



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	REV/SKIP
2014-2268	3 - PDD	1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION

PHOTOS TAKEN <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDD UNDER STATE REPORTABLE DOLLAR AMOUNT	REPORTING AGENCY NCIC # 83041	REPORTING AGENCY NAME * MASON POLICE	NUMBER OF UNITS 02	UNIT IN ERROR 01 98 - ANIMAL 99 - UNKNOWN
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COUNTY * 83	CITY * MASON	CITY, VILLAGE, TOWNSHIP * MASON	CRASH DATE * 01/22/2014	TIME OF CRASH 1903	DAY OF WEEK WED
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DEGREES / MINUTES / SECONDS LATITUDE 0 ' 0 " 0 "	LONGITUDE 0 ' 0 " 0 "	DECIMAL DEGREES LATITUDE 39.3737818	LONGITUDE -84.288719
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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 TRHU LANES 02	ROAD TYPES OR MILEPOST ² 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
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LOCATION ROUTE TYPE 1 WS 42	LOCATION ROUTE NUMBER 42	LOC PREFIX <input type="checkbox"/> N,S <input type="checkbox"/> E,W	LOCATION ROAD NAME	LOCATION ROAD TYPE 2	ROUTE TYPES ¹ 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 <input type="checkbox"/> E,W	REFERENCE ROUTE TYPE 1 SR 741	REFERENCE ROUTE NUMBER 741	REF PREFIX <input type="checkbox"/> N,S <input type="checkbox"/> E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE 7
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 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	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	INTERSECTION RELATED <input checked="" type="checkbox"/>	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIUM 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 02	SECONDARY	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 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 2	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 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY 4	SECONDARY	1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER 9 - UNKNOWN	* SECONDARY CONDITION ONLY	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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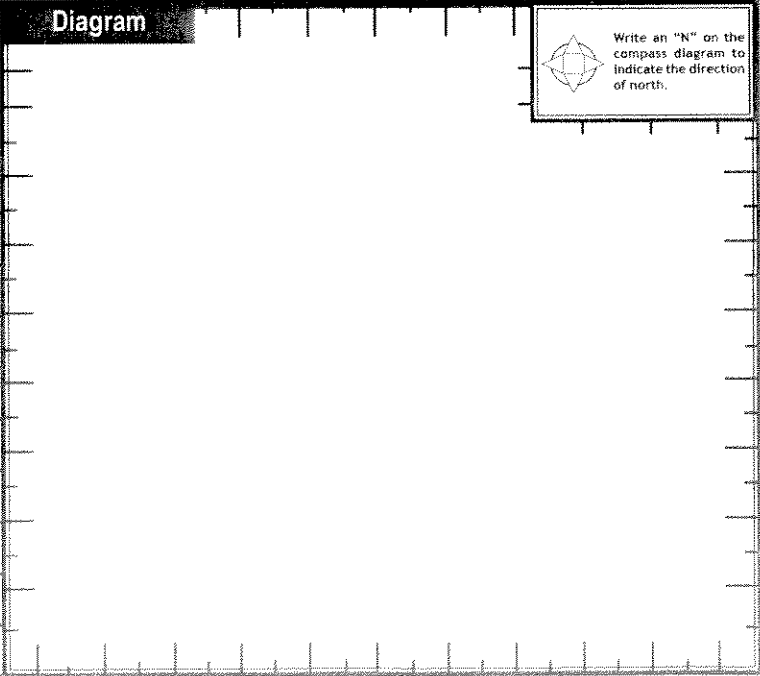
WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIUM 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA# 5 - TERMINATION AREA
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NARRATIVE

UNIT #02 WAS TRAVELLING NORTHEAST ON S US 42 AT S SR 741.

UNIT #01 WAS TRAVELLING SOUTHWEST ON S US 42, FAILED TO YIELD THE RIGHT OF WAY TO UNIT #02, TURNED LEFT ONTO SR 741, STRUCK UNIT #02, AND LEFT THE SCENE.

AFTER IMPACT WITH UNIT #01, UNIT #02 WENT OFF THE ROADWAY, STRUCK A LIGHT POLE BASE, AND CAME TO REST IN A CULVERT.



REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MANAGER	SUPPLEMENT (HOWEVER THE AGENCY IS TO FURNISH REPORT SET IN 2005)	DATE CRASH REPORTED 01/22/2014	TIME CRASH REPORTED 1903	DATE OF THIS REPORT 01/24/14	APPROVAL TIME 1907	TIME REPORTED 2102	DATE REVISIONS MADE 1/10/14	DATE MAILED 2/18
OFFICER'S NAME * ERIC ATGERALS	OFFICER'S BADGE NUMBER 1077	CHECKED BY 1041	PAGE 1 OF 4					



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
20114-22681

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE MORRISON PAMELA J	DATE OF BIRTH 12/05/1962	AGE 51	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 406 KINGS MILLS RD MASON OH 45040	CONTACT PHONE- INCLUDE AREA CODE 513-376-7759
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INJURIES 1	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET []	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER R4263254	OL CLASS 4	No VALID OL []	M/C END. []	CONDITION 6	ALCOHOL/DRUG SUSPECTED 2	ALCOHOL TEST STATUS 2	ALCOHOL TEST TYPE 4	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (LOCAL CODE) 331.17	OFFENSE DESCRIPTION RIGHT OF WAY TURNING LEFT	CITATION NUMBER 75386	HANDS-FREE DEVICE USED []	DRIVER DISTRACTED BY 1
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UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE PIERCE GARRETT	DATE OF BIRTH 08/18/1989	AGE 24	GENDER M - MALE F - FEMALE
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ADDRESS, CITY, STATE, ZIP 489 GLOBETOWN DR APT C LEBANON OH 45036	CONTACT PHONE- INCLUDE AREA CODE 812-375-4783
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INJURIES 1	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET []	SEATING POSITION 01	AIR BAG USAGE 3	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER 0290573148	OL CLASS 4	No VALID OL []	M/C END. []	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE 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 CAB) 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 IS "D") 5 - M/C/MDPP ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELT ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES	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	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES	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

Local Report Number
2014-2268

Unit Number 1011	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number - inc. area code (☑ Same As Driver)	Damage Scale 3	Damaged Area
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Owner Address: City, State, Zip (☑ Same As Driver)

LP State OH	License Plate Number EDW 5565	Vehicle Identification Number 15MPAE1U416E19161H1142904	# Occupants 1011
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Vehicle Year 2014	Vehicle Make HYUNDAI	Vehicle Model SONATA	Vehicle Color WHITE
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Proof of Insurance Shown <input type="checkbox"/>	Insurance Company PROGRESSIVE	Policy Number 375217020	Towed By Local 276
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Carrier Name, Address, City, State, Zip
Carrier Phone- include area code

US DOT 1	Vehicle Weight GVWR/GCWR 1	Cargo Body Type 01	Trafficway Description 1
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HM Placard ID No.	HM Class Number	Hazardous Material Released <input type="checkbox"/>	Unit Type 03	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)
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Special Function 01	01 - None	09 - Ambulance	17 - Farm Vehicle	Most Damaged Area 09	01 - None	08 - Left Side	99 - Unknown	Action 3	1 - Non-Contact
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Pre-Crash Actions 06	Motorist	07 - Making U-Turn	13 - Negotiating a Curve	Non-Motorist	15 - Entering or Crossing Specified Location	21 - Other Non-Motorist Action
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Contributing Circumstances 02	Motorist	11 - Improper Backing	22 - None	Vehicle Defects 01	01 - Turn Signals
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Sequence of Events 1 20 2 01 3 01 4 01 5 01 6 01	Non-Collision Events	01 - Overturn/Rollover	06 - Equipment Failure	10 - Cross Median
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Collision with Person, Vehicle or Object Not Fixed	Collision With Fixed Object	33 - Median Cable Barrier	41 - Other Reg. Pole	48 - Tree
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Best Spec'd 151	Next Best Spec'd 154	Traffic Control 04	Other Spec'd 5	Other 2
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Unit

Local Report Number

20114-2268

Unit Number 02	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number - inc. area code (☑ Same As Driver)	Damage Scale 4	Damaged Area
Owner Address: City, State, Zip (☑ Same As Driver)				
LP State OH	License Plate Number FUH6947	Vehicle Identification Number WVWWM1D638JX1E097858	# Occupants 1	
Vehicle Year 1999	Vehicle Make VOLKSWAGEN	Vehicle Model PASSAT	Vehicle Color GREEN	
Proof of Insurance Shown ☑	Insurance Company GEICO	Policy Number 4298777576	Filed By	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than Or Equal To 10,001 Lbs. 2 - 10,001 to 26,000 Lbs. 3 - Above 26,000 Lbs.	Cargo Only Type 01 - No Cargo (e.g., Van, Truck) 02 - Van 03 - Box/Trailer (e.g., Box Truck) 04 - Flat Bed 05 - Tank (e.g., Fuel Tanker) 06 - Concrete Mixer 07 - Other (e.g., Cement Mixer) 08 - Auto Transporter 09 - Garbage/Refuse 10 - Other/Unknown	Trafficway Description 1 - Two Way, Not Divided 2 - Two Way, Not Divided, Continuous Left Turn Lane 3 - Two Way, Divided, Unprotected (e.g., Median Strip) 4 - Two Way, Divided, Protected (e.g., Median) 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 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/Shoulder 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 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 03 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 (Boat) 17 - Tractor/Semi-Trailer 18 - Tractor/Tractor 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 Rider, Wagon, Cart, etc. 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
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Special Function 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 08 Impact Area 08	Action 5 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01 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 - Stalling 21 - Other Non-Motorist Action
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Contributing Circumstances Primary 01 Secondary 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 11 - Improper Backing 12 - Failure to Yield 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/Tipping/Spilling 21 - Other Improper Action	Non-Motorist 22 - None 23 - Improper Crossing 24 - Dangling 25 - Lying and/or Illegality 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 08 3 39 4 42 5 6 First Harmful Event 1 Most Harmful Event 1	Non-Collision Events 01 - Overtake/Reform 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loose 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 - Opposite Roadway 13 - Other Non-Collision
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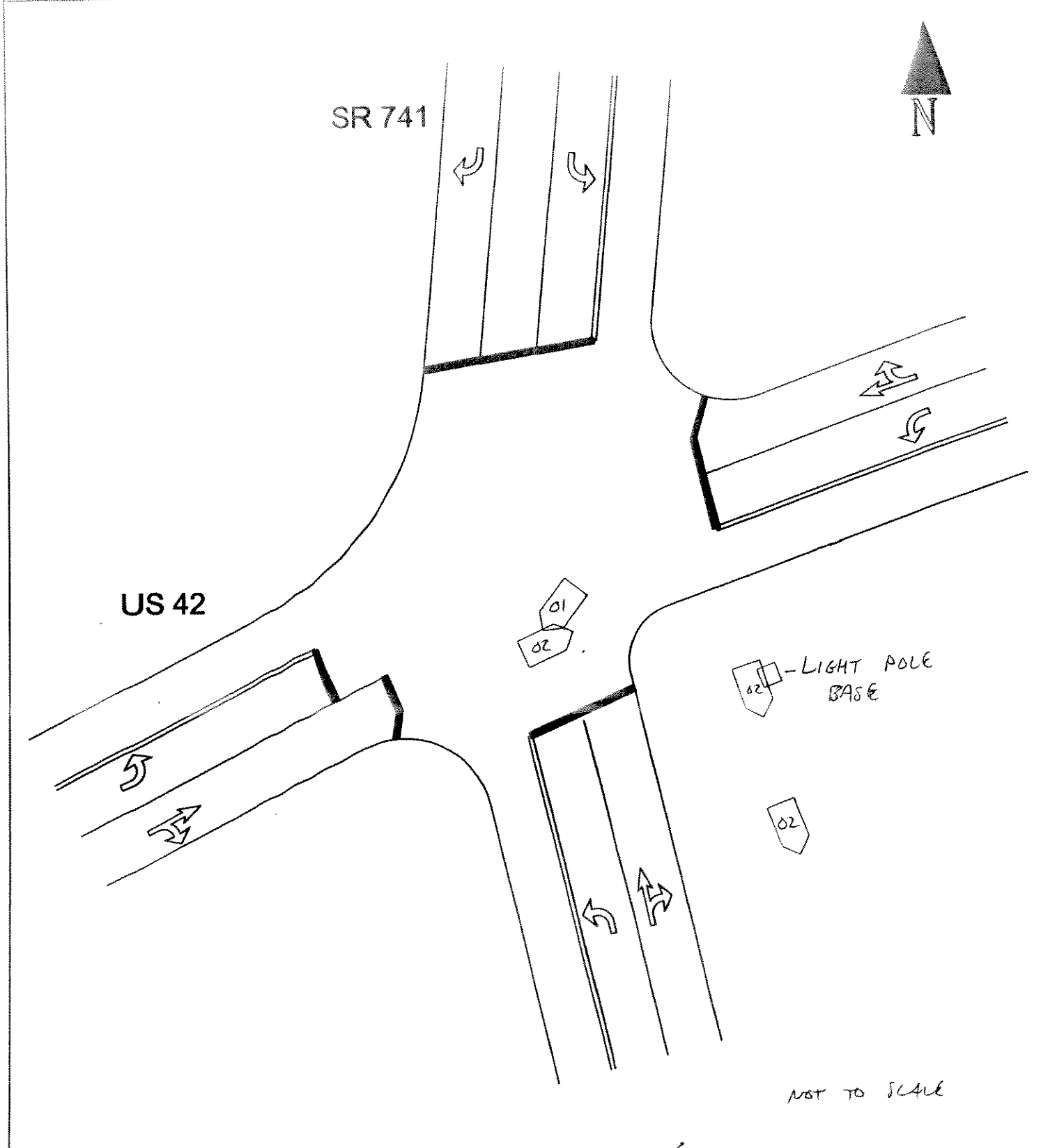
Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedestrian 16 - Railway Vehicle 17 - Animal - Farm 18 - Animal - Other 19 - Animal - Other 20 - Other (Explain in Narrative) 21 - Pedestrian - Vehicle 22 - Wild Animal - Motorist 23 - Struck by Falling Object (e.g., Tree Limb, Sign, etc.) 24 - Other (Explain in Narrative)	Collision with Fixed Object 25 - Impact - Automobile/Truck/Trailer 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Support 29 - Other Road 30 - Structure - ETC 31 - Structure - ETC 32 - Structure - ETC 33 - Median Cable Barrier 34 - Median Barrier or Ramp 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Retaining Wall 38 - Overhead Sign Post 39 - Overhead Sign Post 40 - Overhead Sign Support 41 - Other Post, Pole or Support 42 - Cable 43 - Other 44 - Other 45 - Other 46 - Other 47 - Other 48 - Other 49 - Other 50 - Other 51 - Other 52 - Other 53 - Other 54 - Other 55 - Other 56 - Other 57 - Other 58 - Other 59 - Other 60 - Other 61 - Other 62 - Other 63 - Other 64 - Other 65 - Other 66 - Other 67 - Other 68 - Other 69 - Other 70 - Other 71 - Other 72 - Other 73 - Other 74 - Other 75 - Other 76 - Other 77 - Other 78 - Other 79 - Other 80 - Other 81 - Other 82 - Other 83 - Other 84 - Other 85 - Other 86 - Other 87 - Other 88 - Other 89 - Other 90 - Other 91 - Other 92 - Other 93 - Other 94 - Other 95 - Other 96 - Other 97 - Other 98 - Other 99 - Other
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Unit Designation 551	Driver License 1510	Traffic Control 64	Unit Designation 85
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 14-2268	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 01 D 22 Y 14
IN COUNTY OF WARREN	ACCIDENT LOCATION US 42 @ SR 741	



NOT TO SCALE

OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NUMBER 1437
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LOCAL REPORT NUMBER 14-2268	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 D 22 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Robert F. Foy HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT 42 and 741
OFFICER'S NAME LOCATION

I was going North on 42 when someone made a left and crashed into my drivers side. Person did not stop and took off. I spun off into the ditch. The light was green, I was going 95 mph and wearing seat belt.

ADDRESS OF WITNESS 489 Georgetown Dr Apt C Lebanon OH 45036	PHONE 812 375 4783
SIGNATURE OF WITNESS X <u>[Signature]</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>