



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
20113-28548	7 1 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION		REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNITS IN ERROR
<input type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> PDD UNDER STATE REPORTABLE DOLLAR AMOUNT	83041	MASON POLICE	02	01 98 - ANIMAL 99 - UNKNOWN

COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
183	MASON	MASON	1/10/10 20113	1625	THU

DEGREES / MINUTES / SECONDS	LONGITUDE	DECIMAL DEGREES	LONGITUDE
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60	39.066746	-84.001484

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST *
<input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	01	AL - ALLEY CR - CIRCLE HE - HIGHWAY 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	LOCATION ROUTE TYPE 1	LOCATION ROAD NAME	LOCATION ROAD TYPE 2	ROUTE TYPES *
		MASON	RD	IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE NUMBER	REF PREFIX	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE 2
MILES FEET YARDS	N, S, E, W			SWIDER	RD

REFERENCE POINT USED	CRASH LOCATION	INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	03 01 - NOT AN INTERSECTION 02 - FOUR-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 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	<input checked="" type="checkbox"/>	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 01 SECONDARY 01	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

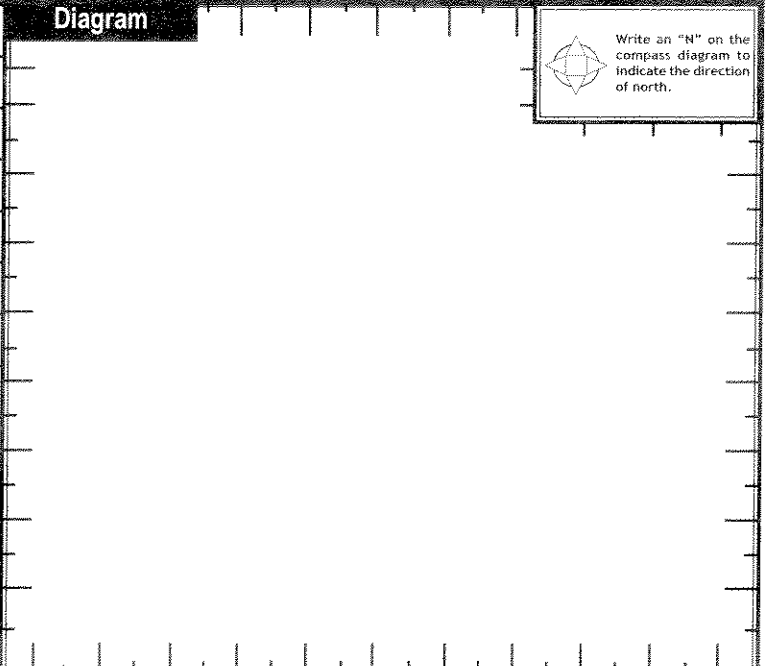
MANNER OF CRASH COLLISION/IMPACT	WEATHER
1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET,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

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAB, GRAVEL, STONE 5 - DIRT 6 - OTHER	PRIMARY 1 SECONDARY 1	<input type="checkbox"/> SCHOOL BUS 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 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 #02 WAS TRAVELLING EAST BOUND ON MASON RD APPROACHING SWIDER RD. UNIT #01 WAS TRAVELLING NORTHBOUND ON SWIDER RD AT MASON RD, FAILED TO YIELD THE RIGHT OF WAY TO UNIT #02 AT THE STOP SIGN, PROCEEDED TO TURN LEFT ONTO MASON RD, AND WAS STRUCK BY UNIT #02.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OF 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		1/10/2011 3	1627	1628	1703 11	1708	30	70
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE 1 OF 4					
ERIC FITZGERALD	1037	1041						



UNIT

LEGAL REPORT NUMBER
 2913 28548

UNIT NUMBER: 1011 | OWNER NAME: NELSON STEVEN (SAME AS DRIVER) | OWNER PHONE: (SAME AS DRIVER) | DAMAGE SCALE: 2 | DAMAGED AREA: FRONT

OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER)

LP STATE: OH | LICENSE PLATE NUMBER: FNM 7843 | VEHICLE IDENTIFICATION NUMBER: 11H161M1616151614A0119618151 | # OCCUPANTS: 1012

VEHICLE YEAR: 1994 | VEHICLE MAKE: HONDA | VEHICLE MODEL: ACCORD | VEHICLE COLOR: SILVER

PROOF OF INSURANCE SHOWN: STATE AUTO | INSURANCE COMPANY: STATE AUTO | POLICY NUMBER: AOH0101699 | TOWED BY:

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

US DOT | VEHICLE WEIGHT GVWR/GCWR: 1 | CARGO BODY TYPE: 01 | TRAFFICWAY DESCRIPTION: 1 | HM PLACARD ID No. | HM CLASS NUMBER

NON-MOTORIST LOCATION PRIOR TO IMPACT: 01-09 | TYPE OF USE: 1 | UNIT TYPE: 03 | 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

SPECIAL FUNCTION: 01 | MOST DAMAGED AREA: 07 | IMPACT AREA: 07 | ACTION: 4

PRE-CRASH ACTIONS: MOTORIST (01-06), NON-MOTORIST (13-20), 21 - OTHER NON-MOTORIST ACTION

CONTRIBUTING CIRCUMSTANCES: PRIMARY (02-04), SECONDARY (05-09), MOTORIST (01-12), NON-MOTORIST (13-31), VEHICLE DEFECTS (01-11)

SEQUENCE OF EVENTS: 1 (20), 2, 3, 4, 5, 6 | NON-COLLISION EVENTS: 01-05, 06-09, 10-13

COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED: 14-20, 21-24 | COLLISION WITH FIXED OBJECT: 25-47

UNIT SPEED: 51 | POSTED SPEED: 35 | TRAFFIC CONTROL: 02 | UNIT DIRECTION: FROM 2 TO 4



UNIT

LOCAL REPORT NUMBER

2015-28548

UNIT NUMBER 102	OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (☑ SAME AS DRIVER)	DAMAGE SCALE 2	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (☑ SAME AS DRIVER)			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER FSK 2296	VEHICLE IDENTIFICATION NUMBER 1H4G6EM156396A11136271	2 - MINOR	
VEHICLE YEAR 2010	VEHICLE MAKE Honda	VEHICLE MODEL Accord	3 - FUNCTIONAL	
VEHICLE COLOR WHITE	INSURANCE COMPANY GRANITE	POLICY NUMBER PPT1097476	4 - DISABLING	
PROOF OF INSURANCE SHOWN	TOWED BY		9 - UNKNOWN	

CARRIER NAME, ADDRESS, CITY, STATE, ZIP	CARRIER PHONE - INCLUDE AREA CODE
US DOT	VEHICLE WEIGHT GVWR/GCWR
HM PLACARD ID NO.	1 - LESS THAN OR EQUAL TO 10,000 LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.
HM CLASS NUMBER	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED
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/ENCLOSC BOX 08 - GRAM, 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 (Painted or Gated 14 Ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway

NON-MOTORIST LOCATION PRIOR TO IMPACT	TYPE OF USE	UNIT TYPE	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)	MED/HEAVY TRUCKS OR COMED UNITS > 10K LBS	BUS/VAN/LIMO (9 or More, Including Driver)
01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIUM/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	03 99 - UNKNOWN OR HIT / SKIP	01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	13 - SINGLE UNIT TRUCK OR VAN TRAILER, 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	21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BIGGY, WAGON, SURVEY 25 - BICYCLER/PEDACYCLIST 26 - PEDESTRIAN/SEATER 27 - OTHER NON-MOTORIST

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	01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER	99 - UNKNOWN	ACTION	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS	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	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/ORDER 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	2	3	4	5	6	NON-COLLISION EVENTS	06 - EQUIPMENT FAILURE (BURNED TIRE, BRAKE FAILURE, ETC)	10 - CROSS MEDIAN
FIRST HARMFUL EVENT	1						01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT	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 - PEDACYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSFER	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 PIECE 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	POSTED SPEED	TRAFFIC CONTROL	01 - NO CONTROL 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 - PICKUP (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION	FROM 4 TO 7	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST	5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST	9 - UNKNOWN
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MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

20131728548

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE NELSON ASHLEY NICOLE	DATE OF BIRTH 06/21/1996	AGE 17	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 9541 SHORT LINE CT WEST CHESTER OH 45069	CONTACT PHONE - INCLUDE AREA CODE 573-708-3981
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER UA103124	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	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (LOCAL CODE) 4511.43A	OFFENSE DESCRIPTION STOP SIGN	CITATION NUMBER 74822	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE ECKLES LESLEIGH MARIE	DATE OF BIRTH 11/27/1987	AGE 25	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 5771 JUDITH DR HAMILTON OH 45011	CONTACT PHONE - INCLUDE AREA CODE 573-225-9615
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER SS073774	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	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST: 01 - NONE USED - VEHICLE OCCUPANT 02 - "SHOULDER BELT ONLY USED" 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED NON-MOTORIST: 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	99 - UNKNOWN SAFETY EQUIPMENT	05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (Motorcycle Driver) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (Motorcycle Passenger) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (Motorcycle Side Car) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (Non-Trailing Unit Such as a Bus, 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
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (D) ("D") 5 - M/C/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
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (Navigation Device, RADAR, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE VENERABLE IAN SPENCER	DATE OF BIRTH 11/01/2000	AGE 13	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 4770 MAXWELL DR MASON OH 45040	CONTACT PHONE - INCLUDE AREA CODE 573-539-9837
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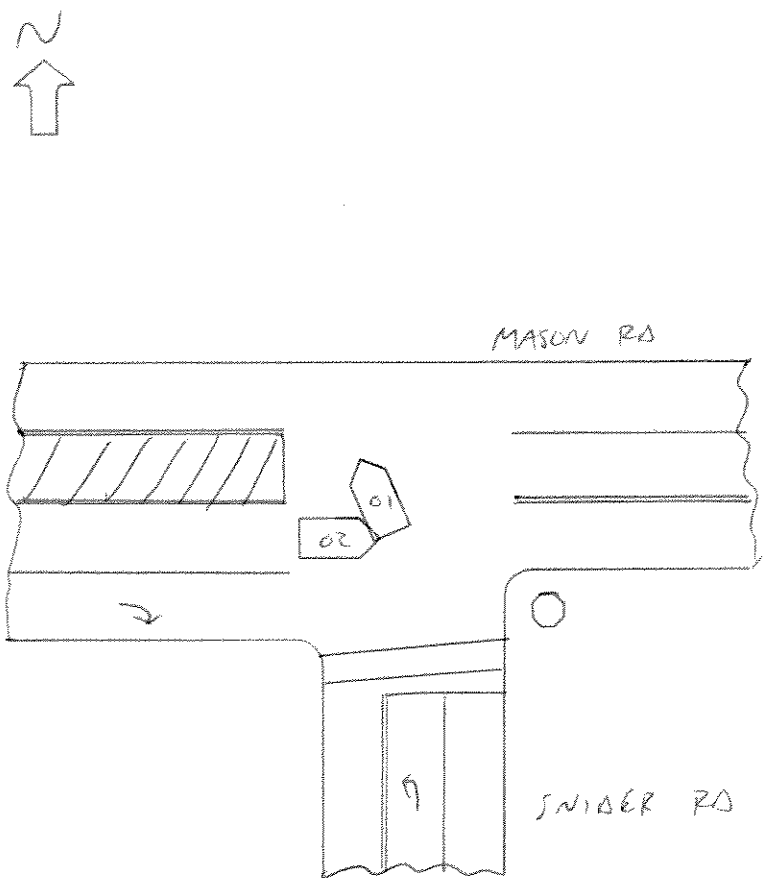
INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE CUTTER EDEN MARIA	DATE OF BIRTH 12/22/2010	AGE 2	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 5971 JUDITH DR HAMILTON OH 45011	CONTACT PHONE - INCLUDE AREA CODE 573-225-9615
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 05	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 04	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
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LOCAL REPORT NUMBER 13-28548	REPORTING AGENCY MASON POLICE	DATE OF CRASH M / 6 / D / 0 Y 13
IN COUNTY OF WARREN	CRASH LOCATION MASON RD + SWIDER RD	



NOT TO SCALE

OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 1037
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LOCAL REPORT NUMBER 17-28548	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 10 D 10 Y 17
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Lesleigh Eckles HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT Snider Rd + Mason Rd.
OFFICER'S NAME LOCATION

I was headed ~~west~~ ^{east} on Mason Rd. when silver Honda pulled out off Snider Rd. in front of me. Tried to stop but couldn't and hit driver rear panel.

Q: what was your speed?

A: 35

Q: were you wearing your seat belt?

A: YES

PASSENGER'S NAME: Eden Maria Cutter

ADDRESS: 5971 Judith Dr. Hamilton, OH 45011

PHONE NO: 513-225-9615

CHILD SEAT: (YES) / NO

AGE & DATE OF BIRTH: 2 (12-22-2010)

LOCATION IN CAR: 07

ADDRESS OF WITNESS

X 5971 Judith Dr Hamilton, OH 45011

PHONE

X 513-225-9615

SIGNATURE OF WITNESS

X Lesleigh Eckles

OFFICER'S SIGNATURE

X [Signature]



LOCAL REPORT NUMBER 13-28548	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 10 D 0 Y 17
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

Ashley Nelson PRINTED _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO

OFFICER'S NAME Fitzgerald AT Corner of Snider and Mason Road LOCATION

I was coming up Snider attempting to make a left on Mason Road. I attempted to turn and did not see the vehicle coming down Mason Road. In attempting to turn, I was hit on the left side of my vehicle.

Q: What was your speed?
A: 5 mph

Q: Were you wearing your seat belt?
A: Yes

PASSENGER'S NAME: Ian Spencer Venerable
 ADDRESS: 4770 Maxwell Dr. Mason OH, 45040
 PHONE NO: 513-339-9837 SEATBELT: YES / NO
 AGE & DATE OF BIRTH: 10/1/2000, 13 LOCATION IN CAR: Passenger seat
 ADDRESS OF WITNESS: ~~9541 Short Line Ct. West Chester OH~~ PHONE: 513-708-3981
 SIGNATURE OF WITNESS: Ashley Nelson OFFICER'S SIGNATURE: [Signature]