



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER * 219113-1325187	CRASH SEVERITY 2 1 - FATAL 2 - INJURY 3 - PDO	HIT/SKIP <input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED
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LOCAL INFORMATION
READING ROAD

<input type="checkbox"/> 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 DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 00131041	REPORTING AGENCY NAME * MASON POLICE	NUMBER OF UNITS 197	UNITS IN CRASH 01 98 - ANIMAL 99 - UNKNOWN
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COUNTY * 63	<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * MASON	CRASH DATE * 11/18/2013	TIME OF CRASH 0715	DAY OF WEEK MON
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DEGREES / MINUTES / SECONDS LATITUDE 0 / / "	LONGITUDE 0 / / "	DECIMAL DEGREES LATITUDE 39.1344970	LONGITUDE -84.1329361
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ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> W - WESTBOUND	NUMBER OF TRUCK LANES 197	ROAD TYPES OR MILEPOST * 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 PT - PIKE SQ - SQUARE TL - TRAIL
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LOCATION ROUTE NUMBER <input type="checkbox"/> LOCATION ROUTE TYPE * <input type="checkbox"/>	LOC PREFIX N, S, E, W <input type="checkbox"/>	LOCATION ROAD NAME SNIDER	LOCATION ROAD TYPE * RD	ROUTE TYPES * IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
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DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF <input type="checkbox"/> N, S, E, W <input type="checkbox"/>	REFERENCE ROUTE NUMBER 42	REF PREFIX N, S, E, W <input type="checkbox"/>	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) <input type="checkbox"/>	REFERENCE ROAD TYPE * <input type="checkbox"/>
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER 1	CRASH LOCATION 02 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUNT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	INTERSECTION RELATED <input checked="" type="checkbox"/>	LOCATION OF FIRST HARMFUL EVENT 1 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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ROAD CONTOUR 1 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 01 SECONDARY <input type="checkbox"/>	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN	* SECONDARY CONDITION ONLY
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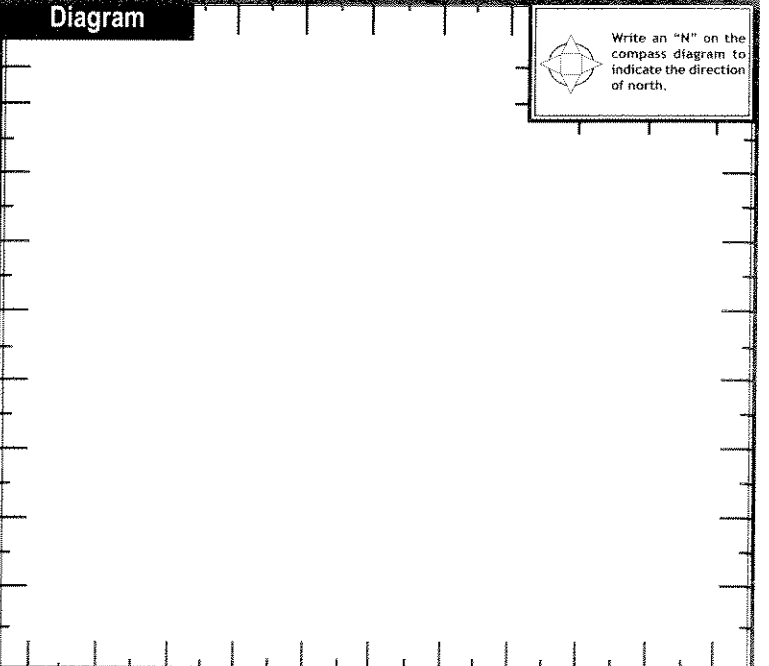
MANNER OF CRASH COLLISION/IMPACT 2 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY 1 SECONDARY <input type="checkbox"/>	1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER	SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE <input type="checkbox"/> 1 - LANE CLOSURE <input type="checkbox"/> 2 - LANE SHIFT/CROSSOVER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN <input type="checkbox"/> 2 - ADVANCE WARNING AREA <input type="checkbox"/> 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
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NARRATIVE
UNIT #1 STRUCK UNIT #2 FROM BEHIND ON SNIDER RD AT US 42, (READING ROAD) NO DAMAGE TO UNIT #1 AND A VERY SMALL SCUFFS ON THE REAR DICEWHEEL ON UNIT #2 FROM UNIT #1'S LICENSE PLATE. BOTH SUBJECTS IN UNIT #2 RECEIVED TREATMENT FROM MASON EMS.

BOTH UNITS WERE HEADED SOUTH



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)
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DATE CRASH REPORTED 11/18/2013	TIME CRASH REPORTED 0715	DISPATCH TIME 0715	ARRIVAL TIME 0725	TIME CLEARED 0800	OTHER INVESTIGATION TIME 11/15	TOTAL MINUTES 1160
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OFFICER'S NAME P. EDWARDS	OFFICER'S BADGE NUMBER 104	CHECKED BY Sgt John K Cullen	PAGE OF
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Unit

Local Report Number
20113-32587

Unit Number 1011	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 1	Damage Area
Owner Address: City, State, Zip <input checked="" type="checkbox"/> Same As Driver				
LP State OH	License Plate Number FNH 8107	Vehicle Identification Number 5FENR1L18P1514B139S1G	# Occupants 1011	
Vehicle Year 2004	Vehicle Make HONDA	Vehicle Model ODYSSEY	Vehicle Color BLUE	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company LIGHTNING RCD	Policy Number LPV 3406405447-4	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT	Vehicle Weight GVWR/GCWR 1 1 - Less Than or Equal to 10,000 lbs. 2 - 10,001 to 26,000 lbs. 3 - More Than 26,000 lbs.	Cargo Body Type 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 - Logging 06 - Intermediate Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chops, Gravel	Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Turnaround Left Turn Lane 3 - Two-Way, Divided, Unimproved/Shoulder or Gravel (or (1) Median) 4 - Two-Way, Divided, Photos Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	Passenger Vehicles (less than 9 passengers) 05 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	<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01 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	Type of Use 1 1 - Personal 2 - Commercial 3 - Government	Unit Type 05 99 - Unknown or Hit / Skip	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 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/Implem 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, Cart, etc 25 - Bicycle/Pedalcyclist 26 - Pedestrian/Sealer 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 (Marked or Unmarked) 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 01 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 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 11 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 - 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 09 Secondary 00 99 - Unknown	Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/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 - 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	Vehicle Defects 00 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 00 3 00 4 00 5 00 6 00 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 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 Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport	21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object	Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge 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	Unit Direction From 1 To 2 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown	

Unit Speed 02	Posted Speed 35	Traffic Control 04 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 (Flagger, Officer) 12 - Pavement Markings	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 1 To 2 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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Unit

Local Report Number

RPL 15-BR157

Unit Number 02	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 2	Damaged Area Front 09 02 03 08 10 04 07 06 05 Rear
Owner Address: City, State, Zip <input checked="" type="checkbox"/> Same As Driver	LP State OH	License Plate Number EZB4074	Vehicle Identification Number 2C7FLF1E1YNA6311211471	# Occupants 02
Vehicle Year 2010	Vehicle Make GMC	Vehicle Model TERRAIN	Vehicle Color MARON	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company FARMERS	Policy Number 191936466	Towed By	

Carrier Name, Address, City, State, Zip	Carrier Phone - include area code
US DOT	Vehicle Weight GVWR/GCWR 1 1 - Less than 10,001 lbs 2 - 10,001 to 26,000 lbs 3 - More than 26,000 lbs
HM Placard ID No.	Cargo Body Type 01 01 - No Cargo Body Type Not Applicable 02 - Box Van (15' Length, 10' Width) 03 - Box Van (15' Length, 12' Width) 04 - Box Van (15' Length, 14' Width) 05 - Box Van (15' Length, 16' Width) 06 - Box Van (15' Length, 18' Width) 07 - Box Van (15' Length, 20' Width) 08 - Box Van (15' Length, 22' Width) 09 - Box Van (15' Length, 24' Width) 10 - Box Van (15' Length, 26' Width) 11 - Box Van (15' Length, 28' Width) 12 - Box Van (15' Length, 30' Width) 13 - Box Van (15' Length, 32' Width) 14 - Box Van (15' Length, 34' Width) 15 - Box Van (15' Length, 36' Width) 16 - Box Van (15' Length, 38' Width) 17 - Box Van (15' Length, 40' Width) 18 - Box Van (15' Length, 42' Width) 19 - Box Van (15' Length, 44' Width) 20 - Box Van (15' Length, 46' Width) 21 - Box Van (15' Length, 48' Width) 22 - Box Van (15' Length, 50' Width) 23 - Box Van (15' Length, 52' Width) 24 - Box Van (15' Length, 54' Width) 25 - Box Van (15' Length, 56' Width) 26 - Box Van (15' Length, 58' Width) 27 - Box Van (15' Length, 60' Width) 28 - Box Van (15' Length, 62' Width) 29 - Box Van (15' Length, 64' Width) 30 - Box Van (15' Length, 66' Width) 31 - Box Van (15' Length, 68' Width) 32 - Box Van (15' Length, 70' Width) 33 - Box Van (15' Length, 72' Width) 34 - Box Van (15' Length, 74' Width) 35 - Box Van (15' Length, 76' Width) 36 - Box Van (15' Length, 78' Width) 37 - Box Van (15' Length, 80' Width) 38 - Box Van (15' Length, 82' Width) 39 - Box Van (15' Length, 84' Width) 40 - Box Van (15' Length, 86' Width) 41 - Box Van (15' Length, 88' Width) 42 - Box Van (15' Length, 90' Width) 43 - Box Van (15' Length, 92' Width) 44 - Box Van (15' Length, 94' Width) 45 - Box Van (15' Length, 96' Width) 46 - Box Van (15' Length, 98' Width) 47 - Box Van (15' Length, 100' Width) 48 - Box Van (15' Length, 102' Width) 49 - Box Van (15' Length, 104' Width) 50 - Box Van (15' Length, 106' Width) 51 - Box Van (15' Length, 108' Width) 52 - Box Van (15' Length, 110' Width) 53 - Box Van (15' Length, 112' Width) 54 - Box Van (15' Length, 114' Width) 55 - Box Van (15' Length, 116' Width) 56 - Box Van (15' Length, 118' Width) 57 - Box Van (15' Length, 120' Width) 58 - Box Van (15' Length, 122' Width) 59 - Box Van (15' Length, 124' Width) 60 - Box Van (15' Length, 126' Width) 61 - Box Van (15' Length, 128' Width) 62 - Box Van (15' Length, 130' Width) 63 - Box Van (15' Length, 132' Width) 64 - Box Van (15' Length, 134' Width) 65 - Box Van (15' Length, 136' Width) 66 - Box Van (15' Length, 138' Width) 67 - Box Van (15' Length, 140' Width) 68 - Box Van (15' Length, 142' Width) 69 - Box Van (15' Length, 144' Width) 70 - Box Van (15' Length, 146' Width) 71 - Box Van (15' Length, 148' Width) 72 - Box Van (15' Length, 150' Width) 73 - Box Van (15' Length, 152' Width) 74 - Box Van (15' Length, 154' Width) 75 - Box Van (15' Length, 156' Width) 76 - Box Van (15' Length, 158' Width) 77 - Box Van (15' Length, 160' Width) 78 - Box Van (15' Length, 162' Width) 79 - Box Van (15' Length, 164' Width) 80 - Box Van (15' Length, 166' Width) 81 - Box Van (15' Length, 168' Width) 82 - Box Van (15' Length, 170' Width) 83 - Box Van (15' Length, 172' Width) 84 - Box Van (15' Length, 174' Width) 85 - Box Van (15' Length, 176' Width) 86 - Box Van (15' Length, 178' Width) 87 - Box Van (15' Length, 180' Width) 88 - Box Van (15' Length, 182' Width) 89 - Box Van (15' Length, 184' Width) 90 - Box Van (15' Length, 186' Width) 91 - Box Van (15' Length, 188' Width) 92 - Box Van (15' Length, 190' Width) 93 - Box Van (15' Length, 192' Width) 94 - Box Van (15' Length, 194' Width) 95 - Box Van (15' Length, 196' Width) 96 - Box Van (15' Length, 198' Width) 97 - Box Van (15' Length, 200' Width) 98 - Box Van (15' Length, 202' Width) 99 - Box Van (15' Length, 204' Width)
HM Class Number	Hazardous Material Released
Trafficway Description 1 1 - Two Way, Not Divided 2 - Two Way, Not Divided, Continuous Left Lane Lines 3 - Two Way, Divided, Unpropped/Flashed or Conv. 4:11 Median 4 - Two Way, Divided, Positive Median Barrier 5 - One-Way Trafficway	<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01 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	Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 06 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 (2 axle, 6 tires) 14 - Single Unit Truck, 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Boat/ail) 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
Special Function 01 01 - None 02 - Taxi 03 - Rental Truck (less than 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 06 01 - Front 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear 08 - Left Side 09 - Left Rear 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total (All Areas) 14 - Other	Impact Area 06	Action 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown	

Pre-Crash Actions 11 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 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 01 Primary 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 Shift (ing)/Falling/Spilling 21 - Other Improper Action Non-Motorist 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	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 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1 Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blow Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel 12 - Downhill Runaway 13 - Other Non-Collision
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Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport 21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge 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

Unit Speed 100	Posted Speed 35	Traffic Control 04 01 - No Control 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - Stop Sign 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Bridge Parapet 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 1 To 2 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2P13F32587

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE METZGER, HOLLY J	DATE OF BIRTH 11/21/1970	AGE 42	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 5522 PATRIOT COURT MASON, OHIO 45040	CONTACT PHONE- INCLUDE AREA CODE 513 336-9659
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INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY <input type="checkbox"/>	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED 09	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 RG962818	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 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 333.03	OFFENSE DESCRIPTION ACOA	CITATION NUMBER 74975	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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UNIT NUMBER 1024	NAME: LAST, FIRST, MIDDLE HALL, LAWRENCE D.	DATE OF BIRTH 10/06/1956	AGE 57	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 8033 DIMMICK ROAD CINCINNATI, OHIO 45241	CONTACT PHONE- INCLUDE AREA CODE 513 755-6231
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INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY MASCA EMS	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED 09	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 TKO16428	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 1	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 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 - 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 (DRIVER'S ID) 5 - SAC/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 REQUIRED 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 DEVICES (HANDHELD DEVICE, PAGER, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 021	NAME: LAST, FIRST, MIDDLE HALL, MICHELE	DATE OF BIRTH 09/11/1962	AGE 51	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 8033 DIMMICK ROAD CINCINNATI, OHIO 45241	CONTACT PHONE- INCLUDE AREA CODE 513 755-6231
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INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY MASON EMS	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED 09	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 000	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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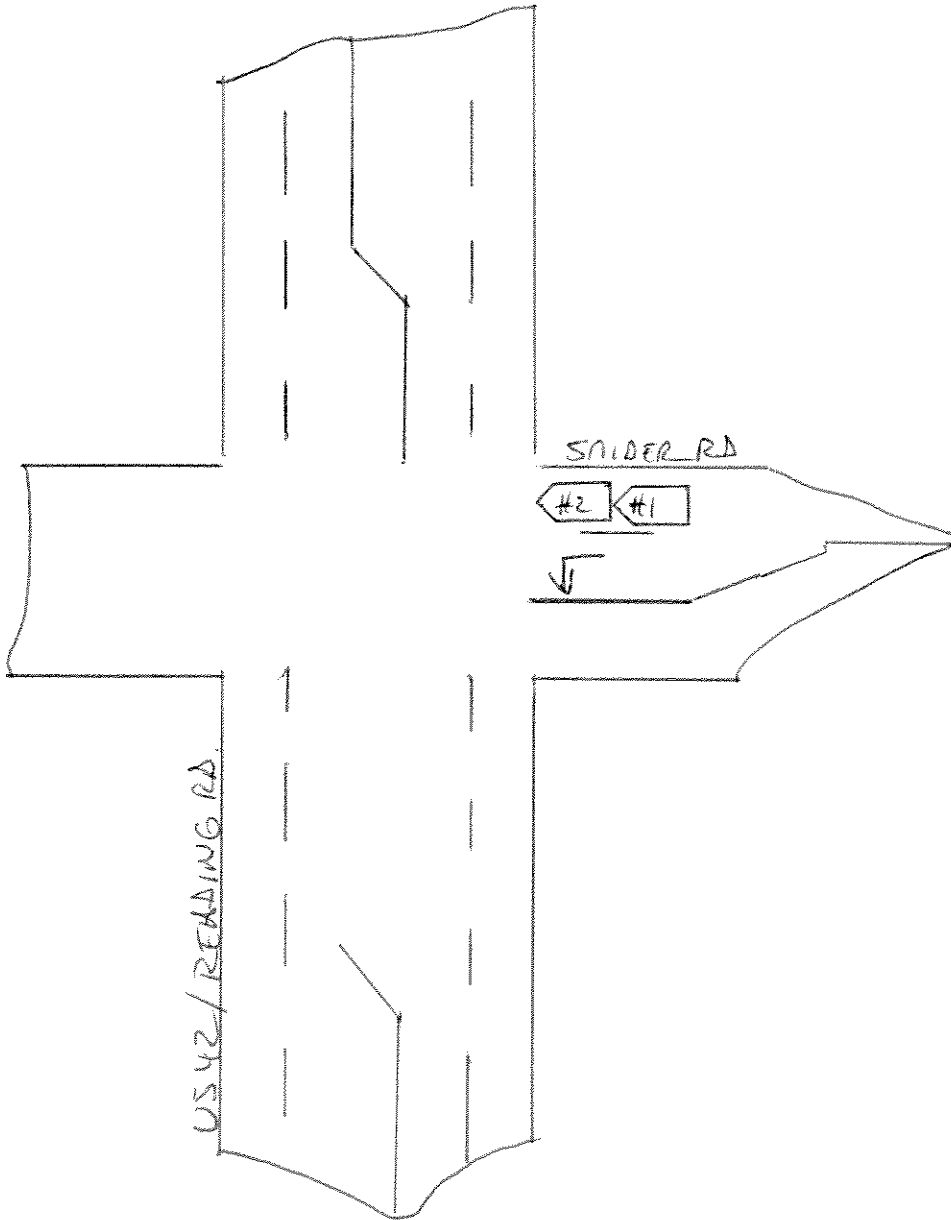
ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO <input type="checkbox"/>	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	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 <i>13-3257</i>	REPORTING AGENCY <i>MASON POLICE</i>	DATE OF CRASH M <i>11</i> D <i>18</i> Y <i>13</i>
IN COUNTY OF <i>WARREN</i>	CRASH LOCATION <i>SAIDER / READING</i>	

NOT TO SCALE



OFFICER'S SIGNATURE <i>X Ptl. Edward</i>	BADGE NUMBER <i>1047</i>
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LOCAL REPORT NUMBER <i>13-32587</i>	REPORTING AGENCY Mason Police Department	DATE OF CRASH <i>11/10/13</i>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

1 *Holly Metzger* HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Ptl. Dan Edwards AT *Snider / Route*
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED:

I bumped into back of car in front of me at light at Snider / Route 42
** the only damage is from my license plate on his bumper. → a slight scratch*

1 Q. What was your speed at the time of the crash? A. *< 10² mph*

Q. What was your direction of travel? A. *SE*

Q. Were you wearing a seatbelt? A. *no*

Q. Were you talking on a cell phone at the time of the crash? A. *no*

Q. Were you injured due to the crash? A. *no*

ADDRESS OF WITNESS _____ PHONE _____

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



LOCAL REPORT NUMBER <i>13-32587</i>	REPORTING AGENCY Mason Police Department	DATE OF CRASH M <i>11</i> D <i>18</i> Y <i>13</i>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

_____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED _____

Ptl. Dan Edwards AT _____
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED:

*Coming out of Peanut Shop off of Syden Road
Stop at the way Stop at the Red Light
Was talking to Husband and we felt
Someone head hit us from behind. My
head had hit the head rest pretty hard
my husband said his back was
bubbling.*

Michael Hall

0
MICHAEL HALL

9-11-62

- | | |
|---|-------------------------------------|
| Q. What was your speed at the time of the crash? | A. <i>Sitting at the stop light</i> |
| Q. What was your direction of travel? | A. _____ |
| Q. Were you wearing a seatbelt? | A. <i>yes</i> |
| Q. Were you talking on a cell phone at the time of the crash? | A. <i>NO</i> |
| Q. Were you injured due to the crash? | A. <i>HEADACK + BACKACK</i> |

ADDRESS OF WITNESS <i>18033 DIMMICK ROAD</i>	PHONE <i>513-755-1231</i>
SIGNATURE OF WITNESS <i>Lawrence Hall</i>	OFFICER'S SIGNATURE <i>Ptl. Edler</i>

FARMERS