



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

210116 | | | | | | | | | | 1111819

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| UNIT NUMBER 1012 | NAME: LAST, FIRST, MIDDLE KHAYO, TETIANA | DATE OF BIRTH 10/7/21/1981 | AGE 34 | GENDER F F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 4047 GRASMERE RUN MASON, OH 45040 | CONTACT PHONE - INCLUDE AREA CODE (513) 257-9415 |
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| INJURIES 1 | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY <input type="checkbox"/> | MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/> | 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 TE623732 | OL CLASS 4 | No <input type="checkbox"/> VALID OL | M/C <input type="checkbox"/> END. | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 1 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE 1 | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
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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 1 |
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| UNIT NUMBER 1012 | NAME: LAST, FIRST, MIDDLE UNKNOWN | DATE OF BIRTH | AGE | GENDER <input type="checkbox"/> F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
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| INJURIES <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY <input type="checkbox"/> | MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/> | SAFETY EQUIPMENT USED 99 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 99 | AIR BAG USAGE 9 | EJECTION H | TRAPPED <input type="checkbox"/> |
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|----------|-------------------------|----------|--------------------------------------|-----------------------------------|-----------|------------------------|---------------------|-------------------|--------------------|------------------|----------------|
| OL STATE | OPERATOR LICENSE NUMBER | OL CLASS | No <input type="checkbox"/> VALID OL | M/C <input type="checkbox"/> END. | CONDITION | ALCOHOL/DRUG SUSPECTED | ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
|----------|-------------------------|----------|--------------------------------------|-----------------------------------|-----------|------------------------|---------------------|-------------------|--------------------|------------------|----------------|

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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 |
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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 | 99 - UNKNOWN SAFETY EQUIPMENT 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 1011 | NAME: LAST, FIRST, MIDDLE KHAYO, ALEXANDER | DATE OF BIRTH 10/21/1981 | AGE 9 | GENDER M F - FEMALE M - MALE |
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| ADDRESS, CITY, STATE, ZIP 4074 GRASMERE RUN MASON, OH 45040 | CONTACT PHONE - INCLUDE AREA CODE (513) 257-9415 |
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| INJURIES 1 | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY <input type="checkbox"/> | MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/> | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 06 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
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| UNIT NUMBER W11 | NAME: LAST, FIRST, MIDDLE KHAYO, IHAB | DATE OF BIRTH 04/09/1965 | AGE 50 | GENDER M F - FEMALE M - MALE |
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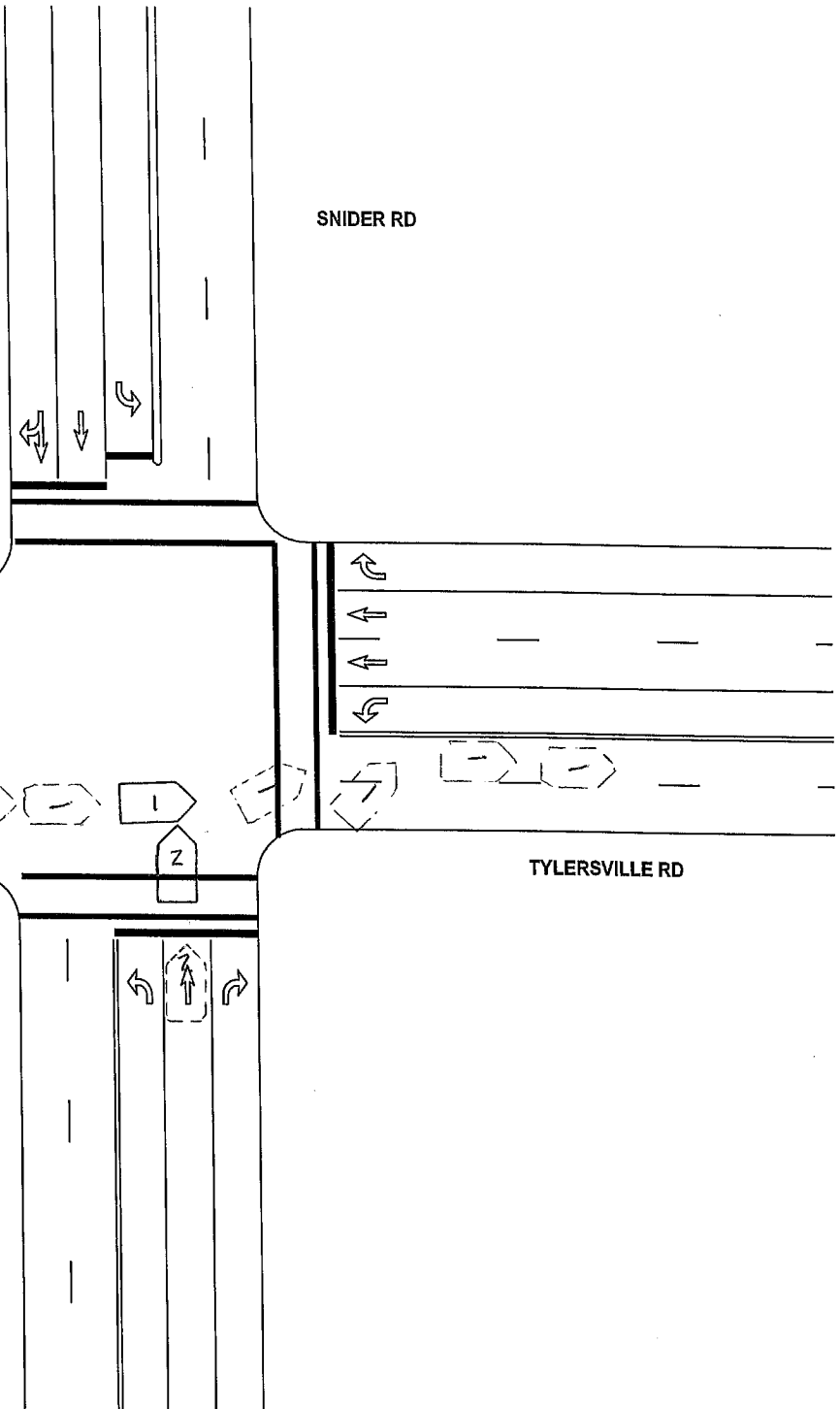
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| ADDRESS, CITY, STATE, ZIP 8276 BERKSHIRE PL | CONTACT PHONE - INCLUDE AREA CODE 513-348-8423 |
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| INJURIES <input type="checkbox"/> | INJURED TAKEN BY <input type="checkbox"/> | EMS AGENCY <input type="checkbox"/> | MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/> | SAFETY EQUIPMENT USED <input type="checkbox"/> | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION <input type="checkbox"/> | AIR BAG USAGE <input type="checkbox"/> | EJECTION <input type="checkbox"/> | TRAPPED <input type="checkbox"/> |
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

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| LOCAL REPORT NUMBER 16-1189 | REPORTING AGENCY MASON POLICE | DATE OF ACCIDENT M 1 D 11 Y 14 |
| IN COUNTY OF WARREN | ACCIDENT LOCATION SNIDER AT TYLERSVILLE | |



NOT TO SCALE

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| OFFICER'S SIGNATURE <i>[Signature]</i> | BADGE NUMBER 11 |
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| LOCAL REPORT NUMBER 16-1189 | REPORTING AGENCY MASON POLICE | DATE OF CRASH M / 1 / D / 11 / Y 2016 |
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Telyana Mayo HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

N. MOTLEY AT SNIDER AT TYLERSVILLE
OFFICER'S NAME LOCATION

I Telyana Mayo was crossing street on intersection Snider rd and Tylersville on green light when he crossing intersection another car (white) drove on red light and hit front of my car. At that time my son was sitting in right side car back seat. After I ~~was~~ stopped my car on Tylersville and snider intersection I ran to that car which hit me and started to yell at people sitting next (two afternoon - afternoon now) that they almost hit me and my son. After that that car took off. My ex-husband used trying to chase that car and take a plate number but by that time they were gone. I called 911. My son lives with me at this address 4074 Grassmere Run, Mason 45040

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| ADDRESS OF WITNESS 4074 Grassmere Run | PHONE 513-257-9415 |
| SIGNATURE OF WITNESS X | OFFICER'S SIGNATURE X |

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|---------------------------------------|---|---|
| LOCAL REPORT NUMBER 16-1189 | REPORTING AGENCY MASON POLICE | DATE OF CRASH M 7 D 11 Y 16 |
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, IHAB KHAYO HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

N. MOTLEY AT SNIDER AT TYLERSVILLE
OFFICER'S NAME LOCATION

I was turning left from Smoler Rd to Tylersville rd. I had the green left turn light and the right of way. Next thing I knew this white car was speeding through the intersection running the red light and missed hitting my car by 1 foot. My ex wife and son was right behind me and he ended up hitting her car in the front right side. As I went to check on my son and ex wife I saw the other vehicle speeding away. The car was an older white vehicle with 2 male black occupants.

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| ADDRESS OF WITNESS 9276 BERKSHIRE PL LIBERTYWP, OH 45044 | PHONE 513-348-8423 |
| SIGNATURE OF WITNESS X <i>[Signature]</i> | OFFICER'S SIGNATURE X <i>[Signature]</i> |