



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
	<input checked="" type="checkbox"/> 1 - Fatal <input type="checkbox"/> 2 - Injury <input type="checkbox"/> 3 - PDO	<input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved

Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	PDO Under State Reportable Dollar Amount	Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
			08304	MASON POLICE	02	99

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83		MASON	07092014	17.05	WED

Degrees / Minutes / Seconds	Latitude	Longitude	Decimal Degrees	Latitude	Longitude
	39° 21' 06.86"	-84° 19' 18.04"		39.351904	-84.321678

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 checked="" type="checkbox"/> N - Northbound <input type="checkbox"/> E - Eastbound <input type="checkbox"/> S - Southbound <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 *	Location Route Number	Loc Prefix N, S, E, W	Location Road Name	Location Road Type *	Route Types *
			TYLERSVILLE	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 *	Reference Route Number	Ref Prefix N, S, E, W	Reference Name (Road, Milepost, House #)	Reference Road Type *
30	<input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	<input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W			READING	RD

Reference Point Used	Crash Location	Location of First Harmful Event
<input type="checkbox"/> 1 - Intersection <input type="checkbox"/> 2 - Mile Post <input type="checkbox"/> 3 - House Number	<input 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 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	Weather
<input 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 type="checkbox"/> Primary <input type="checkbox"/> Secondary 01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	<input 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

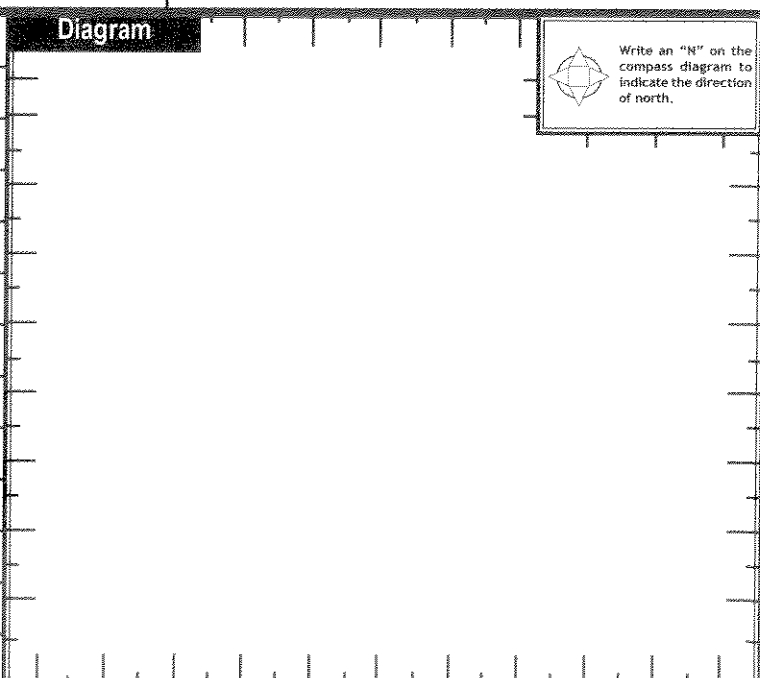
Manner of Crash Collision/Impact	Weather
<input checked="" type="checkbox"/> 1 - Not Collision Between Two Motor Vehicles In Transport <input type="checkbox"/> 2 - Rear-End <input type="checkbox"/> 3 - Head-On <input type="checkbox"/> 4 - Rear-to-Rear <input type="checkbox"/> 5 - Backing <input type="checkbox"/> 6 - Angle <input type="checkbox"/> 7 - Sideswipe, Same Direction <input type="checkbox"/> 8 - Sideswipe, Opposite Direction <input type="checkbox"/> 9 - Unknown	<input 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

Road Surface	Light Conditions	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 type="checkbox"/> Primary <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 Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	Workers Present	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 #1 WAS TURNING LEFT FROM READING RD TO WEST BOUND TYLERSVILLE RD. UNIT #2 WAS TURNING RIGHT FROM READING RD TO WESTBOUND TYLERSVILLE RD. THE VEHICLES COLLIDED DURING THE TURNS.



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	<input type="checkbox"/>	07092014	17.07	17.09	17.11	17.40	30	59
Officer's Name *	Officer's Badge Number	Checked By						
BRYANT	55	55						



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE WETZEL, KRYSAL	DATE OF BIRTH 11/28/1986	AGE 27	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 205 JEANNE DR SPRINGBORO OHIO 45066	CONTACT PHONE - INCLUDE AREA CODE 513850 4622
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER SP209912	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
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE WARREN, DAVID E. JR	DATE OF BIRTH 09.14.1973	AGE 40	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 391 MOLLIE DR HAMILTON OHIO 46013	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RT017348	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
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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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 99 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 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, 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	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 - EJECTED BY MECHANICAL MEANS 3 - EJECTED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OTHER "D") 5 - M/C/MOTORCYCLE ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FARGISED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HDD 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 REQUIRED 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	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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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Unit

Local Report Number: _____

Unit Number: 01	Owner Name: Last, First, Middle (X Same As Driver)	Owner Phone Number - inc. area code (X Same As Driver)	Damage Scale: 2	Damaged Area:
Owner Address: City, State, Zip (X Same As Driver)			1 - None	
IP State: OH	License Plate Number: 486 YHH	Vehicle Identification Number: 2CK0L73F366074961	2 - Minor	
Vehicle Year: 2006	Vehicle Make: PONTIAC	Vehicle Model: TORRENT	3 - Functional	
Vehicle Color: SILVER	Insurance Company: ALLSTATE	Policy Number: 926169981	4 - Disabling	
X Proof of Insurance shown	Towed By: _____	Carrier Name, Address, City, State, Zip	9 - Unknown	

US DOT: _____	Vehicle Weight GVWR/GCWR: 1	Cargo Body Type: 01	Trafficway Description: 4
HM Placard ID No.:	1 - Less Than or Equal to 10,000 Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	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 - 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
HM Class Number:	<input type="checkbox"/> Hazardous Material Released		<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact: 01	Type of Use: 1	Unit Type: 06	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)
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	1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	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	13 - Single Unit Truck or Van 2 axle, 6 tires 14 - Single Unit Truck 3+ axles 15 - Single Unit Truck / Trailer 16 - Tractor/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	21 - Bus/Van (9-15 Seats, Inc. Driver) 22 - Bus (16+ Seats, Inc. Driver)	23 - Animal with Rider 24 - Animal with Buggy, Wagon, Sundry 25 - Bicycle/Pedalcyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist

Special Function: 01	Most Damaged Area: 03	Impact Area: 03	Action: 9
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)	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	01 - None 02 - Striking 03 - Struck 04 - Striking/Struck 05 - Striking/Struck 06 - Striking/Struck 07 - Striking/Struck 08 - Striking/Struck 09 - Striking/Struck 10 - Striking/Struck 11 - Striking/Struck 12 - Striking/Struck 13 - Striking/Struck 14 - Striking/Struck 15 - Striking/Struck 16 - Striking/Struck 17 - Striking/Struck 18 - Striking/Struck 19 - Striking/Struck 20 - Striking/Struck 21 - Striking/Struck 22 - Striking/Struck 23 - Striking/Struck 24 - Striking/Struck 25 - Striking/Struck 26 - Striking/Struck 27 - Striking/Struck 28 - Striking/Struck 29 - Striking/Struck 30 - Striking/Struck 31 - Striking/Struck 32 - Striking/Struck 33 - Striking/Struck 34 - Striking/Struck 35 - Striking/Struck 36 - Striking/Struck 37 - Striking/Struck 38 - Striking/Struck 39 - Striking/Struck 40 - Striking/Struck 41 - Striking/Struck 42 - Striking/Struck 43 - Striking/Struck 44 - Striking/Struck 45 - Striking/Struck 46 - Striking/Struck 47 - Striking/Struck 48 - Striking/Struck 49 - Striking/Struck 50 - Striking/Struck 51 - Striking/Struck 52 - Striking/Struck 53 - Striking/Struck 54 - Striking/Struck 55 - Striking/Struck 56 - Striking/Struck 57 - Striking/Struck 58 - Striking/Struck 59 - Striking/Struck 60 - Striking/Struck 61 - Striking/Struck 62 - Striking/Struck 63 - Striking/Struck 64 - Striking/Struck 65 - Striking/Struck 66 - Striking/Struck 67 - Striking/Struck 68 - Striking/Struck 69 - Striking/Struck 70 - Striking/Struck 71 - Striking/Struck 72 - Striking/Struck 73 - Striking/Struck 74 - Striking/Struck 75 - Striking/Struck 76 - Striking/Struck 77 - Striking/Struck 78 - Striking/Struck 79 - Striking/Struck 80 - Striking/Struck 81 - Striking/Struck 82 - Striking/Struck 83 - Striking/Struck 84 - Striking/Struck 85 - Striking/Struck 86 - Striking/Struck 87 - Striking/Struck 88 - Striking/Struck 89 - Striking/Struck 90 - Striking/Struck 91 - Striking/Struck 92 - Striking/Struck 93 - Striking/Struck 94 - Striking/Struck 95 - Striking/Struck 96 - Striking/Struck 97 - Striking/Struck 98 - Striking/Struck 99 - Unknown	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown

Pre-Crash Actions: 06	Motorist	Non-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 - Driverless 13 - Negotiating a Curve 14 - Other Motorist Action 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action		

Contributing Circumstances: 99	Vehicle Defects: 01
Primary: 99	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
Secondary: 01	
01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action 22 - Equipment Failure (Blown Tire, Brake Failure, etc) 23 - Improper Crossing 24 - Overtaking 25 - Lying and/or Illegality 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 32 - Improper Crossing 33 - Improper Crossing 34 - Overtaking 35 - Lying and/or Illegality in Roadway 36 - Failure to Yield Right of Way 37 - Not Visible (Dark Clothing) 38 - Inattentive 39 - Failure to Obey Traffic Signs /Signals/Officer 40 - Wrong Side of the Road 41 - Other Non-Motorist Action	

Sequence of Events: 20	Non-Collision Events	Collision With Fixed Object
1: 20 First Harmful Event	01 - Overtaken/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 12 - Downhill Runaway 13 - Other Non-Collision	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 - Wall, Building, Tunnel 52 - Other Fixed Object
2: _____		
3: _____		
4: _____		
5: _____		
6: _____		
Most Harmful Event: 1		
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		

Unit Speed: 10	Posted Speed: 35	Traffic Control: 12	Unit Direction: From 2 To 4
X Stated Estimated		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 (Passenger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown



Unit

Local Report Number

Unit Number 02	Owner Name: Last, First, Middle X Same As Driver	Owner Phone Number - inc. area code X Same As Driver	Damage Scale 2	Damaged Area
Owner Address: City, State, Zip X Same As Driver			1 - None	
LP State OH	License Plate Number FDC 6485	Vehicle Identification Number 1HGCG1656WA057504	2 - Minor	
Vehicle Year 1998	Vehicle Make HONDA	Vehicle Model ACCORD	3 - Functional	
Vehicle Color SIL	Proof of Insurance Shown X	Insurance Company AAA	4 - Disabling	
Policy Number OHS 0033 89216	Towed By	Carrier Name, Address, City, State, Zip	9 - Unknown	
Carrier Phone - include area code				

US DOT	Vehicle Weight GVWR/GCWR 1	Cargo Body Type 01	Trafficway Description 4
HM Placard ID No.	1 - Less Than or Equal to 10k Lbs 2 - 10,001 to 26,999 Lbs 3 - More Than 26,999 Lbs	01 - No Cargo Body Type Not Applicable 02 - Bus/Van 15 Seats, Inc Driver 03 - Bus 15+ Seats, Inc Driver 04 - Vehicle Towing Another Vehicle 05 - Log/Tr 06 - International Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Glass, Draper 09 - Other/Unknown	1 - Two Way, Not Divided 2 - Two Way, Not Divided, Continuous Left Turn Lane 3 - Two Way, Divided, Unconnected/Passive or Active Median 4 - Two Way, Divided, Positive Median Barrier 5 - One Way Trafficway
HM Class Number	<input type="checkbox"/> Hazardous Material Released	09 - Motorcycle	<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 09	Med/Heavy Trucks or Combo Units > 10K lbs 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
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	1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	99 - Unknown or Hit / Skip	13 - Single Unit Truck or Van Trailer, n tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Tractor/Tractor (Ballast) 17 - Tractor/Semi-Trailer 18 - Tractor/Doable 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle
			<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 - Motorhouse 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 09	01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear	08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total/All Areas 14 - Other	Action 9	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 05	Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	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
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Contributing Circumstances	Primary 99	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	Non-Motorist 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	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
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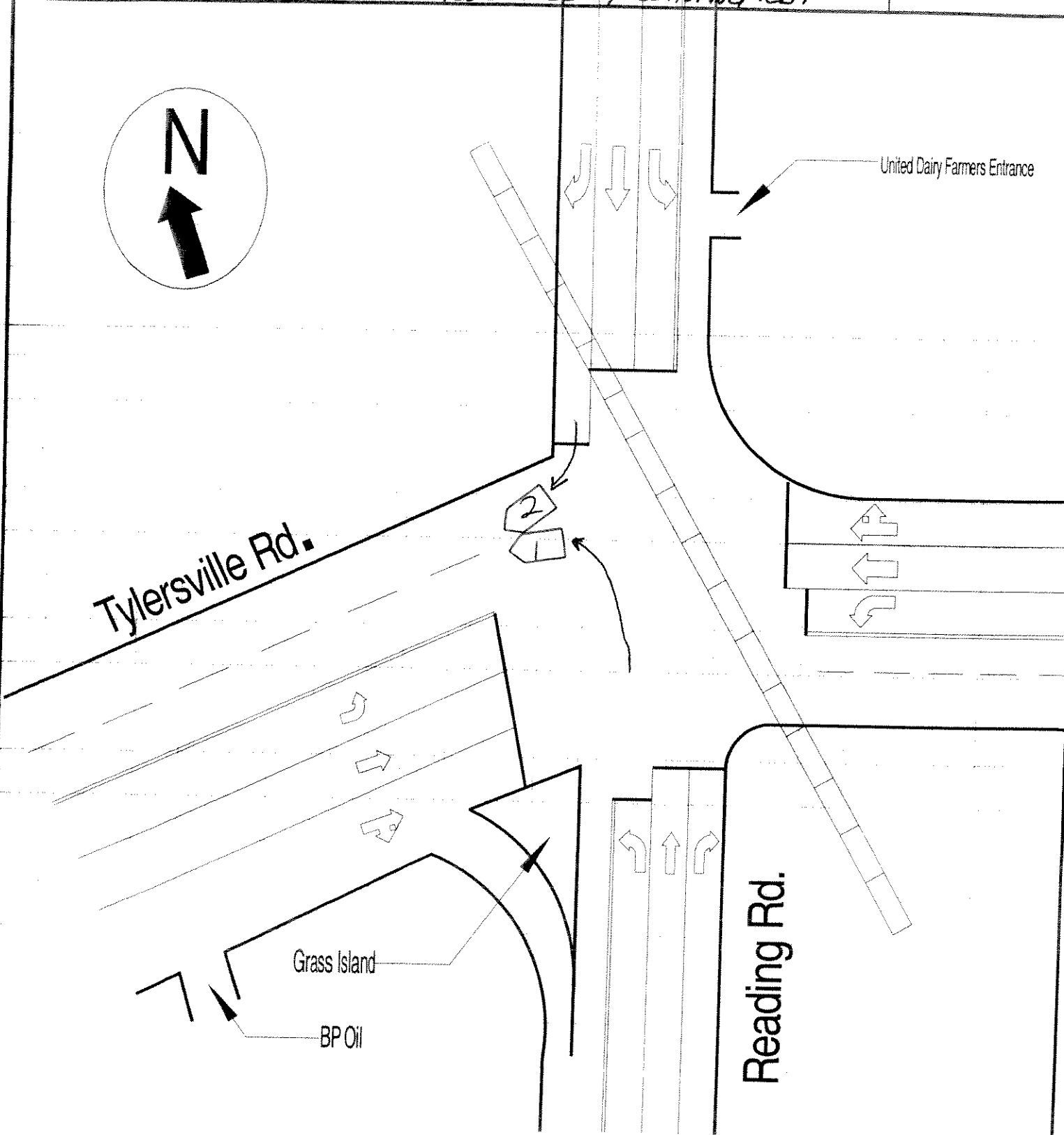
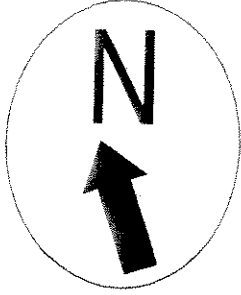
Sequence of Events	1 20 2 3 4 5 6	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	06 - Equipment Failure (Bloon Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left	10 - Cross Median 11 - Cross Center Line 12 - Downhill Runaway 13 - Other Non-Collision	
Collision with Person, Vehicle or Object Not Fixed	14 - Pedestrian 15 - Pedalcycle 16 - Railheavy Vehicle (Train, Trolley) 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, Slifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object	25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Post 31 - Guardrail End 32 - Portable Barrier	33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaires Support 40 - Utility Post	41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object

Unit Speed 7	Posted Speed 35	Traffic Control 12	Unit Direction Front 1 To 4
<input checked="" type="checkbox"/> Speed Estimated		01 - No Control 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Light 06 - Traffic Sign 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Marking 13 - Crosswalk Lines 14 - Water/Dust Wank 15 - Other 16 - Not Reported	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 (REV. 1/8)

LOCAL REPORT NUMBER	REPORTING AGENCY <i>MASON POLICE DEPT.</i>	DATE OF ACCIDENT M <i>07</i> D <i>09</i> Y <i>14</i>
IN COUNTY OF <i>Warren</i>	ACCIDENT LOCATION <i>TYLERSVILLE & READING RD.</i>	



Not to Scale

OFFICER'S SIGNATURE

R. L. Smith

SADGE NO.

55



LOCAL REPORT NUMBER

REPORTING AGENCY
MASON POLICE

DATE OF CRASH
07 09 14

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

I, Khystal Uetzi PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. Kevin Bryant OFFICER'S NAME AT Reading Road / Tylersville Road LOCATION

I was in the left turn lane to turn West onto Tylersville Rd. I had a green arrow so I proceeded to turn into the left lane. The gentleman turning right from heading south on Reading Road was on his cell phone and failed to stop at the red light. He then turned into the far (left) lane and hit the passenger side of my vehicle.

- 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 to turn West onto Tylersville Rd
- Q. WHAT WAS YOUR SPEED? approx. 10-15 mph
- Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? NO

ADDRESS OF WITNESS

SIGNATURE OF WITNESS
X Khystal Uetzi

OFFICER'S SIGNATURE
X P.O. K. Bryant

PHONE
513 850 4622



LOCAL REPORT NUMBER

REPORTING AGENCY

MASON POLICE

DATE OF CRASH
07 09 14

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

I, DAVID WARREN JR PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

P.O. Kevin Bryant

AT US BANK

OFFICER'S NAME

LOCATION

Making a right at light, followed car in front on Green when we struck about 60% through turn.

Stopped at US Bank to make report

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

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? READING

Q. WHAT WAS YOUR SPEED? Turning Right off ~~highway~~

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? 5-7 mph

ADDRESS OF WITNESS

PHONE

SIGNATURE OF WITNESS

OFFICER'S SIGNATURE

X

X

3911 Mallie Drive Hamilton, OH 45013