



# Traffic Crash Report

Local Report Number	Crash Severity	Hit/Skip
20130000036507	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 checked="" type="checkbox"/> OH-3 <input type="checkbox"/> Other	DDO Under State Reportable Dollar Amount	Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
			83040	MASON POLICE DEPT.	02	01 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83	<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township	MASON	1123020113	1625	MON

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
39° 21' 40.58"	-84° 19' 12.91"		

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> 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 Type <sup>1</sup>	Location Route Number	Loc. Prefix	Location Road Name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
		N, S, E, W	TYLERSVILLE	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	Reference Route Number	Ref. Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
150	Miles Feet Yards	E, S, E, W	42	N, S, E, W		

Reference Point Used	Crash Location	Intersection Related	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	<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	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 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Primary Secondary	01 01		

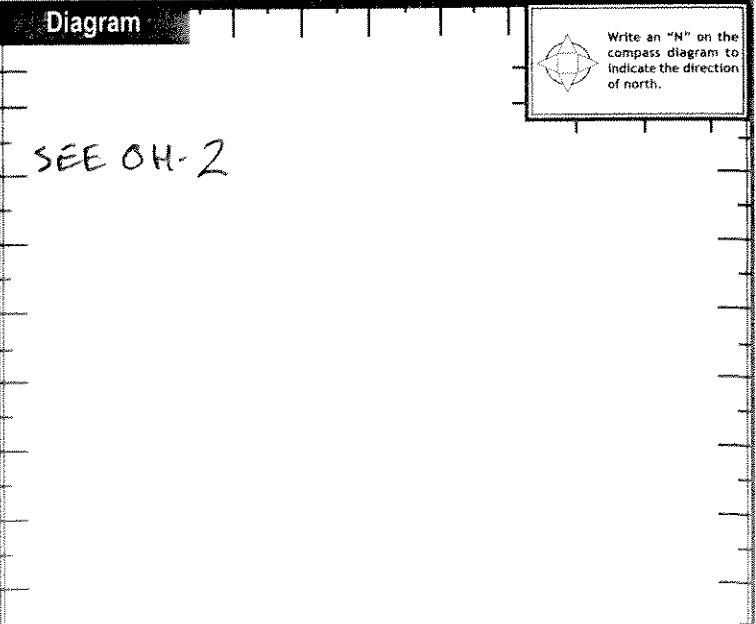
Manner of Crash Collision/Impact	Weather
1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, 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 - Glare* 8 - Other 9 - Unknown	<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	Workers Present	Law Enforcement Present (Officer/Vehicle)	Law Enforcement Present (Vehicle Only)	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 #2 WAS STOPPED IN TRAFFIC ON WESTBOUND TYLERSVILLE RD. UNIT #1 WAS TRAVELING WESTBOUND DIRECTLY BEHIND UNIT #2 AND IN THE SAME LANE. UNIT #1 STRUCK UNIT #2 IN THE REAR CAUSING MINOR DAMAGE TO BOTH VEHICLES.



Report Taken By	Dispatch Time	Arrival Time	Time Cleared	Officer Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	1123020113	11637	11705	120	160
Officer's Name *	Officer's Badge Number	Checked by	Page 1 of 7		
M. BISHOP	20	55 41			



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

20130000036507

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>GRILLIOT, RAY, N</b>	DATE OF BIRTH <b>10/05/1969</b>	AGE <b>44</b>	GENDER <b>M</b> F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP <b>3951 KEHR RD OXFORD, OH 45056</b>			CONTACT PHONE - INCLUDE AREA CODE <b>(513)373-5589</b>								
INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>		
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RG536553</b>	OL CLASS <b>4</b>	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY <b>1</b>		

UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>MILLER, NICOLE, A</b>	DATE OF BIRTH <b>05/21/1971</b>	AGE <b>42</b>	GENDER <b>F</b> F - FEMALE M - MALE							
ADDRESS, CITY, STATE, ZIP <b>6913 GRAND OAKS CT MASON, OH 45040</b>			CONTACT PHONE - INCLUDE AREA CODE <b>(513)573-7006</b>								
INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>		
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RM937863</b>	OL CLASS <b>4</b>	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE <input type="checkbox"/> DEVICE USED		DRIVER DISTRACTED BY <b>1</b>		

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	99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 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 - 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 (OH IS "D") 5 - MC/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, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER <b>03</b>	NAME: LAST, FIRST, MIDDLE <b>MILLER, GEORGIA</b>	DATE OF BIRTH <b>06/24/1999</b>	AGE <b>14</b>	GENDER <b>F</b> F - FEMALE M - MALE						
ADDRESS, CITY, STATE, ZIP <b>6913 GRAND OAKS CT MASON, OH 45040</b>			CONTACT PHONE - INCLUDE AREA CODE <b>(513)573-7006</b>							
INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>03</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>	
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER						
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE							
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED	



# Unit

Local Report Number  
**201301000036597**

Unit Number <b>011</b>	Owner Name: Last, First, Middle (☐ Same As Driver)	Owner Phone Number - inc. area code (☐ Same As Driver)	Damage Scale <b>2</b>	Damaged Area 
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Owner Address: City, State, Zip (☐ Same As Driver)

LP State <b>OH</b>	License Plate Number <b>FFA3100</b>	Vehicle Identification Number <b>1GMDVZ3E15D1128524</b>	# Occupants <b>011</b>
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Vehicle Year <b>2005</b>	Vehicle Make <b>PONTIAC</b>	Vehicle Model <b>MONTANA</b>	Vehicle Color <b>BLUE</b>
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Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>All State</b>	Policy Number <b>922047314</b>	Towed By
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Carrier Name, Address, City, State, Zip

US DOT	Vehicle Weight GVWR/GCWR <b>1</b>	Cargo Body Type <b>01</b>	Trafficway Description <b>1</b>
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Non-Motorist Location Prior to Impact <b>01</b>	Type of Use <b>1</b>	Unit Type <b>05</b>	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Tram (9 or More Including Driver)
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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>20</b>	Non-Collision Events	Collision With Fixed Object
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Unit Speed <b>5</b>	Point of Impact <b>35</b>	Traffic Control <b>12</b>	Final Injuries From <b>7</b> to <b>6</b>
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# Unit

Local Report Number  
**20130000036507**

Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>JOHN J. MILLER A TRUST</b>	Owner Phone Number - inc. area code ( <input checked="" type="checkbox"/> Same As Driver )	Damage Scale <b>2</b>	Damaged Area 
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Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )	LP State <b>OH</b>	License Plate Number <b>CRS 8000</b>	Vehicle Identification Number <b>WIMWZK3C1561CWL84937</b>	# Occupants <b>02</b>
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Vehicle Year <b>2012</b>	Vehicle Make <b>MINI</b>	Vehicle Model <b>COUNTRYMAN</b>	Vehicle Color <b>WHITE</b>
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Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>UNITES SERVICES AUTOMOBILE ASSN</b>	Policy Number <b>011398373U71038</b>	Towed By
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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 10,000 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>
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HM Placard ID No.	HM Class Number	Hazardous Material Released <input type="checkbox"/>	Non-Motorist Location Prior to Impact <b>01</b>	Type of Use <b>1</b>	Unit Type <b>02</b>	Passenger Vehicle (max 9 passengers)	Med/Heavy Trucks or Condo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)
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Special Function <b>01</b>	Most Damaged Area <b>06</b>	Impact Area <b>06</b>	Action <b>4</b>
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Pre-Crash Actions <b>11</b>	Motorist	Non-Motorist
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Contributing Circumstances <b>01</b>	Vehicle Defects <b>11</b>
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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>	Non-Collision Events
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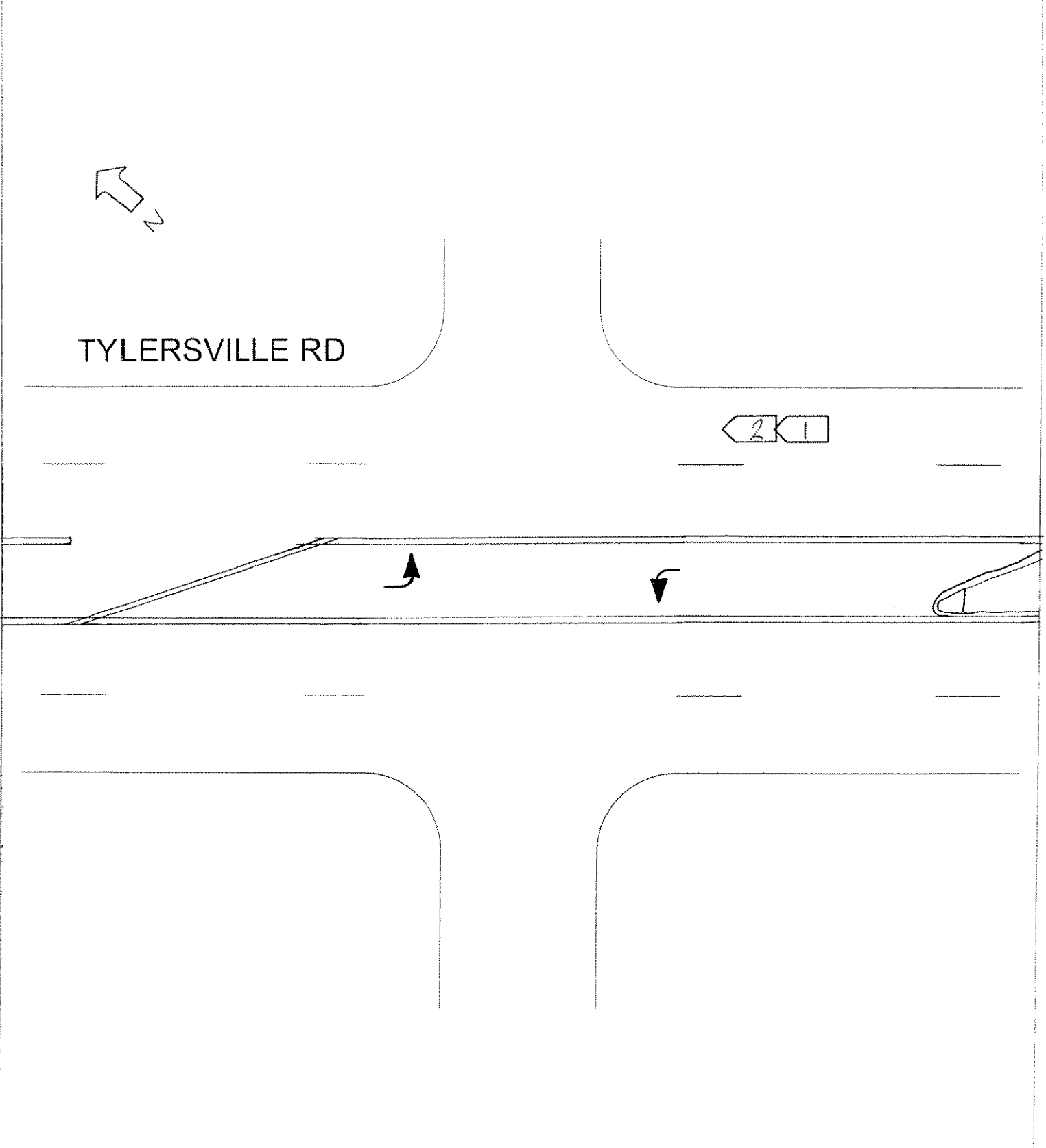
Collision with Person, Vehicle, or Object Not Fixed	Collision With Fixed Object
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Unit Speed <b>0</b>	Posted Speed <b>35</b>	Traffic Control <b>12</b>	Unit Direction <b>7 6</b>
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 13-36507	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 12 130 Y 13
IN COUNTY OF WARREN	ACCIDENT LOCATION TYLERSVILLE RD AT UDF ENTRANCE	



Not to scale

OFFICER'S SIGNATURE PTC M RP	1020	BADGE NUMBER 20
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pg 5 of 7



LOCAL REPORT NUMBER <b>13-36507</b>	REPORTING AGENCY <b>MASON POLICE DEPT.</b>	DATE OF CRASH M <b>12</b>   D <b>30</b>   Y <b>13</b>
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Ray Galliot Jr. HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

P.O. M. BISHOP AT SCENE  
OFFICER'S NAME LOCATION

I looked down thought they were moving then when I looked up they were stopped and couldn't stop in time

ADDRESS OF WITNESS <u>3951 KEHR RD. OXFORD OH 45056</u>	PHONE <u>(513) 373-5589</u>
SIGNATURE OF WITNESS <u>X [Signature]</u>	OFFICER'S SIGNATURE <u>X [Signature]</u>



LOCAL REPORT NUMBER <b>13-36507</b>	REPORTING AGENCY <b>MASON POLICE DEPT.</b>	DATE OF CRASH M <b>12</b> D <b>30</b> Y <b>13</b>
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, **NICOLE A. MILLER** HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

**P. O. BISHOP** AT **SCENE**  
OFFICER'S NAME LOCATION

I was sitting at light at intersection of Tylersville Rd and 42 (outside lane proceeding east on Tylersville) My daughter was in front passenger seat. Light had not changed as far as I know since traffic had not begun to move. I was looking down when we were hit from behind. I didn't realize what had even happened at first. I made sure Georgia and I were okay and got out to speak to the person driving the car that had hit me. I asked him what happened. I asked if he just didn't see me. Ray asked if we were okay. He said he didn't know really what happened. He saw traffic moving so he started. I got his name and insurance info and then Ray suggested pulling off Tylersville to report the accident so we could file with insurance. He acknowledged that it was his fault. There appears to be damage to my bumper and passenger seat. We were jarred pretty good at impact, but I believe we are okay.

ADDRESS OF WITNESS <b>6913 Grand Oaks Ct Mason, Oh 45040</b>	PHONE <b>513-573-7006</b>
SIGNATURE OF WITNESS <b>X Nicole Miller</b>	OFFICER'S SIGNATURE <b>X P. O. Bishop</b>