



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
201141-108441	3 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information  
**ROUNDABOUT**

<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 checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other			08304	MASON POLICE	02	01 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	MASON	04072014	1238	MON

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 0 0	0 0 0		
139 21 158.10428	78 41 119.110101848	139.356123	78.319448

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input type="checkbox"/> Divided <input type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	011	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 SG - 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	MASON	R.D.	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 <sup>1</sup>	Reference Route Number	Ref. Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	<input type="checkbox"/> N, S, E, W			N, S, E, W	HICKORY WOODS	02

Reference Point Used	Crash Location	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	05 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

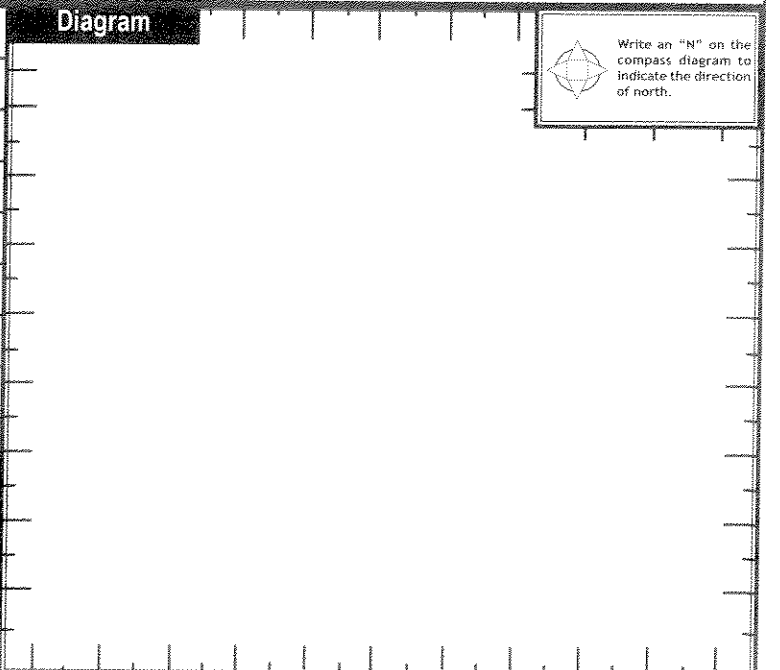
Road Contour	Road Conditions	Weather
3 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	03 Primary Secondary	4 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

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	4 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	<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"/> Workers Present <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 IN THE ROUNDABOUT WHEN UNIT #1 ENTERED FROM EAST ON MASON ROAD, AND STRUCK UNIT #2 IN THE RIGHT SIDE FRONT PASSENGER DOOR. MINOR DAMAGE TO BOTH VEHICLES RESULTED.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPSS)	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		04072014	1238	1238	1242	1315	123	160
Officer's Name *	Officer's Badge Number	Checked By	Page of					
PH. Edwards	1047	LT. J. 34						



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**2011-11841**

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER <b>1011</b>	NAME: LAST, FIRST, MIDDLE <b>CARLTON, SHAWNA E.</b>	DATE OF BIRTH <b>10/22/1974</b>	AGE <b>39</b>	GENDER <b>F</b> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <b>5041 COAD DRIVE CINCINNATI, OH 45237</b>		CONTACT PHONE- INCLUDE AREA CODE <b>513 616-5288</b>		
INJURIES <b>1</b>	INJURED TAKEN BY <b>EMS AGENCY</b>	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>09</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RL150358</b>	OL CLASS <b>4</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>
OFFENSE CHARGED <b>331.16</b>	OFFENSE DESCRIPTION <b>FAILURE TO YIELD R.O.W.</b>	CITATION NUMBER <b>75793</b>	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <b>1</b>

UNIT NUMBER <b>1012</b>	NAME: LAST, FIRST, MIDDLE <b>OSCAR, JOSEPH T</b>	DATE OF BIRTH <b>10/71/1979</b>	AGE <b>34</b>	GENDER <b>M</b> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <b>4318 NORTH HAVEN DRIVE MASCA, OHIO 45040</b>		CONTACT PHONE- INCLUDE AREA CODE <b>513 674-8422</b>		
INJURIES <b>1</b>	INJURED TAKEN BY <b>EMS AGENCY</b>	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>09</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RV299950</b>	OL CLASS <b>4</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>
OFFENSE CHARGED <input type="checkbox"/> LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	Non-Motorist
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOBYER SEAT 08 - HELMET USED	09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER

SEATING POSITION	SEATING POSITION	AIR BAG USAGE
01 - FRONT - LEFT SIDE (Motorcycle Drivers) 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 Cab)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN
EJECTION	TRAPPED	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED

OPERATOR LICENSE CLASS	CONDITION	DRIVER DISTRACTED BY
1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (NON-X, D, D) 5 - MC/MOTORCYCLE	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	1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, PAGER, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	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	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN

UNIT NUMBER <b>1011</b>	NAME: LAST, FIRST, MIDDLE <b>CARLTON, BRAXTON</b>	DATE OF BIRTH <b>10/21/2008</b>	AGE <b>04</b>	GENDER <b>M</b> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP <b>5041 COAD DR. CINCINNATI, OH. 45237</b>		CONTACT PHONE- INCLUDE AREA CODE <b>513 616 5288</b>		
INJURIES <b>1</b>	INJURED TAKEN BY <b>EMS AGENCY</b>	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>05</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>OSCAR, JOSEPH JR.</b>	OL CLASS <b>4</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>
OFFENSE CHARGED <input type="checkbox"/> LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY



# Unit

Local Report Number  
**20141-1018411111**

Unit Number <b>1011</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 
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Owner Address: City, State, Zip ( <input checked="" type="checkbox"/> Same As Driver )	LP State <b>OH</b>	License Plate Number <b>FZA 2955</b>	Vehicle Identification Number <b>KM88N13AC12A1U01517315161017</b>	# Occupants <b>02</b>
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Vehicle Year <b>2019</b>	Vehicle Make <b>HYUNDAI</b>	Vehicle Model <b>TUCSON</b>	Vehicle Color <b>BLACK</b>
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Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>PROGRESSIVE</b>	Policy Number <b>901486668</b>	Towed By
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Carrier Name, Address, City, State, Zip	Carrier Phone - include area code
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US DOT	Vehicle Weight GVWR/CWR <b>1</b>	Vehicle Weight Type 1 - Less Than or Equal to 10,000 lbs. 2 - 10,001 to 26,000 lbs. 3 - More Than 26,000 lbs.	Damage Code <b>01</b>	Trafficway Description <b>5</b>
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HM Class Number	Hazardous Material Released <input checked="" type="checkbox"/>	Non-Motorist Location Prior to Impact <b>01</b>	Type of Use <b>1</b>	Unit Type <b>06</b>	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units - 10K lbs	Bus/Van/Limo (9 or more including driver)
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Special Function <b>01</b>	Most Damaged Area <b>09</b>	Impact Area <b>09</b>	Action <b>3</b>
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Pre-Crash Actions <b>05</b>	Motorist	Non-Motorist
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Contributing Circumstances <b>02</b>	Vehicle Defects <b>01</b>
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Sequence of Events 1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</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>05</b>	Posted Speed <b>35</b>	Traffic Control <b>12</b>	Unit Direction From <b>4</b> To <b>3</b>
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# Unit

Local Report Number

20114-101841

Unit Number <b>012</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>3</b>	Damaged Area 
LP State <b>01A</b>	License Plate Number <b>DX 74 EP</b>	Vehicle Identification Number <b>5E1NR4L3H174A18101613119</b>	# Occupants <b>012</b>	
Vehicle Year <b>12/1/01</b>	Vehicle Make <b>HONDA</b>	Vehicle Model <b>0045JCF</b>	Vehicle Color <b>BLU</b>	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>GRANGE</b>	Policy Number <b>EA 1985247</b>	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 10,000 lbs. 2 - 10,001 to 26,000 lbs. 3 - More Than 26,000 lbs.	Cargo Body Type <b>01</b> 01 - No Cargo Body (See Box Application) 02 - Box Van (4 to 6 Tires, Inc. Driver) 03 - Box (16 - 20 Tires, Inc. Driver) 04 - Vehicle Carrying Another Vehicle (Car/Trailer) 05 - Flatbed 06 - Intermediate Non-Tank Container 07 - Cargo Van Enclosed Box 08 - Other (Trucks, Tractors)	09 - Tank 10 - Cargo Flat 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 16 - Other Unknown	Trafficway Description <b>5</b> 1 - Two Way, Not Divided 2 - Two Way, Not Divided, Continuous Left Turn Lane 3 - Two Way, Divided, Unprotected (Paved or Gravel) 4 - Two Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released			<input type="checkbox"/> Not / Skip Unit

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 Location	Type of Use <b>1</b> 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>05</b> 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcyclist 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Passenger Vehicle (Less than 9 passengers) Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van (2 axle, 6 tires) 14 - Single Unit Truck; 3+ axle 15 - Single Unit Truck / trailer 16 - Truck/Tractor (Boat/Haul) 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 (10-15 Seats, Inc. Driver) 22 - Bus (16 - 30 Seats, Inc. Driver) Non-Motorist 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 - Airplane 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 (Specify in Narrative)	Most Damaged Area <b>04</b> 01 - Right 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	Action <b>4</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>03</b> 99 - Unknown	Motorist 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
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Contributing Circumstances Primary <b>01</b> Secondary <b>01</b> 99 - Unknown	Motorist 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/AC/DA 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 - Daring 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>01</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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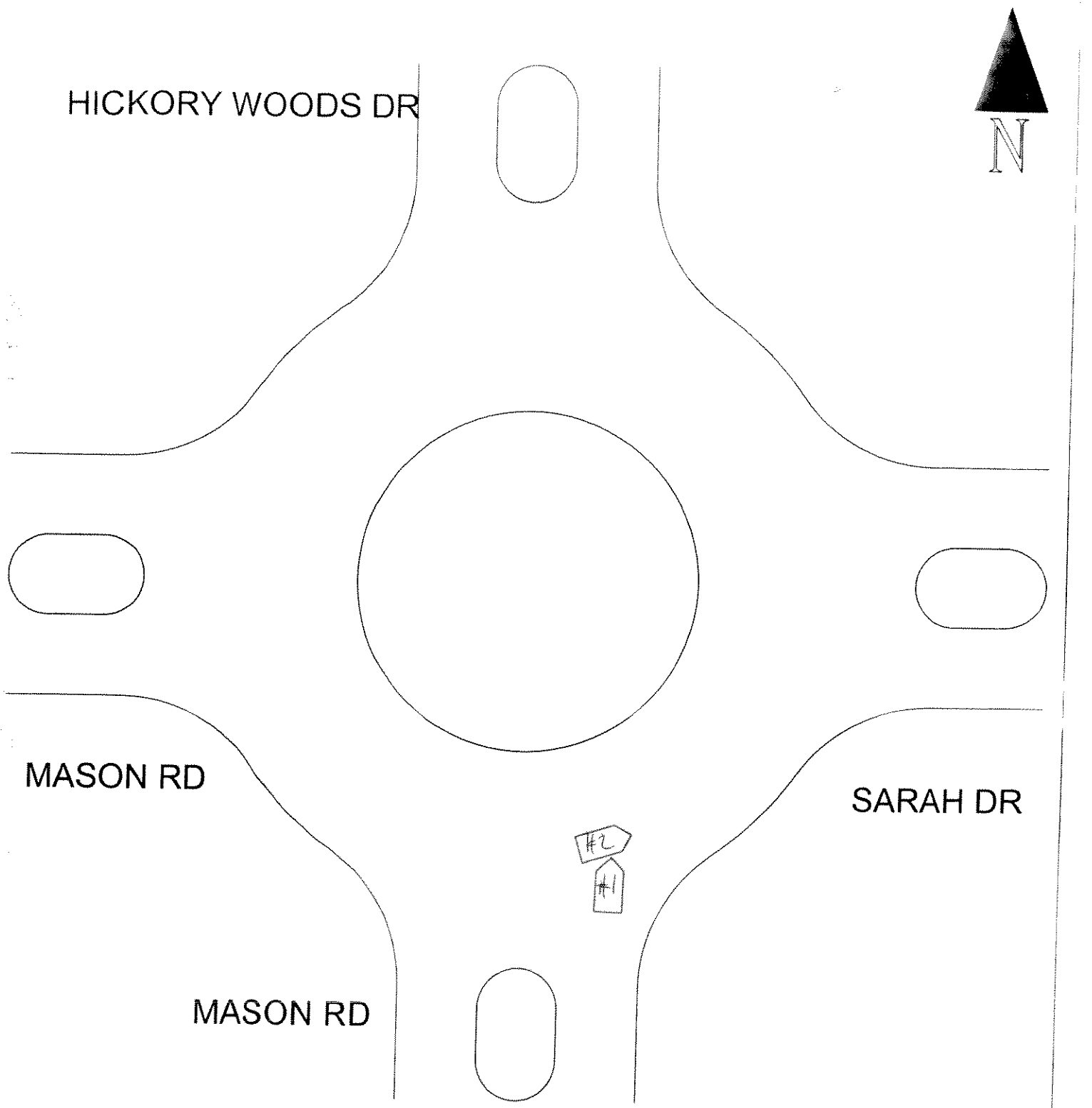
Sequence of Events 1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> First Harmful Event <b>01</b> Most Harmful Event <b>01</b> 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment 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 - 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 Parspet 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/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
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Unit Speed <b>15</b>	Posted Speed <b>35</b>	Traffic Control <b>12</b> 01 - No Control 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Flashing Placards 06 - Flasher Sign 07 - Railroad Crossbucks 08 - Railroad Placards 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, DPO, etc) 12 - Railway Crossing 13 - Crosswalk Lines 14 - Wash/Down Wash 15 - Other 16 - Not Reported	Unit Direction From <b>1</b> To <b>2</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRITIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER <i>14-10844</i>	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF ACCIDENT <i>M 4   D 7   Y 14</i>
IN COUNTY OF <b>WARREN</b>	ACCIDENT LOCATION <b>MASON RD/SARAH DR/HICKORY WOODS D</b>	



Not to scale

OFFICER'S SIGNATURE <i>Pt. Edwards</i>	BADGE NUMBER <i>1097</i>
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LOCAL REPORT NUMBER <i>14-10844</i>	REPORTING AGENCY Mason Police Department	DATE OF CRASH M <i>4</i> / D <i>7</i> / Y <i>14</i>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, *Shawna Carlton* HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

*Ptl. Dan Edwards* AT *6700 Mason - Roundabout*  
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED: *a) Yield into Roundabout  
 didn't see gray car w/out lights entered into  
 Roundabout + hit side passenger of car*

*X* Q. What was your speed at the time of the crash? A. *taking off from stop* *5 mph*

Q. What was your direction of travel? A. *Right (west)*

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*

*X* ADDRESS OF WITNESS *5041 Cochrane Cincinnati OH 45237* PHONE *513 606-5288*

*X* SIGNATURE OF WITNESS *[Signature]* OFFICER'S SIGNATURE *[Signature: Ptl. Edwards]*

HSY 7003 4/07

*PASSENGER*  
 Name *D. or B. Age Seating Position*  
*Braxton Carlton 9/10/09 4yo Behind passenger seat*

FDG 7029 Grady rd HOVANA way  
RU 299950 Grange FA 1985297



OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER <i>14-10844</i>	REPORTING AGENCY Mason Police Department	DATE OF CRASH M <i>4</i> / D <i>7</i> / Y <i>14</i>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, *Joseph Oscar* HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

*Ptl. Dan Edwards* AT *MASON RD / ROUNDABOUT*  
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED: *I was driving on the roundabout coming out of hickory woods and a car coming from Mason Rd. Failed to yield and hit the front passenger side door of my van. The door was dented in, and the front passenger window broke*

Q. What was your speed at the time of the crash? A. *15*

Q. What was your direction of travel? A. *South in roundabout*

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 *674-8422*

SIGNATURE OF WITNESS *X* OFFICER'S SIGNATURE *X Ptl. Edwards*

HSY 7003 4/07 *Passenger*  
 Name: *D.C.B. Age: 5* SEAT POSITION *Rear Passenger*  
*Joseph Oscar Jr. 7/4/08*