



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
201141135116	3 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

LOCAL INFORMATION	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *
	083041	MASON P.D.

PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	NUMBER OF UNITS	UNIT IN ERROR
			02	02 98 - ANIMAL 99 - UNKNOWN

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	04/29/2014	11:18	TUE

DEGREES / MINUTES / SECONDS	LONGITUDE	DECIMAL DEGREES
LATITUDE	LONGITUDE	LATITUDE
39° 21' 14.00"	-84° 18' 17.00"	

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST 2
<input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	01	AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LAKE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE NUMBER	LOCATION ROUTE TYPE 1	LOCATION ROAD NAME	LOCATION ROAD TYPE 2	ROUTE TYPES 1
		MASON-MONTGOMERY	RD	IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE NUMBER	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE 2
30	0		SOCIALVILLE FOSTER	RD

REFERENCE POINT USED	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	01 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS	1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

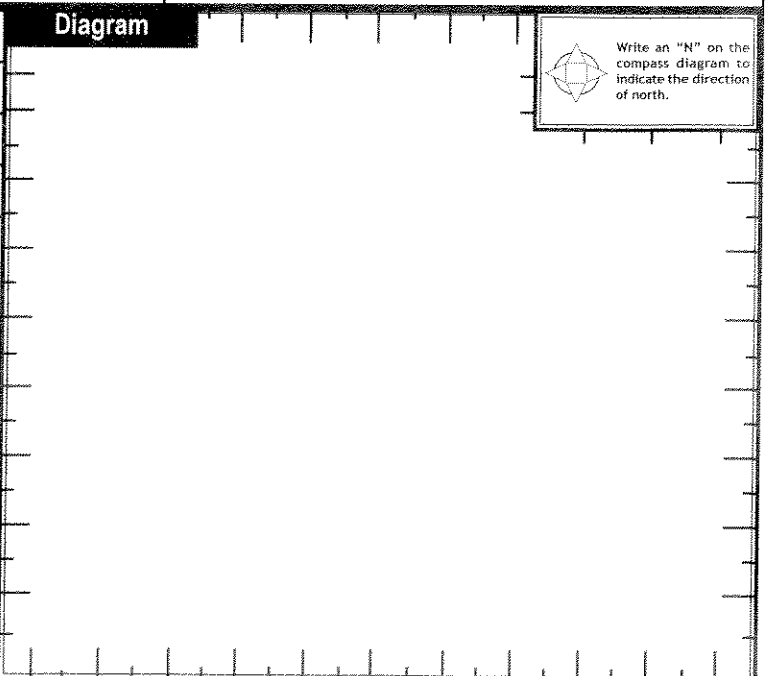
ROAD CONTOUR	ROAD CONDITIONS	WEATHER
1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	01 PRIMARY SECONDARY	2 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN

MANNER OF CRASH COLLISION/IMPACT	WEATHER
7 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	2

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	1 PRIMARY SECONDARY	<input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input checked="" type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	1 1 - LANE CLOSURE 2 - LANE SHIFT/CANALOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	3 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 NB MASON-MONTGOMERY APPROACHING THE LANE CHORE FOR ROAD WORK NORTH OF SOCIALVILLE FOSTER RD. UNIT 2 PASSED ON THE RIGHT CUTTOW INTO UNIT 1'S LANE WHICH WAS THE LEFT-THROUGH LANE. UNIT 2 STRUCK UNIT 1 DAMAGING RIGHT FRONT OF UNIT 1 AND LEFT REAR OF UNIT 2.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	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		04/29/2014	11:18	11:18	11:28	11:38	0020	0100
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE 1 OF 4					
BAUMAN	49	SS/50						



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

120114-113516

MOTORIST/Non-Motorist

UNIT NUMBER 04	NAME: LAST, FIRST, MIDDLE BRELL, AMY	DATE OF BIRTH 04/01/1974	AGE 40	GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 564 WESTERN Row Rd, MASON OH 45040			CONTACT PHONE- INCLUDE AREA CODE 513-290-6468	
INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER RS324954	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 .000
DRUG TEST STATUS 1	DRUG TEST TYPE 1	OFFENSE CHARGED <input type="checkbox"/> LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER
HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY 1		

MOTORIST/Non-Motorist

UNIT NUMBER 04	NAME: LAST, FIRST, MIDDLE DIAS-PLAZA, THOMAS	DATE OF BIRTH 12/06/1957	AGE 46	GENDER M - MALE F - FEMALE
ADDRESS, CITY, STATE, ZIP 3920 Lost Willow Dr. MASON OH 45040			CONTACT PHONE- INCLUDE AREA CODE 513-205-3116	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE OH	OPERATOR LICENSE NUMBER 55051140	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 .000
DRUG TEST STATUS 1	DRUG TEST TYPE 1	OFFENSE CHARGED <input checked="" type="checkbox"/> LOCAL CODE	OFFENSE DESCRIPTION 331.04 IMPROPER PASSING	CITATION NUMBER 73821
HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY 1		

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	Non-MOTORIST
1 - NO INJURY / NONE REPORTED	1 - NOT TRANSPORTED / TREATED AT SCENE	MOTORIST	01 - NONE USED - VEHICLE OCCUPANT	09 - NONE USED
2 - POSSIBLE	2 - EMS	02 - SHOULDER BELT ONLY USED	05 - CHILD RESTRAINT SYSTEM - FORWARD FACING	10 - HELMET USED
3 - NON-DECAPITATING	3 - POLICE	03 - LAP BELT ONLY USED	06 - CHILD RESTRAINT SYSTEM - REAR FACING	11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)
4 - ISCAPITATING	4 - OTHER	04 - SHOULDER AND LAP BELT USED	07 - BOOSTER SEAT	12 - REFLECTIVE CLOTHING
5 - FATAL	9 - UNKNOWN		08 - HELMET USED	13 - LIGHTING
				14 - OTHER

SEATING POSITION	AIR BAG USAGE
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	1 - NOT DEPLOYED
02 - FRONT - MIDDLE	2 - DEPLOYED FRONT
03 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	4 - DEPLOYED BOTH FRONT/SIDE
05 - SECOND - MIDDLE	5 - NOT APPLICABLE
06 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN

EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED	1 - NOT TRAPPED	1 - CLASS A	1 - APPARENTLY NORMAL	1 - NONE
2 - TOTALLY EJECTED	2 - EXTRICATED BY MECHANICAL MEANS	2 - CLASS B	2 - PHYSICAL IMPAIRMENT	2 - YES - ALCOHOL SUSPECTED
3 - PARTIALLY EJECTED	3 - EXTRICATED BY NON-MECHANICAL MEANS	3 - CLASS C	3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)	3 - YES - HBD NOT IMPAIRED
4 - NOT APPLICABLE		4 - REGULAR CLASS (OHIO "D")	4 - ILLNESS	4 - YES - DRUGS SUSPECTED
		5 - MC/MOTOR ONLY		5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN	1 - NONE	1 - NONE GIVEN	1 - NONE	1 - NO DISTRACTION REPORTED
2 - TEST REFUSED	2 - BLOOD	2 - TEST REFUSED	2 - BLOOD	2 - PHONE
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEXTING/E-MAILING
4 - TEST GIVEN, RESULTS KNOWN	4 - BREATH	4 - TEST GIVEN, RESULTS KNOWN	4 - OTHER	4 - ELECTRONIC COMMUNICATION DEVICE
5 - TEST GIVEN, RESULTS UNKNOWN	5 - OTHER	5 - TEST GIVEN, RESULTS UNKNOWN		5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)
				6 - OTHER INSIDE THE VEHICLE
				7 - EXTERNAL DISTRACTION

OCCUPANT

UNIT NUMBER 04	NAME: LAST, FIRST, MIDDLE BRELL, NICHOLAS W	DATE OF BIRTH 05/12/1998	AGE 15	GENDER M - MALE F - FEMALE
ADDRESS, CITY, STATE, ZIP 564 WESTERN Row Rd MASON OH 45040			CONTACT PHONE- INCLUDE AREA CODE 513-290-6468	
INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> HELMET	SEATING POSITION 02	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1

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



Unit

Local Report Number
21011411351161111

Unit Number 011	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver) BRINLEY AMY	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 2	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)			1 - None	
LP State OH	License Plate Number FFV5421	Vehicle Identification Number 316M4A13B895623760	2 - Minor	
Vehicle Year 2009	Vehicle Make CHEVY	Vehicle Model HHR	3 - Functional	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company STATE FARM	Policy Number C14921A29001	4 - Disabling	
Carrier Name, Address, City, State, Zip			5 - Unknown	
Carrier Phone- include area code				

US DOT 1	Vehicle Weight GVWR/GCWR 1 - Less than or Equal to 10k LBS. 2 - 10,001 to 24,000 LBS. 3 - More than 24,000 LBS.	Cargo Body Type 01	Trafficway Description 4
HM Placard ID No.			1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unopposed (Power or Draw - 4th) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Class Number	<input type="checkbox"/> Hazardous Material Released		<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 06	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)
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	1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	99 - Unknown or Hit / Skip 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	13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Beetail) 17 - Tractor/SeMI-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Saddy, Wagon, Scurry 25 - Bicycle/Pedestrian 26 - Pedestrian/Skater 27 - Other Non Motorist
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 03	Action 4
			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 Area) 14 - Other 99 - Unknown	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown

Pre-Crash Actions 01	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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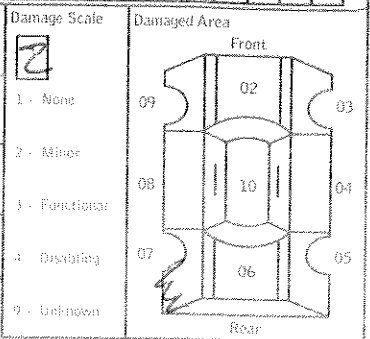
Contributing Circumstances 01	Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change/Passing/Off Road 11 - Improper Backing 12 - Improper 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 Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects

Sequence of Events 1 20 2 01 3 01 4 01 5 01 6 01	Non-Collision Events 01 - Overturo/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 Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Trolley) 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/Luminaire 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

Unit Speed 010	Posted Speed 45	Traffic Control 010	Unit Direction From 2 To 1
<input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated		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 (Tagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown



Unit

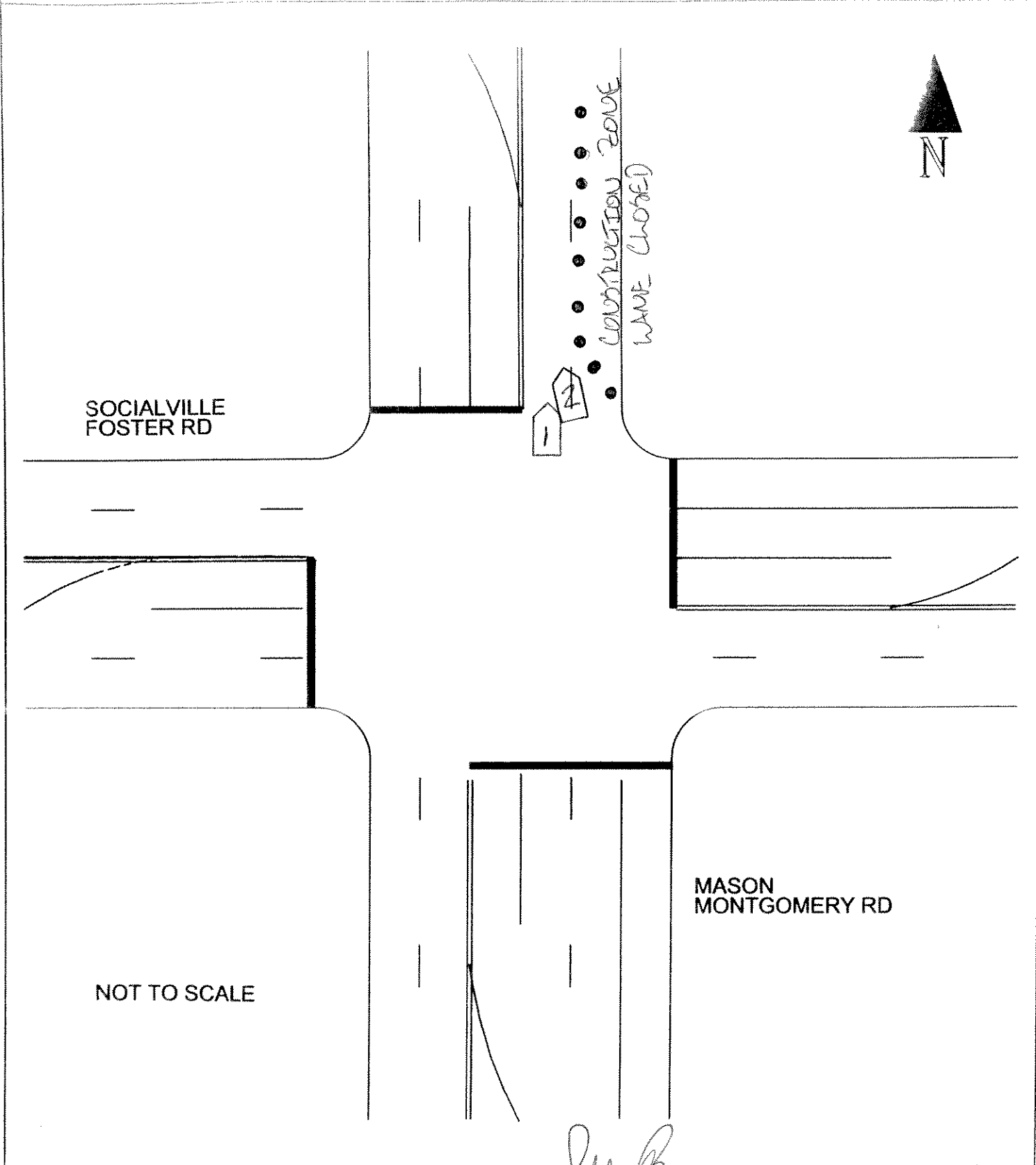
Local Report Number
1219141131516Unit Number: **012** Owner Name: Last, First, Middle: **GUTERREZ-MULINO MARIA E.** Owner Phone Number - Inc. area code: **()** Same As Driver: Owner Address: City, State, Zip: **()** Same As Driver: LP State: **OH** License Plate Number: **FSW1206** Vehicle Identification Number: **1N4BA4116DHK931101L** # Occupants: **01**Vehicle Year: **2004** Vehicle Make: **NISSAN** Vehicle Model: **ALTEMA** Vehicle Color: **BLACK** Proof of Insurance Shown Insurance Company: **ALLSTATE** Policy Number: **980638166** Towed By: **()**Carrier Name, Address, City, State, Zip: **()** Carrier Phone - include area code: **()**US DOT: **()** Vehicle Weight GVWR/GCWR: **1**
HM Placard ID No.: **()** HM Class Number: **()**
 Hazardous Material ReleasedCargo Body Type: **01**
01 - No Cargo Body Type or Apparatus
02 - Sub-Compactor
03 - Motorhome
04 - Vehicle Towing Another Vehicle
05 - Logging
06 - Intermediate Capacity Dump
07 - Cargo Van or Low Boy
08 - Grate, Chute, Scoop
09 - No
10 - Cargo Box
11 - Flat Bed
12 - Dump
13 - Concrete Mixer
14 - Auto Transporter
15 - Garbage/Refuse
99 - Other/UnknownTrafficway Description: **4**
1 - Two Way, Not Divided
2 - Two Way, Not Divided, Continuous Left Turn Lane
3 - Two Way, Divided, Uninterrupted Through Traffic, 4+11 Median
4 - Two Way, Divided, Positive Median Barrier
5 - One-Way Trafficway
 Hit / Skip UnitNon-Motorist Location Prior to Impact: **()**
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/UnknownType of Use: **1**
1 - Personal
2 - Commercial
3 - Government
 In Emergency ResponseUnit Type: **02**
01 - Sub-Compactor
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 VehicleMed/Heavy Trucks or Combo Units > 10K lbs:
13 - Single Unit Truck or Van 2 axle, 6 tires
14 - Single Unit Truck; 3+ axles
15 - Single Unit Truck / Trailer
16 - Truck/Tractor (Bobtail)
17 - Tractor/Trailer
18 - Tractor/Double
19 - Tractor/Trailers
20 - Other Med/Heavy VehicleBus/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-MotoristSpecial 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 - Motorcycle
20 - Golf Cart
21 - Train
22 - Other (explain in Narrative)Most Damaged Area: **02**
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 - Foliage Areas
14 - OtherAction: **3**
1 - Non-Contact
2 - Non-Collision
3 - Striking
4 - Struck
5 - Striking/Struck
9 - UnknownPre-Crash Actions: **03**
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
99 - UnknownMotorist:
13 - Negotiating a Curve
14 - Other Motorist ActionNon-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: **10**
Primary: **10**
Secondary: **()**
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 ActionNon-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 ActionVehicle Defects: **()**
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 DefectsSequence of Events:
1 **20** 2 **()** 3 **()** 4 **()** 5 **()** 6 **()**
First Harmful Event: **1** Most Harmful Event: **1**
99 - UnknownNon-Collision Events:
01 - Overturn/Rollover
02 - Fire/Explosion
03 - Immersion
04 - Jackknife
05 - Cargo/Equipment Loss or Shift
06 - Equipment Failure (Shown 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-CollisionCollision with Person, Vehicle or Object Not Fixed:
14 - Pedestrian
15 - Pedacyclist
16 - Railway Vehicle (Train, Trolley)
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 ObjectCollision 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 Post
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 - Malibu
48 - Tree
49 - Fire Hydrant
50 - Work Zone Maintenance Equipment
51 - Wall, Building, Tunnel
52 - Other Fixed ObjectUnit Speed: **016** Posted Speed: **45** Traffic Control: **10**
 Stated Estimated
01 - No Control
02 - Stop Sign
03 - Stop Sign
04 - Stop Sign
05 - Traffic Control
06 - Traffic Sign
07 - Railroad Crossbacks
08 - Railroad Flashers
09 - Railroad Gates
10 - Construction Barricade
11 - Person (Flagger, Officer)
12 - Flashed Arrow
13 - Crosswalk Lanes
14 - Walk/Don't Walk
15 - Other
16 - Not ReportedUnit Direction:
From: **2** To: **1**
1 - North
2 - South
3 - East
4 - West
5 - Northeast
6 - Northwest
7 - Southeast
8 - Southwest
9 - Unknown

LOCAL REPORT NUMBER <i>14-13516</i>	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M <i>4</i> 10 <i>29</i> 14
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IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONT RD @ SOCIALVILLE FOST. RD
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OFFICER'S SIGNATURE <i>[Handwritten Signature]</i>	BADGE NUMBER <i>49</i>
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LOCAL REPORT NUMBER 14-13516	REPORTING AGENCY Mason PD	DATE OF CRASH M 4 D 29 Y 14
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Amy Brill PRINTED _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Bauman OFFICER'S NAME AT M.M. + Socialville LOCATION

WAS TRAVELING ON MASON MONTGOMERY ROAD NORTH AS I CAME ACROSS SOCIALVILLE FOSTER I WAS IN THE LEFT LANE. WAS DOING ABOUT 5-10 MPH TRAFFIC HAD BEEN VERY SLOW. AS I APPROACHED THE CONSTRUCTION CONES WHERE THE LANE IS CLOSED ON THE RIGHT A BLACK CAR CAME RUSHING INTO MY LANE CUTTING ME OFF. I HONKED THE HORN THEY KEPT COMING INTO MY LANE AND HIT ME. WE PULLED INTO UDF AND I CALLED MASON POLICE.

5311 Weseen Row Rd ADDRESS OF WITNESS
Amy Brill SIGNATURE OF WITNESS X
[Signature] OFFICER'S SIGNATURE X
 PHONE 513 2906468



LOCAL REPORT NUMBER 14-13516	REPORTING AGENCY Mason PD	DATE OF CRASH M 4 D 29 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Thomas Diaz HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Brown AT Mason
OFFICER'S NAME LOCATION

I was in the intersection of Sausalville Foster & Mason Montgomery Rd waiting for the green light (In the right lane), in this place there is a lane reduction from two to one lane. The green light came on we started to go, since we went to a lane reduction we went into one and one lanes, the car in front of me went to the left lane, followed by the car that was next in the left line, I started my approach to the left line (the only one opened light to 5 mph and the car behind in the left line did not allow me to go even if all the front of my car was already on the way to the left line and into a 5 mph, she did not stop and hit me in the left corner of my Rear bumper.

3920 Lost Willow
Dr Mason OH 45040

ADDRESS OF WITNESS

SIGNATURE OF WITNESS [Signature]

OFFICER'S SIGNATURE [Signature]

PHONE 513-205-3116