



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
2014-000032105	3 - 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input checked="" type="checkbox"/> Photos Taken	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	08304	MASON POLICE	02	07
<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> Private Property				98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83	MASON	MASON	10032014	1707	FRI

Degrees / Minutes / Seconds	Longitude	Decimal Degrees	Longitude
0' 0" 0"	0	39.352320	-84.320818

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost *
<input checked="" type="checkbox"/> Undivided	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	Lbc Prefix	Location Road Name	Location Road Type 2	Route Types 1
US	42				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 Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type 2
250	Miles			TYLERVILLE	RD

Reference Point Used	Crash Location	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	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	02 - Wet 03 - Snow 04 - Ice	2 - Cloudy

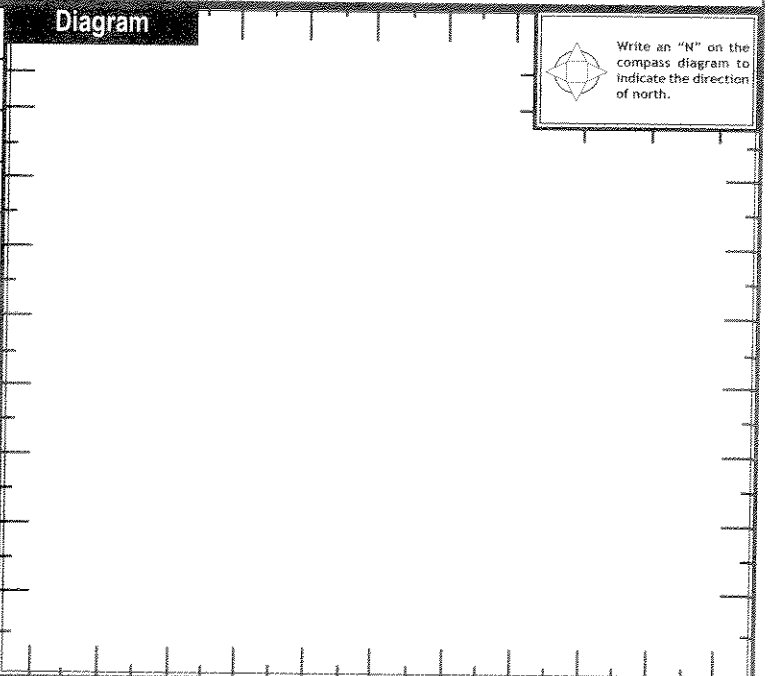
Manner of Crash Collision/Impact	Weather
6 - Two Motor Vehicles In Transport 1 - Not Collision Between 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	2 - Cloudy

Road Surface	Light Conditions	School Bus Related
2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	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)	1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative

UNIT #1 WAS TURNING LEFT (SOUTH) ONTO US 42 FROM UNITED DAIRY FARMERS AS UNIT #2 WAS TRAVELING NORTH ON US 42 NEAR UDF. UNIT #1 FAILED TO YIELD WHILE EXITING PRIVATE PROPERTY CAUSING UNIT #2 TO STRIKE UNIT #1.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
Police Agency		110032014	11707	11708	11714	11753	30	69
Officer's Name *	Officer's Badge Number	Checked By		Page 1 of 4				
MT SECHRIST	1024	37/50						



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2014-000032105

UNIT NUMBER 101	NAME: LAST, FIRST, MIDDLE HEDRICK, RACHEL	DATE OF BIRTH 01/11/1995	AGE 19	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 12001 REED RD VERSAILLES, OHIO 45380	CONTACT PHONE- INCLUDE AREA CODE 937-621-0131
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INJURIES <input checked="" type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 01	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE OH	OPERATOR LICENSE NUMBER TW192405	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 .000	DRUG TEST STATUS 1	DRUG TEST TYPE 1

OFFENSE CHARGED (LOCAL CODE) 331.22	OFFENSE DESCRIPTION RIGHT OF WAY FROM PRIVATE PROPERTY	CITATION NUMBER 77104	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
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UNIT NUMBER 102	NAME: LAST, FIRST, MIDDLE YU, ZHIYUAN	DATE OF BIRTH 12/28/1978	AGE 35	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 4161 SPYGLASS HILL MASON, OHIO 45040	CONTACT PHONE- INCLUDE AREA CODE 513-237-7990
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	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 <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE OH	OPERATOR LICENSE NUMBER UG169281	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 .000	DRUG TEST STATUS 1	DRUG TEST TYPE 1

OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
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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 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 - LIGHTS 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 CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OH IN "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
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER	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 <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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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 <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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Unit

Local Report Number
2014-000034105

Unit Number 1011	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) HEDRICK, LISA	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 4	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)			1 - None	
LP State OH	License Plate Number FDB 3974	Vehicle Identification Number 3M4C1B514D93L799497	2 - Minor	
Vehicle Year 2010	Vehicle Make NISSAN	Vehicle Model SENTRA	3 - Functional	
Vehicle Color TAU	Insurance Company GRANGE	Policy Number FA6207619	4 - Disabling	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Towed By CASE		7 - Unknown	
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code	

US DOT	Vehicle Weight GVWR/GCWR 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	Trafficway Description 1
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	01 - No Cargo Body Type/Applicable 02 - Bus/Van (9-15 Seats, Inc. Driver) 03 - Bus (16 - Trans. Inc. Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermittent 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	1 - Two Way, Not Divided 2 - Two Way, Not Divided, Continuous Left Turn Lane 3 - Two Way, Divided, Unprotected/Flashed or Strobe Light Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Class Number			<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 02	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	99 - Unknown or Hit / Skip	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 - Truck/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) 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 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 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 4	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 06	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 - Slowing 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
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Contributing Circumstances	Vehicle Defects
Primary 02	01
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 99 - Unknown	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	
Non-Motorist 22 - None 23 - Improper Crossing 24 - Dangling 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	

Sequence of Events	Non-Collision Events	Collision With Fixed Object
1 20 2 01 3 01 4 01 5 01 6 01	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 Lane 12 - Opposite Direction of Travel 13 - Downhill Runaway 14 - 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 - Subbox 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
Collision with Person, Vehicle or Object Not Fixed		
14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (tram, 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 Backing, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object	

Unit Speed 101	Posted Speed 25	Traffic Control 12	Unit Direction From 3 To 2
<input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated		01 - No Canyon 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Conflict Flasher 06 - Speed Zone 07 - Railroad Crossbucks 08 - Railroad Flares 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	1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown



Unit

Local Report Number
2014-900033195

Unit Number 102	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 GAQ 8765	Vehicle Identification Number SF N445H60EBA033501011	2 - Minor	
Vehicle Year 2014	Vehicle Make HONDA	Vehicle Model ODYSSEY	3 - Functional	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company ALLSTATE	Policy Number 992162148	4 - Damaged	
Carrier Name, Address, City, State, Zip			5 - Totaled	
			Carrier Phone - include area code	

US DOT	Vehicle Weight GVWR/GCWR 1	Cargo Body Type 01	Trafficway Description 1
HM Placard ID No.	Hazardous Material Released <input type="checkbox"/>	Passenger Vehicle (less than 9 passengers)	1 - Two Way, Not Divided
HM Class Number		Med/Heavy Trucks or Combs Units > 10k lbs	2 - Two Way, Not Divided, Continuous Left Turn Lane
		Bus/Van/Limo (9 or More (including Driver)	3 - Two Way, Divided, Unimodal/Unimodal (Left Turn Lane)
		Other Passenger Vehicle	4 - Two Way, Divided, Positive Median Barrier
			5 - One-Way Trafficway
			<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 05	Passenger Vehicle (less than 9 passengers)	Med/Heavy Trucks or Combs Units > 10k lbs	Bus/Van/Limo (9 or More (including Driver))
01 - Intersection - Marked Crosswalk	1 - Personal	00 - Unknown or Hit / Skip	01 - Sub Compact	13 - Single Unit Truck or Van 2 axle, 6 tires	21 - Bus/Van (9-15 Seats, 1st Driver)
02 - Intersection - No Crosswalk	2 - Commercial		02 - Compact	14 - Single Unit Truck; 3+ axles	22 - Bus (16+ Seats, 1st Driver)
03 - Intersection - Other	3 - Government		03 - Mid Size	15 - Single Unit Truck / Trailer	Non-Motorist
04 - Midblock - Marked Crosswalk	<input type="checkbox"/> In Emergency Response		04 - Full Size	16 - Truck/Tractor (Bobtail)	23 - Animal with Rider
05 - Travel Lane - Other Location			05 - Midvan	17 - Tractor/Trailer	24 - Animal with Buggy, Wagon, Surret
06 - Bicycle Lane			06 - Sport Utility Vehicle	18 - Tractor/Double	25 - Bicycle/Pedalcyclist
07 - Shoulder/Roadside			07 - Pickup	19 - Tractor/Triples	26 - Pedestrian/Skater
08 - Sidewalk			08 - Van	20 - Other Med/Heavy Vehicle	27 - Other Non-Motorist
09 - Median/Crossing Island			09 - Motorcycle		
10 - Driveway Access			10 - Motorized Bicycle		
11 - Shared-Use Path or Trail			11 - Snowmobile/ATV		
12 - Non-Trafficway Area			12 - Other Passenger Vehicle		
99 - Other/Unknown					

Special Function 01	01 - None	09 - Ambulance	17 - Farm Vehicle	Most Damaged Area 02	01 - Front	08 - Left Side	99 - Unknown	Action 3	1 - Non-Contact
02 - Taxi	10 - Fire	18 - Farm Equipment	18 - Farm Equipment	02 - Center Front	02 - Center Front	09 - Left Front		2 - Non-Collision	
03 - Rental Truck (Over 10k lbs)	11 - Highway/Maintenance	19 - Motorcycle	20 - Golf Cart	03 - Right Front	03 - Right Front	10 - Top and Windows		3 - Striking	
04 - Bus - School (Public or Private)	12 - Military	20 - Golf Cart	21 - Train	04 - Right Side	04 - Right Side	11 - Undercarriage		4 - Struck	
05 - Bus - Transit	13 - Police	21 - Train	22 - Other (Captain's Approval)	05 - Right Rear	05 - Right Rear	12 - Load/Trailer		5 - Striking/Struck	
06 - Bus - Charter	14 - Public Utility	22 - Other (Captain's Approval)		06 - Rear Center	06 - Rear Center	13 - Total/All Areas		9 - Unknown	
07 - Bus - Shuttle	15 - Other Government			07 - Left Rear	07 - Left Rear	14 - Other			
08 - Bus - Other	16 - Construction Equip.								

Pre-Crash Actions 01	Motorist	Non-Motorist
01 - Straight Ahead	01 - Straight Ahead	01 - Entering or Crossing Specified Location
02 - Backing	02 - Backing	02 - Waiting, Running, Jogging, Playing, Cycling
03 - Changing Lanes	03 - Changing Lanes	03 - Working
04 - Overtaking/Passing	04 - Overtaking/Passing	04 - Pushing Vehicle
05 - Making Right Turn	05 - Making Right Turn	05 - Approaching or Leaving Vehicle
06 - Making Left Turn	06 - Making Left Turn	06 - Standing
99 - Unknown	99 - Unknown	
	07 - Making U-Turn	13 - Negotiating a Curve
	08 - Entering Traffic Lane	14 - Other Motorist Action
	09 - Leaving Traffic Lane	
	10 - Parked	
	11 - Stopping or Stopped in Traffic	
	12 - Driverless	

Contributing Circumstances	Vehicle Defects
Primary	01 - Turn Signals
01 - None	02 - Head Lamps
02 - Failure to Yield	03 - Tail Lamps
03 - Ran Red Light	04 - Brakes
04 - Ran Stop Sign	05 - Steering
05 - Exceeded Speed Limit	06 - Tire Blowout
06 - Unsafe Speed	07 - Worn or Slick tires
07 - Improper Turn	08 - Trailer Equipment Defective
08 - Left of Center	09 - Motor trouble
09 - Followed too Closely/ACDA	10 - Disabled From Prior Accident
10 - Improper Lane Change /Passing/Off Road	11 - Other Defects
99 - Unknown	
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 Shift/tyre/Siding/Spilling	
21 - Other Improper Action	
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	

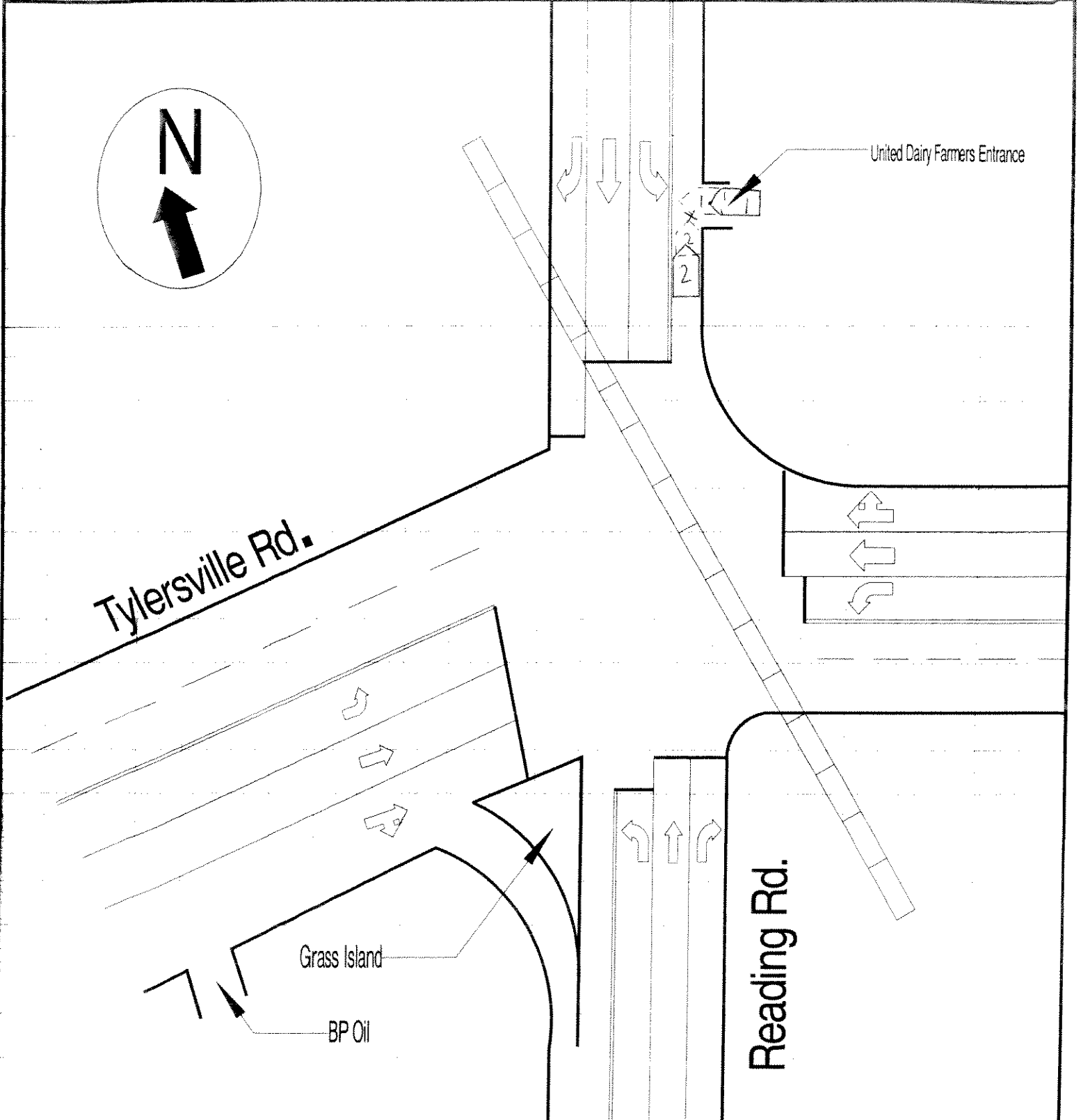
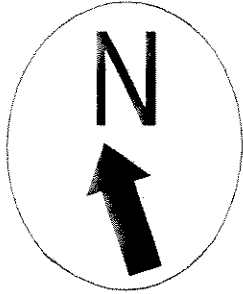
Sequence of Events	Non-Collision Events	Collision With Fixed Object
1 20 2 01 3 01 4 01 5 01 6 01	01 - Overturn/Rollover	01 - Median Cable Barrier
First Harmful Event 1 Most Harmful Event 1	02 - Fire/Explosion	02 - Median Guardrail Barrier
	03 - Immersion	03 - Median Concrete Barrier
	04 - Jackknife	04 - Median Concrete Barrier
	05 - Cargo/Equipment Loss or Shift	05 - Bridge Pier or Abutment
		06 - Bridge Parapet
		07 - Bridge Post
		08 - Guardrail Edge
		09 - Guardrail End
		10 - Utility Pole
		11 - Cross Median
		12 - Cross Center Line
		13 - Opposite Direction of Travel
		14 - Downhill Runaway
		15 - Other Non Collision
		16 - Equipment Failure (Blow Tire, Brake Failure, etc)
		17 - Separation of Units
		18 - Ran Off Road Right
		19 - Ran Off Road Left
		20 - Cross Median
		21 - Cross Center Line
		22 - Opposite Direction of Travel
		23 - Downhill Runaway
		24 - Other Non Collision
		25 - Impact Attenuator/Crash Cushion
		26 - Bridge Overhead Structure
		27 - Bridge Pier or Abutment
		28 - Bridge Parapet
		29 - Bridge Post
		30 - Guardrail Edge
		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

Unit Speed 25	Posted Speed 25	Traffic Control 12	Unit Direction From 2 To 1
<input checked="" type="checkbox"/> Station Equipment		01 - No Control	1 - North
		02 - Stop Sign	2 - South
		03 - Stop Sign	3 - East
		04 - Stop Sign	4 - West
		05 - Stop Sign	5 - Unknown
		06 - Stop Sign	6 - Non-sensical
		07 - Stop Sign	7 - Conflicting
		08 - Stop Sign	8 - Unknown
		09 - Stop Sign	
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 2014-32105	REPORTING AGENCY MASON POLICE DEPT.	DATE OF ACCIDENT M 10 D 03 Y 2014
IN COUNTY OF WARREN	ACCIDENT LOCATION TYLERSVILLE & READING RD.	



Not to Scale

OFFICERS SIGNATURE

MJ Gold

BADGE NO.

1624



2014 - 32105

MISSION POLICE 10 03 14

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

Rachel Hedrick

PRINTED

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

P.O. SECHRIST

OFFICER'S NAME

AT 45 42 @ TYLERVILLE

LOCATION

I was pulling out of CDF parking lot. There was a black car stopped turning into the lot waiting for me to pull out. The driver was waving me on to pull out, and his car was blocking my view. I pulled out to turn left and the van hit me on the left front/driver's side.

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

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? west turning south

Q. WHAT WAS YOUR SPEED? less than 10mph.

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

ADDRESS OF WITNESS

7201 Reed Rd. Versailles, OH 45380

PHONE

937-(21-013)

SIGNATURE OF WITNESS

X Rachel Hedrick

OFFICER'S SIGNATURE

X M.J. Sechrist



2014 - 32105

MASON POLICE

10 03 14

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

ZHIYUAN YU
PRINTED

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

P.O. SECHRIST

AT US 42 @ TYLERSVILLE RD

OFFICER'S NAME

LOCATION

When I was driving forward on reading road, there was a car ~~besides~~ my car on the right, on the right, there is a UDF, a car rush out to the middle of reading road from UDF, I braked my car ~~and~~ but we still had a collision.

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? 25

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

ADDRESS OF WITNESS 4161 Spyglass Hill, Mason OH

PHONE 513-237-7990

SIGNATURE OF WITNESS X [Signature]

OFFICER'S SIGNATURE X [Signature]