



Traffic Crash Report

Local Report Number *	Crash Severity	HR/Skip
19140099011802	3 - PDD	1 - Solved 2 - Unsolved

Local Information	Reporting Agency NCIC *	Reporting Agency Name *
	198394	MASON P.D.

Photos Taken	PDD Under State Reportable Dollar Amount	Private Property	Number of Units	Unit in error
OH-2 OH-1P OH-3 Other			02	01 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
43		CITY OF MASON	10/15/2014	122319	TUE

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / /	0 / /	39.328847	784.311959

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
Divided	N - Northbound E - Eastbound S - Southbound 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
			MASON-MONTGOMERY	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 N, S, E, W	Reference Route Type ¹	Reference Route Number	Ref Prefix N, S, E, W	Reference Name (Road, Milepost, House #)	Reference Road Type ²
					CEDAR VILLAGE	DR

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	02 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		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 Secondary 01 02 03 - Snow 04 - Ice	01 - Dry 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

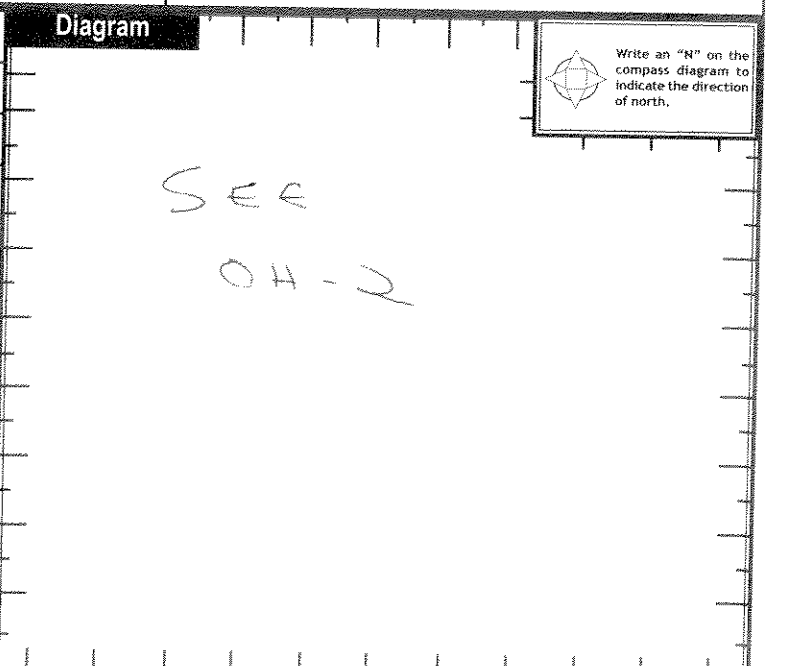
Manner of Crash Collision/Impact	Weather
1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	01 - Clear 02 - Cloudy 03 - Fog, Smog, Smoke 04 - Rain 05 - Sleet, Hail 06 - Snow 07 - Severe Crosswinds 08 - Blowing Sand, Soil, Dirt, Snow 09 - 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 Secondary 01 02 - Dawn 03 - Dusk 04 - Dark - Lighted Roadway 05 - Dark - Roadway Not Lighted 06 - Dark - Unknown Roadway Lighting 07 - Glare* 08 - Other 09 - Unknown	School Zone Related Yes, School Bus Directly Involved Yes, School Bus Indirectly Involved

Work Zone Related	Type of Work Zone	Location of Crash in Work Zone
Workers Present Law Enforcement Present (Officer/Vehicle) 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 # 2 WAS SOUTHBOUND ON MASON MONTGOMERY RD. CROSSING THE INTERSECTION AT CEDAR VILLAGE DR. UNIT # 1 WAS EASTBOUND ON CEDAR VILLAGE DR. CAME THROUGH A FLASHING RED LIGHT AT THE INTERSECTION TO TURN LEFT NORTHBOUND ON MASON-MONTGOMERY RD. AND STRUCK UNIT # 2 ON THE SIDE.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)					
Police Agency Motorist						
Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
10/15/2014	122319	122311	122316	123400	11311	109710
Officer's Name *	Officer's Badge Number	Checked By				
N. FANTINI	46	SS [Signature] 36				



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

29114 1906011802

MOTORIST/Non-Motorist

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE LIN, TIM	DATE OF BIRTH 05/16/1997	AGE 16	GENDER M
ADDRESS, CITY, STATE, ZIP 4731 COBBLESTONE COURT, MASON, OH 45040			CONTACT PHONE - INCLUDE AREA CODE (513) 728-9647	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER VE262190	OL CLASS M	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>
OFFENSE CHARGED 313.01	OFFENSE DESCRIPTION OBEDIENCE TO TRAFFIC DEVICE	CITATION NUMBER 74494	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1

MOTORIST/Non-Motorist

UNIT NUMBER 1024	NAME: LAST, FIRST, MIDDLE SHOSTAK, ROMAN	DATE OF BIRTH 03/31/1980	AGE 34	GENDER M
ADDRESS, CITY, STATE, ZIP 6677 BANDURY DR. FRANKLIN, OH 45005			CONTACT PHONE - INCLUDE AREA CODE (513) 720-1241	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER SD670287	OL CLASS M	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1

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 NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET 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
---	--	--	--

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-Tandem Unit Such as a Box, Pick-up with Cap) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (Non-Tandem 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
--	---

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 (OH or "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
--	---	--	---	--

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
--	---	---	--	--

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END.
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY

OCCUPANT

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE - INCLUDE AREA CODE	
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END.
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY



Unit

Local Report Number
 210141000011802

Unit Number 011	Owner Name: Last, First, Middle (Same As Driver) LIU, BAOSHAN	Owner Phone Number - inc. area code (Same As Driver)	Damage Scale 2	Damaged Area Front
LP State OH	License Plate Number FWU 4930	Vehicle Identification Number WBSAN1B117S106PT11101D	# Occupants 1011	
Vehicle Year 2006	Vehicle Make BMW	Vehicle Model 325	Vehicle Color BLUE	
Carrier Name, Address, City, State, Zip	Insurance Company STATE FARM	Policy Number 039-1588-230-35E	Towed By	Carrier Phone- include area code

US DOT	Vehicle Weight GVWR/GWR 1	Cargo Body Type 01	Trafficway Description 3
HM Placard ID No.	Hazardous Material Released	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs
HM Class Number		Bus/Van (9-15 Seats, Inc Driver)	Bus/Van/Limo (9 or More including Driver)

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 03	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More including Driver)
Special Function 01	Contributing Circumstances	Most Damaged Area 02	Impact Area 02	Action 3	Has HM Placard

Pre-Crash Actions 06	Motorist	Non-Motorist
Contributing Circumstances	Vehicle Defects	Sequence of Events

Sequence of Events	Collision with Person, Vehicle or Object Not Fixed	Collision With Fixed Object
Unit Speed	Posted Speed	Traffic Control

Unit Speed	Posted Speed	Traffic Control	Unit Direction
0115	35	04	From 4 To 1

Unit Direction	From	To
	4	1

Unit Direction	From	To
	4	1

Unit Direction	From	To
	4	1

Unit Direction	From	To
	4	1

Unit Direction	From	To
	4	1

Local Report Number

291410000001118102

Unit Number 07	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 5	Damaged Area
--------------------------	--	--	--------------------------	------------------

Owner Address: City, State, Zip (Same As Driver)

LP State OH	License Plate Number EQC 8651	Vehicle Identification Number 0TKKDE1167091029918119151011	# Occupants 1011
-----------------------	---	--	----------------------------

Vehicle Year 2009	Vehicle Make SCION	Vehicle Model TC	Vehicle Color WHITE
-----------------------------	------------------------------	----------------------------	-------------------------------

<input type="checkbox"/> Proof of Insurance Shown	Insurance Company NATIONWIDE	Policy Number 9234K926946	Towed By
---	--	-------------------------------------	----------

Carrier Name, Address, City, State, Zip
Carrier Phone- include area code

US DOT 1	Vehicle Weight GVWR/GCWR 1 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (36+ 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 3 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Paved or Gravel) Median 4 - Two Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
--------------------	--	--	--

HM Placard ID No.	HM Class Number	<input type="checkbox"/> Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit
Non-Motorist Location Prior to Impact 01 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 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 03 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

Special Function 01 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 (Explain in Narrative)	Most Damaged Area 04 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 99 - Unknown	Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
--	---	--

Pre-Crash Actions 01 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

Contributing Circumstances Primary 01 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turns 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 01 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
---	---	---

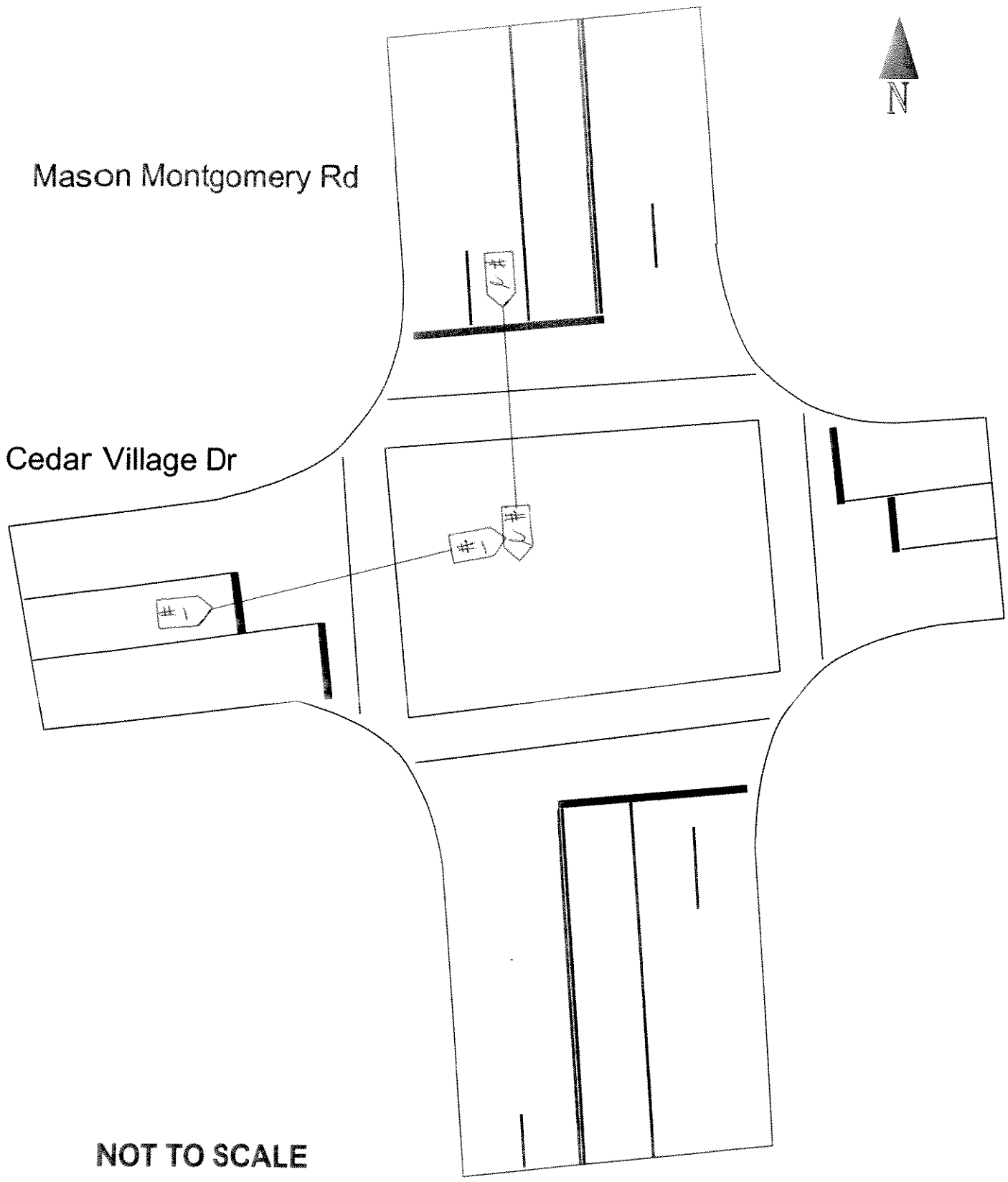
Sequence of Events 1 20 2 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision
---	--

Unit Speed 40	Posted Speed 45	Traffic Control 04 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 1 To 5 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
-------------------------	---------------------------	--	--

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 14-11802	REPORTING AGENCY MASON P.D.	DATE OF ACCIDENT MAY 15 2014
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON - MONTGOMERY AT CEDAR VILLAGE	



NOT TO SCALE

OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NUMBER 46
---	--------------------



LOCAL REPORT NUMBER 14-11802	REPORTING AGENCY Mason P.D.	DATE OF CRASH M 4 D 15 Y 14
---------------------------------	--------------------------------	------------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Tim Liu HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

N. FANTIN AT Mason Co. Ga. → Cedar Village
OFFICER'S NAME LOCATION

going down Cedar Village, slowed to ~10:20 apt at turn lane with turn signal, and continued. Hit white Scion and panicked. Thought the Scion left but it didn't from what I heard. Confused and nervous, drove home to tell dad then came back.

ADDRESS OF WITNESS 4731 Cobblestone Ct	PHONE 513 729 9647
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X N.



LOCAL REPORT NUMBER 14-11802	REPORTING AGENCY MASON P.D.	DATE OF CRASH M 4 / D 15 / Y 14
---------------------------------	--------------------------------	------------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Roman Shostak HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

N. FAULT AT Mason - Montgomery intersection
OFFICER'S NAME LOCATION

On the above date and approximate time, I was travelling southbound on Mason - Montgomery Rd in my 2009 white "Scion TC". When I approached the intersection with Cedar Village Drive a black four-door sedan (what appeared to be due to dark conditions) came without slowing down, right at me and T-boned me causing damage on my rear bumper and right-hand side of my vehicle, there also appears damage to my tires from the shifting motion. The driver after the impact has left the scene of the incident but was later identified by the his license plate that came off his vehicle due to the impact which I have called in to the "911" service. Later he returned to the scene with his father. Be advised that the intersection at the impact site had the flashing yellow - flashing red mode on with it traffic lights with me having the right-of-way on the "flashing yellow" and him running the flashing red light and therefore failing to properly stop.

ADDRESS OF WITNESS 6677 Barkbury Drive, Franklin, OH 45005	PHONE (513) 720-1241
SIGNATURE OF WITNESS X <u>R. Shostak</u>	OFFICER'S SIGNATURE X <u>N. [Signature]</u>