENCY RESPONSE

UNIT TYPE  
PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)  
MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS

UNIT TYPE  
PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)  
MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS

UNIT TYPE  
PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)  
MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS

UNIT TYPE  
PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)  
MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS

SPECIAL FUNCTION

SPECIAL FUNCTION

SPECIAL FUNCTION

MOST DAMAGED AREA  
IMPACT AREA

MOST DAMAGED AREA  
IMPACT AREA

ACTION

PRE-CRASH ACTIONS

PRE-CRASH ACTIONS

PRE-CRASH ACTIONS

PRE-CRASH ACTIONS

PRE-CRASH ACTIONS

PRE-CRASH ACTIONS

CONTRIBUTING CIRCUMSTANCES

CONTRIBUTING CIRCUMSTANCES

CONTRIBUTING CIRCUMSTANCES

CONTRIBUTING CIRCUMSTANCES

CONTRIBUTING CIRCUMSTANCES

CONTRIBUTING CIRCUMSTANCES

SEQUENCE OF EVENTS

SEQUENCE OF EVENTS

NON-COLLISION EVENTS

NON-COLLISION EVENTS

NON-COLLISION EVENTS

NON-COLLISION EVENTS

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED

COLLISION WITH FIXED OBJECT

COLLISION WITH FIXED OBJECT

COLLISION WITH FIXED OBJECT

COLLISION WITH FIXED OBJECT

UNIT SPEED

TRAFFIC CONTROL

TRAFFIC CONTROL

UNIT DIRECTION

UNIT DIRECTION

UNIT DIRECTION

LOCAL REPORT NUMBER

UNIT NUMBER 103, OWNER NAME: KEOLK MOHAN, OWNER PHONE NUMBER, DAMAGE SCALE 2, DAMAGED AREA diagram, LP STATE OH, LICENSE PLATE NUMBER ONW 6535, VEHICLE IDENTIFICATION NUMBER 2HGKE1S121671451161163105, # OCCUPANTS 1, VEHICLE YEAR 2005, VEHICLE MAKE HONDA, VEHICLE MODEL CIVIC, VEHICLE COLOR RED, INSURANCE COMPANY AMERIPRISE, POLICY NUMBER AJ0186114

US DOT, VEHICLE WEIGHT GVWR/GCWR 1, CARGO BODY TYPE 01, TRAFFICWAY DESCRIPTION 1, HM PLACARD ID No., HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED, HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE 1, UNIT TYPE 02, PASSENGER VEHICLES (LESS THAN 9 PASSENGERS), MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS, BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER), NON-MOTORIST, IN EMERGENCY RESPONSE, HAS HM PLACARD

SPECIAL FUNCTION 01, MOST DAMAGED AREA 06, IMPACT AREA 06, ACTION 4

PRE-CRASH ACTIONS, MOTORIST, NON-MOTORIST, OTHER MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES, PRIMARY, SECONDARY, MOTORIST, NON-MOTORIST, VEHICLE DEFECTS

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

UNIT SPEED, POSTED SPEED, TRAFFIC CONTROL, UNIT DIRECTION

UNIT SPEED 003, POSTED SPEED 20, TRAFFIC CONTROL 12, UNIT DIRECTION FROM 2 TO 1

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 17-501	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 01   D 04   Y 17
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONT RD @ TYLERSVILLE RD	

MASON MONTGOMERY RD



TYLERSVILLE RD

NOT TO SCALE

OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NUMBER 57
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LOCAL REPORT NUMBER 17-501	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01   D 07   Y 17
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, George Denniston HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

FITZGERALD AT Scene  
OFFICER'S NAME LOCATION

Car cut in front of her and I was  
distracted by looking at cop car to the right  
and then crashed into the back of the car

Erin Brever 7712 Livingston Court 12/18/2000 513-388-1112

Chloe Denniston 6871 Lakewood Dr 3/12/2002 513-490-4342

Q: WERE YOU OR ANYONE IN YOUR VEHICLE INJURED? NO

Q: WERE YOU WEARING YOUR SEAT BELT? YES

Q: HOW FAST WERE YOU TRAVELLING BEFORE ANY EVASIVE ACTION? 20mph

Q: WERE YOU DISTRACTED BY ANYTHING OR USING A PHONE? Yes distracted

ADDRESS OF WITNESS 6871 Lakewood Dr	PHONE 513-490-2915
SIGNATURE OF WITNESS X <u>George</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>



LOCAL REPORT NUMBER 17-501	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01   D 04   Y 17
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Tanvi Keole HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

FITZGERALD AT Mason Middle School  
OFFICER'S NAME LOCATION

I had just passed the Mason-Mont. and Tylerville intersection and was in front of the Mason Middle school when my car was rear-ended.

Q: WERE YOU OR ANYONE IN YOUR VEHICLE INJURED? no

Q: WERE YOU WEARING YOUR SEAT BELT? yes

Q: HOW FAST WERE YOU TRAVELLING BEFORE ANY EVASIVE ACTION? 15 MPH 0 mph

Q: WERE YOU DISTRACTED BY ANYTHING OR USING A PHONE? no

ADDRESS OF WITNESS <u>7046 Hunt Club Dr.</u>	PHONE <u>513-492-9576</u>
SIGNATURE OF WITNESS <u>X Tanvi</u>	OFFICER'S SIGNATURE <u>X [Signature]</u>