



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

2014 09 3587

CRASH SEVERITY

3 1 - FATAL  
2 - TRAVEL  
3 - PDO

HIT/SKIP

1 - SOLVED  
2 - UNSOLVED

LOCAL INFORMATION

PHOTOS TAKEN  
 OH-2  
 OH-3  
 OTHER

PDO UNDER STATE REPORTABLE DOLLAR AMOUNT

PRIVATE PROPERTY

REPORTING AGENCY NCIC \* 08304

REPORTING AGENCY NAME \* MASON POLICE

NUMBER OF UNITS 02

UNIT IN ERROR 02  
98 - ANIMAL  
99 - UNKNOWNCOUNTY \* 83  
CITY \*  
VILLAGE \*  
TOWNSHIP \*

CITY, VILLAGE, TOWNSHIP \* MASON

CRASH DATE \* 02032014

TIME OF CRASH 1545

DAY OF WEEK MON

DEGREES / MINUTES / SECONDS

LATITUDE 39° 19' 26.07" LONGITUDE -84° 18' 45.05"

DECIMAL DEGREES

LATITUDE 39.323907 LONGITUDE -84.312515

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

NUMBER OF TRUCK Lanes 02

ROAD TYPES OR MILEPOST ?

AL - ALLEY CR - CURVE 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

LOCATION ROUTE NUMBER

LOC PREFIX N, S, E, W

LOCATION ROAD NAME MASON MONTGOMERY

LOCATION ROAD TYPE 2

ROUTE TYPES 1

IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE  
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE  
SR - STATE ROUTEDISTANCE FROM REFERENCE 300  
MILES FEET YARDS

DIR FROM REF N, S, E, W

REFERENCE ROUTE TYPE 1

REFERENCE ROUTE NUMBER

REF PREFIX N, S, E, W

REFERENCE NAME (ROAD, MILEPOST, HOUSE #) SOCIALVILLE POSTERS

REFERENCE ROAD TYPE 2

REFERENCE POINT USED  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBER

CRASH LOCATION 01

CRASH LOCATION  
01 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE  
02 - FOUR-WAY INTERSECTION 07 - ON RAMP  
03 - T-INTERSECTION 08 - OFF RAMP  
04 - Y-INTERSECTION 09 - CROSSOVER  
05 - TRAFFIC CIRCLE/ROUNDBOBT 10 - DRIVEWAY/ALLEY ACCESS

INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT  
1 - ON ROADWAY 5 - ON GOPE  
2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY  
3 - IN MEDIAN 9 - UNKNOWN  
4 - ON ROADSIDEROAD CONTOUR  
1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL4 - CURVE GRADE  
9 - UNKNOWNROAD CONDITIONS  
PRIMARY 01

SECONDARY

01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL  
02 - WET 06 - WATER (STANDING, MOVING)  
03 - SNOW 07 - SLUSH  
04 - ICE 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 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS  
2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW  
3 - FOG, SMOG, SMOG 6 - SNOW 9 - OTHER/UNKNOWNROAD SURFACE  
2 1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK4 - SLAG, GRAVEL, STONE  
5 - DIRT  
6 - OTHERLIGHT CONDITIONS  
PRIMARY 01

SECONDARY

1 - DAYLIGHT  
2 - DAWN  
3 - DUSK  
4 - DARK - LIGHTED ROADWAY5 - DARK - ROADWAY NOT LIGHTED  
6 - DARK - UNKNOWN ROADWAY LIGHTING  
7 - GLARE\*  
8 - OTHER  
9 - UNKNOWNSCHOOL 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

1 - LANE CLOSURE  
2 - LANE SHUT/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

UNITS #1 AND #2 WERE SOUTHBOUND ON MASON MONTGOMERY RD. UNIT #1 WAS STOPPED IN TRAFFIC AND WAS STRUCK FROM BEHIND BY #2.

Diagram

Write an "N" on the compass diagram to indicate the direction of north.

REPORT TAKEN BY

POLICE AGENCY

SUPPLEMENT (CORRECTION TO ADDITION TO AN EXISTING REPORT SENT TO DOPG)

DATE CRASH REPORTED 02032014

TIME CRASH REPORTED 1549

DISPATCH TIME 1550

ARRIVAL TIME 1601

TIME CLEARED 1652

OTHER INVESTIGATION TIME 110

TOTAL MINUTES 1611

OFFICER'S NAME \* BRYANT

OFFICER'S BADGE NUMBER 55

CHECKED BY 55 41

PAGE 01

OF



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER: 2014003587

UNIT NUMBER <u>01</u>	NAME: LAST, FIRST, MIDDLE <u>RIFLE, COURTNEY E.</u>	DATE OF BIRTH <u>03/13/1997</u>	AGE <u>16</u>	GENDER <u>F</u> F - FEMALE M - MALE
--------------------------	--	------------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP <u>8623 ARROWWOOD DR APT 101 LOVELAND OH 45140</u>	CONTACT PHONE - INCLUDE AREA CODE <u>513 504 8623</u>
---	--

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <u>04</u>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <u>01</u>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
--------------------------------------	--	------------	-----------------------------------	------------------------------------	---	-------------------------------	---	--------------------------------------	-------------------------------------

OL STATE <u>OH</u>	OPERATOR LICENSE NUMBER <u>UD0004996</u>	OL CLASS <u>A</u>	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE <u>      </u>	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
-----------------------	---	----------------------	---	--------------------------------------	---------------------------------------	--	---	---	-------------------------------------	--	--

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
---	---------------------	-----------------	--	--

UNIT NUMBER <u>02</u>	NAME: LAST, FIRST, MIDDLE <u>DAYTON, ELEANOR M</u>	DATE OF BIRTH <u>1/22/1937</u>	AGE <u>76</u>	GENDER <u>F</u> F - FEMALE M - MALE
--------------------------	---	-----------------------------------	------------------	---

ADDRESS, CITY, STATE, ZIP <u>1055 SHEFFIELD DR MASON OHIO 45040</u>	CONTACT PHONE - INCLUDE AREA CODE <u>513 398 4746</u>
--	--

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <u>09</u>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <u>01</u>	AIR BAG USAGE <u>2</u>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
--------------------------------------	--	------------	-----------------------------------	------------------------------------	---	-------------------------------	---------------------------	--------------------------------------	-------------------------------------

OL STATE <u>OH</u>	OPERATOR LICENSE NUMBER <u>RT144017</u>	OL CLASS <u>4</u>	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE <u>      </u>	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
-----------------------	--	----------------------	---	--------------------------------------	---------------------------------------	--	---	---	-------------------------------------	--	--

OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION <u>ACRA</u>	CITATION NUMBER <u>75567</u>	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
--	------------------------------------	---------------------------------	--	--

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	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
--	---	---	--

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 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	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
---	--

EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
---	--	---	--	---

ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REPUSED 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 REPUSED 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
---	--	--	---	---

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

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

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

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



# UNIT

LOCAL REPORT NUMBER  
**2014003587**

UNIT NUMBER <b>01</b>	OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER) <b>RIFLE, ERIC B</b>	OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER)	DAMAGE SCALE <b>3</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER)			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>GAH 5657</b>	VEHICLE IDENTIFICATION NUMBER <b>JHLRE48727C00804701</b>	2 - MINOR	
VEHICLE YEAR <b>2007</b>	VEHICLE MAKE <b>HONDA</b>	VEHICLE MODEL <b>CRV</b>	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>BEKW</b>	POLICY NUMBER <b>00V 342067</b>	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP		TOWED BY	9 - UNKNOWN	

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 <b>01</b>	TRAFFICWAY DESCRIPTION <b>4</b>
HM PLACARD ID NO.	HAZARDOUS MATERIAL RELEASED	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 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAB, CHIPS, GRAVEL	09 - POLE 10 - CARGO TANK 11 - FLAT BLD 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN
HM CLASS NUMBER	<input type="checkbox"/>	09 - POLE 10 - CARGO TANK 11 - FLAT BLD 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAVING OR GRASS >4 FT.) MEDIUM 4 - TWO-WAY, DIVIDED, POSITIVE MEDIUM BARRIER 5 - ONE-WAY TRAFFICWAY
		<input type="checkbox"/>	<input type="checkbox"/>

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) 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 (BORTAL) 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
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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 - TRAIL 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	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL/ALL AREAS 14 - OTHER	ACTION <b>4</b>	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
-------------------------------	---	---	---	--------------------------------	--	--	--------------------	--

PRE-CRASH ACTIONS <b>11</b>	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, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER NON-MOTORIST ACTION
--------------------------------	--	---	--	--	--------------------------------

CONTRIBUTING CIRCUMSTANCES	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/DRY ROAD	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENCE MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CIRCUMSTANCES) 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 ANIMAL ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNALS/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 SLOTTED TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
----------------------------	---	--	--	------------------------------	---

SEQUENCE OF EVENTS	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	06 - EQUIPMENT FAILURE (BRAKE 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 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN/ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DUMP 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	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/LUMINAIRE SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CURB/VAULT 43 - CURB 44 - OTHER 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT

UNIT SPEED <b>49</b>	POSTED SPEED <b>45</b>	TRAFFIC CONTROL <b>12</b>	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 GAPS 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLASHERS, ORANGE) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALL/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM <b>1</b> TO <b>2</b>	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
-------------------------	---------------------------	------------------------------	--	---	---

UNIT NUMBER <b>02</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>3</b>	DAMAGED AREA 
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>FAB 4805</b>	VEHICLE IDENTIFICATION NUMBER <b>JF1BPADG70H815579</b>	# OCCUPANTS <b>01</b>	
VEHICLE YEAR <b>2013</b>	VEHICLE MAKE <b>SUBARU</b>	VEHICLE MODEL <b>IMPREZA</b>	VEHICLE COLOR <b>PURPLE</b>	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>STATE FARM</b>	POLICY NUMBER <b>81663SE1536K</b>	TOWED BY <b>SARAS</b>	

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 10K LBS. 2 - 10,001 TO 20,000 LBS. 3 - MORE THAN 20,000 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 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAB, 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 <b>4</b> 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS > 4 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 <b>01</b> 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BIWAY LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHOULDER USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> In EMERGENCY RESPONSE	UNIT TYPE <b>03</b> 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 ZAXLE, 6 AXLES 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) <b>Non-Motorist</b> 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH Buggy, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER Non-Motorist
			<input type="checkbox"/> Has HM Placard		

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>02</b> 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	ACTION <b>4</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STAIRING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
IMPACT AREA <b>02</b>		

PRE-CRASH ACTIONS <b>01</b> 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, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER Non-Motorist ACTION
--	---	--

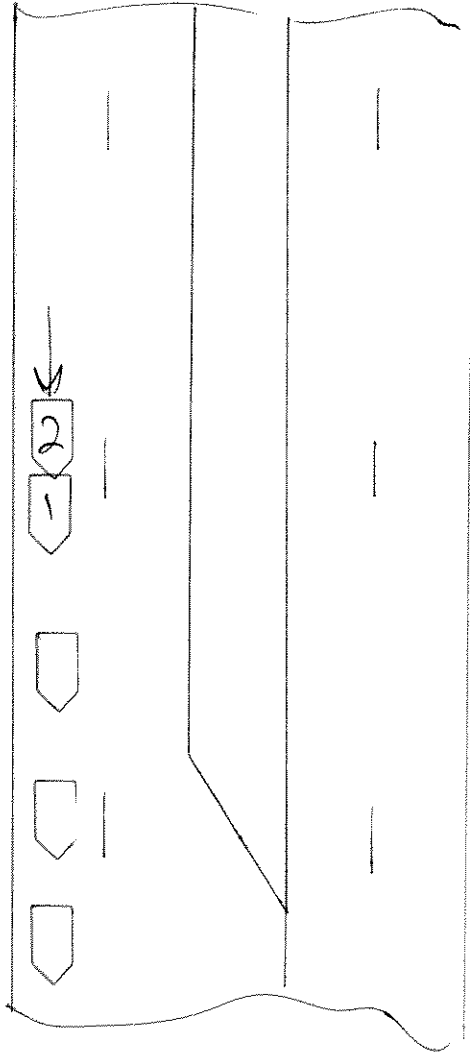
CONTRIBUTING CIRCUMSTANCES <b>09</b> 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE/PASSING/OTR ROAD 11 - IMPROPER BACKING 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 <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
---	---	--	---

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> 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLL OVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JARRING 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (SHOW TIME, BRAY 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/LUMINAIRIES 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, TOWER, ETC 52 - OTHER FIXED OBJECT
---	---	---

UNIT SPEED <b>30</b>	POSTED SPEED <b>45</b>	TRAFFIC CONTROL <b>12</b> 01 - NO CONTROL 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSEINGS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PICKUP (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LIGHTS 14 - WALK/DWY/ WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM <b>1</b> TO <b>2</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
-------------------------	---------------------------	---	--



LOCAL REPORT NUMBER <i>14-387</i>	REPORTING AGENCY <i>MASON POLICE</i>	DATE OF CRASH M <i>02</i>   <i>03</i>   Y <i>14</i>
IN COUNTY OF <i>WARDEN</i>	CRASH LOCATION <i>MASON MONTGOMERY RD</i>	



*MASON*  
*MONTGOMERY*  
*RD*

←

*NOT TO SCALE*

OFFICER'S SIGNATURE  
*X [Signature]*

BADGE NUMBER  
*55*



LOCAL REPORT NUMBER <i>14-3587</i>	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH <i>02/03/14</i>
---------------------------------------	---	----------------------------------

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

I, <u><i>Eleanor M Dayton</i></u> <small>PRINTED</small>	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u><b>P.O. Kevin Bryant</b></u> <small>OFFICER'S NAME</small>	AT <u><i>CRASH SCENE</i></u> <small>LOCATION</small>

*Traffic was stopped. I did not see that the traffic was stopped & I hit the car in front of me*

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? *No*

Q. WERE YOU WEARING YOUR SEAT BELT? *yes*

Q. WHAT DIRECTION WERE YOU GOING?

Q. WHAT WAS YOUR SPEED? *30*

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? *No*

ADDRESS OF WITNESS	PHONE <i>513 298 4746</i>
SIGNATURE OF WITNESS <i>X</i>	OFFICER'S SIGNATURE <i>X P.O. K. Bryant</i>

*513 205 6523*



LOCAL REPORT NUMBER <u>14-3587</u>	REPORTING AGENCY <u>MASON POLICE</u>	DATE OF CRASH <u>02/03/14</u>
---------------------------------------	---	----------------------------------

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

I, Courtney Riffle HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
P.O. Kevin Bryant AT CRASH SCENE  
OFFICER'S NAME LOCATION

I was stopped at a light and the lady ran into the back of my car.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? no

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? south

Q. WHAT WAS YOUR SPEED? stopped

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? no

ADDRESS OF WITNESS <u>8623 Arrowwood Drive Apt 101</u>	PHONE <u>513 504 8623</u>
SIGNATURE OF WITNESS <u>X Courtney Riffle</u>	OFFICER'S SIGNATURE <u>X [Signature]</u>