



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
2013-131652	3 1 - Fatal 2 - Injury 3 - PDO	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	PDO Under State Reportable Dollar Amount	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
83		MASON	11/08/2013	1433	FRI

Degrees / Minutes / Seconds	Longitude	Decimal Degrees	Longitude
Latitude 39° 21' 19.34"	84° 18' 33.70"	Latitude 39.355372	Longitude -84.309361

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 - Lane PI - Pike SQ - Square TL - Trail

Location Route Number	Location Route Type 1	Location Road Name	Location Road Type 2	Route Types 1
		MASON MONTGOMERY	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
200	N			FOXFIELD	PR

Reference Point Used	Crash Location	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	01 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	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 Primary Secondary	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

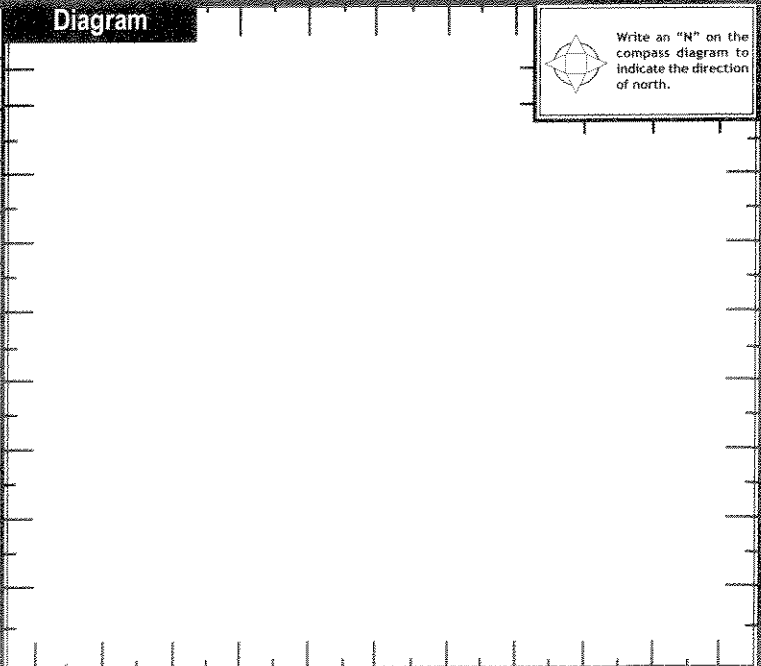
Manner of Crash Collision/Impact	Weather
1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, 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 - 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 - Dusk* 8 - Other	1 - Yes, School Bus Directly Involved 2 - 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

UNITS #1 AND #2 WERE NORTH BOUND ON MASON MONTGOMERY RD. UNIT #1 WAS STOPPED IN TRAFFIC WHEN IT WAS STRUCK FROM BEHIND BY #2. UNIT #2 ALSO STRUCK A CURB AND A BOULDER IN THE MEDIAN.



Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
11/08/2013	1433	1434	1440	1517	30	74
Officer's Name *	Officer's Badge Number	Checked By	Page of			
BRYANT	55	CHI				



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

201131-131161521

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE COOK, MEGHAN N.	DATE OF BIRTH 02/16/1996	AGE 17	GENDER E F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 3531 PINNACLE LN MASON OHIO 45040	CONTACT PHONE- INCLUDE AREA CODE 513 722 5046
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INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 0	EJECTION 0	TRAPPED 0
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OL STATE OH	OPERATOR LICENSE NUMBER TZ062436	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 0	ALCOHOL/DRUG SUSPECTED 0	ALCOHOL TEST STATUS 0	ALCOHOL TEST TYPE 0	ALCOHOL TEST VALUE . . . . .	DRUG TEST STATUS 0	DRUG TEST TYPE 0
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OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 0
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE MURPHY, BRANDEN M.	DATE OF BIRTH 1/01/21/1995	AGE 18	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 4329 MEADOWBROOK LN MASON OHIO 45040	CONTACT PHONE- INCLUDE AREA CODE 513336 9869
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INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 0	EJECTION 0	TRAPPED 0
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OL STATE OH	OPERATOR LICENSE NUMBER TW949338	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 0	ALCOHOL/DRUG SUSPECTED 0	ALCOHOL TEST STATUS 0	ALCOHOL TEST TYPE 0	ALCOHOL TEST VALUE . . . . .	DRUG TEST STATUS 0	DRUG TEST TYPE 0
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OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER 75228	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 0
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<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 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 (ELBOW, KNEE, 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 CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRUCKING UNIT SUCH AS A BUS, PICK-UP WITH CAB)	<b>12 - PASSENGER IN UNENCLOSED CARGO AREA</b> 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRUCKING 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 (DRIVER'S "D") 5 - MC/MOPED CLASS	<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 6 - OTHER 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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UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE COOK, NDA H	DATE OF BIRTH 05/08/1998	AGE 15	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 3531 PINNACLE LN MASON OHIO 45040	CONTACT PHONE- INCLUDE AREA CODE 513 722 5046
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INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 0	EJECTION 0	TRAPPED 0
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE ELLISON, THOMAS	DATE OF BIRTH 1/20/1997	AGE 15	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 4310 MEADOWBROOK LN MASON OH 45040	CONTACT PHONE- INCLUDE AREA CODE 513 398 8815
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INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 0	EJECTION 0	TRAPPED 0
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# Unit

Local Report Number  
**12/1/13 E 131/16 1512 1 1 1**

Unit Number <b>01</b>	Owner Name: Last, First, Middle <b>COOK SCOTT E</b>	<input checked="" type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code <b>E</b>	<input checked="" type="checkbox"/> Same As Driver	Damage Scale <b>2</b>	Damaged Area 
Owner Address: City, State, Zip <input checked="" type="checkbox"/> Same As Driver					1 - None	
LP State <b>OH</b>	License Plate Number <b>FNH 7965</b>	Vehicle Identification Number <b>1G1P1F554547261016</b>		# Occupants <b>02</b>	2 - Minor	
Vehicle Year <b>2012</b>	Vehicle Make <b>CHEVROLET</b>	Vehicle Model <b>CRUZE</b>		Vehicle Color <b>SL</b>	3 - Functional	
<input checked="" type="checkbox"/> Proof of Insurance Section	Insurance Company <b>STATE FARM</b>	Policy Number <b>3534181029360</b>		Towed By	4 - Disabling	
Carrier Name, Address, City, State, Zip					5 - Unknown	

US DOT	Vehicle Weight GVWR/GCWR <b>1</b> 1 - Less than or Equal to 10,000 lbs. 2 - 10,001 to 26,000 lbs. 3 - More than 26,000 lbs.	Cargo Body Type <b>01</b> 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 <b>4</b> 1 - Two Way, Not Divided 2 - Two Way, Not Divided, Center Turn Lane 3 - Two Way, Divided, Unseparated Trafficway (Median or 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
HM Class Number			

Non-Motorist Location Prior to Impact <b>01</b> 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 - On-ramp Access 11 - Shared-Use Path or Trail 12 - Non Trafficway Area 99 - Other/Unknown	Type of Use <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>02</b> 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) 01 - Pole 02 - Cargo Tank 03 - Flat Bed 04 - Dump 05 - Concrete Mixer 06 - Auto Transporter 07 - Garbage/Refuse 08 - Other/Unknown	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 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) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Carry 25 - Bicycle/Pedacyclist 26 - Pedestrian/Swimmer 27 - Other Non Motorist
<input type="checkbox"/> Has HM Placard					

Special Function <b>01</b> 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 <b>06</b> 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 - Totalled Area 14 - Other	Action <b>4</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>11</b> 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	Non-Motorist 13 - Negotiating a Curve 14 - Other Motorist Action 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 <b>01</b> Primary 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign Secondary 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 <b>01</b> 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 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 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 - Pedacyclist 16 - Railway Vehicle (Tram, 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 - 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 <b>0</b> <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed <b>35</b>	Traffic Control <b>02</b> 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 <b>2</b> To <b>1</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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# UNIT

LOCAL REPORT NUMBER  
 1201/131 131/6 1574 | | | |

UNIT NUMBER <b>02</b>	OWNER NAME: LAST, FIRST, MIDDLE <b>MURPHY, KAREN J</b>	<input type="checkbox"/> SAME AS DRIVER	OWNER PHONE NUMBER - INC. AREA CODE <b>4</b>	<input checked="" type="checkbox"/> SAME AS DRIVER	DAMAGE SCALE <b>4</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP <b>(S) SAME AS DRIVER</b>						
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>ESL 9658</b>	VEHICLE IDENTIFICATION NUMBER <b>141TR56618B059883</b>		# OCCUPANTS <b>02</b>		
VEHICLE YEAR <b>2008</b>	VEHICLE MAKE <b>CHEVROLET</b>	VEHICLE MODEL <b>AVEO</b>	VEHICLE COLOR <b>BLK</b>			
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>USAA</b>	POLICY NUMBER <b>004284836C</b>	TOWED BY <b>BARNES</b>			
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. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <b>01</b>	TRAFFICWAY DESCRIPTION <b>1</b>
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	VEHICLE TYPE <b>02</b>	<input type="checkbox"/> HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b>	TYPE OF USE <b>1</b>	UNIT TYPE <b>02</b>	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)
<input type="checkbox"/> IN EMERGENCY RESPONSE	<input type="checkbox"/> HAS HM PLACARD				

SPECIAL FUNCTION <b>01</b>	MOST DAMAGED AREA <b>02</b>	IMPACT AREA <b>02</b>	ACTION <b>3</b>
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PRE-CRASH ACTIONS <b>01</b>	MOTORIST	NON-MOTORIST
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CONTRIBUTING CIRCUMSTANCES <b>09</b>	VEHICLE DEFECTS <b>01</b>
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SEQUENCE OF EVENTS <b>1 09 2 43 3 20 4 24 5 6</b>	NON-COLLISION EVENTS
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COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED	COLLISION WITH FIXED OBJECT
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UNIT SPEED <b>35</b>	POSTED SPEED <b>35</b>	TRAFFIC CONTROL <b>12</b>	UNIT DIRECTION FROM <b>2</b> TO <b>1</b>
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LOCAL REPORT NUMBER 13-31652	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 11 10 08 13
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONT GOMERY RD	

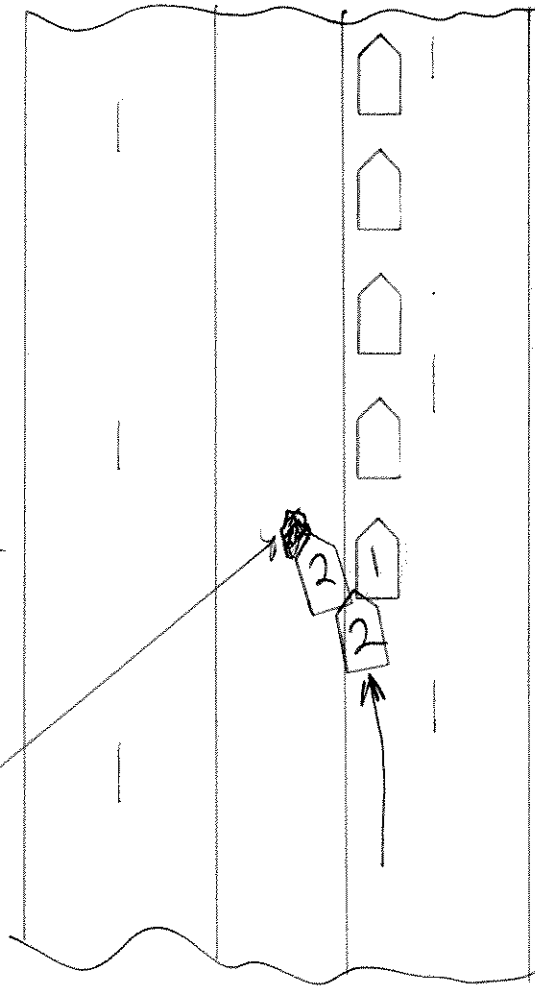


MASON

MONT GOMERY

RD

BOWLER



NOT TO SCALE

OFFICER'S SIGNATURE

X *AD RSBent*

BADGE NUMBER

55



LOCAL REPORT NUMBER 13-31652	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 11   D 08   Y 13
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, X Meghan Cook HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
PO K.S. Bryant AT CRASH SCENE  
OFFICER'S NAME LOCATION

I was driving and the car in front of me made a sudden stop, causing me to make a sudden stop as well, and then I heard a loud crash and I realized the car behind me had hit me.

NAME Noah Cook  
 DOB 5/08/98  
 ADDRESS 3531 Pinnacle Lane  
 PHONE (513) 594-9747

ADDRESS OF WITNESS * <u>3531 Pinnacle Lane</u>	PHONE * <u>513-722-5046</u>
SIGNATURE OF WITNESS X <u>Meghan Cook</u>	OFFICER'S SIGNATURE X <u>PO K.S. Bryant</u>



LOCAL REPORT NUMBER 13-31652	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 11   D 08   Y 13
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, X Branden Murphy HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
PO K.S. Bryant AT CRA SH SCENE  
OFFICER'S NAME LOCATION

I was looking down while driving and wasn't paying attention for a brief few seconds. I looked up and saw that everybody was stopped and slammed on the brakes and steered left into a rock and hit the car ahead of me.

NAME - Thomas Ellison  
 DOB - December 3, 1997  
 ADDRESS - 4310 Meadowbrook Lane Mason, OH 45040  
 PHONE - (513)-398-8815

ADDRESS OF WITNESS X 4319 Meadowbrook Lane	PHONE 513-336-9869
SIGNATURE OF WITNESS X Branden Murphy	OFFICER'S SIGNATURE X PO K.S. Bryant