



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
	1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved
	2	

<input type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	Reporting Agency NCIC * 00304	Reporting Agency Name * MASON POLICE	Number of Units 02	Unit in error <input type="checkbox"/> 98 - Animal <input type="checkbox"/> 99 - Unknown
County * 53	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township * MASON	Crash Date * 02282014	Time of Crash 1218	Day of Week FRI	

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 ' "	0 ' "	39.341717	-84.329185

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input type="checkbox"/> Divided <input type="checkbox"/> Undivided	<input 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 ¹	Location Route Number	Loc Prefix N,S,E,W	Location Road Name	Location Road Type ²	Route Types ¹
			SNIDER	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 Type ¹	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 <input type="checkbox"/> E,W				933	

Reference Point Used	Crash Location	Reference	Reference	Reference	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 01 - Not an intersection 02 - Four-way intersection 03 - T-intersection 04 - Y-intersection 05 - Traffic Circle/Roundabout	<input type="checkbox"/> 06 - Five-point, or more <input type="checkbox"/> 07 - On Ramp <input type="checkbox"/> 08 - Off Ramp <input type="checkbox"/> 09 - Crossover <input type="checkbox"/> 10 - Driveway/Alley Access	<input type="checkbox"/> 11 - Railway Grade Crossing <input type="checkbox"/> 12 - Shared-Use Paths or Trails <input type="checkbox"/> 99 - Unknown	<input type="checkbox"/> Intersection Related	<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	01 - Dry	05 - Sand, Mud, Dirt, Oil, Gravel	09 - Rut, Holes, Bumps, Uneven Pavement*
<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 <input type="checkbox"/> Secondary	<input type="checkbox"/> 02 - Wet <input type="checkbox"/> 03 - Snow <input type="checkbox"/> 04 - Ice	<input type="checkbox"/> 06 - Water (Standing, Moving) <input type="checkbox"/> 07 - Slush <input type="checkbox"/> 08 - Debris*	<input type="checkbox"/> 10 - Other <input type="checkbox"/> 99 - Unknown

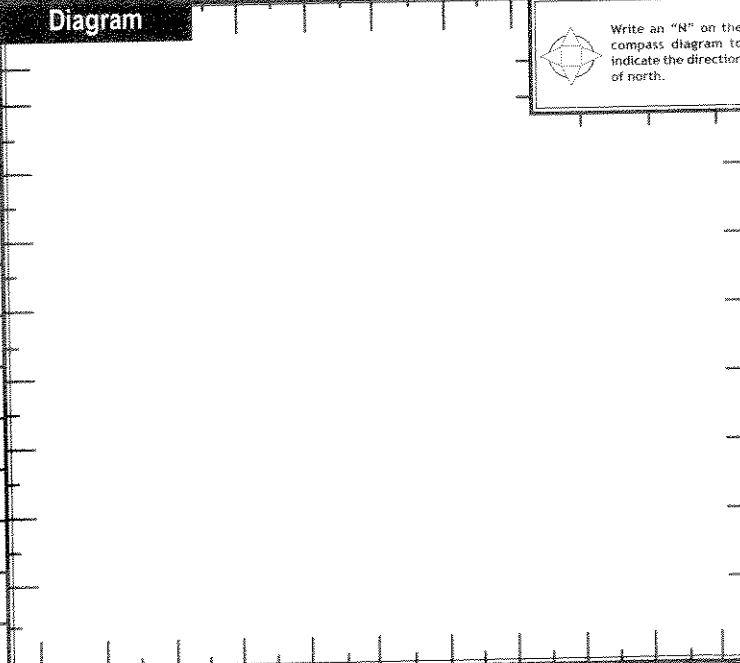
Manner of Crash Collision/Impact	Weather
<input checked="" type="checkbox"/> 2 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	<input checked="" type="checkbox"/> 1 <input type="checkbox"/> 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 Zone 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"/> Work Zone Related <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 #2 WAS NORTHBOUND ON SNIDER ROAD STOPPED, WAITING FOR TRAFFIC TO TURN INTO 933 SNIDER, WHEN UNIT #1 STRUCK UNIT #2 FROM BEHIND. UNIT #1 THEN VEERED OFF THE RIGHT SIDE OF THE ROADWAY, INTO A DITCH AND FLIPPING ON ITS TOP.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to OOPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency PTI. EDWARDS	<input type="checkbox"/>	02282014	1218	1218	1221	113118	130	190
Officer's Name *	Officer's Badge Number	Checked By	Page of					
PTI. EDWARDS	1047	SS						



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE MILLER, SARA	DATE OF BIRTH 01826/1992	AGE 21	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP CY67 HOLLOWAY DRIVE LIBERTY TWP. OH. 45044	CONTACT PHONE- INCLUDE AREA CODE 513 370-8145
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY MASON EMS	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER TR520695	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	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 (<input checked="" type="checkbox"/> LOCAL CODE) 331.34/335.074	OFFENSE DESCRIPTION FAILURE TO OBTAIN/EXA NO INS.	CITATION NUMBER 75759	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 6
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UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE LANGFRITZ, MARK E	DATE OF BIRTH 01227/1963	AGE 50	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 933 SWIDER ROAD MASON, OHIO 45040	CONTACT PHONE- INCLUDE AREA CODE 513 658-3368
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INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY MASON EMS	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 09	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RL574428	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	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 (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCARCERATING 4 - INCARCERATING 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, Pickups 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 "D") 5 - M/C/Moped ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 2 - 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 021	NAME: LAST, FIRST, MIDDLE LANGFRITZ, DEBORAH	DATE OF BIRTH 01815/1972	AGE 41	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 933 SWIDER ROAD MASON, OHIO 45040	CONTACT PHONE- INCLUDE AREA CODE 513 659-3368
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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Unit
 1 Number: 311
 Owner Name: Last, First, Middle (Same As Driver)
 Owner Address: City, State, Zip (Same As Driver)

Owner Phone Number - inc. area code (Same As Driver)

Local Report Number

State: OH License Plate Number: FWR 1325

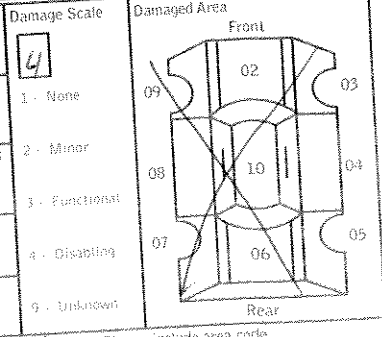
Vehicle Identification Number: 1J1T1K1T14K137A15281181U1011

Vehicle Year: 2011 Vehicle Make: TOYOTA

Vehicle Model: YARIS Vehicle Color: RED

Insurance Company: Carrier Name, Address, City, State, Zip

Policy Number: Towed By: CASE



US DOT: Vehicle Weight GVWR/GCWR: 1 - Less Than or Equal to 10k Lbs.

Cargo Body Type: 01 - No Cargo Body Type/Not Applicable

Trafficway Description: 1 - Two-Way, Not Divided; 2 - Two-Way, Not Divided, Continuous Left Turn Lane; 3 - Two-Way, Divided, Unprotected (Through Cross-Street) Median; 4 - Two-Way, Divided, Positive Median Barrier; 5 - One-Way Trafficway

HM Placard ID No.:

HM Class Number:

Non-Motorist Location Prior to Impact: 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

Unit Type: 01 - Passenger Vehicles (less than 9 passengers); 02 - Sub-Compact; 03 - Compact; 04 - Mid Size; 05 - Full Size; 06 - Minivan; 07 - Sport Utility Vehicle; 08 - Pickup; 09 - Van; 10 - Motorcycle; 11 - Motorized Bicycle; 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 / Trailer; 15 - Single Unit Truck / Trailer; 16 - Tractor/Trailer (Battail); 17 - Tractor/Semi-Trailer; 18 - Tractor/Double; 19 - Tractor/Triples; 20 - Other Med/Heavy Vehicle

Special Function: 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

Unit Type: 09 - Ambulance; 10 - Fire; 11 - Highway/Maintenance; 12 - Military; 13 - Police; 14 - Public Utility; 15 - Other Government; 16 - Construction Equip.

Most Damaged Area: 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 Area; 14 - Other; 99 - Unknown

Pre-Crash Actions: 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

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

Contributing Circumstances: Primary: 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 - Lead 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 - Turn Signals; 02 - Head Lamps; 03 - Tail Lamps; 04 - Brakes; 05 - Steering; 06 - Tire Blowout; 07 - Worn or Stick tires; 08 - Trailer Equipment Defective; 09 - Motor Trouble; 10 - Disabled From Prior Accident; 11 - Other Defects

Sequence of Events: 1 - 20, 2 - 08, 3 - 44, 4 - 45, 5 - 01, 6 - ; First Harmful Event: 1; Most Harmful Event: 5

Non-Collision Events: 01 - Overturn/Rollover; 02 - Fire/Explosion; 03 - Immersion; 04 - Jackknife; 05 - Cargo/Equipment Loss or Shift

Collision with Fixed Object: 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

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

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

Unit Direction: Front: 2; To: 1; 1 - North; 2 - South; 3 - East; 4 - West; 5 - Northeast; 6 - Northwest; 7 - Southeast; 8 - Southwest; 9 - Unknown

Unit Speed: 135; Posted Speed: 35; Traffic Control: 12 - No Controls; 01 - No Controls; 02 - Stop Sign; 03 - Yield Sign; 04 - Traffic Signal; 05 - Traffic Flashers; 06 - School Zone

Traffic Control: 07 - Railroad Crossbuck; 08 - Railroad Flashers; 09 - Railroad Gates; 10 - Construction Barricade; 11 - Person (Logger, Officer) Placement; 12 - Pavement Markings

Unit Direction: 13 - Crosswalk Lines; 14 - Walk/Don't Walk; 15 - Other; 16 - Not Reported



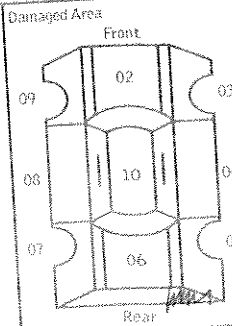
Unit

Local Report Number

Number **174** Owner Name: Last, First, Middle **LANGFRITZ, MARK**
Address: City, State, Zip

Owner Phone Number - Inc. Area code Same As Driver

Damage Scale **2**



State **OH** License Plate Number **DFY 3165**

Vehicle Identification Number **JN1UDIAZ11A8RT1311BISBMY1021**

Occupants **1**

Vehicle Year **210121** Vehicle Make **NISSAN**

Vehicle Model **MAXIMA**

Vehicle Color **SILVER**

Insurance Company **STATE FARM**

Policy Number **829 4634 E02-35**

Insured By

Carrier Phone - include area code

Vehicle Weight GVWR/GCWR **1**

Cargo Body Type **01**

Trafficway Description **1**

HM Class Number

Unit Type **03**

Med/Heavy Trucks or Combo Units > 10k lbs

Non-Motorist Location Prior to Impact

Type of Use **1**

Action **9**

Special Function **01**

Pre-Crash Actions **11**

Contributing Circumstances

Sequence of Events

Collision with Fixed Object

Unit Direction

Unit Speed **100** Posted Speed **35**

Traffic Control **12**

Unit Direction **2**

Collision with Person, Vehicle or Object Not Fixed

Collision with Fixed Object

Unit Direction

Unit Speed **100** Posted Speed **35**

Traffic Control **12**

Unit Direction **2**

Unit Speed **100** Posted Speed **35**

Traffic Control **12**

Unit Direction **2**

Unit Speed **100** Posted Speed **35**

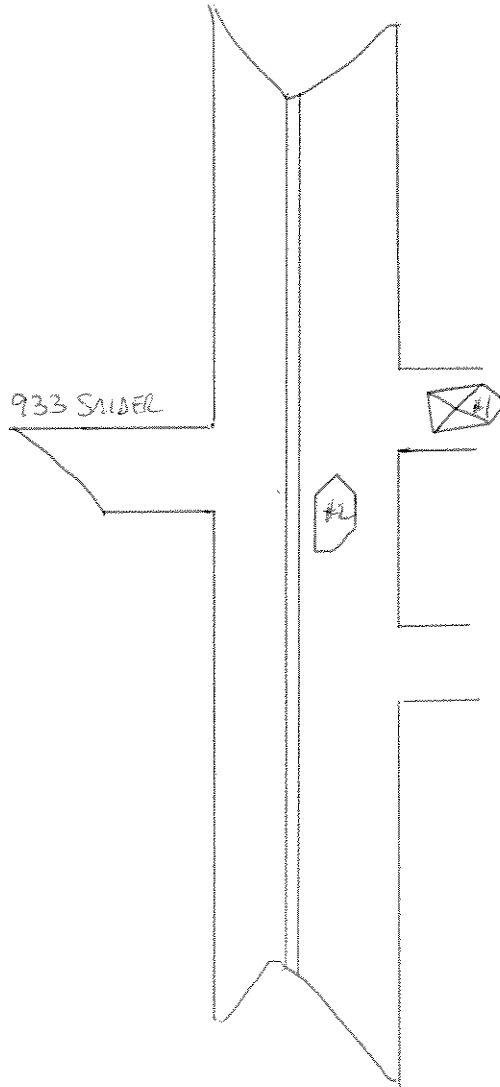
Traffic Control **12**

Unit Direction **2**



LOCAL REPORT NUMBER	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 2 28 Y 14
IN COUNTY OF WARREN	CRASH LOCATION 933 SAIDER	

NOT TO SCALE



OFFICER'S SIGNATURE X PTL D. Edwards	BADGE NUMBER 1047
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LOCAL REPORT NUMBER	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 2 12 8 11 4
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

<input checked="" type="checkbox"/> <u>Sara Miller</u> PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>Ptl. Dan Edwards</u> OFFICER'S NAME	AT <u>933 SNIDER</u> LOCATION

DESCRIBE WHAT HAPPENED:

Driving North on Snider Road
 Looked down to change radio station
 Looked up to see car stopped in front of me
 Slammed on brakes - turned right
 flipped over in ditch
 crawled out of car

Q. What was your speed at the time of the crash?	A. 35-40
Q. What was your direction of travel?	A. North
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

ADDRESS OF WITNESS	PHONE X (513) 370-8145
<input checked="" type="checkbox"/> SIGNATURE OF WITNESS <u>Sara Miller</u>	OFFICER'S SIGNATURE X <u>Ptl. Edwards</u>



LOCAL REPORT NUMBER	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 2 28 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, X Deborah Langfritz HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Ptl. Dan Edwards AT 933 Snider
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED:

We had our left turn signal on, getting ready to turn into our driveway, when all of the sudden we felt an impact from behind, I looked to my right & saw a small red car that had just hit us from behind survive to the right clipped the ditch ~~the~~ & the car then flipped over on to its top.

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

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

Q. Were you wearing a seatbelt? A.

Q. Were you talking on a cell phone at the time of the crash? A.

Q. Were you injured due to the crash? A.

933 Snider Road, Mason, Ohio 45040
ADDRESS OF WITNESS

513-659-3368
PHONE

X Deborah Langfritz X Ptl. Edwards
SIGNATURE OF WITNESS OFFICER'S SIGNATURE

HSY 7003 4/07
 Name Deborah Langfritz D.O.B. 8-15-72 AGE 41 yrs. old