



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	29761	CRASH SEVERITY	HIT/SKIP
		1 - FATAL	1 - SOLVED
		2 - INJURY	2 - UNSOLVED
		3 - PDO	

PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" 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
			108131041	MASON POLICE	102	01

COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
813	MASON	MASON	109172015	0759	THU

DEGREES / MINUTES / SECONDS	LONGITUDE	DECIMAL DEGREES	LONGITUDE
0 / 0 / 0	0 0 0	139.1327635	78.43111586

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST ²
<input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N - NORTHBOUND E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND	104	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 ¹	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME	LOCATION ROAD TYPE ²	ROUTE TYPES ³
			SOCIALVILLE FOSTER	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 N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE ²
<input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	<input type="checkbox"/> N,S,E,W <input type="checkbox"/> F			4920	

REFERENCE POINT USED	CRASH LOCATION	INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT
<input checked="" type="checkbox"/> 1 - INTERSECTION <input type="checkbox"/> 2 - MILE POST <input type="checkbox"/> 3 - HOUSE NUMBER	<input checked="" type="checkbox"/> 01 - NOT AN INTERSECTION <input type="checkbox"/> 02 - FOUR-WAY INTERSECTION <input type="checkbox"/> 03 - T-INTERSECTION <input type="checkbox"/> 04 - Y-INTERSECTION <input type="checkbox"/> 05 - TRAFFIC CIRCLE/ROUNDBOAT	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1 - ON ROADWAY <input type="checkbox"/> 2 - ON SHOULDER <input type="checkbox"/> 3 - IN MEDIAN <input type="checkbox"/> 4 - ON ROADSIDE <input type="checkbox"/> 5 - ON GORE <input type="checkbox"/> 6 - OUTSIDE TRAFFICWAY <input type="checkbox"/> 9 - UNKNOWN

ROAD CONTOUR	ROAD CONDITIONS	WEATHER
<input checked="" type="checkbox"/> 1 - STRAIGHT LEVEL <input type="checkbox"/> 2 - STRAIGHT GRADE <input type="checkbox"/> 3 - CURVE LEVEL <input type="checkbox"/> 4 - CURVE GRADE <input type="checkbox"/> 9 - UNKNOWN	<input checked="" type="checkbox"/> 01 - DRY <input type="checkbox"/> 02 - WET <input type="checkbox"/> 03 - SNOW <input type="checkbox"/> 04 - ICE <input type="checkbox"/> 05 - SAND, MUD, DIRT, OIL, GRAVEL <input type="checkbox"/> 06 - WATER (STANDING, MOVING) <input type="checkbox"/> 07 - SLUSH <input type="checkbox"/> 08 - DEBRIS* <input type="checkbox"/> 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* <input type="checkbox"/> 10 - OTHER <input type="checkbox"/> 99 - UNKNOWN	<input checked="" type="checkbox"/> 1 - CLEAR <input type="checkbox"/> 2 - CLOUDY <input type="checkbox"/> 3 - FOG, SMOG, SMOKE <input type="checkbox"/> 4 - RAIN <input type="checkbox"/> 5 - SLEET, HAIL <input type="checkbox"/> 6 - SNOW <input type="checkbox"/> 7 - SEVERE CROSSWINDS <input type="checkbox"/> 8 - BLOWING SAND, SOIL, DIRT, SNOW <input type="checkbox"/> 9 - OTHER/UNKNOWN

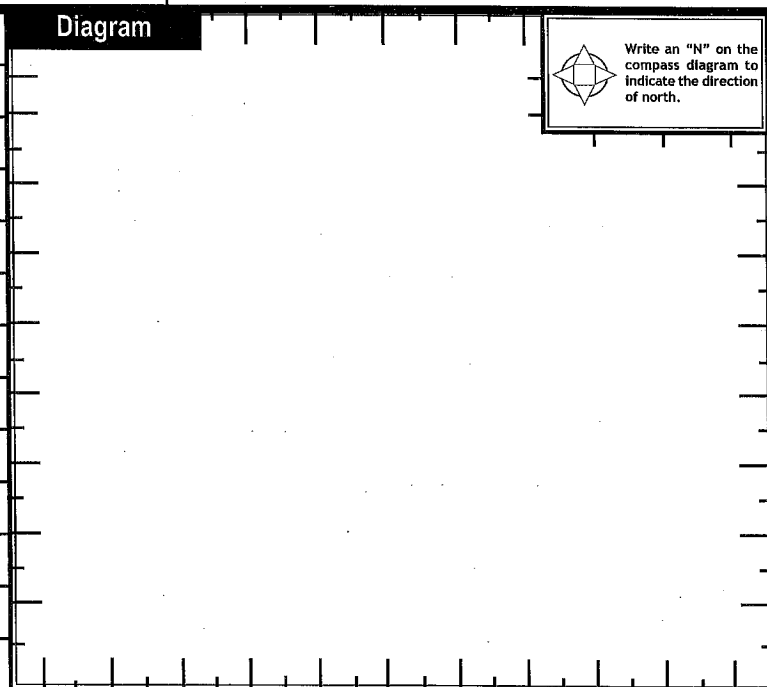
MANNER OF CRASH COLLISION/IMPACT	WEATHER
<input checked="" type="checkbox"/> 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT <input type="checkbox"/> 2 - REAR-END <input type="checkbox"/> 3 - HEAD-ON <input type="checkbox"/> 4 - REAR-TO-REAR <input type="checkbox"/> 5 - BACKING <input type="checkbox"/>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

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
<input checked="" type="checkbox"/> 1 - CONCRETE <input type="checkbox"/> 2 - BLACKTOP, BITUMINOUS, ASPHALT <input type="checkbox"/> 3 - BRICK/BLOCK <input type="checkbox"/> 4 - SLAG, GRAVEL, STONE <input type="checkbox"/> 5 - DIRT <input type="checkbox"/> 6 - OTHER	<input checked="" type="checkbox"/> 1 - DAYLIGHT <input type="checkbox"/> 2 - DAWN <input type="checkbox"/> 3 - DUSK <input type="checkbox"/> 4 - DARK - LIGHTED ROADWAY <input type="checkbox"/> 5 - DARK - ROADWAY NOT LIGHTED <input type="checkbox"/> 6 - DARK - UNKNOWN ROADWAY LIGHTING <input type="checkbox"/> 7 - GLARE* <input type="checkbox"/> 8 - OTHER <input type="checkbox"/> 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	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/>	<input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	<input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN <input type="checkbox"/> 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 5 - OTHER	<input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA <input type="checkbox"/> 4 - ACTIVITY AREA <input type="checkbox"/> 5 - TERMINATION AREA

NARRATIVE

UNIT #02 WAS TRAVELLING WESTBOUND ON SOCIALVILLE FOSTER RD IN THE RIGHT LANE. UNIT #01 WAS TRAVELLING EASTBOUND ON SOCIALVILLE FOSTER RD, FAILED TO YIELD THE RIGHT OF WAY TO UNIT #02, TURNED LEFT TO ENTER 4920 SOCIALVILLE FOSTER RD, AND WAS STRUCK BY UNIT #02.



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		109172015	10759	10759	10815	10901	10130	10176
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE OF					
FITZGERALD	1637	SO						



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
 2015 29761

UNIT NUMBER: 011 NAME: LAST, FIRST, MIDDLE: ROCCHIO KENNETH M DATE OF BIRTH: 09/19/68 AGE: 47 GENDER: M (Male)

ADDRESS, CITY, STATE, ZIP: 2589 WILLOW SPRING CT CINCINNATI OH 45231 CONTACT PHONE- INCLUDE AREA CODE: 513-616-8105

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

OL STATE: OH11 OPERATOR LICENSE NUMBER: PJ353 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

OFFENSE CHARGED (LOCAL CODE): 331.17 OFFENSE DESCRIPTION: FAILURE TO YIELD CITATION NUMBER: 079202 HANDS-FREE DEVICE USED: [] DRIVER DISTRACTED BY: 1

UNIT NUMBER: 012 NAME: LAST, FIRST, MIDDLE: JARDIN ELAIONA DATE OF BIRTH: 03/17/1965 AGE: 50 GENDER: F (Female)

ADDRESS, CITY, STATE, ZIP: 8150 SIBLY RD MAINEVILLE OH 45039 CONTACT PHONE- INCLUDE AREA CODE: 513-374-6919

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

OL STATE: OH11 OPERATOR LICENSE NUMBER: AR013990 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: 2 DRUG TEST TYPE: 1

OFFENSE CHARGED (LOCAL CODE): [] OFFENSE DESCRIPTION: [] CITATION NUMBER: [] HANDS-FREE DEVICE USED: [] DRIVER DISTRACTED BY: 1

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 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	Non-Motorist 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 (OHIO 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: [] NAME: LAST, FIRST, MIDDLE: [] DATE OF BIRTH: [] AGE: [] GENDER: [] (Female/Male)

ADDRESS, CITY, STATE, ZIP: [] CONTACT PHONE- INCLUDE AREA CODE: []

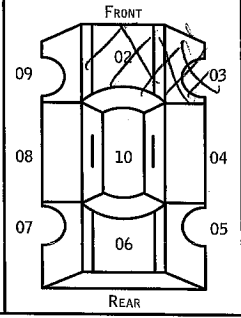
INJURIES: [] INJURED TAKEN BY: [] EMS AGENCY: [] MEDICAL FACILITY INJURED TAKEN TO: [] SAFETY EQUIPMENT USED: [] DOT COMPLIANT MOTORCYCLE HELMET: [] SEATING POSITION: [] AIR BAG USAGE: [] EJECTION: [] TRAPPED: []

UNIT NUMBER: [] NAME: LAST, FIRST, MIDDLE: [] DATE OF BIRTH: [] AGE: [] GENDER: [] (Female/Male)

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 MOTORCYCLE HELMET: [] SEATING POSITION: [] AIR BAG USAGE: [] EJECTION: [] TRAPPED: []

UNIT NUMBER: 011, OWNER NAME: GELCO FLEET / XEROX, OWNER PHONE NUMBER: 3333 HESPER RD BILLINGS MT 59102, LP STATE: OH, LICENSE PLATE NUMBER: PIF3451, VEHICLE IDENTIFICATION NUMBER: 1M40L5G6B018D11671372, VEHICLE YEAR: 2011, VEHICLE MAKE: FORD, VEHICLE MODEL: TRANSIT, VEHICLE COLOR: WHITE, POLICY NUMBER: ISA 408815574, TOWED BY: SOPAS



US DOT, VEHICLE WEIGHT GVWR/GCWR: 1 (Less than or equal to 10k lbs), CARGO BODY TYPE: 01 (No cargo body type), TRAFFICWAY DESCRIPTION: 1 (Two-way, not divided), HM CLASS NUMBER: 01

NON-MOTORIST LOCATION PRIOR TO IMPACT: 01 (Intersection - Marked Crosswalk), TYPE OF USE: 1 (Personal), UNIT TYPE: 08 (Passenger Vehicle), SPECIAL FUNCTION: 01 (None), MOST DAMAGED AREA: 03 (Center Front), IMPACT AREA: 03 (Right Front), ACTION: 4 (Non-collision)

SPECIAL FUNCTION: 01 (None), 09 (Ambulance), 17 (Farm Vehicle), MOST DAMAGED AREA: 03 (Center Front), IMPACT AREA: 03 (Right Front), ACTION: 4 (Non-collision)

PRE-CRASH ACTIONS: 01 (Straight Ahead), 07 (Making U-Turn), 13 (Negotiating a Curve), 15 (Entering or crossing specified location), 21 (Other non-motorist action)

CONTRIBUTING CIRCUMSTANCES: 02 (Failure to yield), 11 (Improper backing), 22 (None), VEHICLE DEFECTS: 01 (Turn signals), 02 (Head lamps), 03 (Tail lamps)

SEQUENCE OF EVENTS: 1 (20), 2, 3, 4, 5, 6, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED: 14 (Pedestrian), 21 (Parked motor vehicle), COLLISION WITH FIXED OBJECT: 25 (Impact attenuator), 33 (Median cable barrier)

UNIT SPEED: 010, POSTED SPEED: 35, TRAFFIC CONTROL: 12 (No controls), UNIT DIRECTION: FROM 4 (South) TO 1 (North)



UNIT

LOCAL REPORT NUMBER 297661

UNIT NUMBER 1012	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 4	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER 6D85857	VEHICLE IDENTIFICATION NUMBER 1J5H4G8P481K1516C2J77979	2 - MINOR	
VEHICLE YEAR 2016	VEHICLE MAKE JEEP	VEHICLE MODEL GRAND CHEROKEE	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY GEICO	POLICY NUMBER 4377955242	4 - DISABLING	5 - UNKNOWN
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 01	TRAFFICWAY DESCRIPTION 1
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	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	1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM CLASS NUMBER	<input type="checkbox"/> IN EMERGENCY RESPONSE	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT 01	TYPE OF USE 1	UNIT TYPE 06	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/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) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
<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 AREAS) 14 - OTHER	ACTION 3	1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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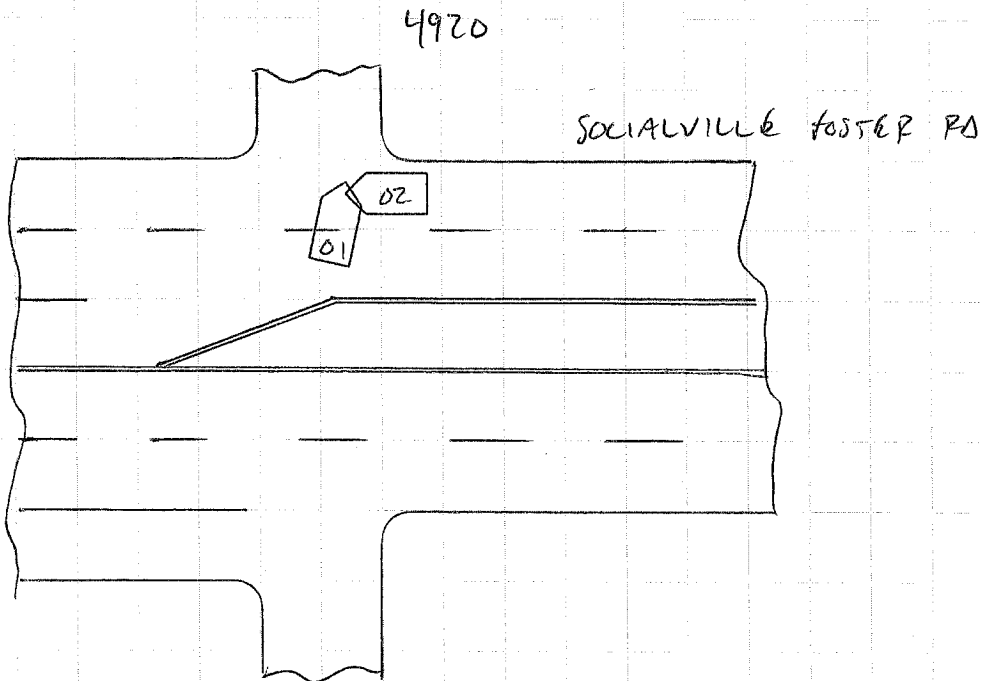
PRE-CRASH ACTIONS 01	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING 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
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CONTRIBUTING CIRCUMSTANCES 01	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/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	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 OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION
FIRST HARMFUL EVENT 1	MOST HARMFUL EVENT 1
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	

UNIT SPEED 035	POSTED SPEED 35	TRAFFIC CONTROL 12	UNIT DIRECTION FROM 3 TO 4
<input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	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	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN

LOCAL REPORT NUMBER <i>15-29671</i>	REPORTING AGENCY <i>MASON POLICE</i>	DATE OF CRASH <i>M 09 D 17 Y 15</i>
IN COUNTY OF <i>WARREN</i>	CRASH LOCATION <i>4920 SOCIALVILLE FOSTER RD</i>	



NOT TO SCALE

OFFICER'S SIGNATURE <i>X [Signature]</i>	BADGE NUMBER <i>1237</i>
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LOCAL REPORT NUMBER 15-29671	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 09 D 17 Y 15
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Ken Rocchio HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT Scene
OFFICER'S NAME LOCATION

I WAS TURNING LEFT INTO PARKING LOT
 CAR IN LANE 1 MOTIONED ME ON.
 WITH HEAVY SUN IN MY FACE I
 INHIBED INTO LANE 2 AND GOT HIT.

Q: WERE YOU WEARING YOUR SEAT BELT?
 A: YES

Q: ARE YOU INJURED
 A: NO

ADDRESS OF WITNESS: Cincinnati
 2589 WILLOW SPRING CT 45231

SIGNATURE OF WITNESS: [Signature] OFFICER'S SIGNATURE: [Signature]
 X [Signature] X [Signature]

PHONE: 513-616-8105



LOCAL REPORT NUMBER 15-29671	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 09 D 17 Y 15
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Elpida Jardin HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
P.O. ERIC FITZGERALD AT Scene
OFFICER'S NAME LOCATION

I was driving in the right hand lane on
 Socialville Foster in Mason, OH approaching
 Mason-Montgomery and was hit on the
 left driver's side front by a car.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? NO

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? West

Q. WHAT WAS YOUR SPEED? ± 35 mph

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? NO

ADDRESS OF WITNESS 8150 Sibcy Rd, Maneville OH 45039 PHONE 513-374-6919

SIGNATURE OF WITNESS X Jardin OFFICER'S SIGNATURE X [Signature]