



Traffic Crash Report

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|-----------------------|----------------|----------------------------|
| Local Report Number * | Crash Severity | Hit/Skip |
| 2014-1280901 | 3 - Injury | 1 - Solved 2 - Unsolved |

| | | | | | | |
|---|---|---|-------------------------|-------------------------|-----------------|-----------------------------------|
| Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | <input type="checkbox"/> Private Property | Reporting Agency NCIC * | Reporting Agency Name * | Number of Units | Unit in error |
| | | | 08304 | MASON POLICE | 02 | 02 98 - Animal 99 - Unknown |

| | | | | | |
|----------|--------|---------------------------|--------------|---------------|-------------|
| County * | City * | City, Village, Township * | Crash Date * | Time of Crash | Day of Week |
| 03 | MASON | MASON | 08272014 | 1452 | WED |

| | |
|--------------------------------------|------------------------|
| Degrees / Minutes / Seconds | Decimal Degrees |
| 39° 21' 23.76" N 84° 17' 25.34" W | 39.356600 84.290371 |

| | | | |
|--|--|----------------------|-------------------------------------|
| Roadway Division | Divided Lane Direction of Travel | Number of Thru Lanes | Road Types or Milepost ² |
| <input checked="" type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided | <input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound | 02 | RD - Road |

| | | | | | |
|----------------------------------|-----------------------|------------|--------------------|---------------------------------|--------------------------|
| Location Route Type ¹ | Location Route Number | Loc Prefix | Location Road Name | Location Road Type ² | Route Types ¹ |
| | | | KINGS MILLS | RD | RD - Road |

| | | | | | | |
|-------------------------|--------------|-----------------------------------|------------------------|------------|--|----------------------------------|
| Distance From Reference | Dir From Ref | Reference Route Type ¹ | Reference Route Number | Ref Prefix | Reference Name (Road, Milepost, House #) | Reference Road Type ² |
| | | | | | COX SMITH | RD |

| | | | |
|---|--|--|---|
| Reference Point Used | Crash Location | Intersection Related | Location of First Harmful Event |
| 1 - Intersection 2 - Mile Post 3 - House Number | 02 01 - Not an intersection 02 - Four-way intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout | <input checked="" type="checkbox"/> Intersection <input type="checkbox"/> Related | 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 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 |

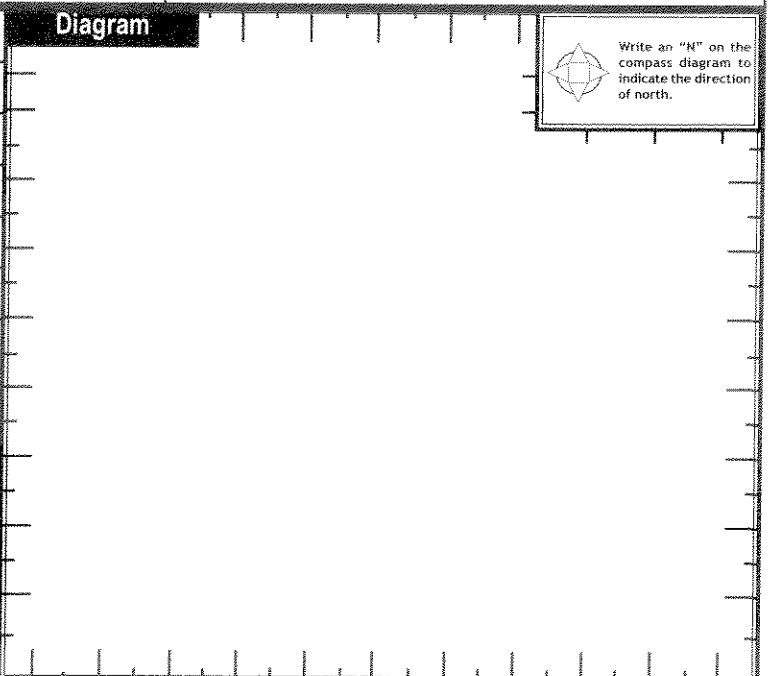
| | |
|---|---|
| Manner of Crash Collision/Impact | Weather |
| 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown | 1 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown |

| | | |
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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 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 |

| | | | |
|--------------------------|---|--|---|
| 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) | 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 WAS EAST BOUND ON KINGS MILLS RD. UNIT #2 WAS CROSSING KINGS MILLS RD FROM COX SMITH RD TO ACOMA DR. UNIT #2 FAILED TO YIELD AND STRUCK #1.



| | | | | | | | | |
|-----------------------------|--|---------------------|---------------------|---------------|--------------|--------------|--------------------------|---------------|
| Report Taken By | Supplement (Correction or Addition to an Existing Report Sent to OOPS) | File Crash Reported | Time Crash Reported | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| X Police Agency Motorist | | 08272014 | 1459 | 1457 | 1459 | 1551 | 30 | 82 |
| Officer's Name | Officer's Badge Number | Checked By | Page of | | | | | |
| BRYANT | 55 | 55 | | | | | | |



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

120111-12801910

MOTORIST/Non-MOTORIST

UNIT NUMBER: 01 NAME: LAST, FIRST, MIDDLE: LYONS, HOLLY R. DATE OF BIRTH: 09.14.1979 AGE: 34 GENDER: F - FEMALE
 ADDRESS, CITY, STATE, ZIP: 4376 SPRINGBROOK RD LEBANON OHIO 45036 CONTACT PHONE- INCLUDE AREA CODE: 407595 9309

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: []

OL STATE: 04 OPERATOR LICENSE NUMBER: RM356555 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: []

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

MOTORIST/Non-MOTORIST

UNIT NUMBER: 02 NAME: LAST, FIRST, MIDDLE: LEWIS, KATRINA L. DATE OF BIRTH: 09.11.1968 AGE: 45 GENDER: F - FEMALE
 ADDRESS, CITY, STATE, ZIP: 214 VAN BUREN DR MASON OHIO 45040 CONTACT PHONE- INCLUDE AREA CODE: 513398 8853

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: []

OL STATE: 04 OPERATOR LICENSE NUMBER: RP 745492 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: []

OFFENSE CHARGED ([] LOCAL CODE): 331.18 OFFENSE DESCRIPTION: FAILED TO YIELD CITATION NUMBER: 76823 HANDS-FREE DEVICE USED: [] DRIVER DISTRACTED BY: []

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
 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

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

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 (GND IS "0")
 5 - MC/MOPED ONLY

CONDITION

1 - APPARENTLY NORMAL
 2 - PHYSICAL IMPAIRMENT
 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)
 4 - ILLNESS
 5 - FELL ASLEEP, FAINTED, FATIGUED
 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL
 7 - OTHER

ALCOHOL/DRUG SUSPECTED

1 - NONE
 2 - YES - ALCOHOL SUSPECTED
 3 - YES - HBD NOT IMPAIRED
 4 - YES - DRUGS SUSPECTED
 5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS

1 - NONE GIVEN
 2 - TEST 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

OCCUPANT

UNIT NUMBER: 02 NAME: LAST, FIRST, MIDDLE: LEWIS, DUSTIN DATE OF BIRTH: 06.14.2002 AGE: 12 GENDER: M - MALE
 ADDRESS, CITY, STATE, ZIP: 214 VAN BUREN DR MASON OHIO 45040 CONTACT PHONE- INCLUDE AREA CODE: 513398 8853

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: []

UNIT NUMBER: [] NAME: LAST, FIRST, MIDDLE: [] DATE OF BIRTH: [] AGE: [] GENDER: [] F - FEMALE
 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 MOTORCYCLE HELMET: [] SEATING POSITION: [] AIR BAG USAGE: [] EJECTION: [] TRAPPED: []



Unit

Local Report Number **2014-12801910**

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|---|--|--|-----------------------------------|------------------|
| Unit Number 01 | Owner Name: Last, First, Middle (Same As Driver) | Owner Phone Number - inc. area code (Same As Driver) | Damage Scale 4 | Damaged Area |
| LP State OH | License Plate Number FNH 8545 | Vehicle Identification Number 2GKFLWES0CG185420 | # Occupants 01 | |
| Vehicle Year 2012 | Vehicle Make GMC | Vehicle Model TERRAIN | Vehicle Color WHITE | |
| Proof of Insurance Shown <input checked="" type="checkbox"/> | Insurance Company GEICO | Policy Number 4110035468 | Towed By SORA S | |
| 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 - 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 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 (Painted or Grass -4 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released | <input type="checkbox"/> Hit / Skip Unit | | |

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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 06 99 - Unknown or Hit / Skip Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle | Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2 axle, 6 tires 14 - Single Unit Truck; 3 - axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle | Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surry 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 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 Undercarriage 11 - Undercarriage 12 - Load/Trailer 13 - Total/GAT 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 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 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 - Darting 25 - Lying and/or Illegality 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 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> First Harmful Event 1 Most Harmful Event 1 Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacyclist 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 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 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 35 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated | Posted Speed 35 | Traffic Control 02 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 4 To 3 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown |
|---|---------------------------|--|--|



Unit

Local Report Number
261141-281070

| | | | | |
|--------------------------|--|--|--------------------------|---|
| Unit Number 02 | Owner Name: Last, First, Middle (Same As Driver) | Owner Phone Number - inc. area code (Same As Driver) | Damage Scale 3 | Damaged Area Front 09 08 10 07 06 05 Rear |
|--------------------------|--|--|--------------------------|---|

Owner Address: City, State, Zip **(Same As Driver)**

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|-----------------------|---|---|--------------------------|
| LP State OH | License/Plate Number DFY 6399 | Vehicle Identification Number 261WBS E38C L11 88949 | # Occupants 02 |
|-----------------------|---|---|--------------------------|

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|-----------------------------|----------------------------------|--------------------------------|-----------------------------|
| Vehicle Year 2012 | Vehicle Make CHEVROLET | Vehicle Model MALIBU | Vehicle Color GRY |
|-----------------------------|----------------------------------|--------------------------------|-----------------------------|

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|---|--|---------------------------------------|----------|
| Proof of Insurance Shown <input checked="" type="checkbox"/> | Insurance Company STATE FARM | Policy Number 2837062C2835H | Towed By |
|---|--|---------------------------------------|----------|

Carrier Name, Address, City, State, Zip

Carrier Phone- include area code

| | | | |
|-----------------------------|---|---|--|
| US DOT HM Placard ID No. | Vehicle Weight GVWR/GWR 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 | Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Median or Groin -4 P.I.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway |
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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 | Unit Type 03 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle | Passenger Vehicles (less than 9 passengers) Med/Heavy Trucks or Combo Units > 10k lbs Bus/Van/Limo (9 or More including Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedalcyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist |
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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 02 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear | Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
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| Pre-Crash Actions 01 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 02 Secondary 01 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 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 01 Most Harmful Event 01 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 |
|---|---|--|--|

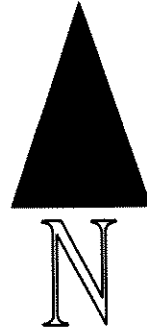
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|--|---------------------------|---|--|---|---|
| Unit Speed 10 * Stated □ Estimated | Posted Speed 25 | Traffic Control 02 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone | 07 - Railroad Crossbucks 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 1 To 2 2 - North 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown |
|--|---------------------------|---|--|---|---|

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

| | | |
|--|--|---|
| LOCAL REPORT NUMBER <i>14-28090</i> | REPORTING AGENCY MASON POLICE | DATE OF ACCIDENT M 08 D 28 Y 14 |
| IN COUNTY OF WARREN | ACCIDENT LOCATION KINGS MILLS RD | |

COX SMITH RD



KINGS MILLS RD



ACOMA DR

NOT TO SCALE

OFFICER'S SIGNATURE

BADGE NUMBER

55



| | | |
|---------------------|----------------------------------|---------------------------|
| LOCAL REPORT NUMBER | REPORTING AGENCY MASON POLICE | DATE OF CRASH 08 27 14 |
|---------------------|----------------------------------|---------------------------|

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

I, Holly Lyons PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. Kevin Bryant OFFICER'S NAME AT Kings Mills Rd / Cox-Smith Rd. LOCATION

I was traveling on Kings Mills Rd headed to 741, approx 2:50pm 8/27/14. A grey car was on my left & came through the intersection & hit my drivers side door & we traveled a little distance.

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

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING?

Q. WHAT WAS YOUR SPEED? approx 35-37 mph

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

ADDRESS OF WITNESS 4376 Springboro Rd Lebanon, OH 45036 PHONE (407) 595-9309

SIGNATURE OF WITNESS X Holly Lyons OFFICER'S SIGNATURE X P.O. K. Bryant



| | | |
|---------------------|---|---------------------------------|
| LOCAL REPORT NUMBER | REPORTING AGENCY MASON POLICE | DATE OF CRASH M 08 D 27 Y 14 |
|---------------------|---|---------------------------------|

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

I, Katrina Lewis HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
P.O. K. S. BRYANT AT Acoma and Kings Mills
OFFICER'S NAME LOCATION

I was crossing Kings Mills from LeSmith to Acoma. I was looking left (east) and did not see the car coming from the right (west) when I crossed the street.

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

Q. WERE YOU WEARING YOUR SEAT BELT? Yes of course

Q. WHAT DIRECTION WERE YOU GOING? South

Q. WHAT WAS YOUR SPEED? 5-10 mph

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

| | |
|--|---|
| ADDRESS OF WITNESS <u>214 Van Buren Drive, Mason OH</u> | PHONE <u>398-8853</u> |
| SIGNATURE OF WITNESS X <u>Katrina Lewis</u> | OFFICER'S SIGNATURE X <u>P.O. K. S. Bryant</u> |