



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \* 2015 36701 CRASH SEVERITY  1 - FATAL  2 - INJURY  3 - PDO HIT/SKIP  1 - SOLVED  2 - UNSOLVED

LOCAL INFORMATION

PHOTOS TAKEN  OH-2  OH-1P  OH-3  OTHER  PDO UNDER STATE REPORTABLE DOLLAR AMOUNT  PRIVATE PROPERTY  REPORTING AGENCY NCIC \* 08304 REPORTING AGENCY NAME \* MASON POLICE NUMBER OF UNITS 02 UNIT IN ERROR  98 - ANIMAL  99 - UNKNOWN

COUNTY \* 83 CITY \*  CITY  VILLAGE  TOWNSHIP \* MASON CITY, VILLAGE, TOWNSHIP \* MASON CRASH DATE \* 11.20.2015 TIME OF CRASH 1158 DAY OF WEEK FRI

DEGREES / MINUTES / SECONDS LATITUDE 39° 20' 23.38" LONGITUDE -84° 16' 43.06" DECIMAL DEGREES LATITUDE 39.339828 LONGITUDE -84.278628

ROADWAY DIVISION  DIVIDED  UNDIVIDED DIVIDED LANE DIRECTION OF TRAVEL  N - NORTHBOUND  E - EASTBOUND  S - SOUTHBOUND  W - WESTBOUND NUMBER OF THRU LANES 06 ROAD TYPES, OR MILEPOST <sup>2</sup>  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  N,S,E,W LOCATION ROAD NAME KINGS ISLAND  PR LOCATION ROAD TYPE <sup>2</sup>  ROUTE TYPES <sup>1</sup>  IR - INTERSTATE ROUTE (INC. TURNPIKE)  CR - NUMBERED COUNTY ROUTE  US - US ROUTE  TR - NUMBERED TOWNSHIP ROUTE  SR - STATE ROUTE

DISTANCE FROM REFERENCE  MILES  FEET  YARDS DIR FROM REF  N  S  E  W REFERENCE ROUTE TYPE <sup>1</sup>  REFERENCE ROUTE NUMBER  REF PREFIX  N,S,E,W REFERENCE NAME (ROAD, MILEPOST, HOUSE #) SOAK CITY  DA REFERENCE ROAD TYPE <sup>2</sup>

REFERENCE POINT USED  1 - INTERSECTION  2 - MILE POST  3 - HOUSE NUMBER CRASH LOCATION  01 - NOT AN INTERSECTION  02 - FOUR-WAY INTERSECTION  03 - T-INTERSECTION  04 - Y-INTERSECTION  05 - TRAFFIC CIRCLE/ROUNDBOUNT  06 - FIVE-POINT, OR MORE  07 - ON RAMP  08 - OFF RAMP  09 - CROSSOVER  10 - DRIVEWAY/ALLEY ACCESS  INTERSECTION RELATED LOCATION OF FIRST HARMFUL EVENT  1 - ON ROADWAY  2 - ON SHOULDER  3 - IN MEDIAN  4 - ON ROADSIDE  5 - ON GORE  6 - OUTSIDE TRAFFICWAY  9 - UNKNOWN

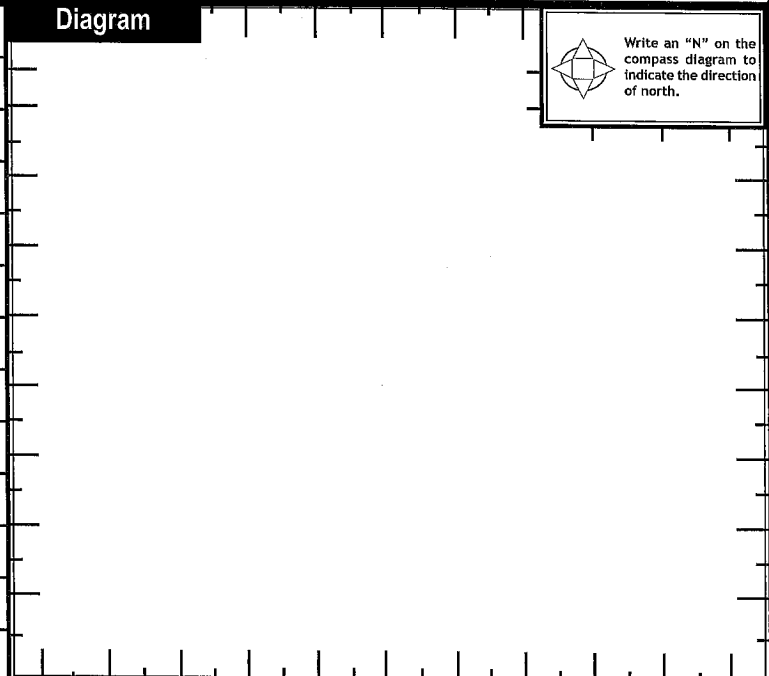
ROAD CONTOUR  1 - STRAIGHT LEVEL  2 - STRAIGHT GRADE  3 - CURVE LEVEL  4 - CURVE GRADE  9 - UNKNOWN ROAD CONDITIONS PRIMARY  01 - DRY  02 - WET  03 - SNOW  04 - ICE SECONDARY  05 - SAND, MUD, DIRT, OIL, GRAVEL  06 - WATER (STANDING, MOVING)  07 - SLUSH  08 - DEBRIS\*  09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT\*  10 - OTHER  99 - UNKNOWN \* SECONDARY CONDITION ONLY

MANNER OF CRASH COLLISION/IMPACT  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 WEATHER  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  1 - CONCRETE  2 - BLACKTOP, BITUMINOUS, ASPHALT  3 - BRICK/BLOCK  4 - SLAG, GRAVEL, STONE  5 - DIRT  6 - OTHER LIGHT CONDITIONS PRIMARY  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  9 - UNKNOWN \* SECONDARY CONDITION ONLY SCHOOL BUS RELATED  SCHOOL ZONE RELATED  YES, SCHOOL BUS DIRECTLY INVOLVED  YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED  WORKERS PRESENT  LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)  LAW ENFORCEMENT PRESENT (VEHICLE ONLY) TYPE OF WORK ZONE  1 - LANE CLOSURE  2 - LANE SHIFT/CROSSOVER  3 - WORK ON SHOULDER OR MEDIAN  4 - INTERMITTENT OR MOVING WORK  5 - OTHER LOCATION OF CRASH IN WORK ZONE  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 SOUTHBOUND ON KINGS ISLAND DRIVE. UNIT #1 WAS STOPPED IN TRAFFIC WHEN IT WAS STRUCK FROM BEHIND BY #2



REPORT TAKEN BY  POLICE AGENCY  MOTORIST  SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) DATE CRASH REPORTED 11.20.2015 TIME CRASH REPORTED 1202 DISPATCH TIME 1203 ARRIVAL TIME 1219 TIME CLEARED 1243 OTHER INVESTIGATION TIME 30 TOTAL MINUTES 63 OFFICER'S NAME \* BRYANT OFFICER'S BADGE NUMBER 55 CHECKED BY 50 PAGE 1 OF 1



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>DELORO, THERESA</b>	DATE OF BIRTH <b>08/28/1969</b>	AGE <b>56</b>	GENDER <b>F</b> - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP: **5455 GRANDIN PASS CT MAINEVILLE OHIO 45039** CONTACT PHONE- INCLUDE AREA CODE: **513 494 1627**

INJURIES	INJURED TAKEN BY	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>RK 264790</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/> M/C END. <input type="checkbox"/>	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 (  LOCAL CODE ) OFFENSE DESCRIPTION CITATION NUMBER HANDS-FREE DEVICE USED DRIVER DISTRACTED BY

UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>NILLES, JENNA C.</b>	DATE OF BIRTH <b>06/26/1994</b>	AGE <b>21</b>	GENDER <b>F</b> - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP: **1593 ST JOHN PL KINGS MILLS OHIO 45034** CONTACT PHONE- INCLUDE AREA CODE: **859 620 8794**

INJURIES	INJURED TAKEN BY	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>KY</b>	OPERATOR LICENSE NUMBER <b>N 10026233</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/> M/C END. <input type="checkbox"/>	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 (  LOCAL CODE ) OFFENSE DESCRIPTION CITATION NUMBER HANDS-FREE DEVICE USED DRIVER DISTRACTED BY

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	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

SEATING POSITION	AIR BAG USAGE
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 CAP) 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
01 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN	

EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	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	1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	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

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				<input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - 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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				<input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - 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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER: 01, OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER), OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER), DAMAGE SCALE: 2, DAMAGED AREA: FRONT (02, 03, 04, 05, 06, 07, 08, 09), LP STATE: OH, LICENSE PLATE NUMBER: T0BUCS, VEHICLE IDENTIFICATION NUMBER: 3G9YFMBE39P5556409, # OCCUPANTS: 01, VEHICLE YEAR: 2015, VEHICLE MAKE: CADILLAC, VEHICLE MODEL: SRX, VEHICLE COLOR: SIL, PROOF OF INSURANCE SHOWN: UNIVERSAL UNDER, POLICY NUMBER: 327642, TOWED BY:

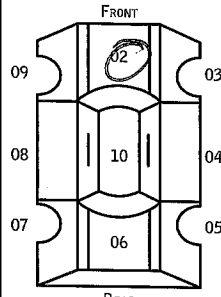
CARRIER NAME, ADDRESS, CITY, STATE, ZIP, CARRIER PHONE - INCLUDE AREA CODE, US DOT, VEHICLE WEIGHT GVWR/GCWR, CARGO BODY TYPE, TRAFFICWAY DESCRIPTION, HM CLASS NUMBER, HAZARDOUS MATERIAL RELEASED, HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT, TYPE OF USE, UNIT TYPE, PASSENGER VEHICLES (LESS THAN 9 PASSENGERS), MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS, BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER), SPECIAL FUNCTION, MOST DAMAGED AREA, IMPACT AREA, ACTION

PRE-CRASH ACTIONS, CONTRIBUTING CIRCUMSTANCES, VEHICLE DEFECTS, PRIMARY, MOTORIST, NON-MOTORIST, SECONDARY

SEQUENCE OF EVENTS, NON-COLLISION EVENTS, COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED, COLLISION WITH FIXED OBJECT, UNIT SPEED, TRAFFIC CONTROL, UNIT DIRECTION

UNIT SPEED: 45, TRAFFIC CONTROL: 04, UNIT DIRECTION: FROM 0 TO 2, PAGE OF

UNIT NUMBER <b>02</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>NILLES, JOSEPH C.</b>	OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER )	DAMAGE SCALE <b>3</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>GFE 9364</b>	VEHICLE IDENTIFICATION NUMBER <b>1HGFA16848L01P538</b>	2 - MINOR	
VEHICLE YEAR <b>2008</b>	VEHICLE MAKE <b>HONDA</b>	VEHICLE MODEL <b>CIVIC</b>	3 - FUNCTIONAL	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>ALLSTATE</b>	POLICY NUMBER <b>980967996</b>	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN	
			CARRIER PHONE - INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR/GCWR <b>1</b> 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> 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	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION <b>1</b> 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 PLACARD ID No.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	<input type="checkbox"/> HIT / SKIP UNIT		

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 - DRIVEWAY 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> 99 - UNKNOWN OR HIT / SKIP	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 <b>01</b> 01 - NONE 02 - RENTAL TRUCK (OVER 10K LBS) 03 - BUS - SCHOOL (PUBLIC OR PRIVATE) 04 - BUS - TRANSIT 05 - BUS - CHARTER 06 - BUS - SHUTTLE 07 - 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>02</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 - TOTAL(ALL AREAS) 14 - OTHER	ACTION <b>3</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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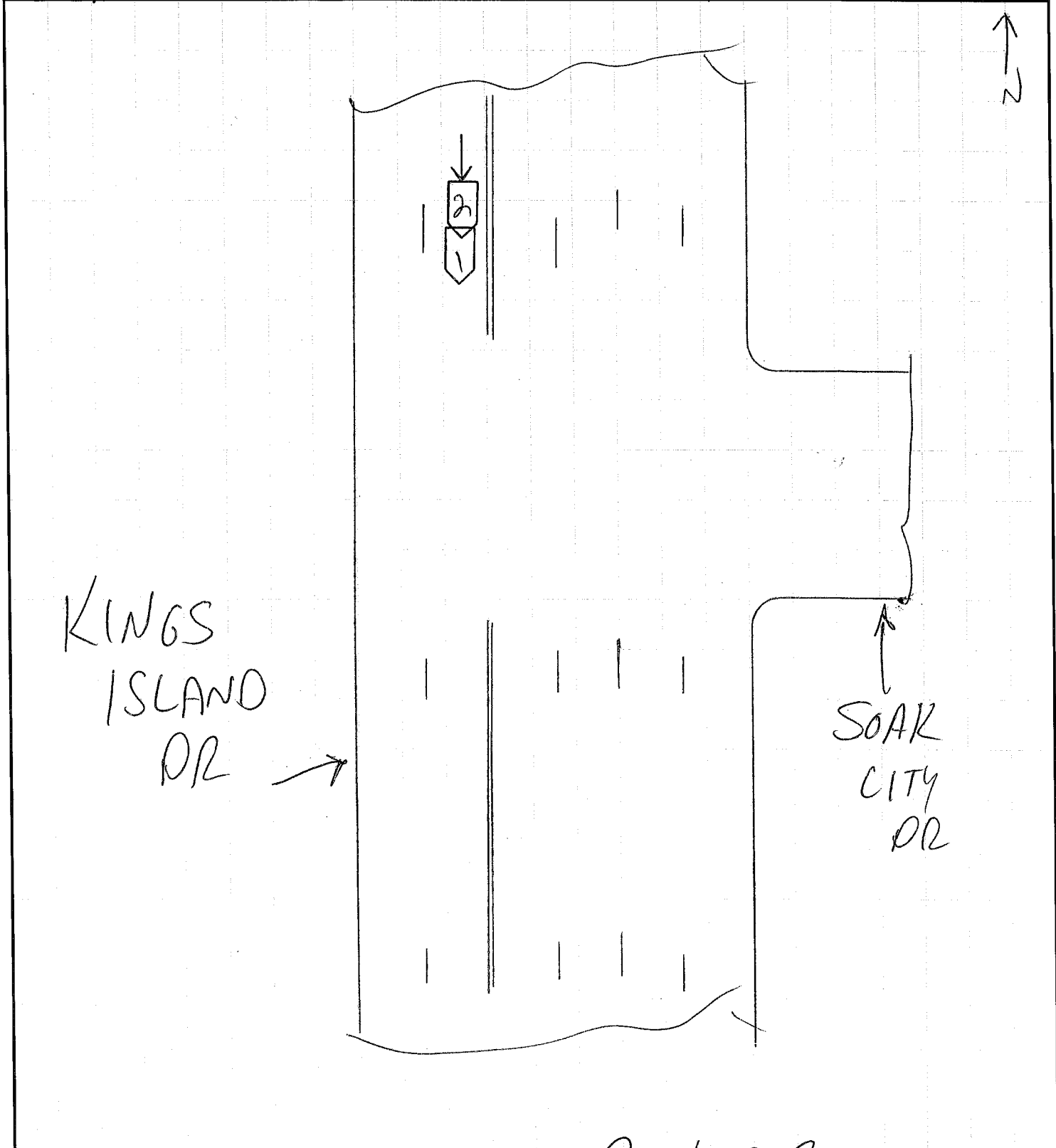
PRE-CRASH ACTIONS <b>01</b> 99 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	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 <b>09</b> SECONDARY <b>01</b> 99 - UNKNOWN	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 <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>01</b> MOST HARMFUL EVENT <b>01</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	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	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>15</b>	POSTED SPEED <b>45</b>	TRAFFIC CONTROL <b>04</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>01</b> TO <b>2</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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LOCAL REPORT NUMBER	REPORTING AGENCY <i>MASON POLICE</i>	DATE OF CRASH <i>M 11   D 20   Y 15</i>
IN COUNTY OF <i>WARREN</i>	CRASH LOCATION <i>KINGS ISLAND DR</i>	



*KINGS ISLAND DR* →

↑  
*SOAK CITY DR*

*NOT TO SCALE*

OFFICER'S SIGNATURE <i>X PD 2530</i>	BADGE NUMBER
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LOCAL REPORT NUMBER	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH M 11   020   Y 15
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Theresa Debord HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
P.O. K. S. BRYANT AT Kings Island Dr.  
OFFICER'S NAME LOCATION

I was stopped waiting for a car in front of me to turn left and the car behind me <sup>slant</sup> stopped and hit my car in the back. No one was injured at the time.

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

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? straight

Q. WHAT WAS YOUR SPEED? 0

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

ADDRESS OF WITNESS

SIGNATURE OF WITNESS X

OFFICER'S SIGNATURE X P.O. K. S. Bryant

PHONE 494-1627



LOCAL REPORT NUMBER	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH M/11/20/15
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FOR LOCAL USE ONLY -- DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jenna Nilles HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

P.O. K. S. BRYANT AT CRASH SCENE  
OFFICER'S NAME LOCATION

Traffic was slowing down  
and all the sudden the  
the car in front of me was  
stopped and I could not  
stop in time and I rear  
ended her.

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

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? south

Q. WHAT WAS YOUR SPEED? 15

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

ADDRESS OF WITNESS

PHONE  
859 620 8794

SIGNATURE OF WITNESS

X

OFFICER'S SIGNATURE

X P.O. K. S. Bryant