



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
2013-135673	3 - PBO	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	03	03

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83	<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township	CITY OF MASON	12202013	1815	FRI

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
39°21'11.11"	-84°19'57.03"		

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost *
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound <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 1	Location Route Number	Loc Prefix N,S,E,W	Location Road Name	Location Road Type 2	Route Types 1
			SNIDER	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 1	Reference Route Number	Ref Prefix N,S,E,W	Reference Name (Road, Milepost, House #)	Reference Road Type 2
100	S				TYLERSVILLE	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 checked="" type="checkbox"/> 01 - Not an intersection <input type="checkbox"/> 02 - Four-way Intersection <input type="checkbox"/> 03 - T-Intersection <input type="checkbox"/> 04 - Y-Intersection <input type="checkbox"/> 05 - Traffic Circle/Roundabout	<input type="checkbox"/> 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

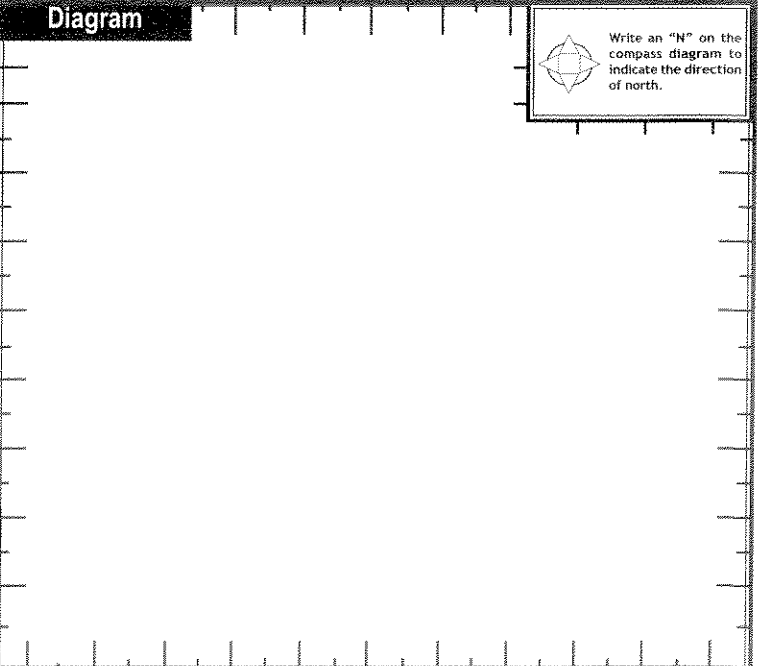
Road Contour	Road Conditions	Weather
<input type="checkbox"/> 1 - Straight Level <input type="checkbox"/> 2 - Straight Grade <input type="checkbox"/> 3 - Curve Level <input type="checkbox"/> 4 - Curve Grade <input type="checkbox"/> 9 - Unknown	<input checked="" type="checkbox"/> 02 <input type="checkbox"/>	<input checked="" type="checkbox"/> 4 <input type="checkbox"/>

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 checked="" type="checkbox"/> 4 <input type="checkbox"/>

Road Surface	Light Conditions	School Bus Related
<input checked="" type="checkbox"/> 2 <input type="checkbox"/>	<input checked="" type="checkbox"/> 4 <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

Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<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 #2 WAS STOPPED IN TRAFFIC (NB) ON SNIDER ROAD AT THE TYLERSVILLE INTERSECTION WHEN UNIT #3 STRUCK UNIT #2 FROM BEHIND. THIS EVENT CAUSED UNIT #2 TO STRIKE UNIT #1 IN REAR. UNIT #3 IS UNKNOWN AS IT FLED THE CRASH SCENE.



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"/>	12202013	1811	1812	1819	1904	30	182
Officer's Name *	Officer's Badge Number	Checked by	Page 1 of 5					
HERRLINGER	1042	SS Sgt John K Cullen						



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

210131 B156713

MOTORIST/NON-MOTORIST

MOTORIST/NON-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE BURTON, BELINDA	DATE OF BIRTH 03/29/1968	AGE 45	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP: 4668 LAKES EDGE DR. WEST CHESTER, O. 45069
CONTACT PHONE - INCLUDE AREA CODE: (229) 894-1121

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 01	EJECTION 01	TRAPPED 01		
OL STATE OH	OPERATOR LICENSE NUMBER TL470869	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 01	ALCOHOL/DRUG SUSPECTED 01	ALCOHOL TEST STATUS 01	ALCOHOL TEST TYPE 01	ALCOHOL TEST VALUE .000	DRUG TEST STATUS 01	DRUG TEST TYPE 01

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

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE MAURER, JONATHAN W	DATE OF BIRTH 11/13/1970	AGE 43	GENDER M - MALE F - FEMALE
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ADDRESS, CITY, STATE, ZIP: 7973 HUNTERS RIDGE DR. WEST CHESTER, O. 45069
CONTACT PHONE - INCLUDE AREA CODE: (513) 607-6204

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 01	EJECTION 01	TRAPPED 01		
OL STATE OH	OPERATOR LICENSE NUMBER RMB05885	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 01	ALCOHOL/DRUG SUSPECTED 01	ALCOHOL TEST STATUS 01	ALCOHOL TEST TYPE 01	ALCOHOL TEST VALUE .000	DRUG TEST STATUS 01	DRUG TEST TYPE 01

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

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	NON-MOTORIST
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	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 (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER

SEATING POSITION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
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 CAR/TRUCK 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TETHERING UNIT SUCH AS A BUS, PICKUP WITH CAP) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TETHERING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TETHERING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (RDLIS "D") 5 - MC/MOPED ONLY	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FARGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	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

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE MAURER, NOAH	DATE OF BIRTH 03/02/1992	AGE 14	GENDER M - MALE F - FEMALE
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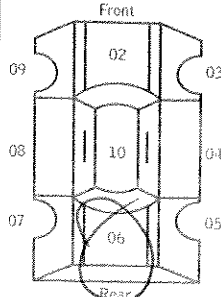
ADDRESS, CITY, STATE, ZIP: 7973 HUNTERS RIDGE DR. WEST CHESTER, O. 45069
CONTACT PHONE - INCLUDE AREA CODE: (513) 607-6204

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 01	EJECTION 01	TRAPPED 01
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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

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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Unit Number 011	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	LP State OH	License Plate Number FLB2845	Vehicle Identification Number JTJ3GN86R3W100776516	
Vehicle Year 2001	Vehicle Make TOYOTA	Vehicle Model 4RUNNER	Vehicle Color BLACK	
Proof of Insurance Shown X	Insurance Company STATE FARM	Policy Number 747762-F06-35	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code	

US DOT	Vehicle Weight GVWR/GWR 1 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More than 26,000 Lbs.	Cargo Body Type 011 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, Chips, Gravel 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description 2 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Median or Concrete + P-C) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	Hazardous Material Released		<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 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 2axle, 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	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, Sundry 25 - Bicycle/Pedalcyclist 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 06 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 01 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 11 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

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 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 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 01 Most Harmful Event 01 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 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 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
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Unit Speed 09 <input type="checkbox"/> Slowed <input type="checkbox"/> Estimated	Posted Speed 35	Traffic Control 02 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 02 To 01 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

240131-1356177

Unit Number 02	Owner Name: Last, First, Middle (Same As Driver) MAURER, JONATHAN W.	Owner Phone Number - inc. area code (Same As Driver) (513) 607 6204	Damage Scale 2	Damaged Area
Owner Address: City, State, Zip (Same As Driver) 7973 HUNTERS RIDGE DR. WEST CHESTER, OH. 45069			1 - None	
LP State OH	License Plate Number FLU 9646	Vehicle Identification Number 1ZVFT84N965203998	2 - Minor	
Vehicle Year 2006	Vehicle Make FORD	Vehicle Model MUSTANG	3 - Functional	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company NATIONWIDE	Policy Number 9234K882850	4 - Disabling	
Carrier Name, Address, City, State, Zip			5 - Unknown	
Carrier Phone - include area code				

US DOT	Vehicle Weight GVWR/GWR 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	Trafficway Description 2
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	01 - No Cargo Body (Special Application)	1 - Two Way, Not Divided
HM Class Number		02 - Bus/Van (9-15 Seats, Inc. Driver)	2 - Two Way, Divided, Continuous Left Turn Lane
		03 - Bus (16+ Seats, Inc. Driver)	3 - Two-Way, Divided, Unprotected Opposite Direction
		04 - Vehicle Towing Another Vehicle	4 - Two Way, Divided, Positive Median Barrier
		05 - Loading	5 - One-Way Trafficway
		06 - Intermediate Container (Chest)	
		07 - Cargo Van, Loaded Box	
		08 - Trailer, Chaps, Craned	
		09 - Pole	
		10 - Camp Park	
		11 - Flat Bed	
		12 - Dump	
		13 - Concrete Mixer	
		14 - Auto Transporter	
		15 - Garbage/Refuse	
		99 - Other/Unknown	
		<input type="checkbox"/> Hit / Skip Unit	

Non-Motorist Location Prior to Impact 01	Type of Use 01	Unit Type 012	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	1 - Personal	01 - Sub-Compact	01 - Single Unit Truck or Van 2 axle, 6 tires	21 - Bus/Van (9-15 Seats, Inc. Driver)	21 - Bus/Van (9-15 Seats, Inc. Driver)
02 - Intersection - No Crosswalk	2 - Commercial	02 - Compact	14 - Single Unit Truck, 3+ axles	22 - Bus (16+ Seats, Inc. Driver)	22 - Bus (16+ Seats, Inc. Driver)
03 - Intersection - Other	3 - Government	03 - Mid Size	15 - Single Unit Truck / Trailer	23 - Animal with Rider	23 - Animal with Rider
04 - Midblock - Marked Crosswalk		04 - Full Size	16 - Tractor/Tractor (Boat/Trailer)	24 - Animal with Buggy, Wagon, Surrey	24 - Animal with Buggy, Wagon, Surrey
05 - Travel Lane - Other Location		05 - Minivan	17 - Tractor/Semi-Trailer	25 - Bicycle/Pedalcyclist	25 - Bicycle/Pedalcyclist
06 - Bicycle Lane		06 - Sport Utility Vehicle	18 - Tractor/Double	26 - Pedestrian/Skater	26 - Pedestrian/Skater
07 - Shoulder/Roadside		07 - Pickup	19 - Tractor/Triples	27 - Other Non-Motorist	27 - Other Non-Motorist
08 - Sidewalk		08 - Van	20 - Other Med/Heavy Vehicle		
09 - Median/Crossing Island	<input type="checkbox"/> In Emergency Response	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 - None	08 - Left Side	99 - Unknown	Action 5	1 - Non-Contact
02 - Taxi	10 - Fire	10 - Fire	18 - Farm Equipment	02 - Center Front	02 - Center Front	09 - Left Front		2 - Non-Collision	2 - Non-Collision
03 - Rental Truck (Over 10K lbs)	11 - Highway/Maintenance	11 - Highway/Maintenance	19 - Motorhome	03 - Right Front	03 - Right Front	10 - Top and Windows		3 - Struck	3 - Struck
04 - Bus - School (Public or Private)	12 - Military	12 - Military	20 - Golf Cart	04 - Right Side	04 - Right Side	11 - Undercarriage		4 - Struck	4 - Struck
05 - Bus - Transit	13 - Police	13 - Police	21 - Train	05 - Right Rear	05 - Right Rear	12 - Load/Trailer		5 - Striking/Struck	5 - Striking/Struck
06 - Bus - Charter	14 - Public Utility	14 - Public Utility	22 - Other (Explain in Narrative)	06 - Rear Center	06 - Rear Center	13 - Total/All Areas		9 - Unknown	9 - Unknown
07 - Bus - Shuttle	15 - Other Government	15 - Other Government		07 - Left Rear	07 - Left Rear	14 - Other			
08 - Bus - Other	16 - Construction Equip.	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	15 - Entering or Crossing Specified Location
03 - Changing Lanes	03 - Changing Lanes	16 - Working, Running, Jogging, Playing, Cycling
04 - Overtaking/Passing	04 - Overtaking/Passing	17 - Working
05 - Making Right Turn	05 - Making Right Turn	18 - Pushing Vehicle
06 - Making Left Turn	06 - Making Left Turn	19 - Approaching or Leaving Vehicle
	07 - Making U-Turn	20 - Standing
	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	

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
Secondary	06 - Tire Blowout
05 - Exceeded Speed Limit	07 - Worn or Slick Tires
06 - Unsafe Speed	08 - Trailer Equipment Defective
07 - Improper Turn	09 - Motor Trouble
08 - Left of Center	10 - Disabled From Prior Accident
09 - Followed Too Closely/ACDA	11 - Other Defects
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	

Sequence of Events	Non-Collision Events	Collision With Fixed Object
1 20 2 20 3 01 4 01 5 01 6 01	01 - Overturn/Rollover	01 - Impact Attenuator/Crash Cushion
First Harmful Event 01	02 - Fire/Explosion	02 - Bridge Overhead Structure
Most Harmful Event 01	03 - Immersion	03 - Bridge Pier or Abutment
	04 - Jackknife	04 - Bridge Parapet
	05 - Cargo/Equipment Loss or Shift	05 - Bridge Post
		06 - Guardrail Face
		07 - Guardrail End
		08 - Portable Barrier
		09 - Median Cable Barrier
		10 - Median Guardrail Barrier
		11 - Median Concrete Barrier
		12 - Median Other Barrier
		13 - Traffic Sign Post
		14 - Overhead Sign Post
		15 - Light/Luminaire/Support
		16 - Utility Pole
		17 - Mailbox
		18 - Other Post, Pole or Support
		19 - Fire Hydrant
		20 - Work Zone Maintenance Equipment
		21 - Wall, Building, Tunnel
		22 - Other Fixed Object

Unit Speed 00	Posted Speed 35	Traffic Control 02	Unit Direction From 2 To 1
<input checked="" type="checkbox"/> Stated		01 - No Control	1 - North
<input type="checkbox"/> Estimated		02 - Stop Sign	2 - South
		03 - Stop Sign	3 - East
		04 - Traffic Sign	4 - West
		05 - Traffic Flashers	5 - Northeast
		06 - Stop Sign	6 - Northwest
		07 - Railroad Crossbuck	7 - Southeast
		08 - Railroad Flashers	8 - Southwest
		09 - Railroad Gate	9 - Unknown
		10 - Construction Barricade	
		11 - Portals (Tagger, Officer)	
		12 - Portals (Marking)	
		13 - Crosswalk Lines	
		14 - Walk/Don't Walk	
		15 - Sign	
		16 - Not Reported	

Local Report Number
20131-315679

Unit Number 03	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) UNKNOWN	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver)	Damage Scale 9	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver)			1 - None	
LP State	License Plate Number UNKNOWN	Vehicle Identification Number	2 - Minor	
Vehicle Year	Vehicle Make	Vehicle Model	3 - Functional	
	Insurance Company	Policy Number UNKNOWN	4 - Disabling	
Carrier Name, Address, City, State, Zip			9 - Unknown	
			Carrier Phone - include area code	

US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 104 Lbs. 2 - 10,501 to 20,000 Lbs. 3 - More Than 20,000 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 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grail, Chips, Gravel	Trafficway Description 2 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (In-Median or No P.U.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released		<input checked="" type="checkbox"/> Hit / Skip Unit
HM Class Number			

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 99 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 (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/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, Surretty 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motaurist
			<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 02 04 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 99 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 09 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 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slack tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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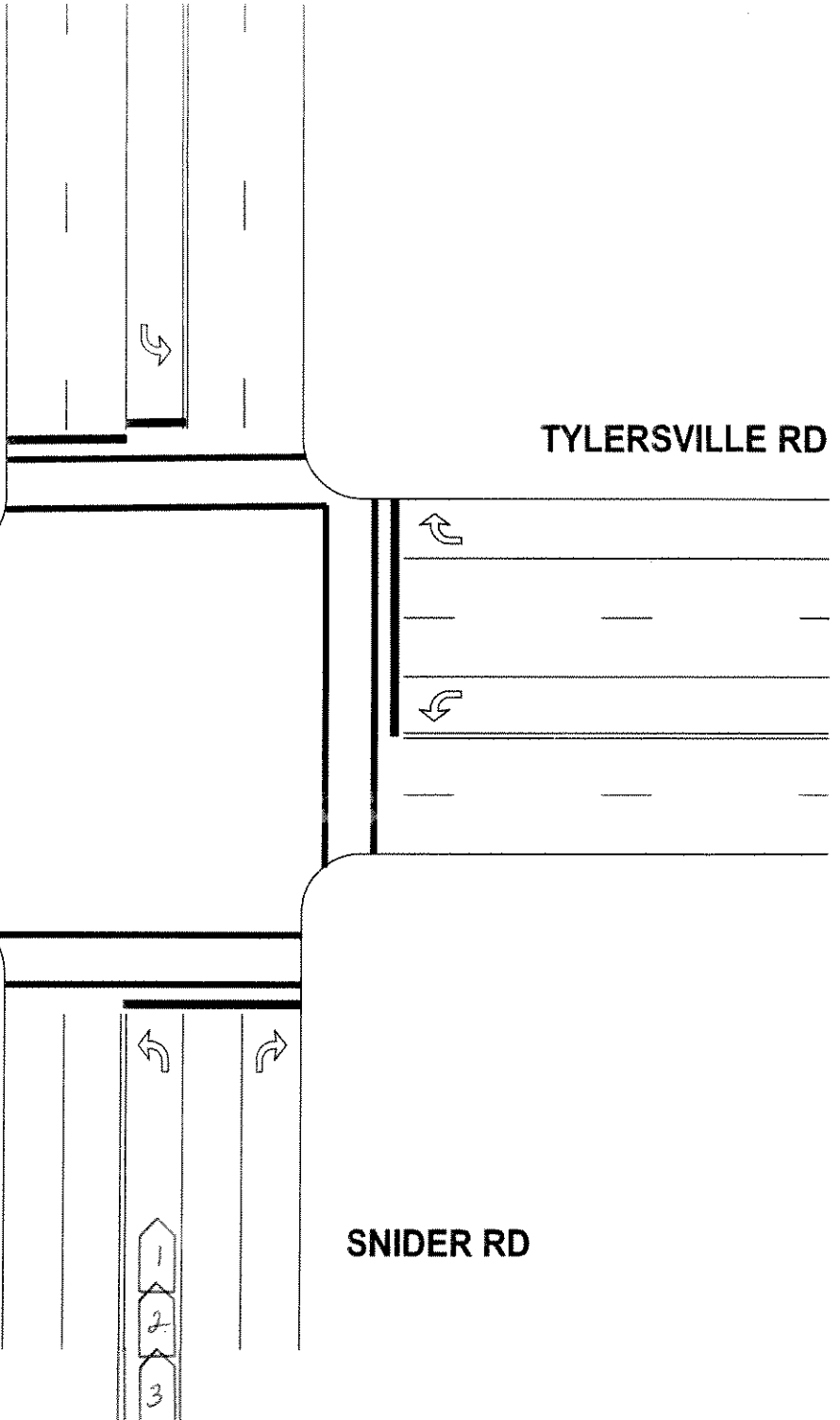
Sequence of Events 1 20 2 01 3 01 4 01 5 01 6 01 First Harmful Event 01 Most Harmful Event 01 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation 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 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
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacycle 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 15	Posted Speed 35	Traffic Control 12 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Placards 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/Dont Walk 15 - Other 16 - Not Reported	Unit Direction From 2 To 1 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER	13-35673	REPORTING AGENCY	MASON	DATE OF ACCIDENT	M 12 D 20 Y 13
IN COUNTY OF	WARREN	ACCIDENT LOCATION	SNIDER RD. AND TYLERSVILLE RD.		



NOT TO SCALE

OFFICER'S SIGNATURE

BADGE NUMBER

42



LOCAL REPORT NUMBER 13-35673	REPORTING AGENCY MASON	DATE OF CRASH M 12 D 20 Y 13
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>X Belinda Burton</u>	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED <u>HERRLINGER</u>	AT <u>X Drug Mart (Fryersville Rd)</u>
OFFICER'S NAME	LOCATION

Was at traffic light at Snyder's Crossing + Glenville and was hit from behind. The traffic light was red and I was about to drive forward when I was hit. The impact was hard causing my head to jerk forward. I was out of it for a minute. The driver behind me (who hit me) got out of the car and told me someone had hit him from behind and he hit me. ~~He~~ We then made decision to move out of traffic to drug mart and wait for arrival of police.

ADDRESS OF WITNESS <u>X Belinda Burton</u>	PHONE <u>X 229-894-1121</u>
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X <u>ABA 1042</u>



LOCAL REPORT NUMBER 13-35673	REPORTING AGENCY MASON	DATE OF CRASH M 12 D 20 Y 13
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <input checked="" type="checkbox"/> JONATHAN MAUER PRINTED HERRLINGER OFFICER'S NAME	HEREBY MAKE THIS VOLUNTARY STATEMENT TO AT <input checked="" type="checkbox"/> SWIDER + Tylesville Rd LOCATION
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Good Evening,

I was stopped in turn lane on Swider Rd, turning left onto Tylesville Rd. I ~~was~~ ^{was} sitting about 4 cars back when I was struck on back right bumper, pushed into MS Burton's 4 Runner. She had mirror damage + when asked by officer if she was ok, said she was fine. My son, Noah, 14, banged his knee on front dashboard, but appears ok. My car sustained hood damage + front headlight damage.

POLICE # 9234K 882850

ADDRESS OF WITNESS 	PHONE X 513-607-8207
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X