



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
2013-1319	3 1 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION READING RD		REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER		<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	02	01 98 - ANIMAL 99 - UNKNOWN
1831041		MASON POLICE			

COUNTY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
83	MASON	01/12/2013	1610	SAT

DEGREES / MINUTES / SECONDS LATITUDE	LONGITUDE	DECIMAL DEGREES LATITUDE	LONGITUDE
39°20'47.77"	-84°19'43.08"		

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST #
<input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	02	AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LAKE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE TYPE #	LOCATION ROUTE NUMBER	LOC PREFIX	LOCATION ROAD NAME	LOCATION ROAD TYPE #	ROUTE TYPES #
US	42				IR - INTERSTATE ROUTE (ING. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE TYPE #	REFERENCE ROUTE NUMBER	REF PREFIX	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE #
50	S				SNIDER	RD

REFERENCE POINT USED	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	01 - NOT AN INTERSECTION 02 - FEUP-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT	06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS
<input checked="" type="checkbox"/> 1	<input checked="" type="checkbox"/> 01	<input checked="" 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 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	PRIMARY 02 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 - 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

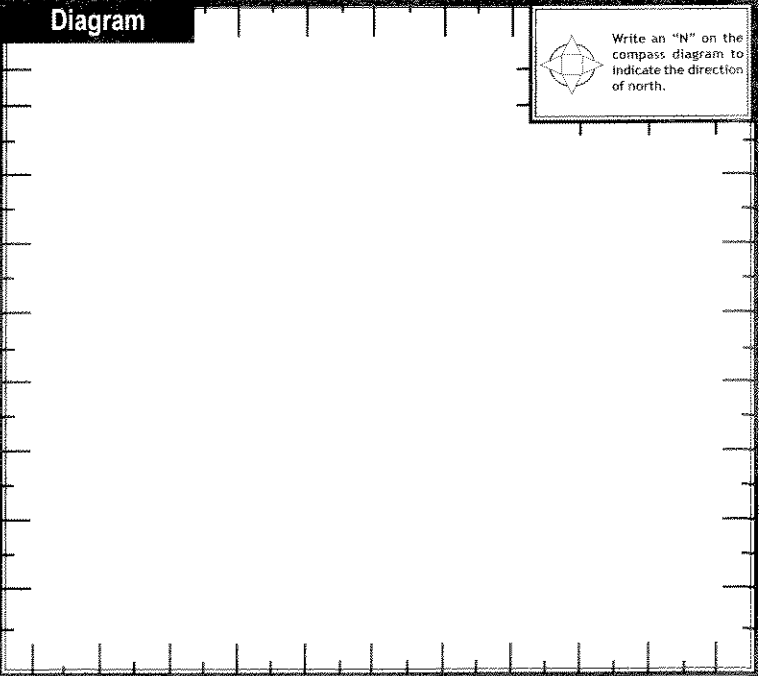
MANNER OF CRASH COLLISION/IMPACT	WEATHER
1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIP, SAME DIRECTION 8 - SIDESWIP, OPPOSITE DIRECTION 9 - UNKNOWN	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
<input checked="" type="checkbox"/> 2	<input checked="" type="checkbox"/> 2

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	PRIMARY 1 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	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	1 - LANE CLOSURE 2 - LANE SHIFTS/CROSSOVER 3 - WORK ON SHOULDER OR MEDIATEAN 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 #02 WAS STOPPED ON READING RD NEAR SNIDER RD FACING NORTHBOUND, UNIT #01 WAS TRAVELLING NORTHBOUND ON READING RD APPROACHING UNIT #02, FAILED TO ASSURE A CLEAR DISTANCE AHEAD AND STRUCK UNIT #02 IN THE REAR.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	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		01/12/2013	1610	1611	1620	1650	30	169
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE 1 OF 4					
ERIC FITZGERALD	1237	W. [Signature]						

UNIT NUMBER: 101  
OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)  
OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER)  
DAMAGE SCALE: 2  
DAMAGED AREA: FRONT

OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER)  
LP STATE: OH  
LICENSE PLATE NUMBER: FEN6819  
VEHICLE IDENTIFICATION NUMBER: 11FMZU77E12U1A1553J  
# OCCUPANTS: 101

VEHICLE YEAR: 2012  
VEHICLE MAKE: FORD  
VEHICLE MODEL: EXPLORER SPORT TRAC  
VEHICLE COLOR: RED

INSURANCE COMPANY: PERMANENT GENERAL  
POLICY NUMBER: DH7048765  
CARRIER NAME, ADDRESS, CITY, STATE, ZIP: THE GENERAL AUTO INS SVCS OH  
CARRIER PHONE - INCLUDE AREA CODE: 800-280-1466

US DOT: 1  
VEHICLE WEIGHT GVWR/GCWR: 1  
HM PLACARD ID No.:  
HM CLASS NUMBER:  
HAZARDOUS MATERIAL RELEASED:  
Cargo Body Type: 01  
Trafficway Description: 4  
Hit / Skip Unit:

Non-Motorist Location Prior to Impact: 01  
Type of Use: 1  
Unit Type: 06  
Passenger Vehicles (less than 9 passengers): 01-Subcompact, 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 (Borntail), 17-Tractor/Tractor-Double, 18-Tractor/Triples, 19-Tractor/Other Heavy Vehicle, 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, Suvrey, 25-Bicycle/Pedalcyclist, 26-Pedestrian/Skater, 27-Other Non-Motorist  
In Emergency Response:   
Has HM Placard:

Special Function: 01  
Most Damaged Area: 02  
Impact Area: 02  
Action: 3

Pre-Crash Actions: 01  
Motorist: 01-Straight Ahead, 02-Backing, 03-Changing Lanes, 04-Overtaking/Passing, 05-Making Right Turn, 06-Making Left Turn, 07-Making U-Turn, 08-Entering Traffic Lane, 09-Leaving Traffic Lane, 10-Parked, 11-Slowing or Stopped in Traffic, 12-Driverless, 13-Negotiating a Curve, 14-Other Motorist Action  
Non-Motorist: 15-Entering or Crossing Specified Location, 16-Walking, Running, Jogging, Playing, Cycling, 17-Working, 18-Pushing Vehicle, 19-Approaching or Leaving Vehicle, 20-Standing, 21-Other Non-Motorist Action

Contributing Circumstances: 09  
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/ACOA, 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-Switching to Avoid (Due to External Conditions), 16-Wrong Side/Wrong Way, 17-Failure to Control, 18-Vision Obstruction, 19-Operating Defective Equipment, 20-Lead 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 Slack Tires, 08-Trailer Equipment Defective, 09-Motor Trouble, 10-Disabled From Prior Accident, 11-Other Defects

Sequence of Events: 1-20, 2, 3, 4, 5, 6  
First Harmful Event: 1  
Most Harmful Event: 1  
Non-Collision Events: 01-Overtaken/Rollover, 02-Fire/Explosion, 03-Immersion, 04-Jackknife, 05-Cargo/Equipment Lost or Shift, 06-Equipment Failure (Blown Tire, Brake Failure, etc), 07-Separation of Units, 08-Ran Off Road Right, 09-Ran Off Road Left, 10-Cross Median, 11-Cross Center Line Opposite Direction of Travel, 12-Downhill Runaway, 13-Other Non-Collision

Collision with Person, Vehicle or Object Not Fixed: 14-Pedestrian, 15-Pedalcycle, 16-Railway Vehicle (Train, 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  
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-Erbanment, 46-Fence, 47-Mailbox, 48-Tree, 49-Fire Hydrant, 50-Work Zone Maintenance Equipment, 51-Wall, Building, Tunnel, 52-Other Fixed Object

Unit Speed: 51  
Posted Speed: 40  
Traffic Control: 12  
Unit Direction: From 8 To 5  
1-None, 2-Minor, 3-Functional, 4-Disabling, 9-Unknown  
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  
1-North, 2-South, 3-East, 4-West, 5-Northeast, 6-Northwest, 7-East, 8-Southwest, 9-Unknown



# UNIT

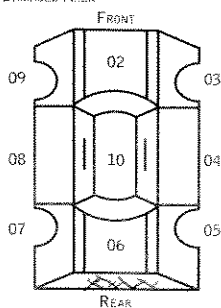
LOCAL REPORT NUMBER  
 20113-113119

UNIT NUMBER: 012  
 OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER): SCOTT TIMOTHY JAMES  
 OWNER PHONE NUMBER - INC. AREA CODE (☑ SAME AS DRIVER):  
 DAMAGE SCALE: 2  
 DAMAGED AREA: FRONT

OWNER ADDRESS: CITY, STATE, ZIP (☑ SAME AS DRIVER):  
 LP STATE: OH  
 LICENSE PLATE NUMBER: TIMBLO  
 VEHICLE IDENTIFICATION NUMBER: 11LNHM811W56Y160985Z  
 # OCCUPANTS: 03

VEHICLE YEAR: 2009  
 VEHICLE MAKE: LINCOLN  
 VEHICLE MODEL: TOWN CAR  
 VEHICLE COLOR: WHITE

PROOF OF INSURANCE SHOWN: TRAVELERS  
 INSURANCE COMPANY: TRAVELERS  
 POLICY NUMBER: 0027897831012  
 TOWED BY:  
 CARRIER NAME, ADDRESS, CITY, STATE, ZIP: GELLENBELK 9420 TOWN SQUARE AVE STE 11 CINCINNATI OH 45242  
 CARRIER PHONE - INCLUDE AREA CODE: 1-800-252-4633



US DOT: 1  
 VEHICLE WEIGHT GVWR/GCWR: 1  
 HM PLACARD ID NO.:  
 HM CLASS NUMBER:  
 CARGO BODY TYPE: 01  
 TRAFFICWAY DESCRIPTION: 4  
 HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT: 01-09  
 TYPE OF USE: 1-3  
 UNIT TYPE: 04  
 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS): 01-12  
 MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS: 13-20  
 BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER): 21-27  
 HAS HM PLACARD

SPECIAL FUNCTION: 01-08  
 MOST DAMAGED AREA: 06  
 IMPACT AREA: 06  
 ACTION: 4  
 PRE-CRASH ACTIONS: 01-09

CONTRIBUTING CIRCUMSTANCES: 01-21  
 VEHICLE DEFECTS: 01-11

SEQUENCE OF EVENTS: 1-6  
 COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED: 14-20  
 COLLISION WITH FIXED OBJECT: 25-40

UNIT SPEED: 9  
 POSTED SPEED: 40  
 TRAFFIC CONTROL: 12  
 UNIT DIRECTION: FROM 8 TO 5

UNIT SPEED: 9  
 POSTED SPEED: 40  
 TRAFFIC CONTROL: 12  
 UNIT DIRECTION: FROM 8 TO 5

UNIT SPEED: 9  
 POSTED SPEED: 40  
 TRAFFIC CONTROL: 12  
 UNIT DIRECTION: FROM 8 TO 5

UNIT SPEED: 9  
 POSTED SPEED: 40  
 TRAFFIC CONTROL: 12  
 UNIT DIRECTION: FROM 8 TO 5

UNIT SPEED: 9  
 POSTED SPEED: 40  
 TRAFFIC CONTROL: 12  
 UNIT DIRECTION: FROM 8 TO 5



# MOTORIST / Non-MOTORIST / OCCUPANT

Local Report Number  
2011 11-13 119

MOTORIST/Non-MOTORIST

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE RUGGLES ROBERT V	DATE OF BIRTH 09/04/1953	AGE 59	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 775 TAMARACK CT APT A LEBANON OH 45036	CONTACT PHONE - INCLUDE AREA CODE 937-219-7939
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RT137525	OL CLASS 4	NO VALID OL	M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (LOCAL CODE) 333.03	OFFENSE DESCRIPTION ACDA	CITATION NUMBER 72938	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
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MOTORIST/Non-MOTORIST

UNIT NUMBER 021	NAME: LAST, FIRST, MIDDLE SCOTT GLORIA J	DATE OF BIRTH 09/19/1946	AGE 66	GENDER F - FEMALE
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ADDRESS, CITY, STATE, ZIP 7460 JEAN DR WEST CHESTER OH 45069	CONTACT PHONE - INCLUDE AREA CODE 513-779-9648
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RA171495	OL CLASS 4	NO VALID OL	M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
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<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-IMPACTING 4 - IMPACTING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED <b>NON-MOTORIST</b> 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 99 - UNKNOWN SAFETY EQUIPMENT	<b>NON-MOTORIST</b> 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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<b>SEATING POSITION</b> 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 CAR (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 IN VEHICLE EXTERIOR (Non-Trailing Unit) 15 - Non-Motorist 16 - OTHER 99 - UNKNOWN	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	<b>OPERATOR LICENSE CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO "DP") 5 - MD/Moped ONLY	<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FRAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	<b>ALCOHOL/DRUG SUSPECTED</b> 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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<b>ALCOHOL TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	<b>DRUG TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	<b>DRIVER DISTRACTED BY</b> 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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OCCUPANT

UNIT NUMBER 021	NAME: LAST, FIRST, MIDDLE MAERTZ AMANDA K	DATE OF BIRTH 02/20/1988	AGE 24	GENDER F - FEMALE
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ADDRESS, CITY, STATE, ZIP 40 RICHMOND DR WEST CHESTER OH 45069	CONTACT PHONE - INCLUDE AREA CODE 513-571-3506
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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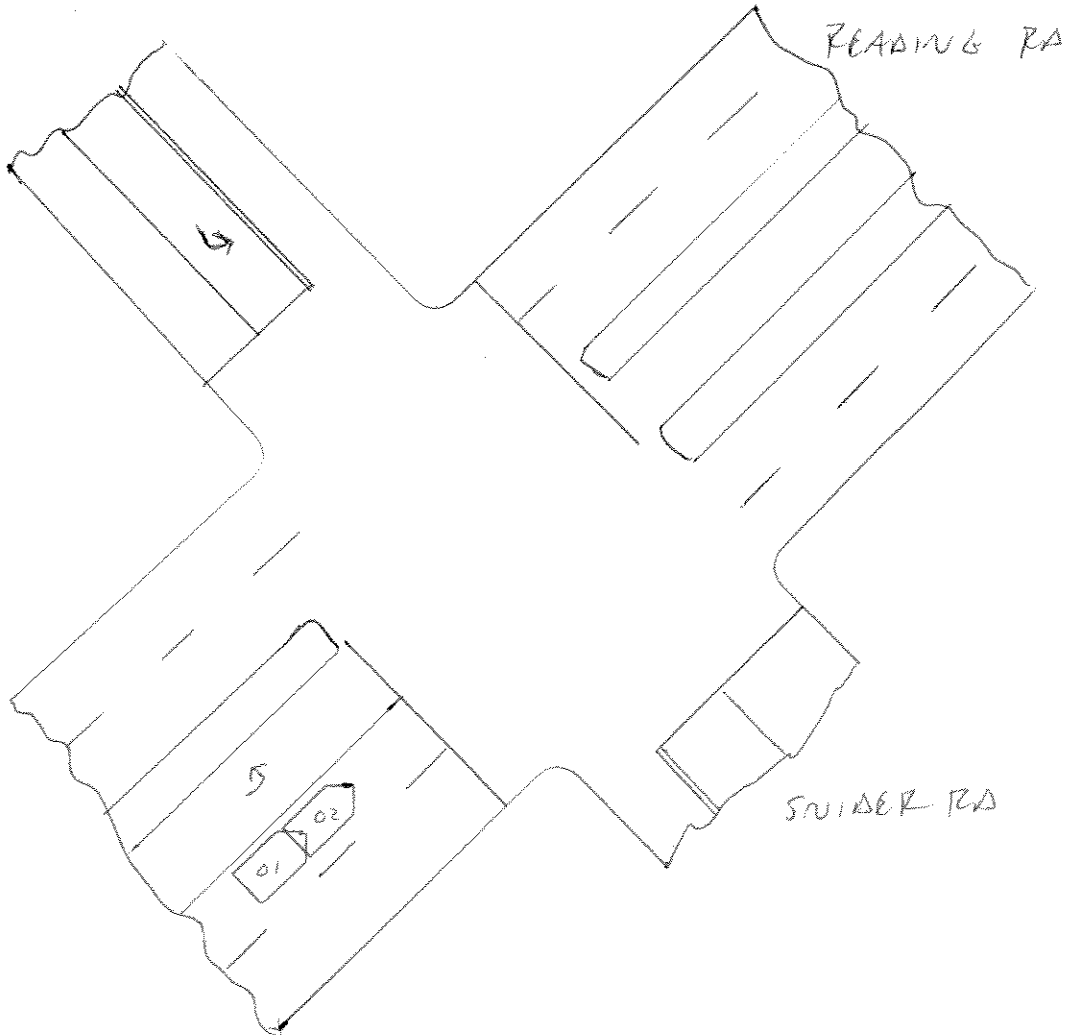
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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LOCAL REPORT NUMBER 13-1319	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01   D 12   Y 13
IN COUNTY OF WARREN	CRASH LOCATION READING RD + SWIDER RD	



NOT TO SCALE

OFFICER'S SIGNATURE X <i>[Signature]</i>	BADGE NUMBER 1237
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LOCAL REPORT NUMBER 13-1319	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 1   D 12   Y 13
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, ROBERT V. RUGGLES HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Fitzgerald AT Snider + Reading  
OFFICER'S NAME LOCATION

AT STOP LIGHT LIGHT TURN GREEN CAR IN FRONT STARTED  
AND STOPPED AND REAR ENDED WHITE LINCOLN TOWN CAR  
SPEED AT IMPACT 5 MILES PER HR. THIS HAPPEND INTERSECTION  
of READING AND SNIDER Rd. NO ONE INJURED.

ADDRESS OF WITNESS 775 A TAMARACK CT LEBANON, OH. 45036	PHONE 937-219-7939
SIGNATURE OF WITNESS X <u>Robert V. Ruggles</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>



LOCAL REPORT NUMBER 13-1319	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01   D 12   Y 13
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Gloria J. Scott HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Fitzgerald AT Snyder + Reading  
OFFICER'S NAME LOCATION

Going NORTH ON RTE 42 (READING RD) MASON, OH. STOPPED AT STOP LIGHT @ SNYDER + RTE. 42. OTHER DRIVER RAN INTO THE REAR OF MY CAR. MY HEAD WENT BACK AND FORTH QUICKLY. I WAS STUNNED. I WAS WEARING MY SEATBELT.

ADDRESS OF WITNESS 7460 JEAN DR.	PHONE 513-779-9648
SIGNATURE OF WITNESS X <u>Gloria J. Scott</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>