

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #*
2012017692

CRASH SEVERITY
3 1 FATAL 3 PDO
2 Injury 4 Unknown

PRIVATE PROPERTY

HIT / SKIP
1 1 NOT HIT / SKIP
2 SOLVED
3 UNSOLVED

PHOTOS TAKEN
Y

OH-2 OH-3 OH-1P OTHR
X

NCIC #*
08304

REPORTING AGENCY*
City of Mason - City of Mason Police Depart

UNITS
2

UNIT ERROR
02 88=ANIMAL
89=UNKNOWN

DATE OF CRASH*
08012012

TIME OF CRASH **12:03** DAY OF WEEK **Wed** CITY* **X** VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* **Mason** COUNTY #* **83** LATITUDE LONGITUDE

CRASH OCCURRED ON
PREFIX CRASH LOCATION **East Main Street** TYPE LOC **1** TYPE LOCATION POINT USED
1 NAMED STREET 3 NUMBERED ROUTE
2 NUMBERED STREET LOCAL INFORMATION

CRASH AT / REFERENCE
DIST REFERENCE DR PREFIX REFERENCE **Mason-Montgomery** REF POINT **02** REFERENCE POINT USED
01 STATE LINE 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 09 DRIVEWAY
03 COUNTY LINE 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
07 CORPORATION LIMIT REFERENCE

A UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Giallobardo, Michael**
ADDRESS (STREET, CITY, STATE, ZIP CODE)
688 Martha Drive, Franklin OH, 45005

SOCIAL SECURITY NUM DATE OF BIRTH **09051951** AGE **60** SEX **M** HOME PHONE # **(937) 746-5689** WORK PHONE # **(937) 613-0690**

DL STATE **OH** DL # **RG429645** LP STATE **OH** LP # **DK89PA** INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") **Same** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**
YEAR **1998** MAKE **TOYT** MODEL **Tacoma** COLOR **MAR** INSURANCE COMPANY **Progressive** TOWING SERVICE OWNER PHONE # **937-746-5689(H)**
937-613-0690(W)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

B UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Yenderusiak, Brandy E**
ADDRESS (STREET, CITY, STATE, ZIP CODE)
65 W Broadway Ave, Westerville OH, 43081

SOCIAL SECURITY NUM DATE OF BIRTH **06251984** AGE **28** SEX **F** HOME PHONE # **(740) 244-7413** WORK PHONE #

DL STATE **OH** DL # **SB516008** LP STATE **OH** LP # **DZ95JF** INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") **Yenderusiak, Brandy E** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**
YEAR **2009** MAKE **HYUN** MODEL **Santa Fe** COLOR **BLK** INSURANCE COMPANY **State Farm** TOWING SERVICE OWNER PHONE # **740-244-7413(H)**

OFFENSE CHARGED **333.03** OFFENSE DESCRIPTION **Maximum Speed Limits; Assured Clear Distance Ahead** CITATION # **71903** LOCAL CODE? **X**

C UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Yenderusiak, Logan J** HOME PHONE # **740-244-7413** DATE OF BIRTH **02162012** AGE **0** SEX **M**
ADDRESS (STREET, CITY, STATE, ZIP CODE) **65 W Broadway Ave, Westerville OH, 43081**
INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

D UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	04 MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY	1 A 01 NOT DEPLOYED 02 DEPLOYED - FRONT 03 DEPLOYED - SIDE 04 DEPLOYED BOTH FRONT / SIDE	4 A 01 NOT PRESENT 02 IN ON POSITION 03 IN OFF POSITION 04 UNKNOWN POSITION	1 A 01 NOT EJECTED 02 TOTALLY EJECTED 03 PARTIALLY EJECTED 04 NOT APPLIED 05 UNKNOWN	1 A 01 NOT TRAPPED 02 EXTRACTED BY MECHANICAL MEANS 03 FREED BY NON-MECHANICAL MEANS 04 UNKNOWN	1 A 01 NO INJURY 02 POSSIBLE 03 NON-INCAPACITATED 04 INCAPACITATED 05 FATAL INJURY 06 UNKNOWN
02 FRONT - MIDDLE	05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN	1 B 05 NOT APPLIED 06 UNKNOWN	4 B	1 B	1 B	1 B
03 FRONT - RIGHT	08 NON-MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 OTHER 14 UNKNOWN	1 C	4 C	1 C	1 C	1 C
04 SECOND - LEFT (MC PASS)						
05 SECOND - MIDDLE						
06 SECOND - RIGHT						
07 THIRD - LEFT (MC PASSENGER SIDE CAR)						
08 THIRD - MIDDLE						
09 THIRD - RIGHT						
10 SLEEPER SECTION OF CAB						
11 ENCLOSED CARGO AREA						
12 UNENCLOSED CARGO AREA						
13 TRAILING UNIT						
14 EXTERIOR						
15 OTHER						
16 NON-MOTORIST						
17 UNKNOWN						

Narrative

Unit #1 was stopped in traffic at a red light on E. Main St. and Mason-Montgomery. Unit #2 was behind Unit #1. Unit #1 started to move on the green light and unit #2 ran into the rear of unit #1.

MANNER OF COLLISION OR IMPACT

2

- 01 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- 02 REAR-END
- 03 HEAD-ON
- 04 REAR-TO-REAR
- 05 BACKING
- 06 ANGLE
- 07 SIDESWIBE, SAME DIRECTION
- 08 SIDESWIBE, OPPOSITE DIRECTION
- 09 UNKNOWN

SCHOOL BUS RELATED

1

- 01 NO
- 02 YES, DIRECTLY INVOLVED
- 03 YES, INDIRECTLY INVOLVED
- 04 UNKNOWN

WORK ZONE RELATED

1

- 01 NO
- 02 YES
- 03 UNKNOWN

TYPE OF WORK ZONE

1

- 01 LANE CLOSURE
- 02 LANE SHIFT/CROSSOVER
- 03 WORK ON SHOULDER OR MEDIAN
- 04 INTERMITTENT/MOVING WORK
- 05 OTHER

LOCATION OF CRASH IN WORK ZONE

1

- 01 BEFORE FIRST WORK ZONE WARNING SIGN
- 02 ADVANCE WARNING AREA
- 03 TRANSITION AREA
- 04 ACTIVITY AREA

WORKERS PRESENT

1

- 01 NO
- 02 YES
- 03 UNKNOWN

WEATHER

01

- 01 CLEAR
- 02 CLOUDY
- 03 FOG, SMOG, SMOKE
- 04 RAIN
- 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
- 06 SNOW
- 07 SEVERE CROSSWINDS
- 08 BLOWING SAND, SOIL, DIRT, SNOW
- 09 OTHER
- 10 UNKNOWN

LIGHT CONDITIONS

PRIMARY SECONDARY

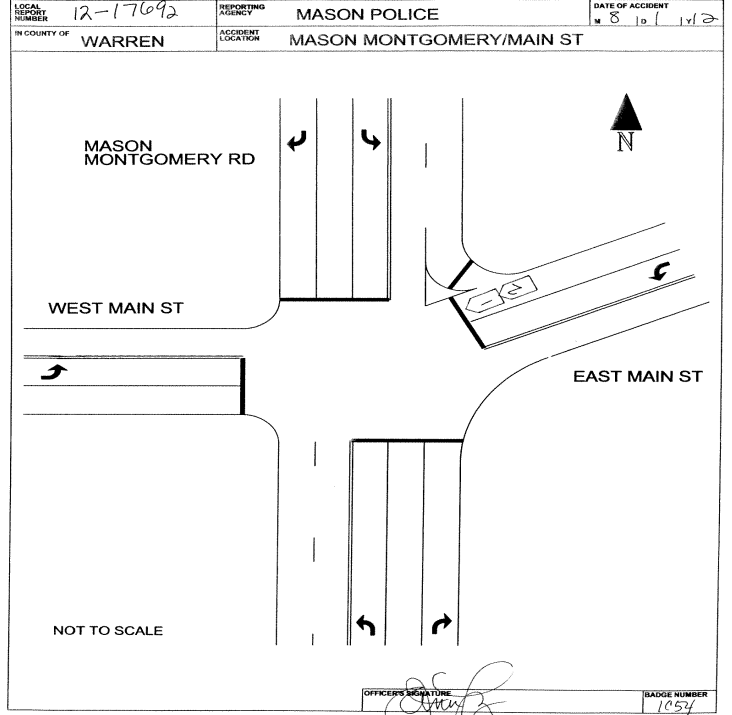
1

- 01 DAYLIGHT
- 02 DAWN
- 03 DUSK
- 04 DARK - LIGHTED ROADWAY
- 05 DARK - NOT LIGHTED
- 06 DARK - UNKNOWN LIGHTING
- 07 GLARE
- 08 OTHER
- 09 UNKNOWN

Diagram

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
 A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

**A
N
D**

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY; OR
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED
 INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit#

COMPANY (FROM SHIPPING PAPERS)

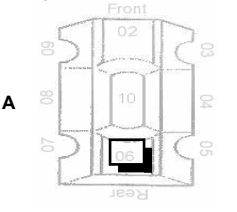
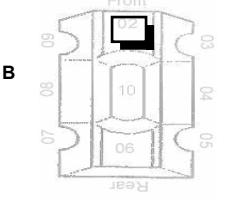
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
01 NOT APPLI CABLE	01 LESS/EQUAL 10,000	01 CLASS A	01 NO	01 NO			
02 BUS (9-15 INCLUDING DRIVER)	02 10,001-26,000	02 CLASS B	02 YES	02 YES			
03 VAN ENCLOSED BOX	03 MORE THAN 26,000	03 CLASS C	03 UNKNOWN	03 NOT APPLI CABLE			
04 GRAIN CHIPS/ GRAVEL		04 CLASS M		04 UNKNOWN			
05 POLE		05 CLASS D					
06 CARGO TAN							
07 FLATBED							
08 DUMP							
09 CONCRETE MIXER							
10 AUTO TRANSPORTER							
11 GARBAGE/REFUSE							
12 OTHER							
13 UNKNOWN							

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
08/01/2012	12:07	12:03	12:07	12:33	20.00	45.85
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Jamie L Van Wagner	1C54		08/08/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1 01 POLICE AGENCY 02 MOTORIST	1 01 SCENE 02 STATION 03 OTHER		2012000017692			

UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/> <small>A B</small>	DAMAGE AREA  A	PRE-CRASH ACTIONS <input type="text" value="01"/> <input type="text" value="01"/> <small>A B</small>	SEQUENCE OF EVENTS <table border="1"> <tr><td>20</td><td>20</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> </table>	20	20	2	2	3	3	4	4	POSTED SPEED <input type="text" value="25"/> <input type="text" value="25"/> <small>A B</small>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>
20	20												
2	2												
3	3												
4	4												
NON-MOTORIST LOCATIONS <input type="text"/> <input type="text"/> <small>A B</small>	 B	MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPING IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING / CROSSING IN INTERSECTION 16 SPECIALIZED LOCATIONS 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING/LEAVING VEHICLE 21 PLAYING / WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS / SHIFTS 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDICYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN 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 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 HIGHWAY TRAFFIC SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	TRAFFIC CONTROL <input type="text" value="12"/> <input type="text" value="12"/> <small>A B</small>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> DRUG TEST 1&2 RESULT <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> </table>	1	2	1	2				
1	2	1	2										
TYPE OF UNIT <input type="text" value="07"/> <input type="text" value="06"/> <small>A B</small>	MOST DAMAGED AREA <input type="text" value="06"/> <input type="text" value="02"/> <small>A B</small>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="01"/> <input type="text" value="08"/> <small>A B</small>		DIIRECTION FROM TO FROM TO <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="4"/> <small>A B A B</small>	DRUG TEST 1&2 RESULT <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> </table>	1	2	1	2				
1	2	1	2										
MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINI VAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 09 SINGLE UNIT TRUCK; 10 2 AXLES, 6 TIRES 11 SINGLE UNIT TRUCK; 3-AXLES 12 TRUCK/ TRAILER 13 TRUCK TRACTOR (BOBTAIL) 14 TRACTOR/ SEM - TRAILER 15 TRACTOR/ DOUBLE SHORT 16 TRACTOR/ DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/ TRAILERS 19 MOTORCYCLE 20 MOTOR ZED BICYCLE 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/ RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	POINT OF IMPACT <input type="text" value="06"/> <input type="text" value="02"/> <small>A B</small>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ AHEAD 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATIONS ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTIVE 18 FATIGUE/ ASLEEP 19 OPERATIONS ON DEFECTIVE EQUIPMENT 20 LOAD SHIFTING FALLING / SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	CONDITION <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	TYPE OF INTERSECTION <input type="text" value="01"/> <small>A</small>								
NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text" value="4"/> <input type="text" value="3"/> <small>A B</small>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> <small>A B</small>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ALCOHOL/ DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	OCCURRENCE <input type="text" value="1"/> <small>A</small>								
IN-EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <small>A B</small>	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <input type="text"/> <input type="text" value="1"/> <small>A B</small>		OF THE SEQUENCE OF EVENTS-WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ROAD CONTOUR <input type="text" value="3"/> <small>A</small>								
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="2"/> <small>A B</small>	NO UNDERRIDE OR OVERRIDE 01 NO UNDERRIDE OR OVERRIDE 02 UNDERRIDE, COMPARTMENT INTRUSION 03 UNDERRIDE, NO COMPARTMENT INTRUSION 04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	OF THE SEQUENCE OF EVENTS-WHICH ONE IS THE MOST HARMFUL EVENT (1-4) <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="01"/> <input type="text"/> <small>A B</small>								
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="2"/> <small>A B</small>			SPEED DETECTED <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <small>A B</small>	ROAD CONDITIONS 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DRY, OIL, GRAVEL 06 WATER / STANDING / MOVING 07 SLUSH 08 DEBRIS** 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN ** SECONDARY ROAD CONDITIONS ONLY								
ACCIDENT NO: 2012017692			SPEED <input type="text" value="10"/> <input type="text" value="15"/> <small>A B</small>	SUPPLEMENTS <input type="checkbox"/> *X* IF YES	LOCAL REPORT#* 201200017692								

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER	REPORTING AGENCY Mason Police Department	
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