



# TRAFFIC CRASH REPORT

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

LOCAL INFORMATION

<input type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> PDD UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER			0B3014	MASON POLICE	03	01 98 - ANIMAL 99 - UNKNOWN

COUNTY *	<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
03		MASON	01/14/2014	1200	TUE

DEGREES / MINUTES / SECONDS	LONGITUDE	DECIMAL DEGREES	LONGITUDE
0 / 0 / 0	0 / 0 / 0	39.353945	-84.309511

RDWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF TRU LANES	ROAD TYPES OR MILEPOST 2
UNDIVIDED	N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	04	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 ROAD NAME	LOCATION ROAD TYPE 2	ROUTE TYPES 1
	MASON MONTGOMERY	RD	IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE NUMBER	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE 2
AT			FOXFIELD	02

REFERENCE POINT USED	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	03 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
2 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	01 PRIMARY SECONDARY	1 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

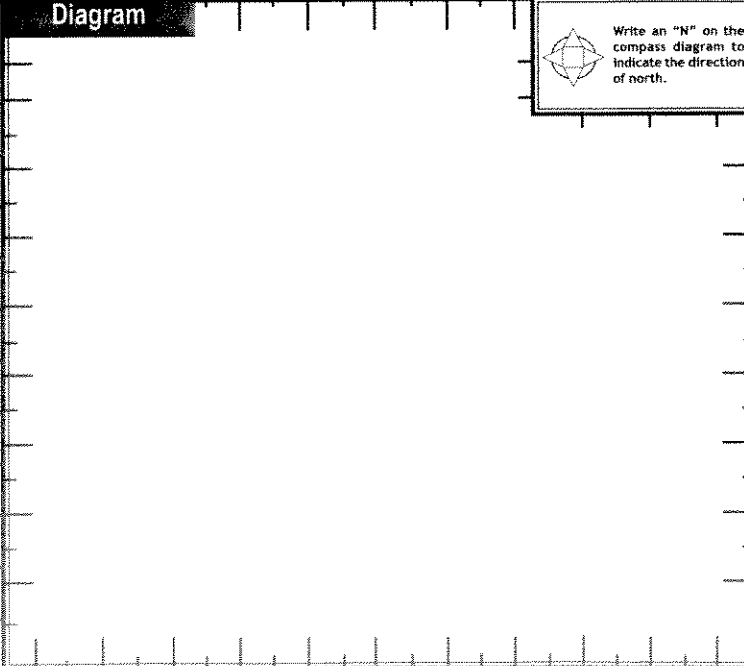
MANNER OF CRASH COLLISION/IMPACT	WEATHER
6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET,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

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	1 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	<input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> 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

UNIT #1 WAS SOUTH ON MASON MONTGOMERY READ WHEN UNIT #1 FAILED TO STOP AT RED LIGHT, STRIKING UNIT #2 IN THE RIGHT FRONT. UNIT #2 WAS TURNING S. ONTO MASON MONTGOMERY FROM FOXFIELD.



REPORT TAKEN BY	<input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CONSULT TO ADDITION TO AN EXISTING REPORT FIRST TO 800PC)				
DATE CRASH REPORTED	TIME CRASH REPORTED	REPORTED TIME	APPROVED TIME	TIME CREATOR	OTHER INVESTIGATION TIME	TOTAL MINUTES
01/14/2014	1200	1200	1200	1230	1130	1100
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE	OF		
M. Edwards	1047	Sgt John K. Cullen				



# MOTORIST / NON-MOTORIST / OCCUPANT

Local Receipt Number

UNIT NUMBER <b>011</b>	NAME: LAST, FIRST, MIDDLE <b>VARNER, JENNIFER Y</b>	DATE OF BIRTH <b>1073011979</b>	AGE <b>34</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>1008 MITCHELL RD. WILMINGTON, OHIO 45177</b>	CONTACT PHONE - INCLUDE AREA CODE <b>937 732-4436</b>
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INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>UB583522</b>	OL CLASS <b>4</b>	NO VALID OL	M/C 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>
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OFFENSE CHARGED (LOCAL CODE) <b>313.03</b>	OFFENSE DESCRIPTION <b>RED LIGHT VIOLATION</b>	CITATION NUMBER <b>75410</b>	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
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UNIT NUMBER <b>021</b>	NAME: LAST, FIRST, MIDDLE <b>KUNE, KELLI L.</b>	DATE OF BIRTH <b>1072311975</b>	AGE <b>38</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>1646 TOLGATE CT. LEBANON, OHIO 45036</b>	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RN732298</b>	OL CLASS <b>4</b>	NO VALID OL	M/C 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>
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OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE 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 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	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 (10 OR IS "D") 5 - M/C/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	5 - FELT ASLEEP, FRAIGTED, 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>P11</b>	NAME: LAST, FIRST, MIDDLE <b>VARNER, VICTORIA</b>	DATE OF BIRTH <b>11282005</b>	AGE <b>8</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>1008 MITCHELL RD. WILMINGTON, OHIO 45177</b>	CONTACT PHONE - INCLUDE AREA CODE <b>937 732-4436</b>
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INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>06</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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UNIT NUMBER <b>P11</b>	NAME: LAST, FIRST, MIDDLE <b>VARNER, JOSEPH</b>	DATE OF BIRTH <b>06102003</b>	AGE <b>10</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>1008 MITCHELL RD. WILMINGTON, OH 45177</b>	CONTACT PHONE - INCLUDE AREA CODE <b>937 732-4436</b>
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INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION <b>03</b>	AIR BAG USAGE	EJECTION	TRAPPED
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# Unit

Local Report Number: \_\_\_\_\_

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 
Owner Address: City, State, ZIP (Same As Driver)	LP State <b>OH</b>	License Plate Number <b>FON 4551</b>	Vehicle Identification Number <b>2FMZAS11421B1A538291</b>	# Occupants <b>03</b>
Vehicle Year <b>12/09/11</b>	Vehicle Make <b>FORD</b>	Vehicle Model <b>WINDSTAR</b>	Vehicle Color <b>TAN</b>	
Proof of Insurance Shown	Insurance Company <b>WAYNE MUTUAL</b>	Policy Number <b>AUTO: 156518</b>	Towed By	

Carrier Name, Address, City, State, Zip: \_\_\_\_\_ Carrier Phone: include area code: \_\_\_\_\_

US DOT	Vehicle Weight GVWR/GCWR <b>1</b>	Cargo Balty Type <b>01</b>	Trafficway Description <b>1</b>
HM Placard ID No.	Hazardous Material Released		

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/Limo (9 or More Including Driver)

Special Function <b>01</b>	Most Damaged Area <b>03</b>	Impact Area <b>03</b>	Action <b>3</b>
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Pre-Crash Actions <b>01</b>	Motorist	Non-Motorist
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Contributing Circumstances	Vehicle Defects <b>01</b>
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Sequence of Events	Non-Collision Events	Collision With Fixed Object
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Unit Speed <b>30</b>	Posted Speed <b>35</b>	Traffic Control <b>09</b>	Unit Direction <b>7</b> to <b>2</b>
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Unit Number <b>02</b>	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 <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>EHF 7001</b>	Vehicle Identification Number <b>1JC3C1C1B1C648M684797</b>	2 - Minor	
Vehicle Year <b>2013</b>	Vehicle Make <b>CHRYSLER</b>	Vehicle Model <b>200</b>	3 - Functional	
Vehicle Color <b>GRAY</b>	Insurance Company <b>MOTORISTS MUTUAL</b>	Policy Number <b>71750678707909A</b>	4 - Disability	
Carrier Name, Address, City, State, Zip	Carrier Phone - include area code			

US DOT	Vehicle Weight GVWR/GCW 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	01 - No Compartment (Flatbed, Dump, etc.) 02 - Box Trailer (Flatbed, Dump, etc.) 03 - Van (10' Long, Non-Driven) 04 - Vehicle Carrying Another Vehicle 05 - Tanker 06 - Intermediate Container (Drum) 07 - Cargo Van (Includes Box) 08 - Trailer, Cargo, Semi 09 - Tank 10 - Cargo Tank (Liquid) 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 16 - Other/Unknown	1 - Two Way, Not Divided 2 - Two Way, Not Divided, Continuous Left Turn Lane 3 - Two Way, Divided, Unprotected (Power Line, etc.) 4 - Two Way, Divided, Protected (Median) - One 5 - One-Way Trafficway
HM Class Number			<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>	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)
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/Shoulder 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Travelway Area 99 - Other/Unknown	1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	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	13 - Single Unit Truck or Van Trailer, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bostair) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) 23 - Animal with Rider 24 - Animal with Rigger/Wagon, Sundry 25 - Bicycle/Pedal Cyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
			<input type="checkbox"/> Has HM Placard	

Special Function <b>01</b>	Most Damaged Area <b>03</b>	Impact Area <b>03</b>	Action <b>4</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 - Airplane 10 - Fire 11 - Highways/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)	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	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total/All Areas 14 - Other	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown

Pre-Crash Actions <b>06</b>	Motorist	Non-Motorist
01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Stowing or Stopped in Traffic 12 - Driverless	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

Contributing Circumstances	Vehicle Defects
<b>Primary</b> <b>01</b> 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	<b>Non-Motorist</b> <b>01</b> 22 - None 23 - Improper Crossing 24 - Dangling 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
<b>Secondary</b> <b>01</b> 99 - Unknown	<b>Motorist</b> <b>01</b> 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slack Tires 08 - Trailer Equipment Defective 09 - Motor Faults 10 - Disabled From Prior Accident 11 - Other Defects

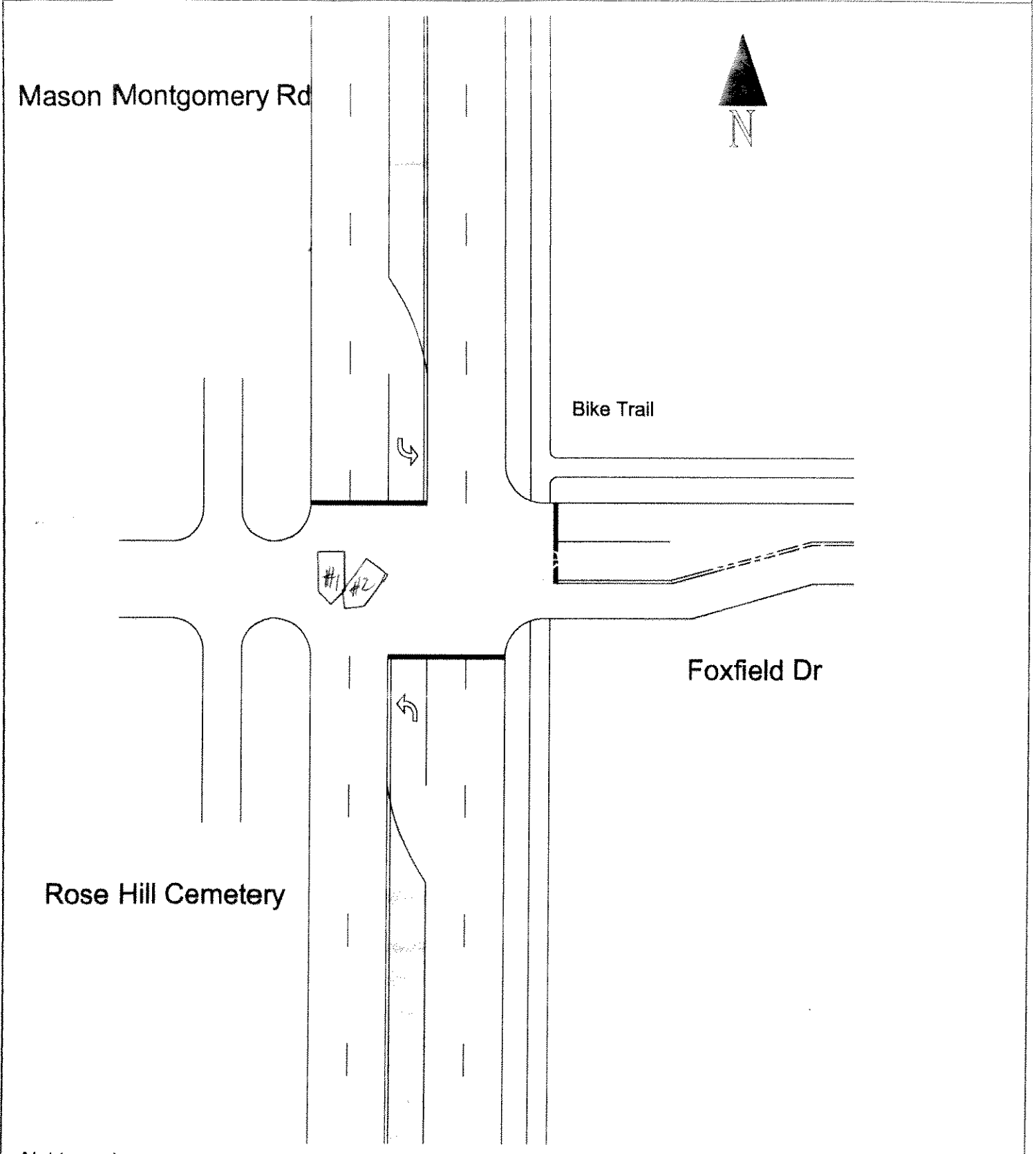
Sequence of Events	Non-Collision Events	Collision With Fixed Object
1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown	01 - Overtake/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment 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 - Opposite Direction of Travel 13 - Opposite Direction of Travel 14 - Other Non-Collision	25 - Impact Attributable to Crash Condition 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Support 29 - Bridge Post 30 - Guardrail Post 31 - Aerial Lift 32 - Overhead Sign Post 33 - Light Consoles Support 34 - Utility Pole 35 - Median Cable Barrier 36 - Median Concrete Barrier 37 - Median Concrete Barrier 38 - Median Other Barrier 39 - Traffic Sign Post 40 - Overhead Sign Post 41 - Light Consoles Support 42 - Utility Pole 43 - Other Pole, Post, or Support 44 - Guardrail 45 - Concrete Barrier 46 - Cable Barrier 47 - Other Barrier 48 - Tree 49 - Tree 50 - Wall, Zone Maintenance Equipment 51 - Wall, Building, Structure 52 - Other Fixed Object

Unit Speed <b>05</b>	Posted Speed <b>35</b>	Traffic Control <b>04</b>	Unit Direction From <b>3</b> To <b>2</b>	01 - None 02 - One Way 03 - Two Way 04 - Yield 05 - Stop 06 - Signalized 07 - Roundabout 08 - Roundabout 09 - Roundabout 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Permanent Markings 13 - Traffic Control 14 - Traffic Control 15 - Traffic Control 16 - Not Reported 17 - None 18 - None 19 - None 20 - None 21 - None 22 - None 23 - None 24 - None 25 - None 26 - None 27 - None 28 - None 29 - None 30 - None 31 - None 32 - None 33 - None 34 - None 35 - None 36 - None 37 - None 38 - None 39 - None 40 - None 41 - None 42 - None 43 - None 44 - None 45 - None 46 - None 47 - None 48 - None 49 - None 50 - None 51 - None 52 - None 53 - None 54 - None 55 - None 56 - None 57 - None 58 - None 59 - None 60 - None 61 - None 62 - None 63 - None 64 - None 65 - None 66 - None 67 - None 68 - None 69 - None 70 - None 71 - None 72 - None 73 - None 74 - None 75 - None 76 - None 77 - None 78 - None 79 - None 80 - None 81 - None 82 - None 83 - None 84 - None 85 - None 86 - None 87 - None 88 - None 89 - None 90 - None 91 - None 92 - None 93 - None 94 - None 95 - None 96 - None 97 - None 98 - None 99 - None
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT 10/24/14
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONTGOMERY RD AND FOXFIELD DR	



Not to scale

OFFICER'S SIGNATURE <i>P. Edwards</i>	BADGE NUMBER 1087
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LOCAL REPORT NUMBER	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 1   D 14   Y 14
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Rolf Rline HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Ptl. Dan Edwards AT MASON MONT / FOXFIELD  
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED: I was waiting to turn left onto Mason Montgomery off of Foxfield. I watched the light turn green and proceeded into the intersection. At that time, I noticed a gold minivan coming through the intersection heading south on Mason Montgomery. The van struck the front passenger side of my car. The driver of the van got out and said, "I'm so @ sorry, I totally ran that red light."

- Q. What was your speed at the time of the crash? A. 5-10
- Q. What was your direction of travel? A. turning south
- Q. Were you wearing a seatbelt? A. yes
- Q. Were you talking on a cell phone at the time of the crash? A. no
- Q. Were you injured due to the crash? A. no

1646 Tollgate Ct Lebanon OH 45036  
ADDRESS OF WITNESS

937-479-4453  
PHONE

Rolf Rline Ptl. Edwards  
SIGNATURE OF WITNESS OFFICER'S SIGNATURE



LOCAL REPORT NUMBER	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 1   D 14   Y 14
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jennifer V. Davis HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Ptl. Dan Edwards AT MASON/MONT - FOXFIELD  
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED:

I live in Wilmington OH, I was taking my children to Amazing Smiles Dental for a orthodontist's apt. I am not familiar with the area. I was looking for street names. I went through a yellow light and I didn't see the other vehical coming. I hit her on the passenger front wheel/bumpers. ~~no other injuries.~~

Q. What was your speed at the time of the crash? A.

Q. What was your direction of travel? north A.

Q. Were you wearing a seatbelt? yes A.

Q. Were you talking on a cell phone at the time of the crash? no A.

Q. Were you injured due to the crash? No A.

ADDRESS OF WITNESS: 1008 Mitchell Rd. Wilmington, OH 45177 PHONE: 937-732-4436

SIGNATURE OF WITNESS: Jennifer V. Davis OFFICER'S SIGNATURE: Ptl. Edwards 47