



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
121011410101010101316181161	3 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	REPORTING AGENCY NCIC * 18136146	REPORTING AGENCY NAME * CITY OF MASON POLICE DEPT.	NUMBER OF UNITS 02	UNIT IN ERROR 01
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COUNTY * 1813	CITY * <input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * CITY OF MASON	CRASH DATE * 11/17/2014	TIME OF CRASH 1755	DAY OF WEEK WED
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DEGREES / MINUTES / SECONDS LATITUDE 0 / 0 / 0	LONGITUDE 0 / 0 / 0	DECIMAL DEGREES LATITUDE 39.1352631	LONGITUDE -84.13304131
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ROADWAY DIVISION <input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL 5 N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	NUMBER OF THRU LANES 04	ROAD TYPES OR MILEPOST * AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL
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LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOC PREFIX N, S, E, W	LOCATION ROAD NAME SWIDER ROAD	LOCATION ROAD TYPE 2 R0	ROUTE TYPES IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
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DISTANCE FROM REFERENCE 200	DIR FROM REF N, S, E, W N	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) TYLERSVILLE ROAD	REFERENCE ROAD TYPE 2 R0
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER 1	CRASH LOCATION 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDABOUT 01	06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	<input type="checkbox"/> INTERSECTION RELATED	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 1
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ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN 1	ROAD CONDITIONS PRIMARY SECONDARY 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MIXING) 07 - SLUSH 08 - DEBRIS 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT * 10 - OTHER 99 - UNKNOWN 02
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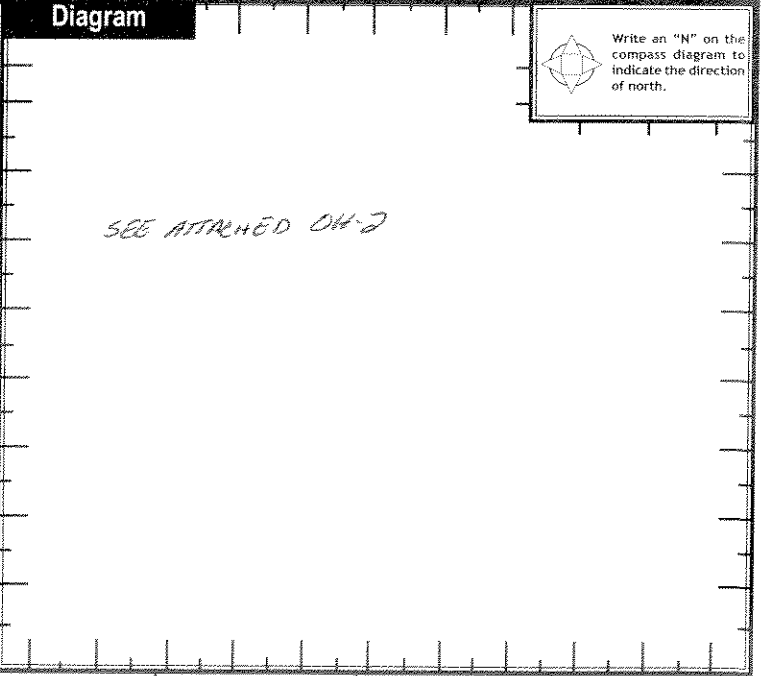
MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN 6	WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SEIL, DIRT, SNOW 9 - OTHER/UNKNOWN 2
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ROAD SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER 2	LIGHT CONDITIONS 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 9 - UNKNOWN 4	SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
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NARRATIVE

UNIT #1 WAS STOPPED IN THE CENTER LANE OF SOUTHBOUND SWIDER RD JUST NORTH OF TYLERSVILLE ROAD. UNIT #1 HAD IT'S LEFT TURN SIGNAL ACTIVATED TO MOVE INTO THE LEFT TURN LANE. UNIT 2 WAS TRAVELING BEHIND UNIT 1 AND HAD ENTERED THE LEFT TURN LANE. UNIT 1 THEN ATTEMPTED TO MOVE INTO THE LEFT TURN LANE AND PULLED INTO THE PATH OF UNIT 2. UNIT #2 THEN STRUCK UNIT 1 IN THE LEFT FRONT WITH THE RIGHT SIDE CAUSING DAMAGE.



REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO GDPS)	DATE CRASH REPORTED 11/17/2014	TIME CRASH REPORTED 1755	DISPATCH TIME 1755	ARRIVAL TIME 1818	TIME CLOSURES 1910	OTHER INVESTIGATION TIME 0130	TOTAL MINUTES 0105
OFFICER'S NAME * P.O. BRAD WALKER	OFFICER'S BADGE NUMBER 1643	CHECKED BY SO	PAGE 1 OF 4					



MOTORIST / Non-MOTORIST / OCCUPANT

Local Report Number
210114010101010368116

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER 1011	NAME: LAST, FIRST, MIDDLE KOLI, RAJENDRA, PRASAD	DATE OF BIRTH 10181011191613	AGE 51	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP
5299 LOFTON COURT MASON OHIO 45040

CONTACT PHONE- INCLUDE AREA CODE
513-239-5486

INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER RP742438	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 0.00	DRUG TEST STATUS 1	DRUG TEST TYPE 1

OFFENSE CHARGED LOCAL CODE

OFFENSE DESCRIPTION

CITATION NUMBER
75953

HANDS-FREE DEVICE USED

DRIVER DISTRACTED BY

UNIT NUMBER 1012	NAME: LAST, FIRST, MIDDLE SLIVKA, JUDITH, ANNETTE	DATE OF BIRTH 10161011191612	AGE 52	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP
6276 COACH HOUSE WAY HAMILTON OHIO 45011

CONTACT PHONE- INCLUDE AREA CODE
513-284-4780

INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1	
OL STATE OH	OPERATOR LICENSE NUMBER BB832908	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 0.00	DRUG TEST STATUS 1	DRUG TEST TYPE 1

OFFENSE CHARGED LOCAL CODE

OFFENSE DESCRIPTION

CITATION NUMBER

HANDS-FREE DEVICE USED

DRIVER DISTRACTED BY

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	Non-Motorist
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	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	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTS 14 - OTHER

SEATING POSITION	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - PASSENGER IN UNENCLOSED CARGO AREA	AIR BAG USAGE
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	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)	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN

EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (ORIG OR "D") 5 - MC/MOPED ONLY	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	1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	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

UNIT NUMBER 1012	NAME: LAST, FIRST, MIDDLE SLIVKA, TANNER	DATE OF BIRTH 101810131191919	AGE 15	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP
6276 COACH HOUSE WAY HAMILTON OHIO 45011

CONTACT PHONE- INCLUDE AREA CODE
513-284-4780

INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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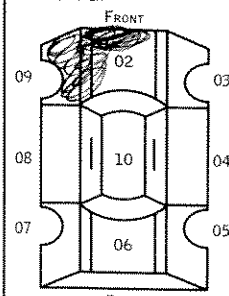
UNIT NUMBER <input type="checkbox"/>	NAME: LAST, FIRST, MIDDLE <input type="checkbox"/>	DATE OF BIRTH <input type="checkbox"/>	AGE <input type="checkbox"/>	GENDER <input type="checkbox"/>
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ADDRESS, CITY, STATE, ZIP

CONTACT PHONE- INCLUDE AREA CODE

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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LOCAL REPORT NUMBER
121011400000003618116

UNIT NUMBER 1011	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE NUMBER - INC. AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER	DAMAGE SCALE 3	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER BCY 4923	VEHICLE IDENTIFICATION NUMBER 15T1D1Z1A1231C1615151741612191	2 - MINOR	
VEHICLE YEAR 2016	VEHICLE MAKE TOYOTA	VEHICLE MODEL SIENNA	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY WESTERN UNITED INSURANCE	POLICY NUMBER DHSS-201400449	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN	
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 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION 4 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTIGUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT) MEDIUM 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	UNIT TYPE 05 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 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/TEPUPS 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIM (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/PEDESTAL CYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
<input type="checkbox"/> IN EMERGENCY RESPONSE			<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 - 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 WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AXLES) 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 03 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	MOTORIST 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 10 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 99 - UNKNOWN	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 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 00 3 00 4 00 5 00 6 00 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, AND) 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	COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED 1005	POSTED SPEED 35	TRAFFIC CONTROL 10 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSINGS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGMAN, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DONT 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
201114101010101

UNIT NUMBER: 1012 | OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER): SLIVKA, SCOTT, L | OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER): 513-284-4780 | DAMAGE SCALE: 3 | DAMAGED AREA: FRONT

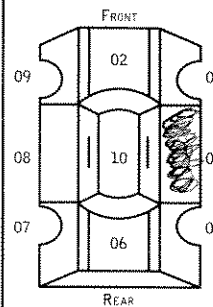
OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER): 6276 COACH HOUSE WAY HAMILTON OHIO 45011

LP STATE: OH | LICENSE PLATE NUMBER: GDZ6714 | VEHICLE IDENTIFICATION NUMBER: 4J5G1BF711E1317A2176036 | # OCCUPANTS: 1012

VEHICLE YEAR: 2017 | VEHICLE MAKE: MERCEDES-BENZ | VEHICLE MODEL: GL-CLASS GL450 | VEHICLE COLOR: BLACK

PROOF OF INSURANCE SHOWN: | INSURANCE COMPANY: U.S.A.A. | POLICY NUMBER: 018447024 | TOWED BY:

CARRIER NAME, ADDRESS, CITY, STATE, ZIP | CARRIER PHONE - INCLUDE AREA CODE



US DOT: | VEHICLE WEIGHT GVWR/GCWR: 1 - LESS THAN OR EQUAL TO 10K LBS. | CARGO BODY TYPE: 01 - NO CARGO BODY TYPE/NOT APPLICABLE | TRAFFICWAY DESCRIPTION: 4 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS 14 FT.) MEDIAN | HM CLASS NUMBER: | HAZARDOUS MATERIAL RELEASED: | HIT / SKIP UNIT:

NON-MOTORIST LOCATION PRIOR TO IMPACT: | TYPE OF USE: 1 - PERSONAL | UNIT TYPE: 06 - PASSENGER VEHICLE (LESS THAN 9 PASSENGERS) | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS: | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER): | ACTION: 3 - STRUCK

SPECIAL FUNCTION: 01 - NONE | MOST DAMAGED AREA: 04 - CENTER FRONT | IMPACT AREA: 04 - CENTER FRONT | ACTION: 3 - STRUCK

PRE-CRASH ACTIONS: | MOTORIST: 01 - STRAIGHT AHEAD | NON-MOTORIST: 15 - ENTERING OR CROSSING SPECIFIED LOCATION

CONTRIBUTING CIRCUMSTANCES: | PRIMARY: 01 - NONE | MOTORIST: 01 - NONE | NON-MOTORIST: 22 - NONE | VEHICLE DEFECTS: 01 - TURN SIGNALS

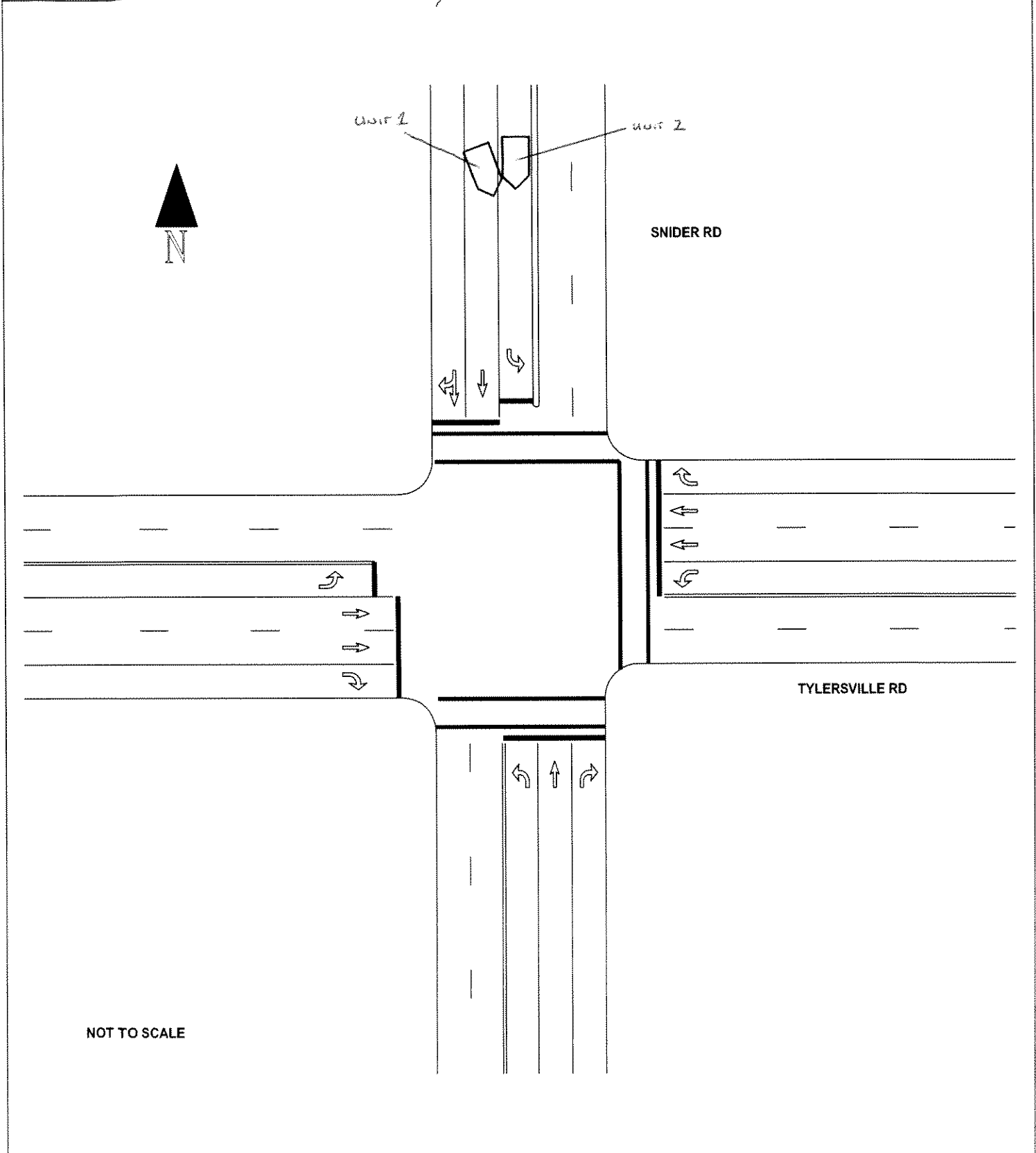
SEQUENCE OF EVENTS: | COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED: 14 - PEDESTRIAN | COLLISION WITH FIXED OBJECT: 25 - IMPACT ATTENUATOR/CRASH CUSHION

UNIT SPEED: 1030 | POSTED SPEED: 35 | TRAFFIC CONTROL: 10 - CONSTRUCTION BARRICADE | UNIT DIRECTION: FROM 1 TO 2 | 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER <i>2014-36816</i>	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M <i>11</i> D <i>17</i> Y <i>14</i>		
IN COUNTY OF WARREN	ACCIDENT LOCATION <i>SNIDER / TYLERSVILLE</i>			



OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NUMBER <i>1143</i>
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LOCAL REPORT NUMBER 2014-36816	REPORTING AGENCY CITY OF MASON PD	DATE OF CRASH M 11 D 17 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, RAJENDRA KOLKI HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

WALKER AT SNYDER & TYLERVILLE
OFFICER'S NAME LOCATION

I was in straight lane on Snyder Rd & moving into left lane; I gave left signal before I make into left lane. Other car ~~at~~ come and ~~hit~~ crossed me and hit at my bumper on driver side.

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X <i>B. Walker</i>



LOCAL REPORT NUMBER 2014-36816	REPORTING AGENCY CITY OF MASON PD	DATE OF CRASH M 11 D 17 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, JUDITH SLIVKA HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

WALKER AT SCENE
OFFICER'S NAME LOCATION

I was heading north on Snider road in the thru lane and the mini van came over right out in front of me and hit the right side of my car. I was getting ready to ~~turn~~ ^{left} on Lyleville Rd.

My son Tanner Slivka was in the front passenger seat and this is what he saw also:

Judith Slivka
Tanner Slivka
8-3-14

ADDRESS OF WITNESS	PHONE 284-4780
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X P. B. L. H.

LOCAL REPORT NUMBER 2014-36816	REPORTING AGENCY CITY OF MASON PD	DATE OF CRASH M 11 D 17 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Matthew Cross HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

WALKER AT SCENE
OFFICER'S NAME LOCATION

I was behind the minivan that was hit by SUV. The minivan put on his turn signal to move to left lane. SUV appeared to be speeding to catch the left turn light. In my opinion she should have been able to see ~~the~~ the front of the minivan leaving the center lane in time to stop but she tried to squeeze thru his bumper and the edge of the turn lane without even breaking.

ADDRESS OF WITNESS 7378 Sterling Springs Way, Burlington, Ky 41005	PHONE 859-512-8712
SIGNATURE OF WITNESS X <u>Matthew Cross</u>	OFFICER'S SIGNATURE X <u>P. B. Walker</u>