



Traffic Crash Report

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| Local Report Number * | Crash Severity | Hit/Skip |
| 2014-7848 | 3 1 - Fatal 2 - Injury 3 - PDO | 1 - Solved 2 - Unsolved |

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| Local Information | | Reporting Agency NCIC * | Reporting Agency Name * | Number of Units | Unit in error |
| <input type="checkbox"/> Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> Other | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | 8304 | MASON POLICE DEPARTMENT | 02 | 01 98 - Animal 99 - Unknown |

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|----------|---|---------------------------|--------------|---------------|-------------|
| County * | <input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township * | City, Village, Township * | Crash Date * | Time of Crash | Day of Week |
| 83 | | MASON | 03/22/2014 | 1658 | WED |

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|--------------------------------------|------------------|----|--------------------------|-------------|
| Degrees / Minutes / Seconds Latitude | Longitude | OR | Decimal Degrees Latitude | Longitude |
| 39° 41' 0.73" | -84° 19' 09.311" | | 39.350204 | -84.3192513 |

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| Roadway Division | Divided Lane Direction of Travel | Number of Thru Lanes | Road Types or Milepost ² |
| <input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided | <input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> 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 - Lane PI - Pike SQ - Square TL - Trail |

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|-----------------------|----------------------------------|------------|--------------------|---------------------------------|--|
| Location Route Number | Location Route Type ¹ | Loc 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 |

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|-------------------------|--------------|------------------------|------------|--|----------------------------------|
| Distance From Reference | Dir From Ref | Reference Route Number | Ref Prefix | Reference Name (Road, Milepost, House #) | Reference Road Type ² |
| 10 | E N, S, E, W | | | DEERFIELD | CR |

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|---|---|---|
| Reference Point Used | Crash Location | Location of First Harmful Event |
| 1 - Intersection 2 - Mile Post 3 - House Number | 01 - Not on 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 checked="" type="checkbox"/> Intersection Related 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 | Road Conditions | Weather |
| 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown | Primary 03 Secondary 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 |

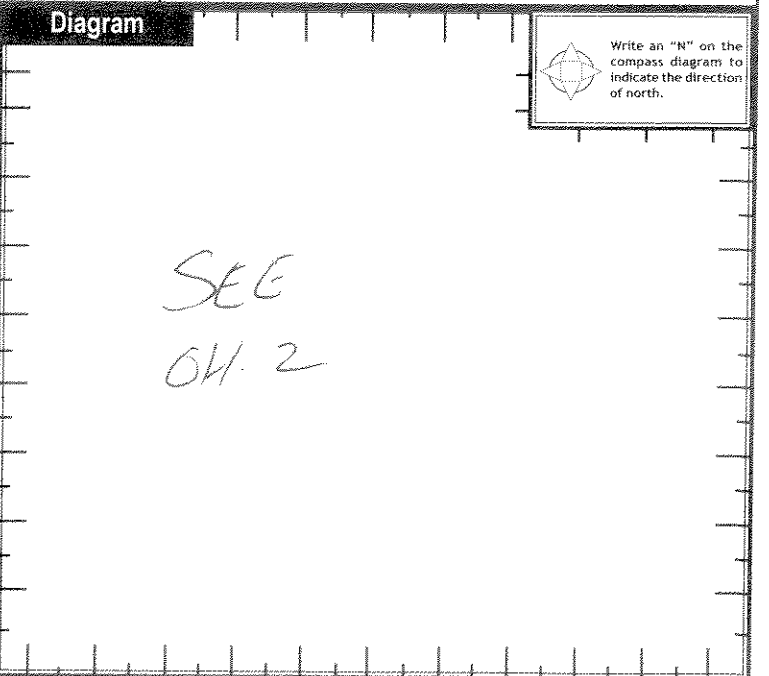
| | |
|---|--|
| Manner of Crash Collision/Impact | Weather |
| 2 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown | 6 1 - Clear 2 - Cloudy 3 - Fog, Smog, 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 | Light Conditions | School Bus Related |
| 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other | 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other 9 - Unknown | <input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved |

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| Work Zone Related | Type of Work Zone | Location of Crash in Work Zone |
| <input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> 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 # 1 STRUCK UNIT # 2 IN THE REAR ON TYLERSVILLE ROAD. TRAFFIC HAD BACKED UP FROM READING RD INTERSECTION CAUSING UNIT # 2 TO STOP QUICKLY AND THEN STRUCK BY UNIT # 1.



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| Report Taken By | Supplement (Correction or Addition to an Existing Report Sent to GDPS) | Date Crash Reported | Time Crash Reported | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| <input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist | | 03/22/2014 | 1658 | 1658 | 1702 | 1727 | | 36 |
| Officer's Name * | Officer's Badge Number | Checked By | Page 1 of 4 | | | | | |
| P. O. McCormick | 1019 | 1037 Dadoziana SL | | | | | | |



Unit

Local Report Number
21014-7848

| | | | | |
|--------------------------|---|---|--------------------------|------------------|
| Unit Number 01 | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) LOVELACE, AMY | Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) | Damage Scale 4 | Damaged Area |
|--------------------------|---|---|--------------------------|------------------|

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|---|-----------------------|--|---|--------------------------|
| Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) | LP State OH | License Plate Number FRH3831 | Vehicle Identification Number JTJDBT1923118Y031696G | # Occupants 01 |
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|-----------------------------|-------------------------------|-------------------------------|------------------------------|
| Vehicle Year 2008 | Vehicle Make TOYOTA | Vehicle Model YARIS | Vehicle Color BLUE |
|-----------------------------|-------------------------------|-------------------------------|------------------------------|

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| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company STATE FARM | Policy Number 771 8881-828-35 | Towed By |
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|---|---------------------------------|
| Carrier Name, Address, City, State, Zip | Carrier Phone-include area code |
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| US DOT | Vehicle Weight GVWR/GCWR 1 | Cargo Body Type 01 | Trafficway Description 1 |
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| HM Placard ID No. | Hazardous Material Released <input type="checkbox"/> | Vehicle Description 1 | Hit / Skip Unit <input type="checkbox"/> |
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| HM Class Number | Non-Motorist Location Prior to Impact 01 | Type of Use 1 | Unit Type 02 | Passenger Vehicles (less than 9 passengers) | Med/Heavy Trucks or Combo Units > 10k lbs | Bus/Van/Limo (9 or More Including Driver) |
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| Special Function 01 | Most Damaged Area 02 | Impact Area 02 | Action 3 |
|-------------------------------|--------------------------------|--------------------------|--------------------|

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| Pre-Crash Actions 01 | Contributing Circumstances 09 | Vehicle Defects 01 |
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| Sequence of Events 1 20 2 00 3 00 4 00 5 00 6 00 | Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift | Collision with Fixed Object 25 - Impact Attenuator/Grass 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 | 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 | Collision with Person, Vehicle or Object Not Fixed 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 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 | Collision with Person, Vehicle or Object Not Fixed 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox | Collision with Person, Vehicle or Object Not Fixed 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tower 52 - Other Fixed Object |
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| Unit Speed 32 | Posted Speed 35 | Traffic Control 12 | Unit Direction From 3 To 4 |
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| Unit Speed <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated | Posted Speed <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated | Traffic Control 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Light 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Advanced Warning | Unit Direction 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown |
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Unit

Local Report Number
2014-7848

| | | | | |
|--|---|---|------------------------------|------------------|
| Unit Number 03 | 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 2 | Damaged Area |
| LP State OH | License Plate Number FJU 5604 | Vehicle Identification Number 11F1AHP12EW8B1G1B9603 | # Occupants 01 | |
| Vehicle Year 2011 | Vehicle Make FORD | Vehicle Model TAURUS | Vehicle Color BLUE | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company STATE FARM | Policy Number 745 9898-830-35 | Towed By | |

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

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|-------------------|--|---|--|
| 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 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - International Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chipp, 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, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Paved or Gravel) 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 |

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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 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 Axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Tractor/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, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist |
| | | | <input type="checkbox"/> Has HM Placard | |

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| Special Function 01 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 06 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 99 - Unknown | Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
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| Pre-Crash Actions 11 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 |
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| Contributing Circumstances Primary 01 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 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 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/Re/lover 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 |
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| Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacycle 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 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 10 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated | Posted Speed 35 | Traffic Control 12 01 - No Control 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - Speed 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 3 To 4 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown |
|---|---------------------------|---|--|



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
2014-7848

| | | | | |
|-------------------|---|-----------------------------|-----------|----------------------------------|
| UNIT NUMBER 01 | NAME: LAST, FIRST, MIDDLE LOVELACE, ADRIANA BURGUNDY | DATE OF BIRTH 11/23/1994 | AGE 19 | GENDER F - FEMALE M - MALE |
|-------------------|---|-----------------------------|-----------|----------------------------------|

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| ADDRESS, CITY, STATE, ZIP 134 BLUE JACKET DR HAMILTON OH 45013 | CONTACT PHONE - INCLUDE AREA CODE 513-824-5852 |
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|-----------------|-------------------------|------------|-----------------------------------|-----------------------------|--|------------------------|--------------------|---------------|--------------|
| INJURIES [] | INJURED TAKEN BY [] | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET [] | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
|-----------------|-------------------------|------------|-----------------------------------|-----------------------------|--|------------------------|--------------------|---------------|--------------|

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| OL STATE OH | OPERATOR LICENSE NUMBER TUBS1801 | OL CLASS 4 | NO VALID OL [] | M/C END. [] | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
|----------------|-------------------------------------|---------------|--------------------|-----------------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|

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| OFFENSE CHARGED (LOCAL CODE) 333.03 | OFFENSE DESCRIPTION ACDA | CITATION NUMBER 75826 | HANDS-FREE DEVICE USED [] | DRIVER DISTRACTED BY 1 |
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| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE KORTE, CATHI A | DATE OF BIRTH 03/25/1961 | AGE 52 | GENDER F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 598E THORN BERRY CT MASON OH 45046 | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES [] | INJURED TAKEN BY [] | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT MOTORCYCLE HELMET [] | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 2 |
|-----------------|-------------------------|------------|-----------------------------------|-----------------------------|--|------------------------|--------------------|---------------|--------------|

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|----------------|-------------------------------------|---------------|--------------------|-----------------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| OL STATE OH | OPERATOR LICENSE NUMBER RQ559551 | OL CLASS 4 | NO VALID OL [] | M/C END. [] | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
|----------------|-------------------------------------|---------------|--------------------|-----------------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|

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| OFFENSE CHARGED (LOCAL CODE) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED [] | DRIVER DISTRACTED BY 1 |
|------------------------------|---------------------|-----------------|-------------------------------|---------------------------|

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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 95 - CHILD RESTRAINT SYSTEM - FORWARD FACING 96 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 06 - 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 (OHIO "D") 5 - M/C/MOPED ONLY | CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER | ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED |
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| ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER | DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN | DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER | DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATOR 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 [] | SEATING POSITION [] | AIR BAG USAGE [] | EJECTION [] | TRAPPED [] |
|-----------------|-------------------------|------------|-----------------------------------|------------------------------|--|-------------------------|----------------------|-----------------|----------------|

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

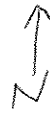
| | | | | | | | | | |
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| INJURIES [] | INJURED TAKEN BY [] | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED [] | DOT COMPLIANT MOTORCYCLE HELMET [] | SEATING POSITION [] | AIR BAG USAGE [] | EJECTION [] | TRAPPED [] |
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

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|----------------------------------|--|---------------------------------------|
| LOCAL REPORT NUMBER 2014-7898 | REPORTING AGENCY MASON POLICE | DATE OF ACCIDENT M 3 D 12 Y 14 |
| IN COUNTY OF WARREN | ACCIDENT LOCATION TYLERSVILLE RD AT VILLAS CREEK DR | |

DEERFIELD CIR



TYLERSVILLE RD

2 1

VILLAS CREEK DR

Not to scale

| | |
|--|----------------------|
| OFFICER'S SIGNATURE <i>S. M. 1019</i> | BADGE NUMBER 1019 |
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|----------------------------------|---------------------------|------------------------------------|
| LOCAL REPORT NUMBER 2014-7848 | REPORTING AGENCY MASON | DATE OF CRASH M 3 D 12 Y 14 |
|----------------------------------|---------------------------|------------------------------------|

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

I, Adrian Lovelace HEREBY MAKE THIS VOLUNTARY STATEMENT TO

P.O. Mc Cormick PRINTED AT TYLERSVILLE RD

OFFICER'S NAME LOCATION

I was going about 32 when I realized we were coming to a sudden stop and I was not able to break fast enough not to hit the woman in front of me.

| | |
|--|---|
| ADDRESS OF WITNESS 1341 Blue Jacket Drive | PHONE 513-824-5852 |
| SIGNATURE OF WITNESS X <u>Adrian Lovelace</u> | OFFICER'S SIGNATURE X <u>[Signature]</u> |



| | | |
|----------------------------------|------------------------------|------------------------------------|
| LOCAL REPORT NUMBER 2014-784e | REPORTING AGENCY MASON PD | DATE OF CRASH M 3 D 12 Y 14 |
|----------------------------------|------------------------------|------------------------------------|

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

I, Cathi Korte HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

P.O. McCormick AT Tylersville Rd
OFFICER'S NAME LOCATION

I had to stop hard at a light and
 I was hit in the back of my car.
 Girl apologized and said her car
 doesn't stop well in this weather
 (wet roads)

| | |
|--|---|
| ADDRESS OF WITNESS <u>Cathi Korte</u> | PHONE 513-379-3469 |
| SIGNATURE OF WITNESS X | OFFICER'S SIGNATURE X <u>[Signature]</u> |