



Traffic Crash Report

Local Report Number *	Crash Severity	HIT/Skip
2014-17439	3 1 - Fatal 2 - Injury 3 - PDO	<input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved

Photos Taken <input 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	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
			08804	MASON POLICE	02	02 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	CITY OF MASON	06/01/2014	17:00	SUN

Degrees / Minutes / Seconds	Decimal Degrees
Latitude: 39° 20' 42.65" Longitude: -84° 16' 08.91"	Latitude: Longitude:

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	04	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Type 1	Location Route Number	Loc Prefix	Location Road Name	Location Road Type 2	Route Types 1
			KINGS ISLAND	DR	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	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type 2
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input checked="" type="checkbox"/> Yards	<input type="checkbox"/> N, S, E, W			6300 KINGS ISLAND	OR

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
3 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/Roundabout 06 - Five-point, or more 07 - On Ramp 08 - OH Ramp 09 - Crossover 10 - Driveway/Alley Access	<input type="checkbox"/>	1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

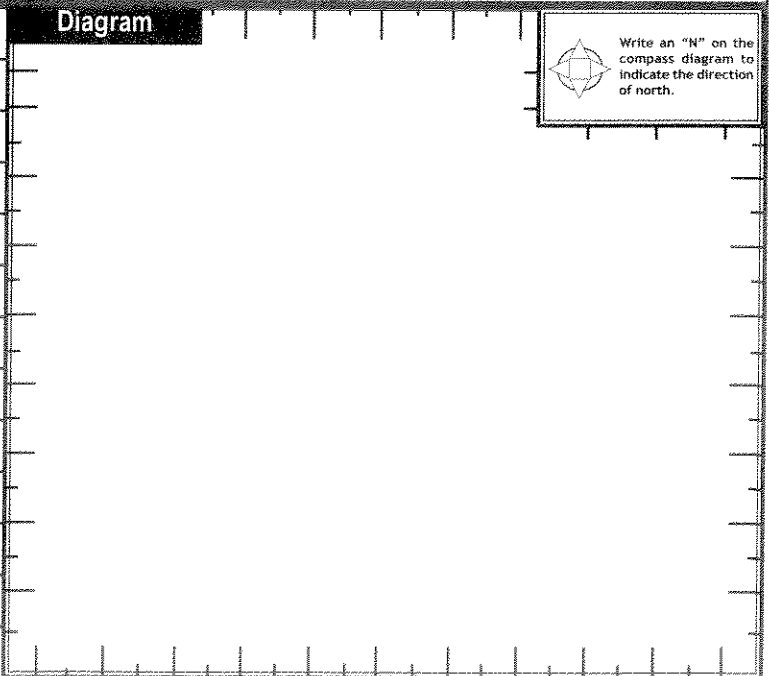
Road Contour	Road Conditions	Weather
1 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 Primary Secondary 01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	1 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Manner of Crash Collision/Impact	Weather
6 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	1 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Road Surface	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 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	<input type="checkbox"/> 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative
 UNIT #1 AND UNIT #2 WERE (NB) ON KINGS ISLAND DRIVE IN THE 6300 BLOCK. UNIT #2 ATTEMPTED TO CHANGE LANES. UNIT #2 STRUCK UNIT #1 ON THE RIGHT FRONT.



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	<input type="checkbox"/>	06/01/2014	1655	1656	1659	1740	10	54
Officer's Name *	Officer's Badge Number	Checked By		Page 1 of 5				
A S. HERRLINGER	42	50						



Unit

Local Report Number

2014-17439

Unit Number 01	Owner Name: Last, First, Middle (X) Same As Driver	Owner Phone Number - inc. area code (X) Same As Driver	Damage Scale 2	Damaged Area
Owner Address: City, State, Zip <input type="checkbox"/> Same As Driver				
LP State OH	License Plate Number GDS 5637	Vehicle Identification Number 2T1B04EE7CK1873120104	# Occupants 04	
Vehicle Year 2012	Vehicle Make TOYOTA	Vehicle Model COROLLA	Vehicle Color WHITE	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company AMERICAN FAMILY	Policy Number 2044357701	Towed By	
Carrier Name, Address, City, State, Zip				Carrier Phone- include area code

US DOT	Vehicle Weight GVWR/GCWR 1 1 - Less than or Equal to 10k lbs. 2 - 10,001 to 26,000 lbs. 3 - More than 26,000 lbs.	Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - 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 - Grain, Chips, Gravel	09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 16 - Other/Unknown	Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Raised or Flashed) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	Hazardous Material Released <input type="checkbox"/>	<input type="checkbox"/> Hit / Skip Unit		

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 02 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 (2 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, Sanny 25 - Bicycle/Motorcyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> Has HM Placard				

Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (over 10k lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transp 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 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 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01 Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	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 Primary 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	Motorist 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 - Dangling 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action	Vehicle Defects 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Stick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 20 2 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision	Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier 33 - Median Cable Barrier or Support 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
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Tram, 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		

Unit Speed 20	Posted Speed 45	Traffic Control 12 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 2 To 1 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

2914-17439

Unit Number 22	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) LEBANON FORD	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 3	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 770 Columbus Ave Lebanon OH 45036			1 - None	
LP State OH	License Plate Number 8 2166	Vehicle Identification Number 1FA6P0HD8ES389520	2 - Minor	
Vehicle Year 2013	Vehicle Make FORD	Vehicle Model FUSION	3 - Functional	
Vehicle Color SILVER	Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company SENTRY	4 - Disability	
Policy Number 24-65167-01-50	Towed By	5 - Unknown		

Carrier Name, Address, City, State, Zip 770 Columbus			Carrier Phone - include area code	
US DOT	Vehicle Weight GVWR GVWR 1 - Less Than or Equal to 10k LBS. 2 - 10,001 to 26,000 LBS. 3 - More Than 26,000 LBS.	Cargo Busy Type 01	Trafficway Description 1	
HM Placard ID No.	Hazardous Material Released <input type="checkbox"/>	01 - No Cargo/Busy Type Not Applicable 02 - Bulk/Bag 19.15 cubic feet or More 03 - Bulk/Bag - 19.15 cubic feet or More 04 - Bulk/Bag - 19.15 cubic feet or More 05 - Bulk/Bag - 19.15 cubic feet or More 06 - Miscellaneous (includes other) 07 - Cargo (not Bulk/Bag) 08 - Other, Ship, Other	1 - Two Way, Not Divided 2 - Two Way, Not Divided, Continuous Left Turn Lane 3 - Two Way, Divided, Diagonal/Offset Median 4 - Two Way, Divided, Parallel Median Lane 5 - One-Way Trafficway	
HM Class Number	<input type="checkbox"/>	09 - Date 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 16 - Other/Unknown	<input type="checkbox"/> Hit / Skip Unit	

Non-Motorist Location Prior to Impact 01	Type of Use 01	Unit Type 03	Passenger Vehicles (less than 9 passengers)	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	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	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 2-Axis, 4 tires 14 - Single Unit Truck 3+ Axes 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Boat) 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, Sundry 25 - Bicycle/Pedacyclist 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 (if applicable in Remarks)	Most Damaged Area 09	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 3	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown

Pre-Crash Actions 03	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Stopping 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 10	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 Shift/Leak/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	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Broken 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 12 - Opposite Direction of Travel 13 - Downhill Runaway 14 - Other Non-Collision	Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Rampet 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/Transpiric 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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Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacycle 16 - Railway Vehicle (Train/Tram) 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 Rampet 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/Transpiric 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 40	Posted Speed 45	Traffic Control 12	01 - No Control 02 - Stop Sign 03 - Stop Sign 04 - Traffic Signal 05 - Traffic Signal 06 - Traffic Signal 07 - Railroad Crossings 08 - Railroad Crossings 09 - Railroad Crossings 10 - Construction Barricade 11 - Person/Vehicle, Signal 12 - Unknown Method	Unit Direction From 2 To 6	1 - North 2 - South 3 - East 4 - West 5 - Northwest 6 - Northeast 7 - Southwest 8 - Southeast 9 - Unknown
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2014-17439

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE GREEN, LEANDRA N.	DATE OF BIRTH 08201989	AGE 33	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 7603 PLAINFIELD CINTI, O. 45230	CONTACT PHONE - INCLUDE AREA CODE (513) 709 0696
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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 []	EJECTION []	TRAPPED []
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OL STATE OH	OPERATOR LICENSE NUMBER TB 028816	OL CLASS 4	NO VALID OL []	M/C END. []	CONDITION []	ALCOHOL/DRUG SUSPECTED []	ALCOHOL TEST STATUS []	ALCOHOL TEST TYPE []	ALCOHOL TEST VALUE []	DRUG TEST STATUS []	DRUG TEST TYPE []
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OFFENSE CHARGED ([] LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE [] DEVICE USED	DRIVER DISTRACTED BY []
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE WATSON, LEWIS R.	DATE OF BIRTH 06031942	AGE 71	GENDER M - MALE F - FEMALE
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ADDRESS, CITY, STATE, ZIP 728 EAGLE VIEW CT. MASON, O. 45040	CONTACT PHONE - INCLUDE AREA CODE (513) 398-8195
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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 []	EJECTION []	TRAPPED []
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OL STATE OH	OPERATOR LICENSE NUMBER RR478910	OL CLASS 4	NO VALID OL []	M/C END. []	CONDITION []	ALCOHOL/DRUG SUSPECTED []	ALCOHOL TEST STATUS []	ALCOHOL TEST TYPE []	ALCOHOL TEST VALUE []	DRUG TEST STATUS []	DRUG TEST TYPE []
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OFFENSE CHARGED ([] LOCAL CODE) 331-08	OFFENSE DESCRIPTION MARKED LANES	CITATION NUMBER 76192	HANDS-FREE [] DEVICE USED	DRIVER DISTRACTED BY []
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	99 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICKUP 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 (OH IS "DP") 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 - NBD 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 (Navigation Device, Radio, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE WATSON, LINDA	DATE OF BIRTH 03051943	AGE 71	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 728 EAGLE VIEW CT. MASON, O. 45040	CONTACT PHONE - INCLUDE AREA CODE (513) 398 8195
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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 03	AIR BAG USAGE []	EJECTION []	TRAPPED []
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE WATSON, JEREMY	DATE OF BIRTH 07031979	AGE 34	GENDER M - MALE F - FEMALE
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ADDRESS, CITY, STATE, ZIP 728 EAGLEVIEW CT. MASON, O. 45040	CONTACT PHONE - INCLUDE AREA CODE (513) 398 8195
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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 06	AIR BAG USAGE []	EJECTION []	TRAPPED []
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OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER
2919-17439

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE VELAZCO, SIERRA	DATE OF BIRTH 11/27/2000	AGE 13	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP 209 EAST WYOMING CINTI, O. 45215	CONTACT PHONE - INCLUDE AREA CODE (513) 365-5960
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 05	AIR BAG USAGE 5	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE SCHMURR, PAYTON	DATE OF BIRTH 02/14/2001	AGE 13	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP 230 MILL ST. CINTI, O. 45215	CONTACT PHONE - INCLUDE AREA CODE (513) 713-3284
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 06	AIR BAG USAGE 5	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE GREER, GERALD	DATE OF BIRTH 05/03/1999	AGE 15	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
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ADDRESS, CITY, STATE, ZIP 4217 WOODLAWN AVE. CINTI O. 45236	CONTACT PHONE - INCLUDE AREA CODE (513) 709-0696
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	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 <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> 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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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> 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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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> 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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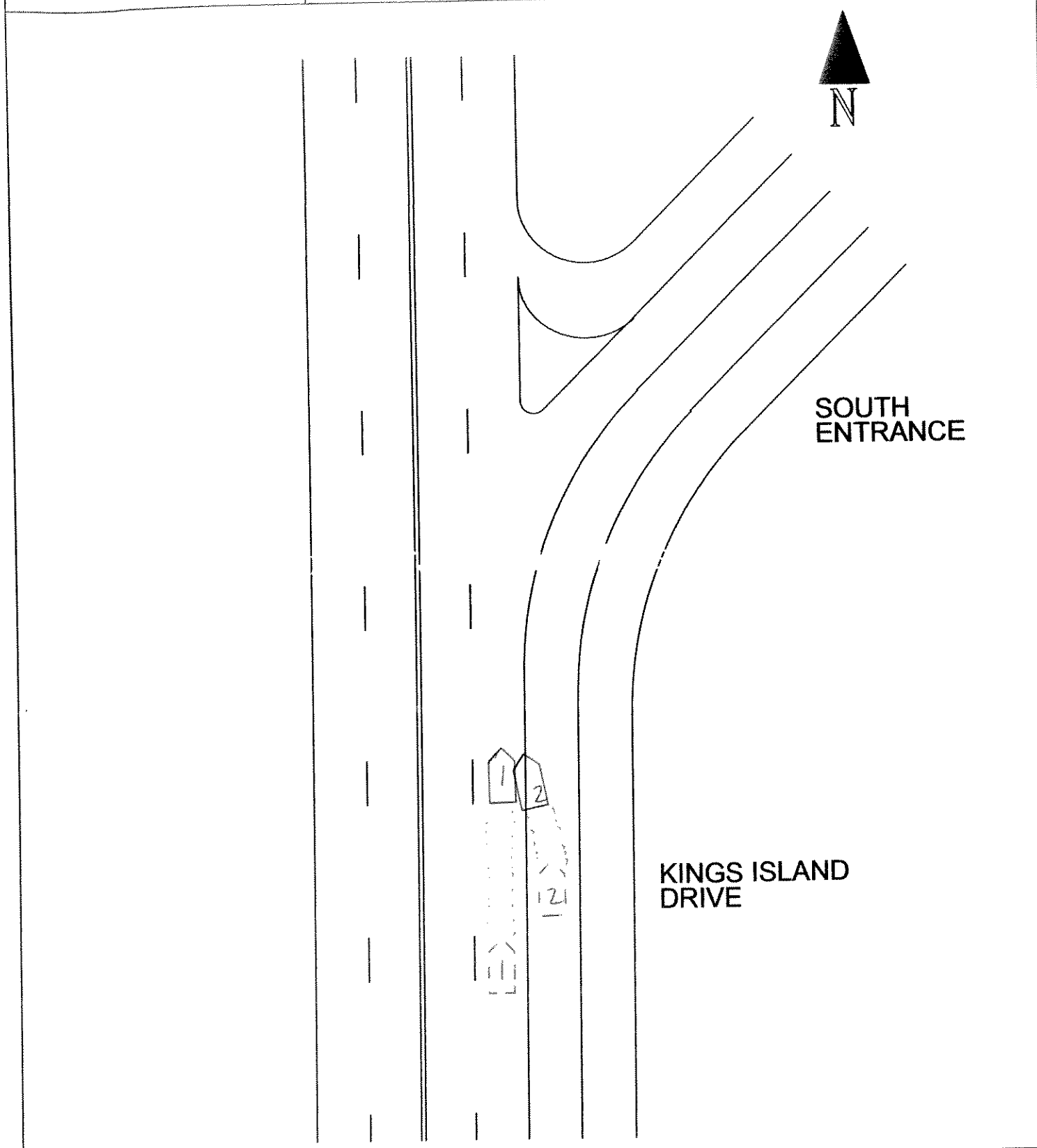
INJURIES 1 - NO INJURY / NAME REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	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 STOR. CAB) 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	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
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 14-17439	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 6 10 1 14
IN COUNTY OF WARREN	ACCIDENT LOCATION KINGS ISLAND DRIVE @ SOUTH ENTRANCE	



NOT TO SCALE

OFFICER'S SIGNATURE ASA	BADGE NUMBER 42
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LOCAL REPORT NUMBER 14-17439	REPORTING AGENCY MASON POLICE	DATE OF CRASH 6/1/14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Leandra Green HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
 P.O. Andrew Herrlinger AT 6300 Kings Island
OFFICER'S NAME LOCATION

I Leandra Green was in the left hand lane going to Kings island and the other car is ~~was~~ the ^{right} lane next to me just came in my lane and hit me on the right side of my car. K.L. Gerald Green 4217 woodlawn Ave Cincinnati OH 45236 -5-3-99 B.R.P. Sierra Velazquez 209 East Wyoming Cincinnati Oh 45215 (513)-~~332~~-365-5960, Payton Schurr 230 Mill Street Cincinnati Ohio 45215 (513)-713-3284 2-14-01

11-270
M102

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

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? north

Q. WHAT WAS YOUR SPEED? 70

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

ADDRESS OF WITNESS <u>4217 woodlawn Ave Cincinnati OH 45236</u>	PHONE <u>513-709-0696</u>
SIGNATURE OF WITNESS <u>X Leandra Green</u>	OFFICER'S SIGNATURE <u>X APN</u>



DATE OF CRASH

LOCAL REPORT NUMBER

14-17439

REPORTING AGENCY

MASON POLICE

6-1-14

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

LEWIS R. WATSON

PRINTED

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

P.O. Andrew Herrlinger

OFFICER'S NAME

AT Kings Island

LOCATION

IN TURN LANE AT Kings Island. Wanting to go straight. Look in mirror. No Body ~~fell~~ started to pull left. Don't know where she came from. going 40 mph.

1 FAGPOL/D8E5385952

F/R LINDA WATSON

313-440336

3/5/43

L/R Jeremy Watson

285-882552

~~12/3/79~~ 7/3/79

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED?

No

Q. WERE YOU WEARING YOUR SEAT BELT?

Yes

Q. WHAT DIRECTION WERE YOU GOING?

North

Q. WHAT WAS YOUR SPEED?

40 M.P.H.

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH?

No

ADDRESS OF WITNESS

128 Eagle View Ct Mason

PHONE

398 8195

SIGNATURE OF WITNESS

X Linda M Watson
Jeremy Watson

OFFICER'S SIGNATURE

X [Signature]