



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

1201141-1240011111

CRASH SEVERITY

3
1 - FATAL
2 - INJURY
3 - PDO

HIT/SKIP

1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

<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 # P083041	REPORTING AGENCY NAME MASON POLICE	NUMBER OF UNITS 012	UNIT IN ERROR 01	98 - ANIMAL 99 - UNKNOWN
---	---	---	------------------------------------	---------------------------------------	------------------------	---------------------	-----------------------------

COUNTY * 03	<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * MASON	CRASH DATE * 01/24/2014	TIME OF CRASH 1018ZS	DAY OF WEEK FRI
----------------	---	------------------------------------	----------------------------	-------------------------	--------------------

DEGREES / MINUTES / SECONDS LATITUDE 0 / / "	LONGITUDE 0 / / "	DECIMAL DEGREES LATITUDE 39.328627	LONGITUDE 784.312958
--	----------------------	--	-------------------------

ROADWAY DIVISION <input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	NUMBER OF THRU LANES 012	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 PI - PIKE SQ - SQUARE TL - TRAIL
---	--	-----------------------------	--

LOCATION ROUTE NUMBER 000000	LOC PREFIX N, S, E, W	LOCATION ROAD NAME CEDAR VILLAGE	LOCATION ROAD TYPE # 02	ROUTE TYPES # IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
---------------------------------	--------------------------	-------------------------------------	----------------------------	---

DISTANCE FROM REFERENCE <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	DIR FROM REF N, S, E, W	REFERENCE ROUTE TYPE # 000000	REFERENCE ROUTE NUMBER 000000	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) MASON SPRINGS	REFERENCE ROAD TYPE # 02
--	----------------------------	----------------------------------	----------------------------------	--------------------------	---	-----------------------------

REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 03	01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOOTH	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	<input type="checkbox"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
---	----------------------	--	---	--	---	--

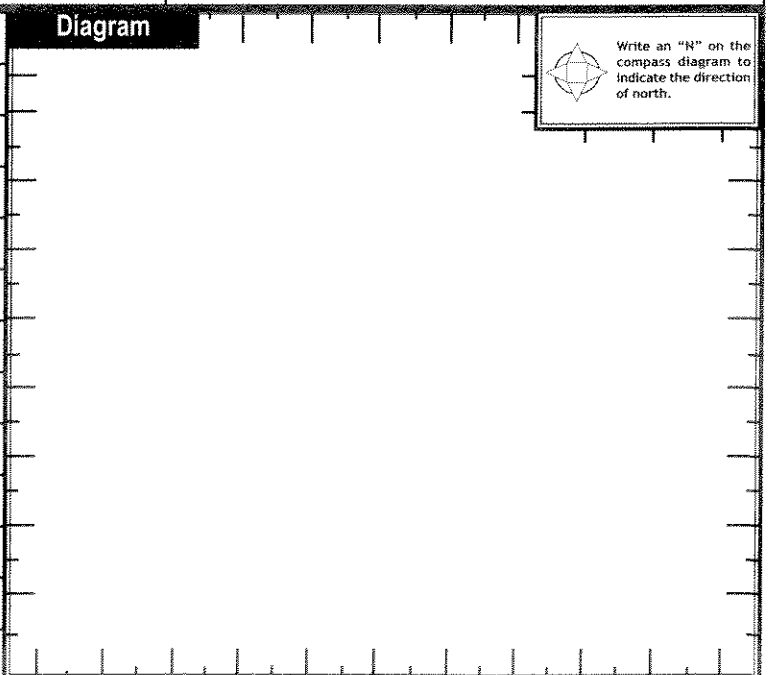
ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY SECONDARY	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN	* SECONDARY CONDITION ONLY
---	---	---	----------------------------

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 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
---	---

ROAD SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY 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	<input type="checkbox"/> SCHOOL BUS RELATED Yes, School Bus Directly Involved Yes, School Bus Indirectly Involved
--	--	--	---

<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 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 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
---	---	---

NARRATIVE
WHILE TRAVELING EAST ON CEDAR VILLAGE DRIVE, UNIT #2 WAS STRUCK BY UNIT #1 IN THE LEFT REAR. UNIT #1 WAS PULLING ONTO CEDAR VILLAGE, FROM MASON SPRINGS, AND FAILED TO YIELD RIGHT OF WAY TO UNIT #2. MINOR DAMAGE TO BOTH VEHICLES RESULTED.



REPORT TAKEN BY <input type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DDPSS)	DATE CRASH REPORTED 01/24/2014	TIME CRASH REPORTED 1018ZS	DISPATCH TIME 1018ZS	ARRIVAL TIME 101838	TIME CLEARED 101900	OTHER INVESTIGATION TIME 1125	TOTAL MINUTES 1147
OFFICER'S NAME PT Edwards	OFFICER'S BADGE NUMBER 1047	CHECKED BY Sgt John K. Cullen	PAGE	OF				



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

20114-2140101

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER 014	NAME: LAST, FIRST, MIDDLE OVERBERG, JENNIFER J	DATE OF BIRTH 10/22/1967	AGE 46	GENDER F - FEMALE M - MALE
--------------------	---	-----------------------------	-----------	----------------------------------

ADDRESS, CITY, STATE, ZIP 7923 GOLDEN MEADOW DR. MASON, OH 45040	CONTACT PHONE- INCLUDE AREA CODE 513 702 8847
---	--

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
--------------------------------------	--	------------	-----------------------------------	-----------------------------	---	------------------------	---	--------------------------------------	-------------------------------------

OL STATE OH	OPERATOR LICENSE NUMBER RJ251493	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
----------------	-------------------------------------	---------------	---	--------------------------------------	---------------------------------------	--	---	---	--------------------	--	--

OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 333.03	OFFENSE DESCRIPTION ACDA	CITATION NUMBER 75426	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
--	-----------------------------	--------------------------	--	--

UNIT NUMBER 014	NAME: LAST, FIRST, MIDDLE KRATKO, MELISSA K.	DATE OF BIRTH 10/23/1986	AGE 27	GENDER F - FEMALE M - MALE
--------------------	---	-----------------------------	-----------	----------------------------------

ADDRESS, CITY, STATE, ZIP 5622 E FOUNTAIN CIRCLE MASON, OHIO 45040	CONTACT PHONE- INCLUDE AREA CODE 614 580 7147
---	--

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 09	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
--------------------------------------	--	------------	-----------------------------------	-----------------------------	---	------------------------	---	--------------------------------------	-------------------------------------

OL STATE OH	OPERATOR LICENSE NUMBER TQ073942	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
----------------	-------------------------------------	---------------	---	--------------------------------------	---------------------------------------	--	---	---	--------------------	--	--

OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
---	---------------------	-----------------	--	--

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	09 - UNKNOWN SAFETY EQUIPMENT 05 - CHILD RESTRAINT SYSTEM- FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
--	---	--	---	--	---

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, Truck or 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
--	---	---	--

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 16 "16") 5 - MOTORCYCLE ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTER, FANGLIED 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
---	--	--	---	---

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
---	--	--	---	---

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
--------------------------------------	--	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
-------------	---------------------------	---------------	-----	----------------------------------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
--------------------------------------	--	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------



Unit

Local Report Number
20117-124011

Unit Number 01	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
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver)			1 - None	09
LP State OH	License Plate Number EWV2952	Vehicle Identification Number 1Y1T3Z1E11A09U010191G3E	2 - Minor	08
Vehicle Year 2009	Vehicle Make TOYOTA	Vehicle Model VENZA	3 - Functional	07
Vehicle Color BROWN	Insurance Company SAGECO	Policy Number K2443801	4 - Disability	06
Proof of Insurance Shows	Towed By	Carrier Name, Address, City, State, Zip	5 - Unknown	05
Carrier Phone- include area code				

US DOT	Vehicle Weight GVWR/GWR 1 - Less Than or Equal to 10k lbs. 2 - 10,001 to 26,000 lbs. 3 - More than 26,000 lbs.	Cargo Body Type 01	Trafficway Description 1
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	01 - No Cargo Body Type (See Appendix)	1 - Two Way, Not Divided
HM Class Number		02 - Box/Van (9' 10" High, for Drivers)	2 - Two Way, Not Divided, Continuous Left Turn Lane
		03 - Box (16' - 20', for Drivers)	3 - Two Way, Divided, Unprotected/Protected (Center or Median)
		04 - Medium (Weight) Aerial Vehicle	4 - Two Way, Divided, Protected Median Barrier
		05 - Light	5 - One Way Trafficway
		06 - Intermediate Container (Driver)	
		07 - Cargo Van (Passenger Box)	<input type="checkbox"/> Hit / Skip Unit
		08 - Semi, Cargo, Gravel	
		09 - Flat	
		10 - Cargo Tank	
		11 - Flat Box	
		12 - Dump	
		13 - Concrete Mixer	
		14 - Auto Transporter	
		15 - Garbage/Refuse	
		16 - Other/Unknown	

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 06	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Truck (9 or More Including Driver)
01 - Intersection - Marked Crosswalk	1 - Personal	01 - Sub Compact	13 - Single Unit Truck or Van (7 or More axles)	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)
03 - Intersection - Other	3 - Government	03 - Mid Size	15 - Single Unit Truck / Trailer	23 - Animal with Rider
04 - Midblock - Marked Crosswalk	<input type="checkbox"/> In Emergency Response	04 - Full Size	16 - Truck/Tractor (Boatlift)	24 - Animal with Buggy, Wagon, Surrey
05 - Travel Lane - Other Location		05 - Minivan	17 - Tractor/Semi-trailer	25 - Bicycle/Pedalcyclist
06 - Bicycle Lane		06 - Sport Utility Vehicle	18 - Tractor/Double	26 - Pedestrian/Skater
07 - Shoulder/Roadside		07 - Pickup	19 - Tractor/Triples	27 - Other Non-Motorist
08 - Sidewalk		08 - Van	20 - Other Med/Heavy Vehicle	
09 - Median/Crossing Island		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 03	01 - None	08 - Left Side	99 - Unknown	Action 3
02 - Taxi	02 - Taxi	10 - Fire	18 - Farm Equipment	02 - Center Front	02 - Center Front	09 - Left Front		1 - Non-Contact
03 - Rental Truck (over 10k lbs)	03 - Rental Truck (over 10k lbs)	11 - Highway/Maintenance	19 - Motorcycle	03 - Right Front	03 - Right Front	10 - Top and Windows		2 - Non-Collision
04 - Bus - School (Public or Private)	04 - Bus - School (Public or Private)	12 - Military	20 - Golf Cart	04 - Right Side	04 - Right Side	11 - Undercarriage		3 - Striking
05 - Bus - Transit	05 - Bus - Transit	13 - Police	21 - Train	05 - Right Rear	05 - Right Rear	12 - Load/Trailer		4 - Struck
06 - Bus - Charter	06 - Bus - Charter	14 - Public Utility	22 - Other (Explain in Narrative)	06 - Rear Center	06 - Rear Center	13 - Total/Cat Area		5 - Striking/Struck
07 - Bus - Shuttle	07 - Bus - Shuttle	15 - Other Government		07 - Left Rear	07 - Left Rear	14 - Other		9 - Unknown
08 - Bus - Other	08 - Bus - Other	16 - Construction Equip.						

Pre-Crash Actions 11	Motorist	Non-Motorist
01 - Straight Ahead	01 - Straight Ahead	15 - Entering or Crossing Specified Location
02 - Backing	07 - Making U-Turn	16 - Walking, Running, Jogging, Playing, Cycling
03 - Changing Lanes	08 - Entering Traffic Lane	17 - Working
04 - Overtaking/Passing	09 - Leaving Traffic Lane	18 - Pushing Vehicle
05 - Making Right Turn	10 - Parked	19 - Approaching or Leaving Vehicle
06 - Making Left Turn	11 - Stopping or Stopped in Traffic	20 - Standing
	12 - Driveways	
	13 - Negotiating a Curve	
	14 - Other Motorist Action	
	99 - Unknown	21 - Other Non-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
05 - Exceeded Speed Limit	06 - Tire Blowout
06 - Unsafe Speed	07 - Worn or Slack Tires
07 - Improper Turn	08 - Trailer Equipment Defective
08 - Left of Center	09 - Motor Trouble
09 - Followed Too Closely/ACDA	10 - Disabled From Prior Accident
10 - Improper Lane Change /Passing/Off Road	11 - Other Defects
Secondary	
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/tying/Falling/Spilling	
21 - Other Improper Action	

Sequence of Events	Non-Collision Events
1 20 2 3 4 5 6	01 - Overturn/Rollover
First Harmful Event 1	02 - Fire/Explosion
Most Harmful Event 1	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	Collision With Fixed Object
14 - Pedestrian	25 - Impact Attenuator/Crash Cushion
15 - Pedalcyclist	26 - Bridge Overhead Structure
16 - Railway Vehicle (Train, Engine)	27 - Bridge Pier or Abutment
17 - Animal - Farm	28 - Bridge Parapet
18 - Animal - Deer	29 - Bridge Pad
19 - Animal - Other	30 - Guardrail Face
20 - Motor Vehicle in Transport	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/Luminaires Support
	40 - Utility Pole
	41 - Other Post, Pole or Support
	42 - Culvert
	43 - Curb
	44 - Ditch
	45 - Embankment
	46 - Fence
	47 - Manhole
	48 - Tree
	49 - Fire Hydrant
	50 - Work Zone Maintenance Equipment
	51 - Wall, Building, Tunnel
	52 - Other Fixed Object

Unit Speed 105	Posted Speed 35	Traffic Control 12	Unit Direction From 4 To 3
<input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated		01 - No Control	1 - North
		02 - Stop Sign	2 - South
		03 - Yield Sign	3 - East
		04 - Traffic Signal	4 - West
		05 - Traffic Signaler	5 - Northeast
		06 - Speed Zone	6 - Southeast
		07 - Railroad Crossings	7 - Unknown
		08 - Railroad Platford	
		09 - Railroad Gates	
		10 - Construction Barricade	
		11 - Person (Flagger, Officer)	
		12 - Roadwork Markings	
		13 - Crosswalk Lines	
		14 - Walk/Don't Walk	
		15 - Other	
		16 - Not Reported	



Unit

Local Report Number
1201141-1240101

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
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)	LP State OH	License Plate Number FWP8307	Vehicle Identification Number 11FMC1U0G1S10UC184781Z1011	# Occupants 01
Vehicle Year 1201B1	Vehicle Make FORD	Vehicle Model ESCAPE	Vehicle Color BLACK	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company STATE FARM	Policy Number 7344099 025-35B	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 01	Trafficway Description 1
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 16 - Other/Unknown	1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Flashed Yellow or Red) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Class Number	<input type="checkbox"/> In Emergency Response	99 - Unknown or Hit / Skip	<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01	Type of Use 1	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 Xaxle, 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 Doggy, Wagon, Sundry 25 - Bicycle/Pedaryclist 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 07	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 Area 14 - Other	Action 4	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
-------------------------------	---	---	---	--------------------------------	--	---	--------------------	--

Pre-Crash Actions 01	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	Vehicle Defects
Primary 01 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	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

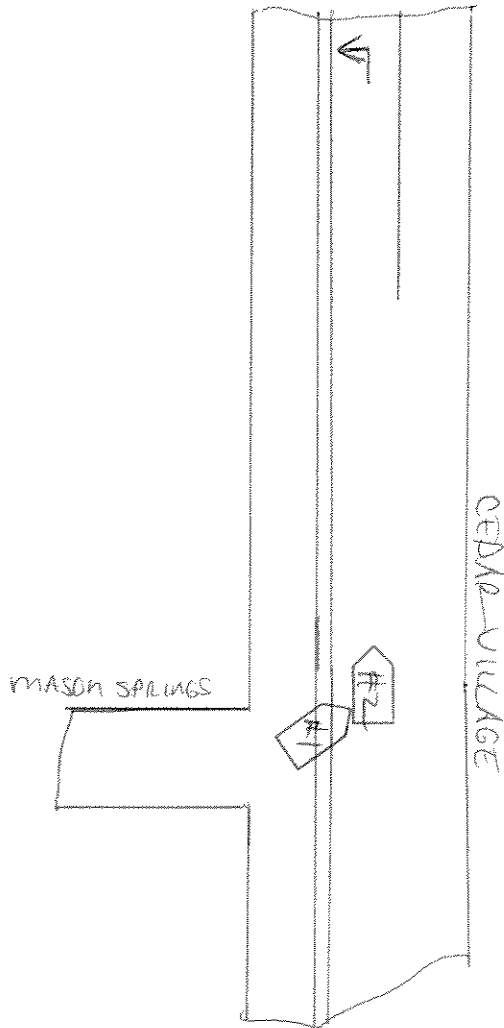
Sequence of Events	Non-Collision Events	Collision With Fixed Object
1 20 2 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blow Tire, Brake 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	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 135	Posted Speed 35	Traffic Control 12	Unit Direction From 4 To 3
<input type="checkbox"/> Stated <input type="checkbox"/> Estimated		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 Cross 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown



LOCAL REPORT NUMBER 14-2400	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 1 D 24 Y 14
IN COUNTY OF WARREN	CRASH LOCATION CEDAR VILLAGE / MASON SPRINGS	

NOT TO SCALE



OFFICER'S SIGNATURE X P.H. Edwards	BADGE NUMBER 1047
---------------------------------------	----------------------



LOCAL REPORT NUMBER 14-2400	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 1 D 24 Y 14
--------------------------------	---	--------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>Jennifer Overberg</u> PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>Ptl. Dan Edwards</u> OFFICER'S NAME	AT <u>Mason Springs & Cedar Village Rd</u> LOCATION

DESCRIBE WHAT HAPPENED: left
I stopped to turn on to Cedar village. Didn't see any traffic & pulled out. Bumped back left (side) rear of Ford escape. heading East. Didn't have on sunglasses & was turning into morning sun which is why I didn't see her.

Q. What was your speed at the time of the crash?	A. 5?
Q. What was your direction of travel?	A. East
Q. Were you wearing a seatbelt?	A. yes
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 <u>7923 Golden Meadow Dr Mason, OH 45040</u>	PHONE <u>513-702-847</u>
SIGNATURE OF WITNESS <u>Jennifer Overberg</u>	OFFICER'S SIGNATURE <u>Ptl. Edwards</u>



LOCAL REPORT NUMBER 14-2400	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 1 / D 24 / Y 14
--------------------------------	---	------------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

Melissa Kratko HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Ptl. Dan Edwards AT Cedar Village / Mason Springs
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED:

I was driving down Cedar Village toward Mason Montgomery when she pulled out in front of me, hitting the rear drivers side bumper.

Q. What was your speed at the time of the crash? A. 35mph

Q. What was your direction of travel? A. E on Cedar Village

Q. Were you wearing a seatbelt? A. Yes

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 5622 E. Fountain Circle Mason, OH 45040 PHONE 614-580-7147

Melissa Kratko SIGNATURE OF WITNESS Ptl. Edwards OFFICER'S SIGNATURE