



# Traffic Crash Report

Local Report Number *	Crash Severity	HI/Skip
11H-1216141	3 1 - Fatal 2 - Injury 3 - PDO	2 1 - Solved 2 - Unsolved

Photos Taken <input checked="" type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> Other	<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
			08394	Mason Police	02	02 98 - Animal 99 - Unknown
County *	<input checked="" type="checkbox"/> City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week	
93	<input type="checkbox"/> Village * <input type="checkbox"/> Township *	Mason	01/26/2011 H	1800	SUN	

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0' 0" 0"	0' 0" 0"	39.1351181051	-84.312114169

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	<input checked="" type="checkbox"/> N - Northbound <input type="checkbox"/> S - Southbound <input type="checkbox"/> E - Eastbound <input type="checkbox"/> 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	Tylebville	RD	IR - Interstate Route (inc. turnpike) US - US Route SR - State Route

Distance From Reference	Dir From Ref	Reference Route Type <sup>1</sup>	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
				N,S, E,W	Reading	RD

Reference Point Used	Crash Location	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	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"/> Intersection Related 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

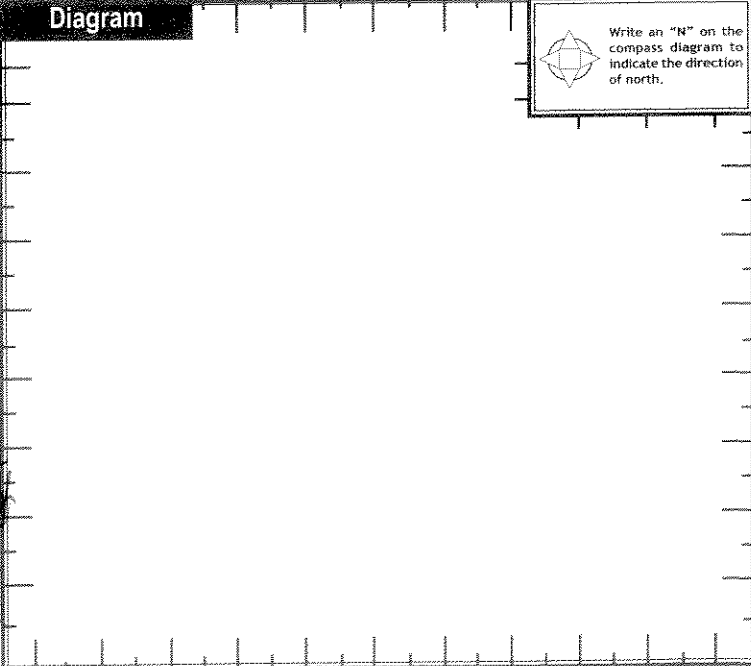
Road Contour	Road Conditions	Weather
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Primary 01 Secondary 01 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	1 - 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
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	Primary 4 Secondary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Stars* 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	Intermittent or Moving Work	Other	Location of Crash in Work Zone	Activity Area	Termination Area
<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	<input type="checkbox"/>		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 in the left turn lane on Tylebville at Reading Rd. Driver of unit #2 had a red light turn signal. Driver of unit 2 pulled out into Eastbound traffic. Unit #1 struck unit #2. Damage reported by witness on unit 2 on passenger side. Driver of unit #2 left the scene before police arrival. Witness obtained plate information for unit #2.



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	<input type="checkbox"/>	01/26/2011	1800	11803	11817	11938	1129	1141
Officer's Name *	Officer's Badge Number	Checked By	Page of					
Neal	121	121 41						



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

201141-216161

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>Widders, Jack R</b>	DATE OF BIRTH <b>03/21/1982</b>	AGE <b>31</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>3652 Pebble Creek Ct Mason, OH 45040</b>	CONTACT PHONE- INCLUDE AREA CODE <b>614-975-7957</b>
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	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 <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RU637687</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
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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 <input type="checkbox"/>
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UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE	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	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>99</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>9</b>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE <input type="checkbox"/>	OPERATOR LICENSE NUMBER	OL CLASS <input type="checkbox"/>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
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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 <input type="checkbox"/>
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<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-IMPACTING 4 - IMPACTING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED <b>Non-Motorist</b> 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - UNKNOWN SAFETY EQUIPMENT 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, THRO)	<b>Non-Motorist</b> 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, THRO)	<b>12 - REFLECTIVE CLOTHING</b> 13 - LIGHTING 14 - OTHER
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<b>SEATING POSITION</b> 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 (Not Including their Sled as a Bus, Pickup with Cab)	<b>12 - PASSENGER IN UNENCLOSED CARGO AREA</b> 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (Non-Trailing Unit) 15 - Non-Motorist 16 - OTHER 99 - UNKNOWN	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	<b>OPERATOR LICENSE CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OTHER "D") 5 - M/C/Moped ONLY	<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FEEL ASLEEP, FAINTED, FATIGUED UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 6 - OTHER 7 - OTHER	<b>ALCOHOL/DRUG SUSPECTED</b> 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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<b>ALCOHOL TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	<b>DRUG TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	<b>DRIVER DISTRACTED BY</b> 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 <input type="checkbox"/>	NAME: LAST, FIRST, MIDDLE <b>Whitaker, Chris</b>	DATE OF BIRTH	AGE	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>3150 Montego Ln Mainerville, OH 45039</b>	CONTACT PHONE- INCLUDE AREA CODE <b>240-274-4952</b>
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	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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UNIT NUMBER <input type="checkbox"/>	NAME: LAST, FIRST, MIDDLE	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	MEDICAL FACILITY INJURED TAKEN TO	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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# Unit

Local Report Number  
**126114-126611**

Unit Number <b>011</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>4</b>	
LP State <b>OH</b>	License Plate Number <b>4200Q</b>	Vehicle Identification Number <b>1GAEK19T19B1Z1P1040H1</b>	# Occupants <b>1</b>	
Vehicle Year <b>2003</b>	Vehicle Make <b>Chevrolet</b>	Vehicle Model <b>4 DOOR Silverado</b>	Vehicle Color <b>BLACK</b>	
Proof of Insurance Shown <b>R</b>	Insurance Company <b>Travelers</b>	Policy Number <b>9801973691011</b>	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code	

US DOT	Vehicle Weight GVWR/GCWR <b>1</b>	Cargo Body Type <b>01</b>	Trafficway Description <b>3</b>
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>	Type of Use <b>1</b>	Unit Type <b>06</b>	Med/Heavy Trucks or Combo Units > 10K lbs	Bus/Van/Limo (9 or More Including Driver)
	<input checked="" type="checkbox"/> In Emergency Response		<input type="checkbox"/> Has HM Placard	

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 <b>01</b>	Vehicle Defects <b>01</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>36</b>	Posted Speed <b>35</b>	Traffic Control <b>04</b>	Unit Direction From <b>4</b> To <b>3</b>
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# Unit

Local Report Number

2011-121661

Unit Number <b>02</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>Dorsey, Amy B</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver )	Damage Scale <b>3</b>	Damaged Area 
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>1800 Airport Road Sutton Brax WV 26060</b>				
LP State <b>MD</b>	License Plate Number <b>6VAT12</b>	Vehicle Identification Number <b>1Z614WFP6121181411231710S191011</b>	# Occupants <b>1011</b>	
Vehicle Year <b>2004</b>	Vehicle Make <b>BUICK</b>	Vehicle Model <b>Regal</b>	Vehicle Color <b>Maroon</b>	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company	Policy Number	Towed By	

Carrier Name, Address, City, State, Zip \_\_\_\_\_ 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 (Among Another Vehicle) 05 - Logging 06 - International Container Chassis 07 - Cargo Vehicle enclosed Box 08 - Grain, Clipp, Gravel 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 16 - Other/Unknown	Trafficway Description <b>3</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected/Shoulder Seals - 4:11 Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released		<input checked="" type="checkbox"/> Hit / Skip Unit
HM Class Number			

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>03</b> 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 99 - Unknown or Hit / Skip	Med/Heavy Trucks or Combo Units > 10k lbs. 13 - Single Unit Truck or Van 2 axle, 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) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
			<input type="checkbox"/> Has HM Placard	

Special Function <b>01</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 - 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 (if explain in Narrative)	Most Damaged Area <b>99</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>9</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
Impact Area <b>04</b>		

Pre-Crash Actions <b>00</b> 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 - Stopping 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
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Contributing Circumstances <b>03</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 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>11</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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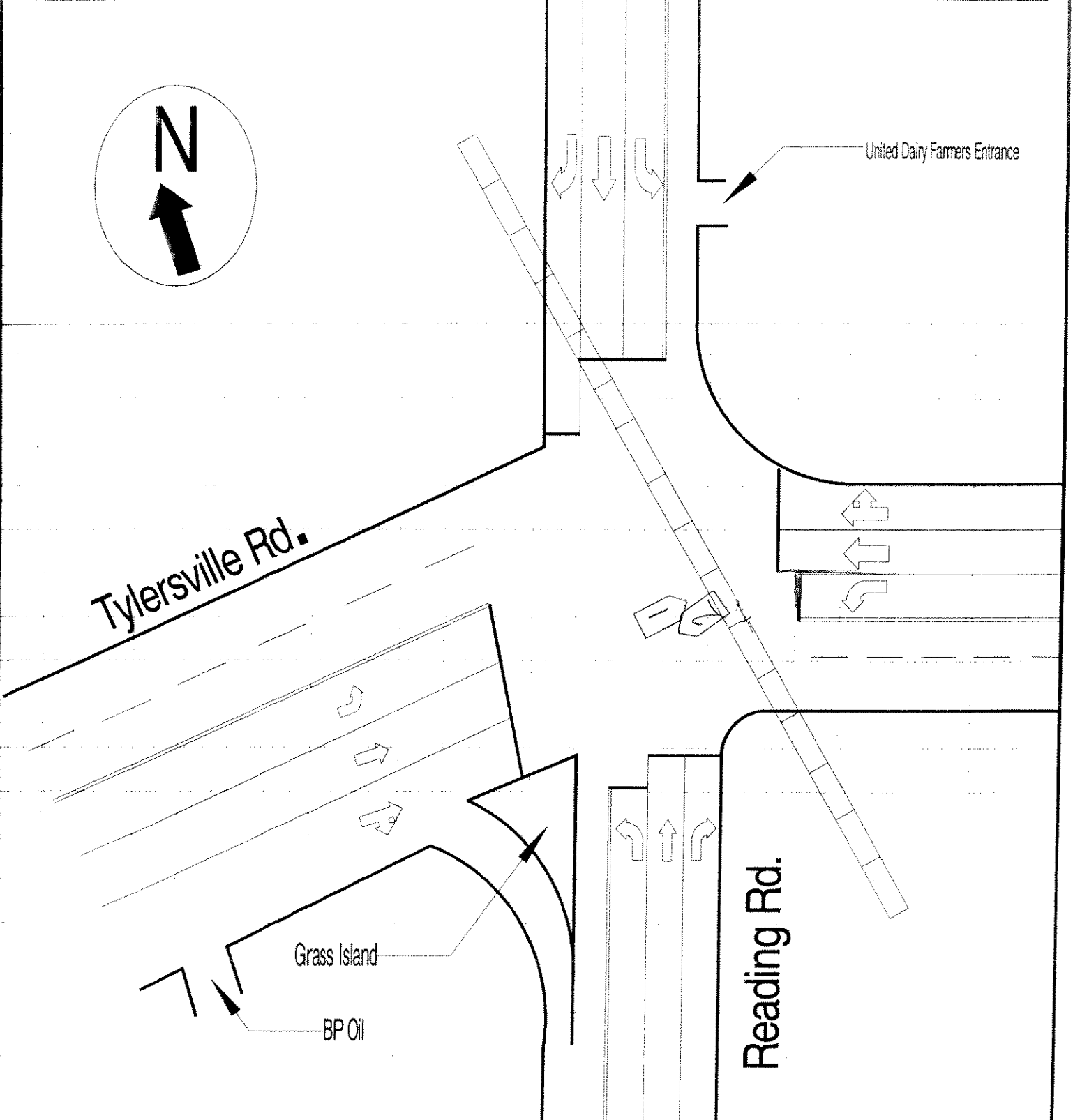
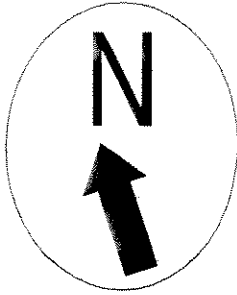
Sequence of Events 1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> First Harmful Event <b>1</b> Most Harmful Event <b>1</b> 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blow 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
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacyclist 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	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/Luminaires 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 <b>101</b>	Posted Speed <b>35</b>	Traffic Control <b>04</b> 01 - No Control 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Light 06 - Stop Sign 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Marking 13 - Crosswalk Lines 14 - Water/Dirt Walk 15 - None 16 - Not Reported	Unit Direction From <b>3</b> To <b>2</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - East 8 - Southwest 9 - Unknown
<input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated			Page of

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER <i>14-2661</i>	REPORTING AGENCY <i>MASON POLICE DEPT.</i>	DATE OF ACCIDENT M <i>1</i> D <i>26</i> Y <i>14</i>
IN COUNTY OF <i>WARREN</i>	ACCIDENT LOCATION <i>TYLERSVILLE &amp; READING RD.</i>	



\*Not to Scale\*

OFFICERS SIGNATURE

*S. Neal*

BADGE NO.

*104*



LOCAL REPORT NUMBER 14-26061	REPORTING AGENCY Mason police	DATE OF CRASH M 1 D 26 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jack R. Widders HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

S. Neal AT Intersection of Tylesville & Reading  
OFFICER'S NAME LOCATION

I was driving east bound on Tylesville, I had green lights and was driving through the intersection of Tylesville & Reading. Another vehicle, a 4 door red/maroon car pulled out to make a left hand turn from Tylesville westbound to Reading southbound. ~~The~~ The other driver pulled out to make the turn and I tried to slow down to avoid the car, but was unable to stop in time. After the accident I looked around and pulled forward to get out of the intersection. The other car did not stop to exchange information and took off. Another gentleman saw the person take off and was able to get the license plate number. My airbag didn't deploy and there is damage to front right side of my vehicle.

ADDRESS OF WITNESS 3652 Pebble Creek Ct. Mason, Ohio 45040	PHONE (614) 975-7957
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X



LOCAL REPORT NUMBER 14-2661	REPORTING AGENCY Mason Police	DATE OF CRASH M 1 10 2014
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Chris Whitaker HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
Neal AT Crash Location  
OFFICER'S NAME LOCATION

I was turning right on WB Tylersville Rd, when I saw a Red 4 Door Sedan, Resembling a Buick Century or LeSabre, turning on a Redlight from WB Tylersville Rd to SB Reading (6542). A truck, Chevy, going thru the intersection on a green light slammed on his Brakes, but the collision still took place. Damage to his RF and the Red Car's entire Right side. She fled the scene.

I turned into the shopping ctr, and followed her to get a tag number. She turned into the Post office at Snider Rd and Reading Rd to observe the Damage, then ~~to~~ drove out the parking lot going Northbound Snider Rd. I got the tag number when she was parked, West Virginia Plate 6VA712.

I Returned to the Collision scene and Reported to this officer when Requested to do so.

3150 Montego Ln Maineville, OH, 45039		240-274-4952
ADDRESS OF WITNESS		PHONE
SIGNATURE OF WITNESS X <u>Chris Whitaker</u>	OFFICER'S SIGNATURE X <u>A. Neal</u>	