



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
20112-31256	3 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
	8304	MASON POLICE	01	01

PHOTOS TAKEN	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
OH-2 OH-1P OH-3 OTHER			83		MASON	12272012	2051	THU

DEGREES / MINUTES / SECONDS	DECIMAL DEGREES
LATITUDE 0 / " 0 / "	LATITUDE 39.343750
LONGITUDE 0 / " 0 / "	LONGITUDE -84.295937

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST ²
4 - DIVIDED	W N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	02	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 - LAKE PI - PINE SQ - SQUARE TL - TRAIL

LOCATION ROUTE NUMBER	LOCATION ROUTE TYPE ¹	LIE PREFIX	LOCATION ROAD NAME	LOCATION ROAD TYPE ²	ROUTE TYPES ¹
		N, S, E, W	TYLERSVILLE	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 TYPE ¹	REFERENCE ROUTE NUMBER	REF PREFIX	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE ²
.1	W				EASTVILLE	

REFERENCE POINT USGS	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILK 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	3 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

ROAD CONTOUR	ROAD CONDITIONS	WEATHER
4 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	02 PRIMARY SECONDARY	2 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE GSESWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN

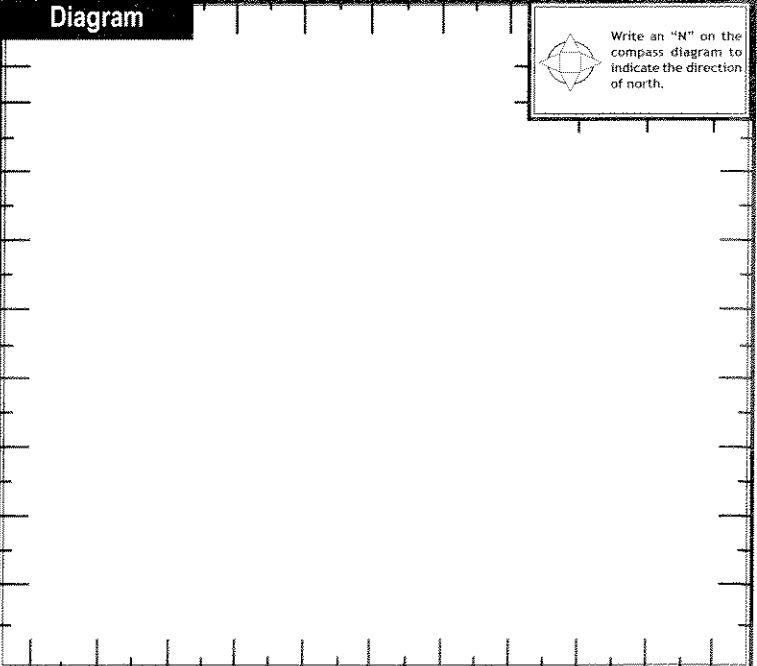
MANNER OF CRASH COLLISION/IMPACT	WEATHER
1 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIFE, SAME DIRECTION 8 - SIDESWIFE, OPPOSITE DIRECTION 9 - UNKNOWN	2

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLACK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	4 PRIMARY SECONDARY	SCHOOL BUS RELATED 1 - YES, SCHOOL BUS DIRECTLY INVOLVED 2 - YES, SCHOOL BUS INDIRECTLY INVOLVED

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

NARRATIVE

UNIT #01 WAS TRAVELLING WESTBOUND ON TYLERSVILLE RD FROM EASTVILLE DR, FAILED TO MAINTAIN REASONABLE CONTROL, STRUCK THE MEDIAN, STRUCK A TREE, ENTERED THE OPPOSING LANES OF TRAVEL, AND STRUCK THE MEDIAN AGAIN.



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
POLICE AGENCY		12272012	2051	2053	2059	2138	30	75
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE 1 OF 3					
ERIC FITZGERALD	1237	[Signature]						



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

20112-31256

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE EILERMAN JENNIFER L	DATE OF BIRTH 08/01/1976	AGE 36	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 21 JUSTIN AL HAMILTON OH 45013	CONTACT PHONE - INCLUDE AREA CODE 513-892-1679
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INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RT154282	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 3	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE
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OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 333.08	OFFENSE DESCRIPTION FAILURE TO CONTROL	CITATION NUMBER 72918	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	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 NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 99 - UNKNOWN SAFETY EQUIPMENT	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, PICKUP 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 (DRIVER "D") 5 - MC/MOPED DRG	CONDITION: 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 6 - OTHER	ALCOHOL/DRUG SUSPECTED: 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT INHIBITED 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 (WALKMAN DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT

LOCAL REPORT NUMBER
2012-31256

UNIT NUMBER 141	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 CN41LA	VEHICLE IDENTIFICATION NUMBER 11GNA11356J2371501	# OCCUPANTS 01
VEHICLE YEAR 2013	VEHICLE MAKE CHEVROLET	VEHICLE MODEL TRAILBLAZER	VEHICLE COLOR BLACK	
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY WEST AMERICAN	POLICY NUMBER FW25455537	TOWED BY SORAS	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP
PAUL CAIN INSURANCE AGENCYCARRIER PHONE - INCLUDE AREA CODE
513 821-2800

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	TRAFFICWAY DESCRIPTION 4
HM PLACARD ID NO.	HAZARDOUS MATERIAL RELEASED		
HM CLASS NUMBER			

NON-MOTORIST LOCATION PRIOR TO IMPACT 01	TYPE OF USE 1	UNIT TYPE 06	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
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PRE-CRASH ACTIONS 01	MOTORIST	NON-MOTORIST
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CONTRIBUTING CIRCUMSTANCES 17	VEHICLE DEFECTS 01
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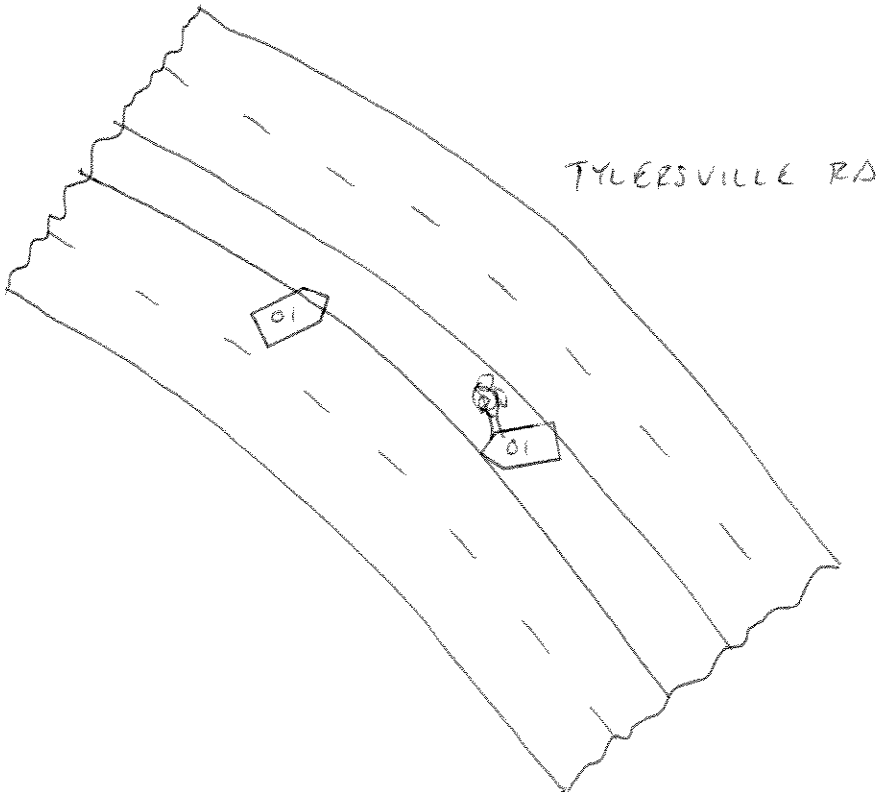
SEQUENCE OF EVENTS 1 35 2 48 3 35 4 00 5 00 6 00	NON-COLLISION EVENTS
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COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED	COLLISION WITH FIXED OBJECT
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UNIT SPEED 45	POSTED SPEED 35	TRAFFIC CONTROL 12	UNIT DIRECTION FROM 7 TO 6
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LOCAL REPORT NUMBER <i>12-31256</i>	REPORTING AGENCY <i>MASON POLICE</i>	DATE OF CRASH M <i>12</i> D <i>27</i> Y <i>12</i>
IN COUNTY OF <i>WARREN</i>	CRASH LOCATION <i>TYLERVILLE RD WEST OF EASTVILLAGE DR</i>	



NOT TO SCALE

OFFICER'S SIGNATURE <i>X [Signature]</i>	BADGE NUMBER <i>1037</i>
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LOCAL REPORT NUMBER 12-31256	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 12 D 27 Y 12
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, JENNIFER EILERMAN HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT Tylersville + Eastvillage
OFFICER'S NAME LOCATION

TRAVELING WEST ON TYLERSVILLE IN FAR RT. LANE, HIT EDGE
 W/ ICE, LOST CONTROL, RAN OVER MEDIAN, FACING EAST ON TYLERSVILLE.
 TRAVELING @ 45 MPH WEARING SEAT BELT

ADDRESS OF WITNESS 21 JUSTIN PLACE HAMILTON, OH 45013	PHONE 513-582-1679
SIGNATURE OF WITNESS X <i>Jennifer Eilerman</i>	OFFICER'S SIGNATURE X <i>[Signature]</i>