



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
201 B-1261372 111	3 1 - Fatal 2 - Injury 3 - PDO	<input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved

Local Information	Reporting Agency NCIC *	Reporting Agency Name *
OVERPASS	003014	MASON POLICE

Photos Taken <input 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	Number of Units	Unit in error
			024	01 98 - Animal 99 - Unknown
County *	City *	City, Village, Township *	Crash Date *	Time of Crash
03	<input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township	MASON	09/19/2013	0850
Degrees / Minutes / Seconds Latitude			Decimal Degrees Latitude	
39° 21' 10.61372"			39.13517719	
Longitude			Longitude	
78° 4' 15.41148"			78.42411414	

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	04	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 Number	Location Road Name	Location Route Type <sup>1</sup>	Location Road Type <sup>2</sup>	Route Types <sup>3</sup>
SR 1741				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>
AT	<input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards	IR	1741			

Reference Point Used	Crash Location	Reference Name (Road, Milepost, House #)	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	02 01 - Not an intersection 02 - Four-way intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access	1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	Weather
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Primary 02 Secondary	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	Light Conditions	School Bus Related
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	Primary <input checked="" type="checkbox"/> Secondary <input type="checkbox"/>	<input type="checkbox"/> School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Road Surface	Work Zone Related	Location of Crash in Work Zone
1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	<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

Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>

Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
09/19/2013	0850	0850	0858	0930	129	169

Officer's Name *	Officer's Badge Number	Checked By	Page of
PTI. D. EDWARDS	1047	PTI. Edwards	

**Narrative**

UNIT #1 STRUCK UNIT #2 FROM BEHIND CAUSING MINOR DAMAGE TO BOTH UNITS. CRASH OCCURED ON THE I71 OVERPASS TO I-71. DRIVER OF UNIT #1 STATED HER FOOT GOT CAUGHT IN HER PEDALS.

**Diagram**

Write an "N" on the compass diagram to indicate the direction of north.



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2101131 12613172

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER <b>1011</b>	NAME: LAST, FIRST, MIDDLE <b>SIEBE, VICTORIA A.</b>	DATE OF BIRTH <b>01/28/1992</b>	AGE <b>16</b>	GENDER <b>E</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>401 EDGEcombe DRIVE MILFORD, OHIO 45150</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513 546-3447</b>
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INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>		
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>TLB17861</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE <b>1</b>	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE ) <b>333.03</b>	OFFENSE DESCRIPTION <b>ACA</b>	CITATION NUMBER <b>74571</b>	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <b>6</b>
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UNIT NUMBER <b>1012</b>	NAME: LAST, FIRST, MIDDLE <b>HARMEIER, JODI S.</b>	DATE OF BIRTH <b>10/21/1964</b>	AGE <b>49</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>427 INDIAN LAKE DRIVE MAINEVILLE, OHIO 45039</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513 700 2728</b>
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INJURIES <b>1</b>	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>		
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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	Non-Motorist 09 - None Used 10 - Helmet Used 11 - Protective Pads Used (Elbow, Knee, 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 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 (Ohio's "D") 5 - MC/Moped Only	CONDITION 1 - Apparently Normal 2 - Physical Impairment 3 - Emotional (Depressed, Anxious, 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 <b>1013</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> 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	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER <b>1014</b>	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> 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	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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LOCAL REPORT NUMBER  
**201131-126131712-1111**

UNIT NUMBER <b>01</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
OWNER ADDRESS: CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER			1 - NONE	
LP STATE <b>04</b>	LICENSE PLATE NUMBER <b>ETE 8013</b>	VEHICLE IDENTIFICATION NUMBER <b>1HGGCIG146S71XAD123346</b>	2 - MINOR	
VEHICLE YEAR <b>2011</b>	VEHICLE MAKE <b>HONDA</b>	VEHICLE MODEL <b>CIVIC</b>	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>STATE FARM</b>	POLICY NUMBER <b>5018 A01 35 80</b>	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP		TOWED BY	9 - UNKNOWN	

US DOT	VEHICLE WEIGHT GVWR/GCWR <b>1</b> 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <b>01</b> 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 - ALIEN TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION <b>1</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Width of Grays > 4 FT.) 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 <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/RIBSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - Non-Trafficway Area 99 - Other/Unknown	TYPE OF USE <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>02</b> 99 - UNKNOWN OR HIT / SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMB UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN (2-8 AXLES, 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 BURRY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 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 - 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 <b>02</b> 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 <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <b>11</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	VEHICLE DEFECTS									
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SEQUENCE OF EVENTS	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>105</b>	POSTED SPEED <b>40</b>	TRAFFIC CONTROL <b>04</b> 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE	07 - RAILROAD CROSSINGS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM <b>3</b> TO <b>4</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHWEST 8 - SOUTHWEST 9 - UNKNOWN
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UNIT NUMBER <b>02</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
OWNER ADDRESS: CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>DBD2248</b>	VEHICLE IDENTIFICATION NUMBER <b>KMH1DU4A1D31AU910518541011</b>	2 - MINOR	
VEHICLE YEAR <b>2010</b>	VEHICLE MAKE <b>HYUNDAI</b>	VEHICLE MODEL <b>ELANTRA</b>	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>NATIONWIDE</b>	POLICY NUMBER <b>9234K434032</b>	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN	

US DOT	VEHICLE WEIGHT GVWR/GCWR <b>1</b> 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <b>01</b> 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 - GRAB, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION <b>1</b> 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTIGUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRAVEL > 4 FT.) MEDIUM 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
HM CLASS NUMBER			<input type="checkbox"/> HAS HM PLACARD

NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b> 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDDLEBANK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BIKEWAY LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIUM/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OR USE <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>02</b> 99 - UNKNOWN OR HIT / SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN AXLE, 6 WHEELS 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 BULLY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PNEUMATIC/SKATER 27 - OTHER NON-MOTORIST
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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 - 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 <b>06</b> 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 - UNDERCHASSIS 12 - LOAD/TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER	99 - UNKNOWN	ACTION <b>0</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <b>11</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 - WAGGING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES	VEHICLE DEFECTS
<p>PRIMARY <b>01</b> 01 - NONE 02 - FAILURE TO YIELD 03 - RED LIGHT 04 - RED 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/OPP. ROAD</p> <p>SECONDARY <b>01</b> 99 - UNKNOWN</p>	<p><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</p>

SEQUENCE OF EVENTS	NON-COLLISION EVENTS
<p>1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b></p> <p>FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b></p> <p>99 - UNKNOWN</p>	<p>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 - COLLISION 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION</p>

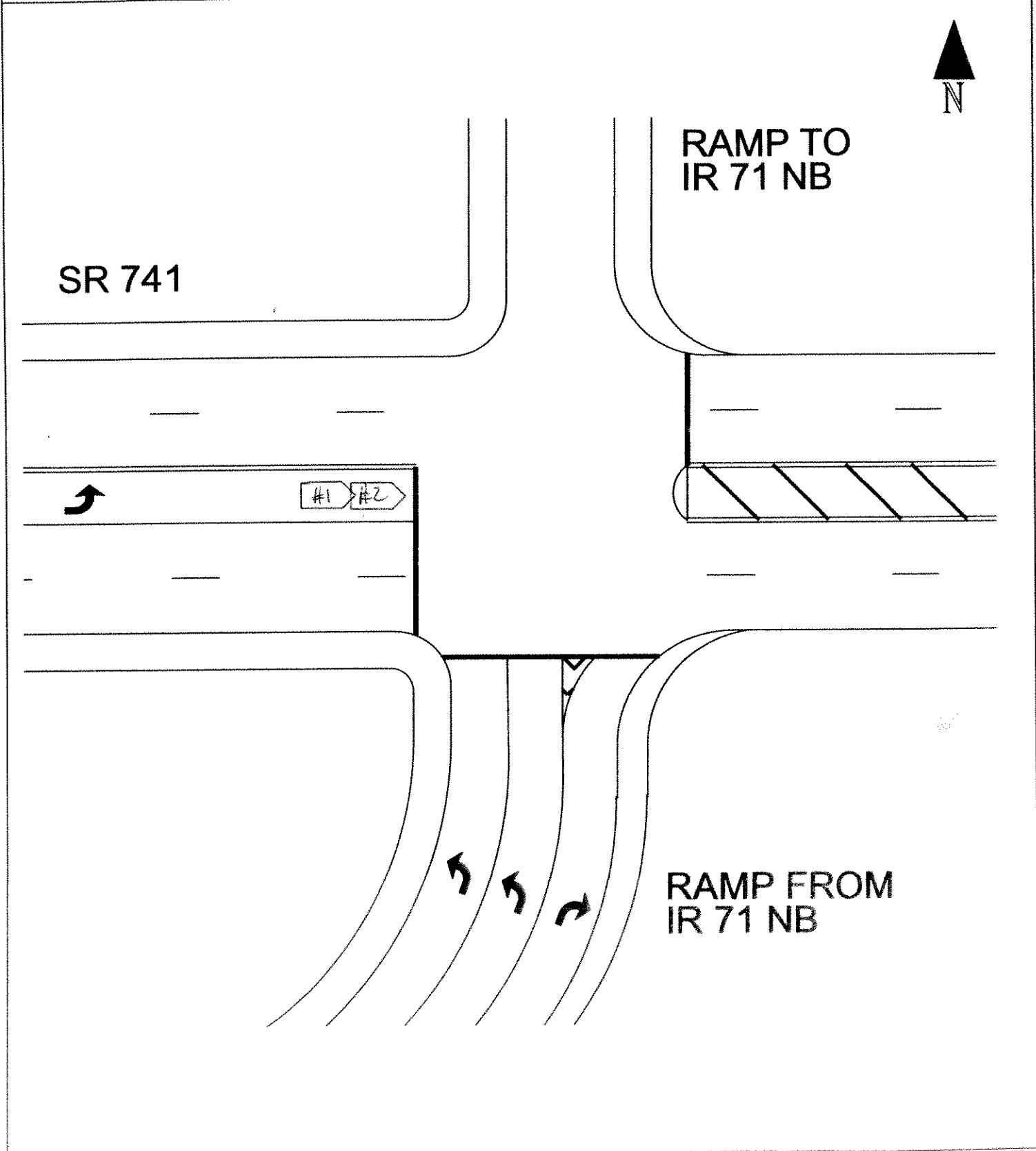
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 13-26372	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 9   D 18   Y 13
IN COUNTY OF WARREN	ACCIDENT LOCATION SR 741 AT IR 71	



NOT TO SCALE

OFFICER'S SIGNATURE  
*P. Edwards*

BADGE NUMBER  
1047