



# Traffic Crash Report

Local Report Number * <b>2014005371</b>	Crash Severity 1 - Fatal 2 - Injury 3 - PDO <b>3</b>	Hit/Skip 1 - Solved 2 - Unsolved <b>1</b>
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Local Information		Reporting Agency NCIC * <b>D16131014</b>	Reporting Agency Name * <b>MASON POLICE</b>	Number of Units <b>02</b>	Unit in error 98 - Animal 99 - Unknown <b>01</b>
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County * <b>83</b>	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township * <b>MASON</b>	Crash Date * <b>10/21/18 2018</b>	Time of Crash <b>0718</b>	Day of Week <b>TUE</b>
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Degrees / Minutes / Seconds Latitude 0 / / "	Longitude 0 / / "	Decimal Degrees Latitude <b>39.134422</b>	Longitude <b>-78.13108478</b>
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Roadway Division <input type="checkbox"/> Divided <input type="checkbox"/> Undivided	Divided Lane Direction of Travel N - Northbound E - Eastbound S - Southbound W - Westbound	Number of Thru Lanes <b>04</b>	Road Types or Milepost * 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
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Location Route Number <b>01</b>	Location Route Type * <b>1</b>	Loc Prefix N,S, E,W	Location Road Name <b>TYLERSVILLE</b>	Location Road Type * <b>RD</b>	Route Types * IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route
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Distance From Reference Miles Feet Yards <b>25</b>	Dir From Ref N,S, E,W <b>W</b>	Reference Route Type * <b>01</b>	Reference Route Number <b>01</b>	Ref Prefix N,S, E,W	Reference Name (Road, Milepost, House #) <b>MASON MONTGOMERY</b>	Reference Road Type * <b>RD</b>
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Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number <b>1</b>	Crash Location <b>02</b> 01 - Not an intersection 02 - Four-way intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout 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 type="checkbox"/> Intersection Related	Location of First Harmful Event 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown
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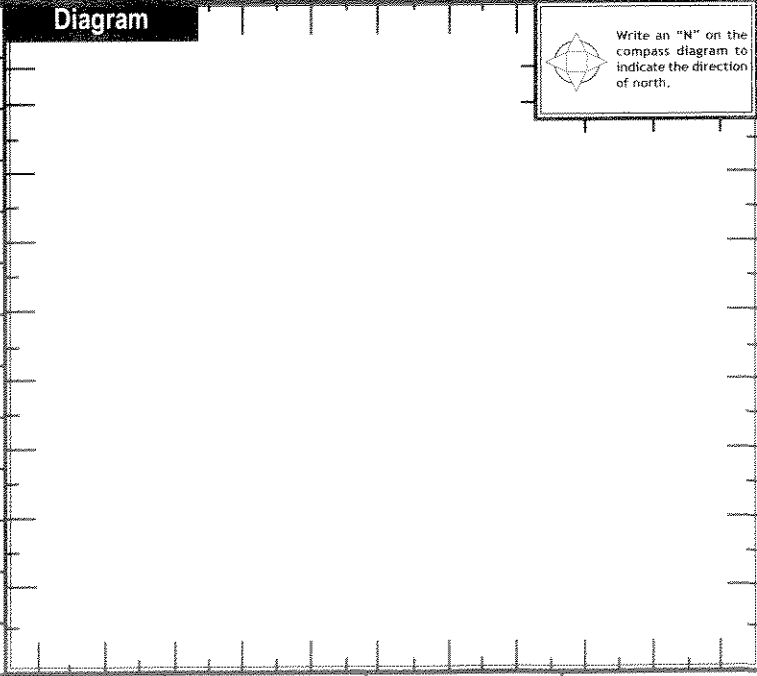
Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level <b>1</b>	Curve Grade 4 - Curve Grade 9 - Unknown	Road Conditions Primary <b>02</b> Secondary <b>04</b>	01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	* Secondary Condition Only
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Manner of Crash Collision/Impact <b>2</b> 1 - Not Collision Between 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 <b>1</b> 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
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Road Surface <b>2</b> 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	Light Conditions <b>1</b> 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 9 - Unknown	School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved
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<input type="checkbox"/> Work Zone Related <input checked="" type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	Type of Work Zone 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 <input type="checkbox"/> 1 - Before the First Work Zone Warning Sign <input type="checkbox"/> 2 - Advance Warning Area <input type="checkbox"/> 3 - Transition Area 4 - Activity Area 5 - Termination Area
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Narrative  
**UNIT #1 STRUCK UNIT #2 FROM BEHIND IN TRAFFIC WHILE BOTH CARS WERE TRAVELING EAST ON TYLERSVILLE ROAD, AT MASON MONTGOMERY ROAD. MINOR DAMAGE TO BOTH CARS RESULTED.**



Date Crash Reported <b>10/21/18</b>	Time Crash Reported <b>0718</b>	Dispatch Time <b>0718</b>	Arrival Time <b>101720</b>	Time Cleared <b>101900</b>	Other Investigation Time <b>11/18</b>	Total Minutes <b>1158</b>
Report Taken By <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	Supplement (Correction or Addition to an Existing Report Sent to ODPS) <input type="checkbox"/>	Officer's Name <b>P.H. Edwards</b>	Officer's Badge Number <b>1047</b>	Checked By <b>SGT John K. Cullen</b>	Page <b>1</b>	of <b>1</b>



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**2914995321**

MOTORIST/Non-MOTORIST

UNIT NUMBER <b>011</b>	NAME: LAST, FIRST, MIDDLE <b>NOONAN, ANDREA L.</b>	DATE OF BIRTH <b>10/14/1970</b>	AGE <b>43</b>	GENDER <b>F</b> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <b>6731 A BOXWOOD LANE LIBERTY TWP. OH 45044</b>			CONTACT PHONE - INCLUDE AREA CODE <b>513 835-6506</b>	
INJURIES <b>1</b>	INJURED TAKEN BY <b>EMS AGENCY</b>	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RF924661</b>	OL CLASS <b>4</b>	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>
OFFENSE CHARGED <b>333.03</b>	OFFENSE DESCRIPTION <b>ACDA</b>	CITATION NUMBER <b>75444</b>	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <b>1</b>

MOTORIST/Non-MOTORIST

UNIT NUMBER <b>021</b>	NAME: LAST, FIRST, MIDDLE <b>SCHAUER, ERIC G</b>	DATE OF BIRTH <b>10/11/1978</b>	AGE <b>35</b>	GENDER <b>M</b> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <b>5118 BARNWOOD COURT MASON, OHIO 45040</b>			CONTACT PHONE - INCLUDE AREA CODE <b>513 335-2935</b>	
INJURIES <b>1</b>	INJURED TAKEN BY <b>EMS AGENCY</b>	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RC781409</b>	OL CLASS <b>4</b>	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>
OFFENSE CHARGED <input type="checkbox"/> LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <b>1</b>

<b>INJURIES</b>	<b>INJURED TAKEN BY</b>	<b>SAFETY EQUIPMENT USED</b>	<b>99 - UNKNOWN SAFETY EQUIPMENT</b>	<b>Non-MOTORIST</b>
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	<b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	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

<b>SEATING POSITION</b>	<b>AIR BAG USAGE</b>
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 Cab) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (Non-Trailing Unit) 15 - Non-Motorist 16 - OTHER 99 - UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN

<b>EJECTION</b>	<b>TRAPPED</b>	<b>OPERATOR LICENSE CLASS</b>	<b>CONDITION</b>	<b>ALCOHOL/DRUG SUSPECTED</b>
1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OH or "D") 5 - MC/Moped Only	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	1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED

<b>ALCOHOL TEST STATUS</b>	<b>ALCOHOL TEST TYPE</b>	<b>DRUG TEST STATUS</b>	<b>DRUG TEST TYPE</b>	<b>DRIVER DISTRACTED BY</b>
1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	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

OCCUPANT

UNIT NUMBER <b>011</b>	NAME: LAST, FIRST, MIDDLE <b>NOONAN, ALEXANDER</b>	DATE OF BIRTH <b>1/10/13</b>	AGE <b>10</b>	GENDER <b>M</b> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <b>6731 A BOXWOOD LN. LIBERTY TWP. OH 45044</b>			CONTACT PHONE - INCLUDE AREA CODE <b>513 835-6506</b>	

INJURIES <b>1</b>	INJURED TAKEN BY <b>EMS AGENCY</b>	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RF924661</b>	OL CLASS <b>4</b>	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>

OCCUPANT

UNIT NUMBER <b>011</b>	NAME: LAST, FIRST, MIDDLE <b>NOONAN, ABIGAIL</b>	DATE OF BIRTH <b>02/28/2007</b>	AGE <b>06</b>	GENDER <b>F</b> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <b>6731 A BOXWOOD LN - LIBERTY TWP. OH 45044</b>			CONTACT PHONE - INCLUDE AREA CODE <b>513 835-6506</b>	

INJURIES <b>1</b>	INJURED TAKEN BY <b>EMS AGENCY</b>	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RF924661</b>	OL CLASS <b>4</b>	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2014/09 5391

OCCUPANT

UNIT NUMBER 0174	NAME: LAST, FIRST, MIDDLE SCHLAUER, MADISON	DATE OF BIRTH 05221988	AGE 12	GENDER E F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 5118 BARNWOOD CT. MAJCA, OHIO 45040	CONTACT PHONE- INCLUDE AREA CODE 513 335-2935
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OCCUPANT

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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OCCUPANT

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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OCCUPANT

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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OCCUPANT

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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OCCUPANT

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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	<b>99 - UNKNOWN SAFETY EQUIPMENT</b> <b>NON-MOTORIST</b> 05 - CHILD RESTRAINT SYSTEM- FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	<b>NON-MOTORIST</b> 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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<b>SEATING POSITION</b> 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)	<b>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA</b> (NON-TRAILING UNIT SUCH AS A BUS, PICKUP WITH CAP) <b>12 - PASSENGER IN UNENCLOSED CARGO AREA</b> <b>13 - TRAILING UNIT</b> <b>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)</b> <b>15 - NON-MOTORIST</b> <b>16 - OTHER</b> <b>99 - UNKNOWN</b>	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS
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# Unit

Local Report Number  
**2014095371**

Unit Number <b>1011</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>NOONAN, WILLIAM T.</b>	Owner Phone Number - Inc. area code ( <input type="checkbox"/> Same As Driver ) <b>UNKNOWN</b>	Damage Scale <b>2</b>	Damaged Area 
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Owner Address: City, State, Zip (  Same As Driver )  
**6160 FAIRWAY DRIVE MASON, OHIO 45040**

LP State <b>OH</b>	License Plate Number <b>FESB061</b>	Vehicle Identification Number <b>HTEIBU114R1G1618D1596Z121</b>	# Occupants <b>1031</b>
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Vehicle Year <b>2010</b>	Vehicle Make <b>TOYOTA</b>	Vehicle Model <b>TRUCK</b>	Vehicle Color <b>BLACK</b>
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>ALL STATE</b>	Policy Number <b>980020583</b>	Towed By

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

US DOT <b>1</b>	Vehicle Weight GVWR/GWR <b>1</b>	Cargo Body Type <b>01</b>	Trafficway Description <b>1</b>
HM Placard ID No.	Hazardous Material Released <input type="checkbox"/>	Unit Type <b>06</b>	<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact <b>01</b>	Type of Use <b>1</b>	Unit Type <b>06</b>	Passenger Vehicles (less than 9 passengers) <b>01 - Sub-Compact</b>	Med/Heavy Trucks or Combo Units - 10k lbs <b>13 - Single Unit Truck or Van 2 axle, 6 tires</b>	Bus/Van/Limo (9 or More including Driver) <b>21 - Bus/Van (9 or More, Inc. Driver)</b>
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Special Function <b>61</b>	Most Damaged Area <b>02</b>	Impact Area <b>02</b>	Action <b>3</b>
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Pre-Crash Actions  
**21**

Motorist <b>01 - Straight Ahead</b>	Non-Motorist <b>15 - Entering or Crossing Specified Location</b>
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Contributing Circumstances <b>09</b>	Vehicle Defects <b>01 - Turn Signals</b>
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Sequence of Events  
1 **20** 2 **00** 3 **00** 4 **00** 5 **00** 6 **00**

Collision with Person, Vehicle or Object Not Fixed  
**14 - Pedestrian**

Unit Speed <b>110</b>	Posted Speed <b>35</b>	Traffic Control <b>04</b>	Unit Direction From <b>4</b> To <b>3</b>
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Unit Speed:  Stated  Estimated

Page **1** of **1**



# Unit

Local Report Number  
**2024 09 5 371**

Unit Number <b>012</b>	Owner Name: Last, First, Middle <input checked="" type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code <input checked="" type="checkbox"/> Same As Driver	Damage Scale <b>2</b>	Damaged Area
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Owner Address: City, State, Zip  Same As Driver

LP State <b>OH</b>	License Plate Number <b>GBT960C</b>	Vehicle Identification Number <b>4NGBAB514EK11A288246</b>	# Occupants <b>012</b>
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Vehicle Year <b>2001</b>	Vehicle Make <b>MERCEDES</b>	Vehicle Model <b>ML320</b>	Vehicle Color <b>BEIGE</b>
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<input checked="" type="checkbox"/> Proof of Motorist Status Shown	Insurance Company <b>LIBERTY MUTUAL</b>	Policy Number <b>A022860814471049</b>	Towed By
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Carrier Name, Address, City, State, Zip \_\_\_\_\_ Carrier Phone- include area code \_\_\_\_\_

US DOT	Vehicle Weight GVWR/GCWR <b>1</b> 1 - Less than or equal to 10,000 lbs. 2 - 10,001 to 26,000 lbs. 3 - More than 26,000 lbs.	Cargo Body Type <b>01</b> 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 Classis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	Trafficway Description <b>1</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Median or 4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
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Non-Motorist Location Prior to Impact <b>01</b> 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 <b>1</b> 1 - Personal 2 - Commercial 3 - Government	Unit Type <b>06</b> 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) Med/Heavy Trucks or Combo Units > 10k lbs Bus/Van/Limo (9 or More Including Driver)	<input checked="" type="checkbox"/> Has HM Placard
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Special Function <b>01</b> 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 <b>06</b> 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	Impact Area <b>06</b>	Action <b>4</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>11</b> 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, 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 <b>01</b> 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign	Motorist 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	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 <b>01</b> 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
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Sequence of Events 1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b>	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Lost 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
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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/Luminaries Support 40 - Utility Pole	41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Manbox	48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
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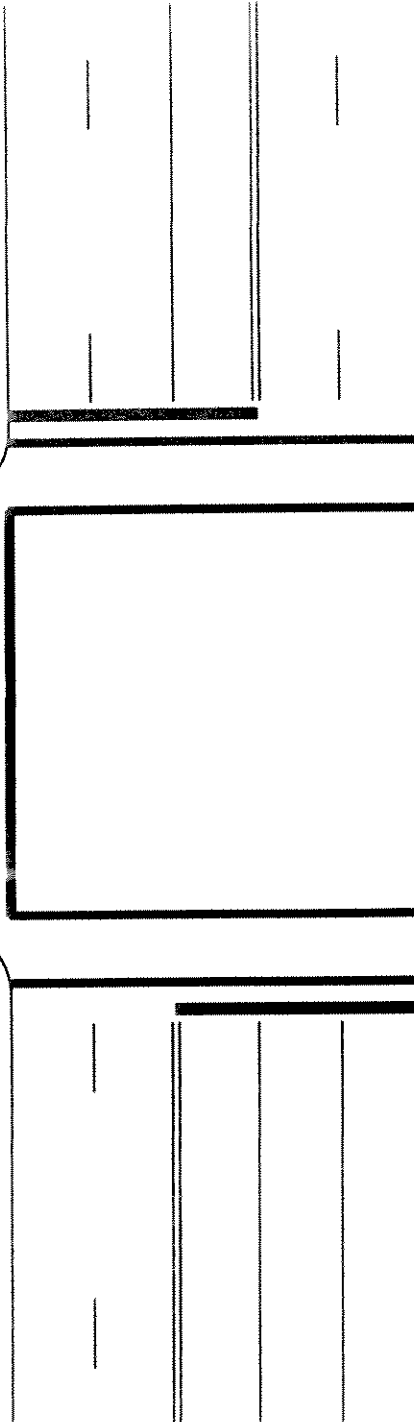
Unit Speed <b>00</b>	Posted Speed <b>35</b>	Traffic Control <b>04</b> 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Planners 06 - School Zone	07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From <b>4</b> To <b>3</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - East 8 - Southwest 9 - Unknown
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER <i>14-5391</i>	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT <i>4 2 10 18 10 14</i>
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONT RD @ TYLERSVILLE RD	

MASON MONTGOMERY RD



TYLERSVILLE RD

NOT TO SCALE

OFFICER'S SIGNATURE

*P. J. Edwards*

BADGE NUMBER

*1047*