



Traffic Crash Report

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

Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDD Under State Reportable Amount	<input type="checkbox"/> Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
			108304	MASON POLICE	02	98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83		CITY OF MASON	05092014	1540	FRI

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
39° 20' 52.27"	-84° 20' 52.86"		

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost *
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> 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 on Route Number	Loc Prefix N, S, E, W	Location Road Name	Location Road Type 2	Route Types 1
			BUTLER - WARREN	RD	IR - Interstate Route (no. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route

Distance From Reference	Dir From Ref	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, E, W			6300 BUTLER - WARREN	RD

Reference Point Used	Crash Location	Intersection Related	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 - Not an intersection <input type="checkbox"/> 02 - Four-way Intersection <input type="checkbox"/> 03 - T-Intersection <input type="checkbox"/> 04 - Y-Intersection <input type="checkbox"/> 05 - Traffic Circle/Roundabout	<input type="checkbox"/>	<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 Primary	Secondary	Weather
<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 - Dry <input type="checkbox"/> 02 - Wet <input type="checkbox"/> 03 - Snow <input type="checkbox"/> 04 - Ice	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1 - Clear <input type="checkbox"/> 2 - Cloudy <input type="checkbox"/> 3 - Fog, Smog, Smoke <input type="checkbox"/> 4 - Rain <input type="checkbox"/> 5 - Sleet, Hail <input type="checkbox"/> 6 - Snow <input type="checkbox"/> 7 - Severe Crosswinds <input type="checkbox"/> 8 - Blowing Sand, Soil, Dirt, Snow <input type="checkbox"/> 9 - Other/Unknown

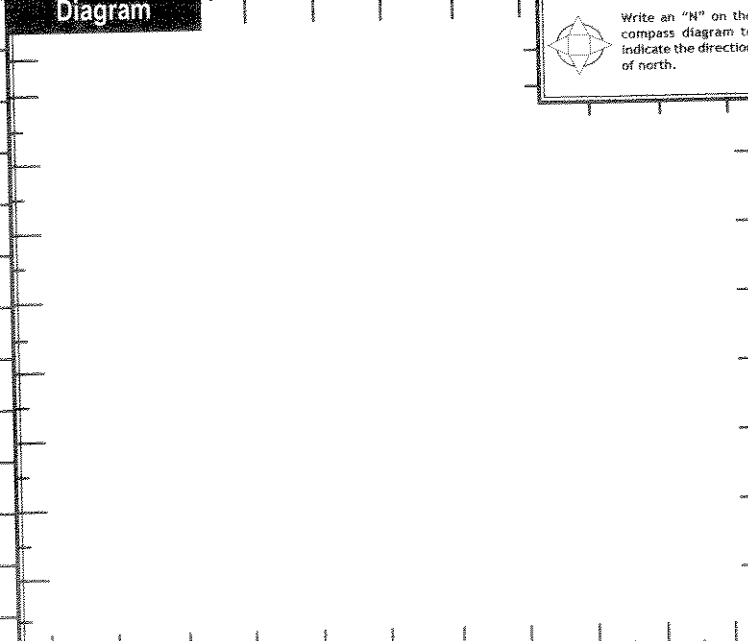
Manner of Crash Collision/Impact	Light Conditions Primary	Secondary	School Bus Related
<input checked="" type="checkbox"/> 1 - Not Collision Between Two Motor Vehicles In Transport <input type="checkbox"/> 2 - Rear-End <input type="checkbox"/> 3 - Head-On <input type="checkbox"/> 4 - Rear-to-Rear <input type="checkbox"/> 5 - Backing <input type="checkbox"/> 6 - Angle <input type="checkbox"/> 7 - Sideswipe, Same Direction <input type="checkbox"/> 8 - Sideswipe, Opposite Direction <input type="checkbox"/> 9 - Unknown	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Road Surface	Light Conditions Primary	Secondary	School Bus Related
<input checked="" type="checkbox"/> 1 - Concrete <input type="checkbox"/> 2 - Blacktop, Bituminous, Asphalt <input type="checkbox"/> 3 - Brick/Block <input type="checkbox"/> 4 - Slag, Gravel, Stone <input type="checkbox"/> 5 - Dirt <input type="checkbox"/> 6 - Other	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<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	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<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 #1 AND UNIT #2 WERE (NIB) IN THE 6300 BLOCK OF BUTLER-WARREN. UNIT #1 STOPPED FOR TRAFFIC AND WAS STRUCK FROM BEHIND BY UNIT #2.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to GDPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes	
Police Agency		05092014	1543	1544	1558	1634	1A	46	
Officer's Name *	Officer's Badge Number	Checked By		Page		of			
HERRLINGER	42	50		1			1		



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER _____

UNIT NUMBER: 011 NAME: LAST, FIRST, MIDDLE: BECKER, TRACEY L. DATE OF BIRTH: 03/28/1964 AGE: 50 GENDER: F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 3537 DUST COMMANDER HAMILTON, O 45011 CONTACT PHONE - INCLUDE AREA CODE: (513) 407-2647

INJURIES: 1 INJURED TAKEN BY: EMS AGENCY MEDICAL FACILITY INJURED TAKEN TO: _____ SAFETY EQUIPMENT USED: 09 DOT COMPLIANT: MOTORCYCLE HELMET SEATING POSITION: 01 AIR BAG USAGE: 1 EJECTION: 1 TRAPPED: 1

OL STATE: OH OPERATOR LICENSE NUMBER: RR489965 OL CLASS: 9 No VALID OL: M/C END: CONDITION: 1 ALCOHOL/DRUG SUSPECTED: 1 ALCOHOL TEST STATUS: 1 ALCOHOL TEST TYPE: _____ ALCOHOL TEST VALUE: _____ DRUG TEST STATUS: 1 DRUG TEST TYPE: _____

OFFENSE CHARGED (LOCAL CODE): _____ OFFENSE DESCRIPTION: _____ CITATION NUMBER: _____ HANDS-FREE DEVICE USED: DRIVER DISTRACTED BY: 1 _____

UNIT NUMBER: 012 NAME: LAST, FIRST, MIDDLE: CALLAHAN, JR. TONY ANDREW DATE OF BIRTH: 12/17/1997 AGE: 16 GENDER: M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 4265 ELK CREEK RD. TRENTON, O. 45067 CONTACT PHONE - INCLUDE AREA CODE: 513 907-9802

INJURIES: 1 INJURED TAKEN BY: _____ EMS AGENCY: _____ MEDICAL FACILITY INJURED TAKEN TO: _____ SAFETY EQUIPMENT USED: 04 DOT COMPLIANT: MOTORCYCLE HELMET SEATING POSITION: 01 AIR BAG USAGE: 1 EJECTION: 1 TRAPPED: 1

OL STATE: OH OPERATOR LICENSE NUMBER: UE602678 OL CLASS: 4 No VALID OL: M/C END: CONDITION: 1 ALCOHOL/DRUG SUSPECTED: 1 ALCOHOL TEST STATUS: 1 ALCOHOL TEST TYPE: _____ ALCOHOL TEST VALUE: _____ DRUG TEST STATUS: 1 DRUG TEST TYPE: _____

OFFENSE CHARGED (LOCAL CODE): 333.03 OFFENSE DESCRIPTION: A.C.O.A. CITATION NUMBER: 76182 HANDS-FREE DEVICE USED: DRIVER DISTRACTED BY: 6 _____

INJURIES

1 - NO INJURY / NONE REPORTED	1 - NOT TRANSPORTED / TREATED AT SCENE
2 - POSSIBLE	2 - EMS
3 - NON-INCAPACITATING	3 - POLICE
4 - INCAPACITATING	4 - OTHER
5 - FATAL	9 - UNKNOWN

INJURED TAKEN BY

1 - NOT TRANSPORTED / TREATED AT SCENE
2 - EMS
3 - POLICE
4 - OTHER
9 - UNKNOWN

SAFETY EQUIPMENT USED

MOTORIST	NON-MOTORIST
01 - NONE USED - VEHICLE OCCUPANT	05 - CHILD RESTRAINT SYSTEM - FORWARD FACING
02 - SHOULDER BELT ONLY USED	06 - CHILD RESTRAINT SYSTEM - REAR FACING
03 - LAP BELT ONLY USED	07 - BOOSTER SEAT
04 - SHOULDER AND LAP BELT USED	08 - HELMET USED
99 - UNKNOWN SAFETY EQUIPMENT	
	09 - NONE USED
	10 - HELMET USED
	11 - PROTECTIVE PAIDS USED (ELBOWS, KNEES, ETC)
	12 - REFLECTIVE CLOTHING
	13 - LIGHTING
	14 - OTHER

SEATING POSITION

01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - PASSENGER IN UNENCLOSED CARGO AREA
02 - FRONT - MIDDLE	08 - THIRD - MIDDLE	13 - TRAILING UNIT
03 - FRONT - RIGHT SIDE	09 - THIRD - RIGHT SIDE	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	10 - SLEEPER SECTION OF CAB (TRUCK)	15 - NON-MOTORIST
05 - SECOND - MIDDLE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	16 - OTHER
06 - SECOND - RIGHT SIDE		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
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TRAPPED

1 - NOT TRAPPED	2 - EXTRICATED BY MECHANICAL MEANS	3 - EXTRICATED BY NON-MECHANICAL MEANS
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OPERATOR LICENSE CLASS

1 - CLASS A	2 - CLASS B	3 - CLASS C	4 - REGULAR CLASS (OHIO IS "D")	5 - MC/MOPED ONLY
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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
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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
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ALCOHOL TEST TYPE

1 - NONE	2 - BLOOD	3 - URINE	4 - BREATH	5 - OTHER
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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
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DRUG TEST TYPE

1 - NONE	2 - BLOOD	3 - URINE	4 - OTHER
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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: _____ NAME: LAST, FIRST, MIDDLE: _____ DATE OF BIRTH: _____ AGE: _____ GENDER: F - FEMALE, M - MALE

ADDRESS, CITY, STATE, ZIP: _____ CONTACT PHONE - INCLUDE AREA CODE: _____

INJURIES: INJURED TAKEN BY: _____ EMS AGENCY: _____ MEDICAL FACILITY INJURED TAKEN TO: _____ SAFETY EQUIPMENT USED: DOT COMPLIANT: MOTORCYCLE HELMET SEATING POSITION: AIR BAG USAGE: EJECTION: TRAPPED:

UNIT NUMBER: _____ NAME: LAST, FIRST, MIDDLE: _____ DATE OF BIRTH: _____ AGE: _____ GENDER: F - FEMALE, M - MALE

ADDRESS, CITY, STATE, ZIP: _____ CONTACT PHONE - INCLUDE AREA CODE: _____

INJURIES: INJURED TAKEN BY: _____ EMS AGENCY: _____ MEDICAL FACILITY INJURED TAKEN TO: _____ SAFETY EQUIPMENT USED: DOT COMPLIANT: MOTORCYCLE HELMET SEATING POSITION: AIR BAG USAGE: EJECTION: TRAPPED:



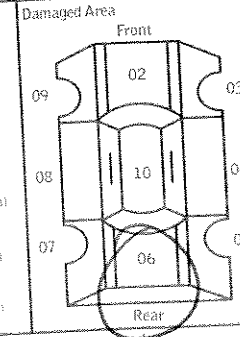
Unit

Local Report Number

Unit Number: **01** Owner Name: Last, First, Middle (Same As Driver)

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

Damage Scale: **2**



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

LP State: **OH** License Plate Number: **FZN 6377**

Vehicle Identification Number: **1G1ZD5ED6A4130918011** # Occupants: **01**

Vehicle Year: **2019** Vehicle Make: **CHEVROLET**

Vehicle Model: **MALIBU** Vehicle Color: **GREY**

Proof of Insurance Shown: Insurance Company: **PROGRESSIVE**

Policy Number: **901645406** Towed By:

Carrier Phone - include area code

Carrier Name, Address, City, State, Zip

US DOT: **01** Vehicle Weight GVWR/GCWR: **01**

Cargo Body Type: **01**

Trafficway Description: **1**

HM Placard ID No. **01**

Hazardous Material Released:

Hit / Skip Unit:

Non-Motorist Location Prior to Impact: **01**

Type of Use: **01** Unit Type: **03**

Med/Heavy Trucks or Combo Units > 10k lbs: **06**

Special Function: **01**

Passenger Vehicles (less than 9 passengers): **01**

Bus/Van/Limo (9 or More including Driver): **01**

Pre-Crash Actions: **01**

Most Damaged Area: **06** Impact Area: **06**

Action: **01**

Contributing Circumstances: **01**

Non-Motorist: **01**

Vehicle Defects: **01**

Sequence of Events: **20**

Collision With Fixed Object: **01**

Unit Direction: From **2** To **1**

Unit Speed: **5** Posted Speed: **35**

Traffic Control: **12**

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<p>Special Function</p> <p>01 - None</p> <p>02 - Taxi</p> <p>03 - Rental Truck (over 10k lbs)</p> <p>04 - Bus - School (Public or Private)</p> <p>05 - Bus - Transit</p> <p>06 - Bus - Charter</p> <p>07 - Bus - Shuttle</p> <p>08 - Bus - Other</p>	<p>09 - Ambulance</p> <p>10 - Fire</p> <p>11 - Highway/Maintenance</p> <p>12 - Military</p> <p>13 - Police</p> <p>14 - Public Utility</p> <p>15 - Other Government</p> <p>16 - Construction Equip.</p>	<p>17 - Farm Vehicle</p> <p>18 - Farm Equipment</p> <p>19 - Motorhome</p> <p>20 - Golf Cart</p> <p>21 - Train</p> <p>22 - Other (Explain in Narrative)</p>	<p>01 - None</p> <p>02 - Center Front</p> <p>03 - Right Front</p> <p>04 - Right Side</p> <p>05 - Right Rear</p> <p>06 - Rear Center</p> <p>07 - Left Rear</p>	<p>08 - Left Side</p> <p>09 - Left Front</p> <p>10 - Top and Windows</p> <p>11 - Undercarriage</p> <p>12 - Load/Trailer</p> <p>13 - Total(Air Area)</p> <p>14 - Other</p>	<p>99 - Unknown</p> <p>1 - Non-Contact</p> <p>2 - Non-Collision</p> <p>3 - Striking</p> <p>4 - Struck</p> <p>5 - Striking/Struck</p> <p>9 - Unknown</p>				
<p>Non-Motorist Location Prior to Impact</p> <p>01 - Intersection - Marked Crosswalk</p> <p>02 - Intersection - No Crosswalk</p> <p>03 - Intersection - Other</p> <p>04 - Midblock - Marked Crosswalk</p> <p>05 - Travel Lane - Other Location</p> <p>06 - Bicycle Lane</p> <p>07 - Shoulder/Roadside</p> <p>08 - Sidewalk</p> <p>09 - Median/Crossing Island</p> <p>10 - Driveway Access</p> <p>11 - Shared-Use Path or Trail</p> <p>12 - Non-Trafficway Area</p> <p>99 - Other/Unknown</p>	<p>Type of Use</p> <p>1 - Personal</p> <p>2 - Commercial</p> <p>3 - Government</p> <p><input type="checkbox"/> In Emergency Response</p>	<p>Unit Type</p> <p>01 - Sub-Compact</p> <p>02 - Compact</p> <p>03 - Mid Size</p> <p>04 - Full Size</p> <p>05 - Minivan</p> <p>06 - Sport Utility Vehicle</p> <p>07 - Pickup</p> <p>08 - Van</p> <p>09 - Motorcycle</p> <p>10 - Motorized Bicycle</p> <p>11 - Snowmobile/ATV</p> <p>12 - Other Passenger Vehicle</p> <p>99 - Unknown or Hit / Skip</p>	<p>Med/Heavy Trucks or Combo Units > 10k lbs</p> <p>13 - Single Unit Truck or Van 2axle, 6 tires</p> <p>14 - Single Unit Truck; 3+ axles</p> <p>15 - Single Unit Truck / Trailer</p> <p>16 - Truck/Tractor (Balltail)</p> <p>17 - Tractor/Semi-Trailer</p> <p>18 - Tractor/Double</p> <p>19 - Tractor/Triples</p> <p>20 - Other Med/Heavy Vehicle</p>	<p>Bus/Van/Limo (9 or More including Driver)</p> <p>21 - Bus/Van 9-15 Seats, Inc Driver</p> <p>22 - Bus 16+ Seats, Inc Driver</p> <p>Non-Motorist</p> <p>23 - Animal with Rider</p> <p>24 - Animal with Buggy, Wagon, Surrey</p> <p>25 - Bicycle/Pedacyclist</p> <p>26 - Pedestrian/Skater</p> <p>27 - Other Non-Motorist</p>	<p>Action</p> <p>1 - Non-Contact</p> <p>2 - Non-Collision</p> <p>3 - Striking</p> <p>4 - Struck</p> <p>5 - Striking/Struck</p> <p>9 - Unknown</p>				
<p>Contributing Circumstances</p> <p>Primary</p> <p>01 - None</p> <p>02 - Failure to Yield</p> <p>03 - Ran Red Light</p> <p>04 - Ran Stop Sign</p> <p>05 - Exceeded Speed Limit</p> <p>06 - Unsafe Speed</p> <p>07 - Improper Turn</p> <p>08 - Left of Center</p> <p>09 - Followed Too Closely/ACDA</p> <p>10 - Improper Lane Change /Passing/Off Road</p> <p>99 - Unknown</p> <p>Secondary</p> <p>01 - None</p> <p>02 - Failure to Yield</p> <p>03 - Ran Red Light</p> <p>04 - Ran Stop Sign</p> <p>05 - Exceeded Speed Limit</p> <p>06 - Unsafe Speed</p> <p>07 - Improper Turn</p> <p>08 - Left of Center</p> <p>09 - Followed Too Closely/ACDA</p> <p>10 - Improper Lane Change /Passing/Off Road</p> <p>99 - Unknown</p>	<p>11 - Improper Backing</p> <p>12 - Improper Start From Parked Position</p> <p>13 - Stopped or Parked Illegally</p> <p>14 - Operating Vehicle in Negligent Manner</p> <p>15 - Swerving to Avoid (Due to External Conditions)</p> <p>16 - Wrong Side/Wrong Way</p> <p>17 - Failure to Control</p> <p>18 - Vision Obstruction</p> <p>19 - Operating Defective Equipment</p> <p>20 - Load Shifting/Falling/Spilling</p> <p>21 - Other Improper Action</p>	<p>Non-Motorist</p> <p>22 - None</p> <p>23 - Improper Crossing</p> <p>24 - Darting</p> <p>25 - Lying and/or Illegally in Roadway</p> <p>26 - Failure to Yield Right of Way</p> <p>27 - Not Visible (Dark Clothing)</p> <p>28 - Inattentive</p> <p>29 - Failure to Obey Traffic Signs /Signals/Officer</p> <p>30 - Wrong Side of the Road</p> <p>31 - Other Non-Motorist Action</p>	<p>Vehicle Defects</p> <p>01 - Turn Signals</p> <p>02 - Head Lamps</p> <p>03 - Tail Lamps</p> <p>04 - Brakes</p> <p>05 - Steering</p> <p>06 - Tire Blowout</p> <p>07 - Worn or Slick tires</p> <p>08 - Trailer Equipment Defective</p> <p>09 - Motor Trouble</p> <p>10 - Disabled From Prior Accident</p> <p>11 - Other Defects</p>	<p>Sequence of Events</p> <p>1 20 2 01 3 01 4 01 5 01 6 01</p> <p>7 01 8 01 9 01 10 01 11 01 12 01</p> <p>13 01 14 01 15 01 16 01 17 01 18 01</p> <p>19 01 20 01 21 01 22 01 23 01 24 01</p> <p>25 01 26 01 27 01 28 01 29 01 30 01</p> <p>31 01 32 01 33 01 34 01 35 01 36 01</p> <p>37 01 38 01 39 01 40 01 41 01 42 01</p> <p>43 01 44 01 45 01 46 01 47 01 48 01</p> <p>49 01 50 01 51 01 52 01 53 01 54 01</p> <p>55 01 56 01 57 01 58 01 59 01 60 01</p> <p>61 01 62 01 63 01 64 01 65 01 66 01</p> <p>67 01 68 01 69 01 70 01 71 01 72 01</p> <p>73 01 74 01 75 01 76 01 77 01 78 01</p> <p>79 01 80 01 81 01 82 01 83 01 84 01</p> <p>85 01 86 01 87 01 88 01 89 01 90 01</p> <p>91 01 92 01 93 01 94 01 95 01 96 01</p> <p>97 01 98 01 99 01</p>	<p>Collision With Fixed Object</p> <p>25 - Impact Attenuator/Crash Cushion</p> <p>26 - Bridge Overhead Structure</p> <p>27 - Bridge Pier or Abutment</p> <p>28 - Bridge Parapet</p> <p>29 - Bridge Rail</p> <p>30 - Guardrail Face</p> <p>31 - Guardrail End</p> <p>32 - Portable Barrier</p>	<p>33 - Median Cable Barrier</p> <p>34 - Median Guardrail Barrier</p> <p>35 - Median Concrete Barrier</p> <p>36 - Median Other Barrier</p> <p>37 - Traffic Sign Post</p> <p>38 - Overhead Sign Post</p> <p>39 - Light/Luminaries Support</p> <p>40 - Utility Pole</p>	<p>41 - Other Post, Pole or Support</p> <p>42 - Culvert</p> <p>43 - Curb</p> <p>44 - Ditch</p> <p>45 - Embankment</p> <p>46 - Fence</p> <p>47 - Mailbox</p>	<p>48 - Tree</p> <p>49 - Fire Hydrant</p> <p>50 - Work Zone Maintenance Equipment</p> <p>51 - Wall, Building, Turn</p> <p>52 - Other Fixed Object</p>	<p>Unit Direction</p> <p>From 2 To 1</p> <p>1 - North 5 - Northeast 9 - Unknown</p> <p>2 - South 6 - Northwest</p> <p>3 - East 7 - Southeast</p> <p>4 - West 8 - Southwest</p>



Unit

Local Report Number

Unit Number 02	Owner Name: Last, First, Middle <input type="checkbox"/> Same As Driver CALLAHAN, SR. TONY A.	Owner Phone Number - inc. area code <input type="checkbox"/> Same As Driver (513) 907 9802	Damage Scale 3	Damaged Area
Owner Address: City, State, Zip <input checked="" type="checkbox"/> Same As Driver				
LP State OH	License Plate Number Y983251	Vehicle Identification Number 3VWY467A2XDM237174011	# Occupants	
Vehicle Year 2013	Vehicle Make VOLKSWAGEN	Vehicle Model JETTA	Vehicle Color WHITE	
<input checked="" type="checkbox"/> Proof of Insurance shown	Insurance Company SAFE AUTO	Policy Number OH 0269243A-01	Towed By BARNE'S	
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code	

US DOT	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 (16 - Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Loading 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Raised or Grass - RTU) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released		<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01	Type of Use 1 1 - Personal 2 - Commercial 3 - Government	Unit Type 03 Passenger Vehicles (less than 9 passengers) 99 - Unknown or Hit / Skip	Med/Heavy Trucks or Combo Units > 10K lbs 13 - Single Unit Truck or Van Tractor, 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
<input type="checkbox"/> In Emergency Response			<input type="checkbox"/> Has HM Placard	

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 (Specify in Remarks)	Most Damaged Area 02 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(Areas) 14 - Other	Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01	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 - Stopping or Stopped in Traffic 12 - Drivertess	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 09	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/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 - Oarling 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 Stick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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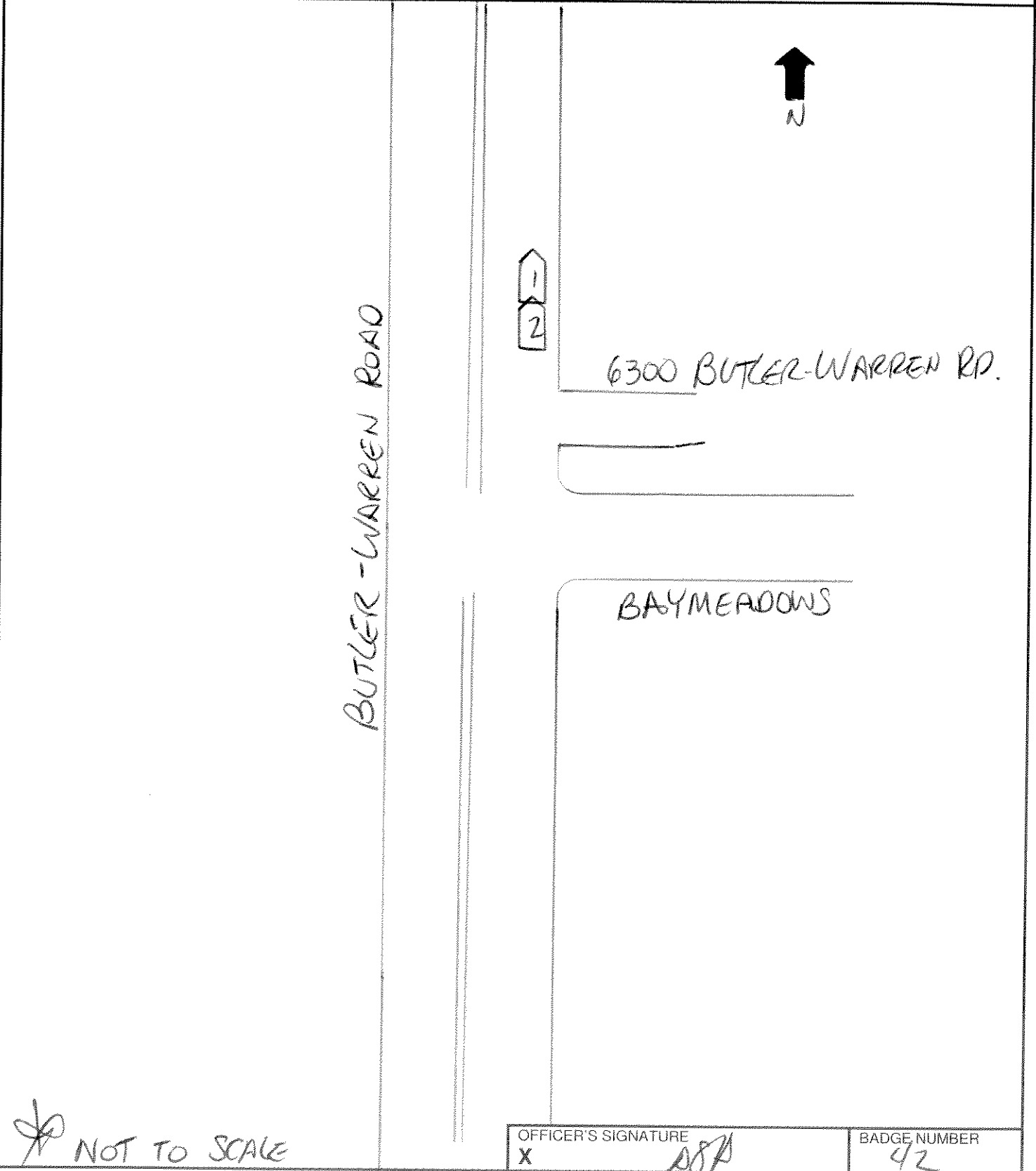
Sequence of Events 1 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Non-Collision Events 01 - Overtake/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision	Collision with Person, Vehicle or Object Not Fixed 24 - Pedestrian 25 - Pedalcyclist 26 - Railway Vehicle (Train, Engine) 27 - Animal - Farm 28 - Animal - Deer 29 - Animal - Other 30 - 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/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 - Walk, Building, Tunnel 52 - Other Fixed Object
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Unit Speed 20	Posted Speed 35	Traffic Control 12 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Patterns 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashes 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 2 To 1 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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OHIO TRAFFIC CRASH REPORT
DIAGRAM/NARRATIVE CONTINUATION

LOCAL REPORT NUMBER	REPORTING AGENCY <i>MASON</i>	DATE OF CRASH M <i>5</i> D <i>9</i> Y <i>14</i>
IN COUNTY OF <i>WARREN</i>	CRASH LOCATION <i>6300 BUTLER - WARREN</i>	



** NOT TO SCALE*

OFFICER'S SIGNATURE <i>X</i>	BADGE NUMBER <i>42</i>
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LOCAL REPORT NUMBER	REPORTING AGENCY MASON POLICE	DATE OF CRASH 5 9 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, TONY A. CALLAHAN JR HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

P.O. Andrew Herrlinger AT North on Butler Warren Rd
OFFICER'S NAME LOCATION

I was heading north on Butler Warren and soon traffic started moving and I was putting pop (soda) down looked up and skinned on brakes and slid in to other car

513 - 907 - 9802

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? **NO**

Q. WERE YOU WEARING YOUR SEAT BELT? **Yes**

Q. WHAT DIRECTION WERE YOU GOING? **North**

Q. WHAT WAS YOUR SPEED? **20 mph**

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? **No**

ADDRESS OF WITNESS 4765 Elk creek rd trenton oh.	PHONE 513 - 907 - 9802
SIGNATURE OF WITNESS X Tony Callahan	OFFICER'S SIGNATURE X



LOCAL REPORT NUMBER	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 5 D 9 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>TRACEY BECKER</u> PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. Andrew Herrlinger OFFICER'S NAME	AT <u>6300 BUTLER WARREN ROAD</u> LOCATION

TRAFFIC ON NORTH BUTLER WARREN HAD STOPPED
AND THE CAR BEHIND ME WAS NOT ABLE TO STOP IN TIME

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? NO

Q. WERE YOU WEARING YOUR SEAT BELT? YES

Q. WHAT DIRECTION WERE YOU GOING? NORTH

Q. WHAT WAS YOUR SPEED? APPROXIMATELY 5 MPH I WAS STOPPING

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? NO

ADDRESS OF WITNESS <u>3537 DUST COMMANDER HAMILTON OH 45011</u>	PHONE <u>513-401-2647</u>
SIGNATURE OF WITNESS X <u>Tracey Becker</u>	OFFICER'S SIGNATURE X <u>AHR</u>