



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER * 201121-30276 CRASH SEVERITY 3 HIT/SKIP 0
 1 - FATAL 2 - INJURY 3 - PDO 1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION
 PHOTOS TAKEN PDO UNDER STATE REPORTABLE DOLLAR AMOUNT PRIVATE PROPERTY
 REPORTING AGENCY NOTIC * 83041 REPORTING AGENCY NAME * MASON POLICE
 NUMBER OF UNITS 02 UNIT IN ERROR 01
 98 - ANIMAL 99 - UNKNOWN

COUNTY * 83 CITY * MASON CRASH DATE * 11/21/2012 TIME OF CRASH 1414 DAY OF WEEK SAT

DEGREES / MINUTES / SECONDS LONGITUDE
 LATITUDE 39° 12' 01.50" N LONGITUDE 78° 41' 19.08" W
 DECIMAL DEGREES LATITUDE 39.1347242 LONGITUDE -78.41716893

ROADWAY DIVISION DIVIDED UNDIVIDED
 DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND
 NUMBER OF TRAIL Lanes 02
 ROAD TYPES OR MILEPOST ²
 AL - ALLEY CR - CIRCLE HE - HIGHWAY MP - MILEPOST PL - PLAZA ST - STREET WA - WAY
 AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE
 BL - BOULEVARD DR - DRIVE LA - LAKE PI - PINE SQ - SQUARE TL - TRAIL

LOCATION ROUTE NUMBER 01 LOCATION ROUTE TYPE 1 LOCATION ROAD NAME TYLERSVILLE LOCATION ROAD TYPE RD
 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 40 DIR FROM REF W REFERENCE ROUTE NUMBER 01 REFERENCE NAME (ROAD, MILEPOST, HOUSE #) WILLOW REFERENCE ROAD TYPE LA

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

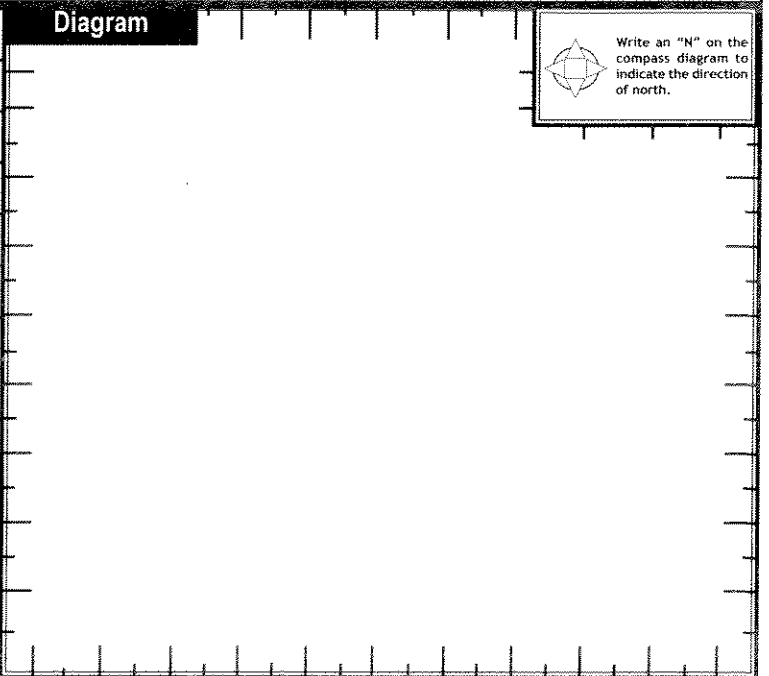
ROAD CONTOUR 1 ROAD CONDITIONS PRIMARY 02 SECONDARY 01
 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN
 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, GR, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS*
 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*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

MANNER OF CRASH COLLISION/IMPACT 2 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 - 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 2 LIGHT CONDITIONS PRIMARY 1 SECONDARY 01
 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER
 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
 SCHOOL BUS RELATED
 SCHOOL ZONE RELATED
 YES, SCHOOL BUS DIRECTLY INVOLVED
 YES, SCHOOL BUS INDIRECTLY INVOLVED
 * SECONDARY CONDITION ONLY

WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) LAW ENFORCEMENT PRESENT (VEHICLE ONLY)
 TYPE OF WORK ZONE 01
 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 01
 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

NARRATIVE
UNIT #02 WAS STOPPED ON TYLERSVILLE
RD AT WILLOW LN AT A RED LIGHT.
UNIT #01 WAS TRAVELING EASTBOUND
ON TYLERSVILLE RD APPROACHING UNIT
#02, FAILED TO ASSURE A CLEAR
DISTANCE AHEAD, AND STRUCK UNIT #02
IN THE REAR.



REPORT TAKEN BY POLICE AGENCY MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)
 DATE CRASH REPORTED 11/21/2012 TIME CRASH REPORTED 1414 DISPATCH TIME 1416 ARRIVAL TIME 1419 TIME CLEARED 1455 OTHER INVESTIGATION TIME 30 TOTAL MINUTES 71
 OFFICER'S NAME * ERIC FITZGERALD OFFICER'S BADGE NUMBER 1277 CHECKED BY [Signature] PAGE 1 OF 4



UNIT

LOCAL REPORT NUMBER
 120112-30276

UNIT NUMBER: 011 | OWNER NAME: MILLER JOHN (SAME AS DRIVER) | OWNER PHONE: (SAME AS DRIVER) | DAMAGE SCALE: 2 | DAMAGED AREA: FRONT

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

LP STATE: OH | LICENSE PLATE: CNZ9 TX | VEHICLE IDENTIFICATION NUMBER: 1JG11ME152J191162147812 | # OCCUPANTS: 011

VEHICLE YEAR: 2011 | VEHICLE MAKE: CHEVROLET | VEHICLE MODEL: IMPATA Malibu | VEHICLE COLOR: BLUE

PROOF OF INSURANCE SHOWN: AMERICAN FAMILY | POLICY NUMBER: 1756394905215PPA OH | TOWED BY:

CARRIER NAME: MICHAEL CORNA | ADDRESS: 7907 CINCINNATI DAYTON RD WEST CHESTER OH 45069 | CARRIER PHONE: 513-777-5543

US DOT: | VEHICLE WEIGHT GVWR/GCWR: 1 | CARGO BODY TYPE: 01 | TRAFFICWAY DESCRIPTION: 1 | HAZARDOUS MATERIAL RELEASED: | HIT / SKIP UNIT:

NON-MOTORIST LOCATION PRIOR TO IMPACT: | TYPE OF USE: 1 | UNIT TYPE: 03 | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS): | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS: | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER):

SPECIAL FUNCTION: 01 | MOST DAMAGED AREA: 03 | IMPACT AREA: 03 | ACTION: 3

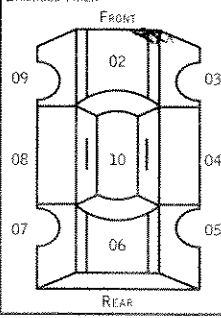
PRE-CRASH ACTIONS: | MOTORIST: | NON-MOTORIST:

CONTRIBUTING CIRCUMSTANCES: | PRIMARY: 09 | SECONDARY: | VEHICLE DEFECTS: 01

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

UNIT SPEED: 15 | POSTED SPEED: 35 | TRAFFIC CONTROL: 12 | UNIT DIRECTION: FROM 4 TO 3

UNIT SPEED: STATED | POSTED SPEED: STATED | TRAFFIC CONTROL: 12 | UNIT DIRECTION: FROM 4 TO 3





UNIT

LOCAL REPORT NUMBER

2012-30276

UNIT NUMBER 1021	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) MIN DENNIS	OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER)	DAMAGE SCALE 2	DAMAGED AREA
LP STATE OH	LICENSE PLATE NUMBER EIK 2818	VEHICLE IDENTIFICATION NUMBER 4TJ6B1B816E781J8 016401	# OCCUPANTS 1021	
VEHICLE YEAR 2101081	VEHICLE MAKE MERCEDES	VEHICLE MODEL ML350	VEHICLE COLOR BLACK	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY TRAVELERS	POLICY NUMBER 9831101421011	TOWED BY	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP MERKLINGER 5341 COLUMBIA RD MASON OH 45070	CARRIER PHONE - INCLUDE AREA CODE 1-800-252-4633
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US DOT	VEHICLE WEIGHT GVWR/GOWR 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 - INTERMEDIATE 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 14 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 - 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 (BOSTAIL) 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
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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 AXLES) 14 - OTHER	99 - UNKNOWN	ACTION 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	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 SECONDARY 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 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 - 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 - MIRROR 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 (BLOW 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
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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	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/LUMINARY'S 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 91 POSTED SPEED 35 TRAFFIC CONTROL 04 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSINGS 08 - RAILROAD FLASHERS 09 - RAILROAD SIGNS 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 4 TO 7 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHWEST 8 - SOUTHWEST 9 - UNKNOWN
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

201121-30276

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE MILLER EMILY E	DATE OF BIRTH 1102411990	AGE 22	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 11838 MANLROVE LN CINCINNATI OH 45246	CONTACT PHONE - INCLUDE AREA CODE 513-641-5749
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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
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OL STATE OH	OPERATOR LICENSE NUMBER TJ987826	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
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OFFENSE CHARGED (LOCAL CODE) 333.03	OFFENSE DESCRIPTION ALOA	CITATION NUMBER 72910	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
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UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE GUO JING	DATE OF BIRTH 010211971	AGE 41	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 3607 AVALON TR LEBANON OH 45036	CONTACT PHONE - INCLUDE AREA CODE 513-573-3565
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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
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OL STATE OH	OPERATOR LICENSE NUMBER 5Y2J4022	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
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OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE 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 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
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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 (OH IS "D") 5 - M/C/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 021	NAME: LAST, FIRST, MIDDLE MIN DENNISON	DATE OF BIRTH 051211998	AGE 14	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 3607 AVALON TR LEBANON OH 45036	CONTACT PHONE - INCLUDE AREA CODE 513-573-3565
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 11	NAME: LAST, FIRST, MIDDLE WIMOLEY MICHAEL O	DATE OF BIRTH 1110211962	AGE 50	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 784 LAKE BLUFF CT LEBANON OH 45036	CONTACT PHONE - INCLUDE AREA CODE 513-836-3455
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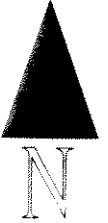
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

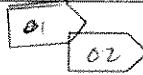
LOCAL REPORT NUMBER 12-30276	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 12 D 15 Y 12
IN COUNTY OF WARREN	ACCIDENT LOCATION TYLERSVILLE RD AT WILLOW DR	

MASON INTERMEDIATE SCHOOL



TYLERSVILLE RD

WILLOW DR



Not to scale

OFFICER'S SIGNATURE

BADGE NUMBER

1057



LOCAL REPORT NUMBER 12-30276	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 12 D 15 Y 12
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Emily Miller HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT Tylersville & Willow
OFFICER'S NAME LOCATION

*When I went to brake breaks locked up and slide
 and went to left to avoid hitting other car my
 Right side hit her back end left going 15m right
 went Red Other car was at stand still scratches
 on my Right and scratch on her left back
 I was wearing a seat belt.*

11838 m

ADDRESS OF WITNESS <i>11838 mangrove ln Cincinnati oh</i>	PHONE <i>513 641 8749</i>
SIGNATURE OF WITNESS <i>X</i>	OFFICER'S SIGNATURE <i>X [Signature]</i>



LOCAL REPORT NUMBER 12-30276	REPORTING AGENCY MASON POLICE	DATE OF CRASH M/R 10/15/2002
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, JING MIN HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT Tylersville + Willow
OFFICER'S NAME LOCATION

I was driving my car at around 37 mi/h
 at Tylersville Rd between Mason-Montgomery Rd
 and Rt. 22. Suddenly I feel a hit from
 the back and saw a car passed on my left,
 that's the car hit me.

I have my son, ⁰³⁻¹²⁻⁹⁸ DENRISON MIN at the passenger
 seat, we both have our seatbelt on.

ADDRESS OF WITNESS 3607 AVAHO TR. VERBANO OH 45036	PHONE 513-573-3565
SIGNATURE OF WITNESS X <u>Jing Min</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>



LOCAL REPORT NUMBER 12-10276	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 12 D 15 Y 12
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, MICHAEL D. WINDLEY HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT Tylersville + Willow
OFFICER'S NAME LOCATION

BLACK MERCEDES SUV STOPPED AT RED LIGHT EAST BOUND
 TYLERSVILLE AT WILLOW DR-

BLUE CHEVROLET SEDAN APPROACHED FROM REAR
 FAILED TO SLOW. SWERVED LEFT CLIPPING THE LEFT
 REAR OF BLACK SUV. BLUE CHEVROLET
 CONTINUED ~~MAKE~~ MAKING LEFT TURN ONTO WILLOW
 INTO PRIVATE PARKING LOT. BLACK SUV FOLLOWED.

11-02-62
 ADDRESS OF WITNESS
 784 LAKE BLUFF CT LEBANON, OH 45036
 PHONE
 513-836-3455

SIGNATURE OF WITNESS
 X Michael D. Windley

OFFICER'S SIGNATURE
 X [Signature]