



Traffic Crash Report

Local Report Number * 2014-30210 Crash Severity 3 Hit/Skip 1
 1 - Fatal 2 - Injury 3 - PDO 1 - Solved 2 - Unsolved

Local Information
 Photos Taken PDO Under State Reportable Dollar Amount Private Property
 OH-2 OH-1P OH-3 Other
 Reporting Agency NCIC * 8304 Reporting Agency Name * MASON POLICE
 Number of Units 01 Unit in error 01
 98 - Animal 99 - Unknown

County * 83 City * MASON City, Village, Township *
 City * Village * Township *
 Crash Date * 09152014 Time of Crash 1510 Day of Week MON

Degrees / Minutes / Seconds Latitude Longitude
 0 / / " 0 / / " 0 R
 Decimal Degrees Latitude Longitude
39.368340 -81.289413

Roadway Division Divided Undivided
 Divided Lane Direction of Travel N - Northbound E - Eastbound S - Southbound W - Westbound
 Number of Thru Lanes 02
 Road Types or Milepost ²
 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 Number 01 Location Route Type 1 Loc Prefix N,S Location Road Name GRANITE Location Road Type CT
 Reference Route Number 4019 Reference Name (Road, Milepost, House #) 4019 Reference Road Type 2

Distance From Reference 0 Dir From Ref 0 Reference Route Number 4019 Reference Name (Road, Milepost, House #) 4019 Reference Road Type 2
 Miles Feet Yards
 N,S E,W
 N,S E,W

Reference Point Used 3 Crash Location 01
 1 - Intersection 2 - Mile Past 3 - House Number
 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 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access
 11 - Railway Grade Crossing 12 - Shared-Use Paths or Trails 99 - Unknown
 Intersection Related 6 Location of First Harmful Event
 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside
 5 - On Gore 6 - Outside Trafficway 9 - Unknown

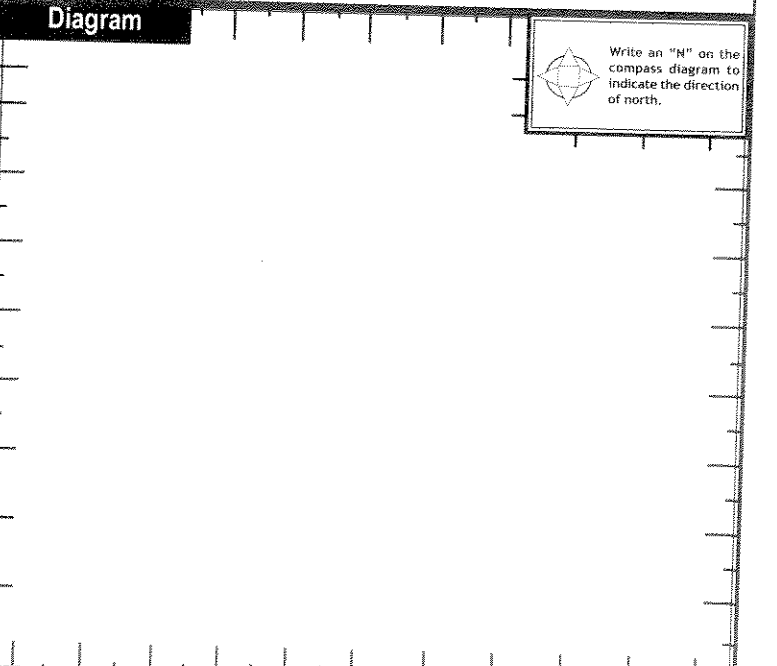
Road Contour 2 Road Conditions Primary 01 Secondary 01
 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown
 01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*
 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown

Manner of Crash Collision/Impact 1 Weather 1
 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 - 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 2 Light Conditions Primary 1 Secondary 01
 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
 School Bus Related School Bus Directly Involved School Bus Indirectly Involved

Work Zone Related Workers Present Law Enforcement Present (Officer/Vehicle) Law Enforcement Present (Vehicle Only)
 Type of Work Zone 01 Location of Crash in Work Zone 01
 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 PARKED, FACING EAST IN FRONT OF
4019 GRANITE CT. UNIT 1 OPERATOR ATTEMPTED A
MULTI-POINT TURN IN THE ROADWAY. UNIT 1
BACKED INTO THE MAILBOX AT 4019 GRANITE CT,
CAUSING DAMAGE TO THE MAILBOX AND POST.
UNIT #1'S REAR WINDOW WAS BROKEN OUT.
UNIT #1 THEN FLED THE SCENE. THE
ENTIRE INCIDENT WAS WITNESSED BY THE
HOMEOOWNER. THE HOMEOWNER POSITIVELY
IDENTIFIED THE DRIVER. THE OPERATOR
ADMITTED TO CAUSING THE DAMAGE AND
LEAVING THE SCENE.



Report Taken By Police Agency Motorist Supplement (Correction or Addition to an Existing Report Sent to ODPS)
 Date Crash Reported 09152014 Time Crash Reported 1510 Dispatch Time 1511 Arrival Time 1526 Time Cleared 1554 Other Investigation Time 120 Total Minutes 148
 Officer's Name * SCONE Officer's Badge Number 60 Checked By 120
 Page 1 of 3



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
2014-30210

MOTORIST/Non-MOTORIST

UNIT NUMBER: 011 | NAME: LAST, FIRST, MIDDLE: PANKO, KELLEY R. | DATE OF BIRTH: 07/28/1976 | AGE: 38 | GENDER: F (Female)

ADDRESS, CITY, STATE, ZIP: 912 HONEYSUCKLE LN. MILFORD, OH 45150 | CONTACT PHONE - INCLUDE AREA CODE: 513-833-3857

INJURIES: 1 (Injured) | EMS AGENCY: | MEDICAL FACILITY INJURED TAKEN TO: | SAFETY EQUIPMENT USED: 09 (Motorcycle helmet) | DOT COMPLIANT: | SEATING POSITION: 01 | AIR BAG USAGE: 1 | EJECTION: 1 | TRAPPED: 1

OL STATE: OH | OPERATOR LICENSE NUMBER: RT120386 | OL CLASS: D | ALCOHOL/DRUG SUSPECTED: 1 | ALCOHOL TEST STATUS: 1 | ALCOHOL TEST TYPE: 1 | ALCOHOL TEST VALUE: | DRUG TEST STATUS: 1 | DRUG TEST TYPE: 1

OFFENSE CHARGED: 335.14 (Local Code) | OFFENSE DESCRIPTION: VEHICLE ACCIDENT RESULTING IN DAMAGE TO REALTY | CITATION NUMBER: 76959 | HANDS-FREE DEVICE USED: | DRIVER DISTRACTED BY: 1

MOTORIST/Non-MOTORIST

UNIT NUMBER: | NAME: LAST, FIRST, MIDDLE: | DATE OF BIRTH: | AGE: | GENDER: F (Female)

ADDRESS, CITY, STATE, ZIP: | CONTACT PHONE - INCLUDE AREA CODE: | INJURIES: | EMS AGENCY: | MEDICAL FACILITY INJURED TAKEN TO: | SAFETY EQUIPMENT USED: | DOT COMPLIANT: | SEATING POSITION: | AIR BAG USAGE: | EJECTION: | TRAPPED:

OL STATE: | OPERATOR LICENSE NUMBER: | OL CLASS: | 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:

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 (01-04), Non-MOTORIST (05-14), 99 - UNKNOWN SAFETY EQUIPMENT.

SEATING POSITION: 01-06, 07-09, 10-11, 12-16, 99. AIR BAG USAGE: 1-9. EJECTION: 1-4. TRAPPED: 1-3. OPERATOR LICENSE CLASS: 1-5. CONDITION: 1-4. ALCOHOL/DRUG SUSPECTED: 1-7.

ALCOHOL TEST STATUS: 1-5. ALCOHOL TEST TYPE: 1-5. DRUG TEST STATUS: 1-5. DRUG TEST TYPE: 1-4. DRIVER DISTRACTED BY: 1-7.

OCCUPANT

UNIT NUMBER: W11 | NAME: LAST, FIRST, MIDDLE: BROWN, LIESL | DATE OF BIRTH: 11/14/1971 | AGE: 42 | GENDER: F (Female)

ADDRESS, CITY, STATE, ZIP: 4019 GRANITE CT MASON, OH 45040 | CONTACT PHONE - INCLUDE AREA CODE: 513-222-2514

INJURIES: | EMS AGENCY: | MEDICAL FACILITY INJURED TAKEN TO: | SAFETY EQUIPMENT USED: | DOT COMPLIANT: | SEATING POSITION: 15 | 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: | EMS AGENCY: | MEDICAL FACILITY INJURED TAKEN TO: | SAFETY EQUIPMENT USED: | DOT COMPLIANT: | SEATING POSITION: | AIR BAG USAGE: | EJECTION: | TRAPPED:

INJURIES: | EMS AGENCY: | MEDICAL FACILITY INJURED TAKEN TO: | SAFETY EQUIPMENT USED: | DOT COMPLIANT: | SEATING POSITION: | AIR BAG USAGE: | EJECTION: | TRAPPED:



Unit

Local Report Number
2014-30210

| | | | | |
|--|--|--|--|-------------------|
| Unit Number 011 | Owner Name: Last, First, Middle (Same As Driver) | Owner Phone Number - inc. area code (Same As Driver) | Damage Scale 3 | Damaged Area |
| Owner Address: City, State, Zip (Same As Driver) | LP State OH | License Plate Number FFA 477Z | Vehicle Identification Number 5TEB45JR7B5046479 | # Occupants 01 |
| Vehicle Year 2011 | Vehicle Make TOYOTA | Vehicle Model 4 RUNNER | Vehicle Color BLUE | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company ALFA SPECIALTY | Policy Number 14-34-004137195 | Towed By | |
| Carrier Name, Address, City, State, Zip | | | Carrier Phone- include area code | |

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|-------------------|--|--|---|--|
| US DOT | Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs. | Cargo Body Type 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 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected/Shared or Cross-Traffic Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released | | | <input checked="" type="checkbox"/> Hit / Skip Unit |

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| Non-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/Unknown | Type of Use 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | Unit Type 06 Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle | Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (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 |
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| Special Function 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 | Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
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| Pre-Crash Actions 02 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 11 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/DIF 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 - 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 47 2 3 4 5 6 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 12 - Downhill Runaway 13 - Other Non-Collision |
|--|---|

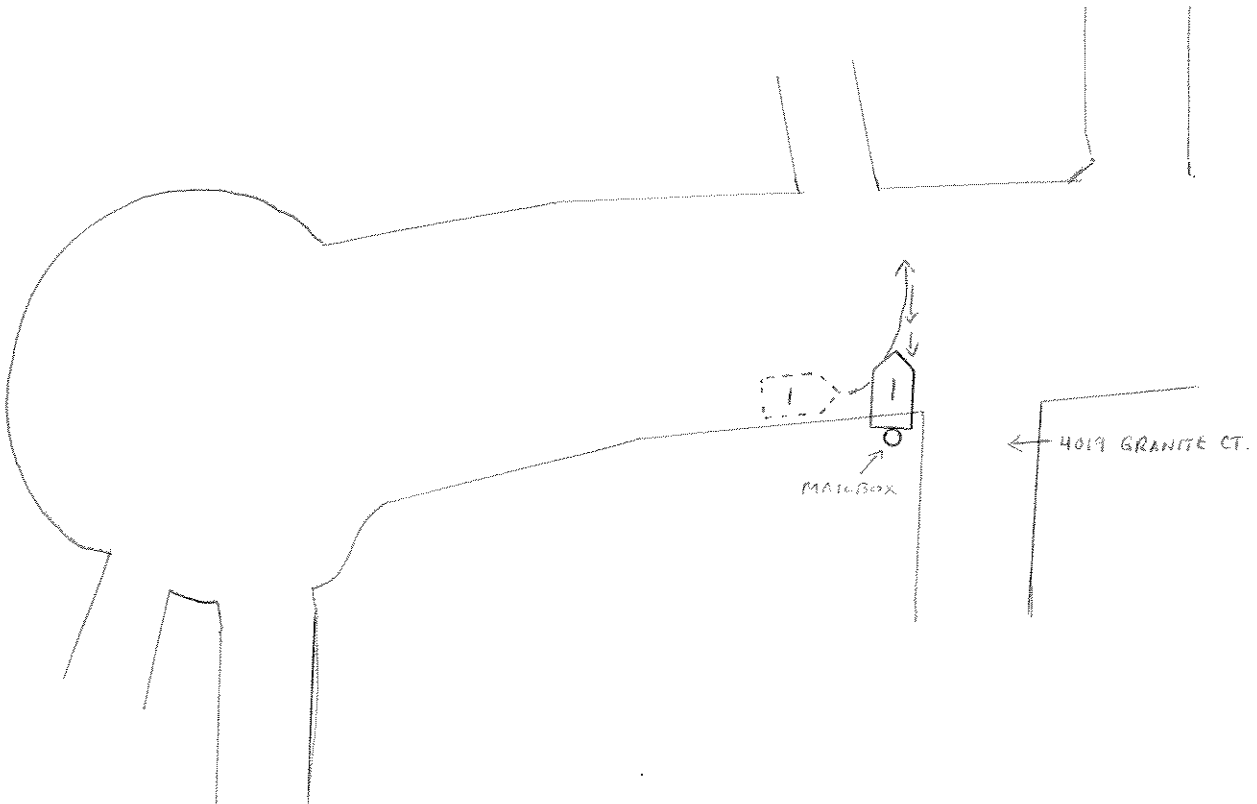
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|---|
| Collision with Person, Vehicle, or Object Not Fixed 14 - Pedestrian 15 - Pedacycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - 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 Concrete 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 type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated | Posted Speed 25 | Traffic Control 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 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown |
|--|--------------------|---|--|



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|---------------------------------|--|------------------------------------|
| LOCAL REPORT NUMBER 14-30210 | REPORTING AGENCY MASON POLICE | DATE OF CRASH M 9 D 15 Y 14 |
| IN COUNTY OF WARREN | CRASH LOCATION 4019 GRANITE CT. MASON, OH 45040 | |

* NOT TO SCALE



| | |
|---|--------------------|
| OFFICER'S SIGNATURE X <i>Christopher A. Ste...</i> | BADGE NUMBER 60 |
|---|--------------------|



CITY OF MASON OHIO

more than you imagine.

POLICE DEPARTMENT

Incident # 14-30210

Statement of:

| | | |
|---|---|---------------------------|
| Name: Liesl Brown | Address: 4019 Granite Ct Mason OH 45040 | |
| Telephone: 513 222 2514 or 513 204 0089 | SSN: | Date of Birth: 11-14-1971 |

I had noticed a girl parked outside my house just sitting inside her car for about 30 minutes. It was out-of-the-ordinary so I watched her from my front door window. My husband called me on my cell phone while I was watching her and I told him that this lady was sitting outside and had been for a while. While I was telling him this, she did a U-turn and tried to pull away to go ~~to~~ in the opposite direction from the way she was parked (into the culdesac). When she realized she wasn't going to make the ~~to~~ turn, she backed up directly into my mailbox pole that was cemented into the ground. She backed up fast enough to smash out the entire back window of her car and dent the back of her car while taking out my mailbox and leaving shattered glass everywhere. Since I watched all of this happen from my front door, I immediately walked outside to the mailbox, thinking she would stop since she was forced to drive around the culdesac and pass me. But when she saw me, she sped up and immediately left my street. I never got the make of the car but I did get the license plate number and immediately recorded it in my cell phone. The license plate number was the following:

My signature below confirms that this statement is truthful and was given voluntarily.

| | | |
|------------------------|----------------------------------|--------------|
| Signature: Liesl Brown | Date/Time Signed: 9.15.14 4:50pm | Page# 1 of 1 |
|------------------------|----------------------------------|--------------|

Ohio (the old style with the Barn in the picture) FFA 4772. I then walked inside and immediately called police.