



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER * **20114-1183**

CRASH SEVERITY **3** 1 - FATAL 2 - INJURY 3 - PDO

HIT/SKIP **0** 1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN OH-2 OH-1P OH-3 OTHER

PDD UNDER STATE RETIREABLE DOLLAR AMOUNT

PRIVATE PROPERTY

REPORTING AGENCY NCIC * **083014**

REPORTING AGENCY NAME * **MASON POLICE**

NUMBER OF UNITS **02**

UNIT IN ERROR **01**

98 - ANIMAL 99 - UNKNOWN

COUNTY * **03**

CITY * CITY * VILLAGE * TOWNSHIP * **MASON**

CITY, VILLAGE, TOWNSHIP * **MASON**

CRASH DATE * **01/03/2014**

TIME OF CRASH **0830**

DAY OF WEEK **FR**

DEGREES / MINUTES / SECONDS

LATITUDE **0 1 0** LONGITUDE **0 1 0**

DECIMAL DEGREES

LATITUDE **39.3767011** LONGITUDE **-84.323105**

ROADWAY DIVISION DIVIDED UNDIVIDED

DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND

NUMBER OF TRIP LINES **02**

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 **02**

LOCATION ROUTE NUMBER **02**

LOC PREFIX N, S, E, W **DR**

LOCATION ROAD NAME **ROYAL PARKS**

LOCATION ROAD TYPE ² **DR**

ROUTE TYPES ³

IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE

US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE

SR - STATE ROUTE

DISTANCE FROM REFERENCE **AT**

MILES FEET YARDS

DIR FROM REF N, S, E, W

REFERENCE ROUTE TYPE ¹ **02**

REFERENCE ROUTE NUMBER **02**

REF PREFIX N, S, E, W **DR**

REFERENCE NAME (ROAD, MILEPOST, HOUSE #) **4257 ROYAL PARKS**

REFERENCE ROAD TYPE ² **DR**

REFERENCE POINT USED **3**

1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER

CRASH LOCATION **01**

01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT 10 - DRIVEWAY/ALLEY ACCESS

06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER

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 MEBIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

ROAD CONTOUR **1**

1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN

ROAD CONDITIONS

PRIMARY **02** SECONDARY **03**

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

* Secondary Condition Only

MANNER OF CRASH COLLISION/IMPACT **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

WEATHER **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 **2**

1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER

LIGHT CONDITIONS **1**

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

SCHOOL BUS RELATED

SCHOOL ZONE RELATED

SCHOOL BUS DIRECTLY INVOLVED

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

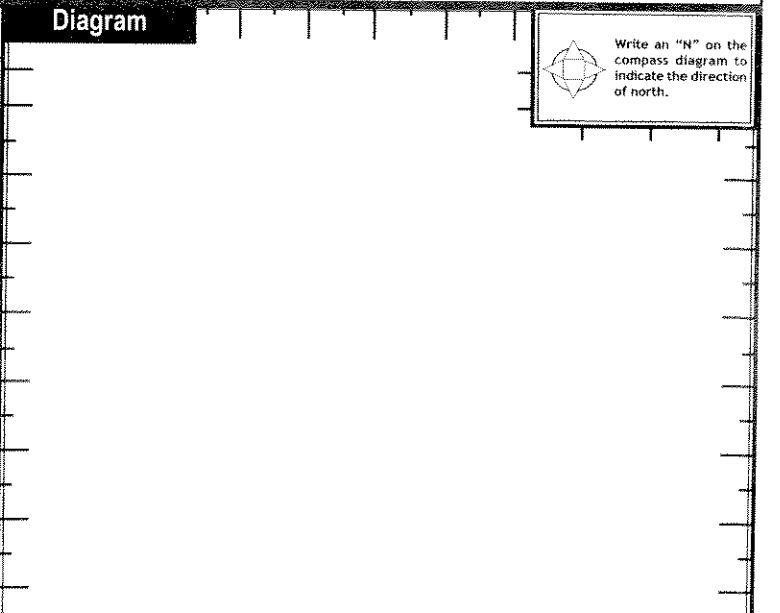
1 - LANE CLOSURE 2 - LANE SHIFTS/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER

LOCATION OF CRASH IN WORK ZONE

1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

NARRATIVE

UNIT #1 WAS TRAVELING EAST ON ROYAL PARKS DRIVE AND STRUCK UNIT #2 WHICH WAS PARKED AND UNOCCUPIED IN FRONT OF 4257 ROYAL PARKS DRIVE.



REPORT TAKEN BY POLICE AGENCY MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DOPS)

DATE CRASH REPORTED **01/03/2014** TIME CRASH REPORTED **0830** DISPATCH TIME **0830** ARRIVAL TIME **0840** TIME CLEARED **0940** OTHER INVESTIGATION TIME **0000** TOTAL MINUTES **160**

OFFICER'S NAME * **PTL D. EDWARDS** OFFICER'S BADGE NUMBER **1047** CHECKED BY **1241**

PAGE **1** OF **1**



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2014-1193

Motorist/Non-Motorist

Motorist/Non-Motorist

Occupant

Occupant

| | | | | |
|--------------------------|---|------------------------------------|------------------|---|
| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE ANDERSON, NICHOLAS S. | DATE OF BIRTH 11/04/1996 | AGE 17 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 4261 SERPENTINE WAY MASON, OHIO 45040 | CONTACT PHONE- INCLUDE AREA CODE 513 339-1026 |
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|---|--|------------|-----------------------------------|------------------------------------|---|-------------------------------|--|---|--|
| INJURIES <input checked="" type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 09 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE <input checked="" type="checkbox"/> | EJECTION <input checked="" type="checkbox"/> | TRAPPED <input checked="" type="checkbox"/> |
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| OL STATE OH | OPERATOR LICENSE NUMBER TT106481 | OL CLASS 4 | No VALID OL <input type="checkbox"/> | M/C END. <input type="checkbox"/> | 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 (<input checked="" type="checkbox"/> LOCAL CODE) 331.34 | OFFENSE DESCRIPTION FAILURE TO CONTACT/ FULL TIME ATTENTION | CITATION NUMBER 75404 | HANDS-FREE <input type="checkbox"/> DEVICE USED | DRIVER DISTRACTED BY 7 |
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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 <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | 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 <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 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, 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 (DRIVER "D") 5 - M1/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 DEVICES (NAVIGATION 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 <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |
|--------------------------------------|--|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|

| | | | | |
|-------------|---------------------------|---------------|-----|----------------------------------|
| 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 |
|---------------------------|----------------------------------|

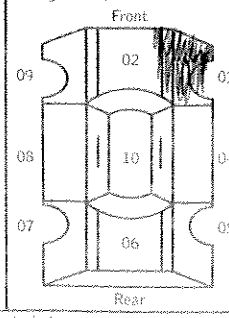
| | | | | | | | | | |
|--------------------------------------|--|------------|-----------------------------------|-----------------------|---|------------------|---------------|----------|---------|
| INJURIES <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY | MEDICAL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



Unit

Local Report Number

20114-1193

| | | | | |
|--|--|---|---|---|
| Unit Number 101 | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) | Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) | Damage Scale 9 | Damaged Area  |
| Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) | | | 1 - None | |
| LP State OH | License Plate Number LNG DRVE | Vehicle Identification Number 1LG1C1S114451W12115145911011 | 2 - Minor | |
| Vehicle Year 1/19/98 | Vehicle Make CHEVY | Vehicle Model S-10 | 3 - Functional | |
| Vehicle Color RED | Proof of Insurance Shown <input checked="" type="checkbox"/> | Insurance Company STATE FARM | 4 - Disabling | |
| Policy Number 7515952F0635B | Towed By CASE | Carrier Name, Address, City, State, Zip | 5 - Unknown | |
| Carrier Phone - include area code | | | | |
| US DOT | Vehicle Weight GVWR/GCWR 1 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 01 - No Cargo Body Type/Not Applicable 02 - Box/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/Unknown | Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Centerline Left Turn Lane 3 - Two-Way, Divided, Unprotected Front or Rear (4-11) Median 4 - Two-Way, Divided, Protected Median Barrier 5 - One-Way Trafficway | |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released | | <input type="checkbox"/> Hit / Skip Unit | |
| HM Class Number | | | | |
| Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - 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 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | Unit Type 07 99 - Unknown or Hit / Skip | 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/Trailer, 6 tires 14 - Single Unit Truck; 3 or 4 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 |
| Special Function 01 01 - None 02 - First 03 - Postal Truck (over 10,000 lbs) 04 - Bus - School (under 10,000 lbs) 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 - Motorcycle 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative) | Most Damaged Area 03 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear | Impact Area 03 | Bus/Van/Limo (9 or more including driver) 21 - Bus/Van (9-15 Seat, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Saddle, Wagon, Trailer 25 - Bicycle/Pedcyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist | Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
| Pre-Crash Actions 01 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 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 17 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 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 | Motorist | Non-Motorist | Vehicle Defects 01 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 | |
| Secondary 01 99 - Unknown | | | | |
| Sequence of Events 1 21 2 01 3 01 4 01 5 01 6 01 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 36 - Median Other Barrier 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 | | |
| Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Unpowered) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle or 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 | | | | |
| Unit Speed 25 | Posted Speed 25 | Traffic Control 01 01 - No Control 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 Reported | Unit Direction From 4 To 3 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown | |



Unit

Local Report Number

210V141-1/1913

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|---|--|--|--------------------------------|------------------|
| Unit Number 012 | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) PEARCE, CLINTON C. | Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 513 404 6537 | Damage Scale 4 | Damaged Area |
| LP State OH | License Plate Number E4F3888 | Vehicle Identification Number 2G2WAP54211511171409109 | # Occupants 1 | |
| Vehicle Year 2015 | Vehicle Make PONTIAC | Vehicle Model GRAND PRIX | Vehicle Color SILVER | |
| Proof of Insurance Shown <input checked="" type="checkbox"/> | Insurance Company CINCINNATI | Policy Number A010196735 | Towed By CASE TOWING | |

Carrier Name, Address, City, State, Zip _____ Carrier Phone- include area code _____

| | | | |
|-------------------------------|--|---|---|
| US DOT 1 | Vehicle Weight GVWR/GCWR 1 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 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 - Loggers 06 - International 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/Unknown | Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Concrete Left Turn Lane 3 - Two-Way, Divided, Unprotected/Flashed or Green (4-Flt) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway |
| HM Placard ID No. 1 | Hazardous Material Released <input type="checkbox"/> | HM Class Number 1 | <input type="checkbox"/> Hit / Skip Unit |

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|--|---|--|---|--|--|
| Non-Motorist Location Prior to Impact 01 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalk 03 - Intersection - Other 04 - Midblock - 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 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | Unit Type 03 99 - Unknown or Hit / Skip | 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 - Smartphone/ATV 12 - Other Passenger Vehicle | Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van Axle, 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, Trolley 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist |
|--|---|--|---|--|--|

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|--|--|--------------------------|--|
| Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (over 10k lbs) 04 - Bus - School (state 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. | Most Damaged Area 07 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 | Impact Area 07 | Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
|--|--|--------------------------|--|

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| Pre-Crash Actions 10 99 - Unknown | 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, Praying, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action |
|--|---|--|

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| Contributing Circumstances 01 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 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Stick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects |
|---|--|---|---|

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|---|---|
| Sequence of Events 1 20 2 01 3 01 4 01 5 01 6 01 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 |
|---|---|

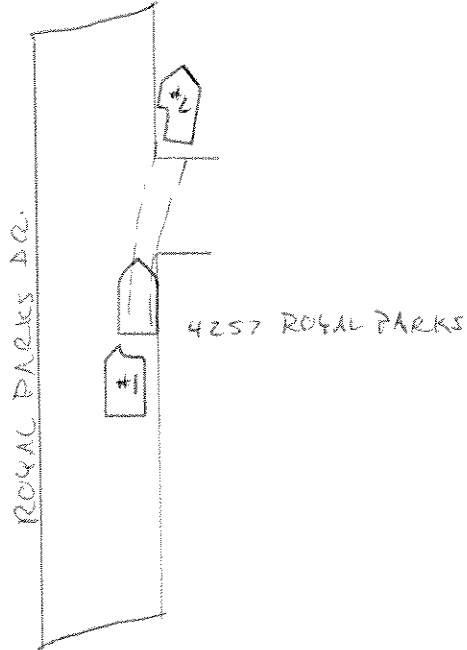
| | |
|--|--|
| Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacyclist 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck 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/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 Object |
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|--|---------------------------|--|--|
| Unit Speed 00 <input type="checkbox"/> Stated <input type="checkbox"/> Estimated | Posted Speed 00 | Traffic Control 01 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 Reported | Unit Direction From 4 To 3 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown |
|--|---------------------------|--|--|



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|--------------------------------------|---|--|
| LOCAL REPORT NUMBER <i>14-123</i> | REPORTING AGENCY <i>MASCA POLICE</i> | DATE OF CRASH <i>M 1 D 3 Y 14</i> |
| IN COUNTY OF <i>WARREN</i> | CRASH LOCATION <i>4257 ROYAL PARKS DRIVE</i> | |

NOT TO SCALE



| | |
|---|-----------------------------|
| OFFICER'S SIGNATURE <i>X [Signature]</i> | BADGE NUMBER <i>1047</i> |
|---|-----------------------------|

KIC 0194735



OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

0113

| | | |
|-------------------------------|---|----------------------------|
| LOCAL REPORT NUMBER 14-193 | REPORTING AGENCY Mason Police Department | DATE OF CRASH M D Y |
|-------------------------------|---|----------------------------|

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

I, Nice [unclear] HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Ptl. Dan Edwards AT East [unclear]
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED: I was going the speed limit and
 when I turned the sign was in my way and
 if the time I got [unclear] it was too late to
 stop

Q. What was your speed at the time of the crash? A. 25 mph

Q. What was your direction of travel? A. East

Q. Were you wearing a seatbelt? A. Yes

Q. Were you talking on a cell phone at the time of the crash? A. No

Q. Were you injured due to the crash? A. No

ADDRESS OF WITNESS _____ PHONE 513 339 1026

SIGNATURE OF WITNESS [Signature] OFFICER'S SIGNATURE Ptl. Edwards

HSY 7003 4/07

STATE FARM
751 3952 FB6 35B

39.370701
84-323105 CASE # [unclear]