



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
2014-13396	2 - Injury	1 - Solved
	1 - Fatal	2 - Unsolved
	3 - PDO	

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input checked="" type="checkbox"/> Photos Taken	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	03304	MASON POLICE	01	01
<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> Private Property				98 - Animal
<input type="checkbox"/> OH-3					99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83	<input checked="" type="checkbox"/> City	CITY OF MASON	04282014	1938	MON
	<input type="checkbox"/> Village				
	<input type="checkbox"/> Township				

Degrees / Minutes / Seconds	Longitude	OR	Decimal Degrees	Longitude
Latitude	39° 20' 52.27"		Latitude	-84° 20' 52.86"

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost 2
<input type="checkbox"/> Divided	<input type="checkbox"/> N - Northbound E - Eastbound	02	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way
<input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> S - Southbound W - Westbound		AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace
			BL - Boulevard DR - Drive LA - Lane PT - 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 3
			BUTLER-WARREN	R0	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
75	N				BAYMEADOWS	DR

Reference Point Used	Crash Location	Location of First Harmful Event
1 - Intersection	01 - Not an intersection	1 - On Roadway
2 - Mile Post	02 - Four-way Intersection	2 - On Shoulder
3 - House Number	03 - T-Intersection	3 - In Median
	04 - Y-Intersection	4 - On Roadside
	05 - Traffic Circle/Roundabout	5 - On Gore
	06 - Five-point, or more	6 - Outside Trafficway
	07 - On Ramp	9 - Unknown
	08 - Off Ramp	
	09 - Crossover	
	10 - Driveway/Alley Access	
		<input type="checkbox"/> Intersection Related

Road Contour	Road Conditions	Weather
1 - Straight Level	Primary	01 - Dry
2 - Straight Grade	Secondary	02 - Wet
3 - Curve Level		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

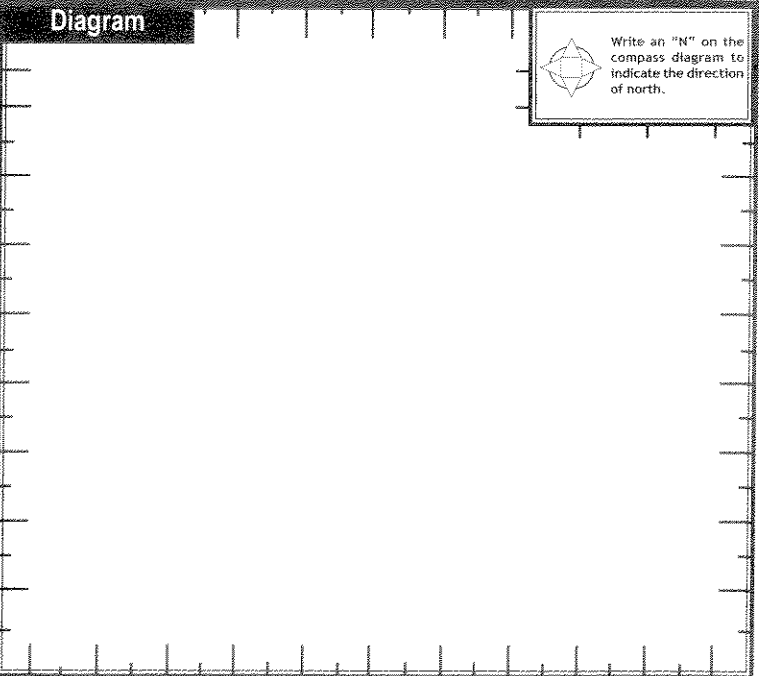
Manner of Crash Collision/Impact	Weather
1 - Not Collision Between Two Motor Vehicles In Transport	4
2 - Rear-End	1 - Clear
3 - Head-On	2 - Cloudy
4 - Rear-to-Rear	3 - Fog, Smog, Smoke
5 - Backing	4 - Rain
6 - Angle	5 - Sleet, Hail
7 - Sideswipe, Same Direction	6 - Snow
8 - Sideswipe, Opposite Direction	7 - Severe Crosswinds
9 - Unknown	8 - Blowing Sand, Soil, Dirt, Snow
	9 - Other/Unknown

Road Surface	Light Conditions	School Bus Related
1 - Concrete	1 - Primary	<input type="checkbox"/> School Bus Related
2 - Blacktop, Bituminous, Asphalt	2 - Daylight	<input type="checkbox"/> Yes, School Bus Directly Involved
3 - Brick/Block	3 - Dawn	<input type="checkbox"/> Yes, School Bus Indirectly Involved
4 - Slag, Gravel, Stone	4 - Dark - Lighted Roadway	
5 - Dirt	5 - Dark - Roadway Not Lighted	
6 - Other	6 - Dark - Unknown Roadway Lighting	
	7 - Dusk*	
	8 - Other	
	9 - Unknown	

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)	1 - Lane Closure	1 - Before the First Work Zone Warning Sign
	<input type="checkbox"/> Law Enforcement Present (Vehicle Only)	2 - Lane Shift/Crossover	2 - Advance Warning Area
		3 - Work on Shoulder or Median	3 - Transition Area
		4 - Intermittent or Moving Work	4 - Activity Area
		5 - Other	5 - Termination Area

Narrative

UNIT #1 WAS (NB) ON BUTLER-WARREN ROAD IN THE 6300 BLOCK. UNIT #1 FAILED TO CONTROL AND WENT OFF THE ROAD TO THE RIGHT AND STRUCK A TREE.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to DOPS)	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"/>	04282014	1939	1940	1943	2141	30	91
Officer's Name *	Officer's Badge Number	Checked By		Page 1 of 3				
HEERLINGER	42	ASK						



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
1261141-133916

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE WAGONER, MATHEW K.	DATE OF BIRTH 10.14.1994	AGE 19	GENDER M
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ADDRESS, CITY, STATE, ZIP 1100 SNIDER ROAD #6 MASON OHIO 45040	CONTACT PHONE - INCLUDE AREA CODE (513) 346-9471
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INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY MASON 52	MEDICAL FACILITY INJURED TAKEN TO WEST CHESTER	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 2
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OL STATE OH	OPERATOR LICENSE NUMBER TY 508480	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (LOCAL CODE) 331.34	OFFENSE DESCRIPTION FAILURE TO CONTROL	CITATION NUMBER 75625	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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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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OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
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OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	NON-MOTORIST
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SEATING POSITION	AIR BAG USAGE
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EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
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ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
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UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE MOELLER, ROBERT	DATE OF BIRTH 11.20.1993	AGE 20	GENDER M
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ADDRESS, CITY, STATE, ZIP 6003 PARKSIDE LN. MASON OHIO 45040	CONTACT PHONE - INCLUDE AREA CODE 513 390-6302
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INJURIES H	INJURED TAKEN BY 2	EMS AGENCY DEERFIELD 56	MEDICAL FACILITY INJURED TAKEN TO WEST CHESTER	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 2	EJECTION 1	TRAPPED 2
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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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

2011-11-13 13:16

Unit Number <b>011</b>	Owner Name: Last, First, Middle ( <input type="checkbox"/> Same As Driver ) <b>WAGONER, JERRY</b>	Owner Phone Number - inc. area code ( <input type="checkbox"/> Same As Driver ) <b>(513) 229-7415</b>	Damage Scale <b>4</b>	
Owner Address: City, State, Zip ( <input type="checkbox"/> Same As Driver ) <b>4121 SPYGLASS Hill MASON OHIO 45040</b>			1 - None	
LP State <b>OH</b>	License Plate Number <b>GCH 9165</b>	Vehicle Identification Number <b>1F63WXS2H6YF151083</b>	2 - Minor	
Vehicle Year <b>2010</b>	Vehicle Make <b>OLDSMOBILE</b>	Vehicle Model <b>AURORA</b>	3 - Functional	
<input type="checkbox"/> Proof of Insurance Shown	Insurance Company <b>GRANGE</b>	Policy Number <b>PA105912</b>	4 - Disabling	9 - Unknown
Towed By <b>BARRET'S</b>				
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 - No Cargo Body Specific 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 1 - Two Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected/Paralel or Grade-411 Method 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit		
HM Class Number	<input type="checkbox"/> Has HM Placard			

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/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 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type <b>03</b> 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 (Bootala) 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) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
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Special Function <b>01</b> 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 - Motorhouse 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area <b>02</b> 01 - Nose 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/Hail Areas 14 - Other	Action <b>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>01</b> 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown	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 <b>17</b> Primary 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign Secondary 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 99 - Unknown	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 <b>01</b> 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 <b>08</b> 2 <b>218</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> First Harmful Event <b>2</b> Most Harmful Event <b>2</b> 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	06 - Equipment Failure (blow tire, brake failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left	10 - Cross Median 11 - Cross Center Line Opposite Direction of Travel! 12 - Downhill Runaway 13 - Other Non-Collision
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Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedalcycle 16 - Railway Vehicle (Train, Engine) 17 - Animal - Farm 18 - Animal - Deer 19 - Animal - Other 20 - Motor Vehicle in Transport	21 - Parked Motor Vehicle 22 - Work Zone Maintenance Equipment 23 - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle 24 - Other Movable Object	Collision With Fixed Object 25 - Impact Attenuator/Crash Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Face 31 - Guardrail End 32 - Portable Barrier	33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light/Luminaries Support 40 - Utility Pole	41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Mailbox	48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
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Unit Speed <b>40</b> <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed <b>35</b>	Traffic Control <b>01</b> 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - Stop Sign	07 - Railroad Crossings 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 <b>2</b> To <b>5</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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LOCAL REPORT NUMBER	REPORTING AGENCY MASON	DATE OF CRASH M 4 12 8 14
IN COUNTY OF WARREN	CRASH LOCATION 6300 BUTLER-WARREN	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p style="text-align: center;">↑ N</p> <p>A = LEFT FRONT TIRE 53.3 TO POLE B = LEFT REAR TIRE 57.9 TO POLE</p> </div> <div style="width: 50%; border: 1px solid black; padding: 5px;"> <p style="text-align: center;">O POLE 2 W S S E</p>  <p style="text-align: center;">DRIVEWAY OF 6300 BUTLER-WARREN</p> </div> </div>		
OFFICER'S SIGNATURE X <i>ASA</i>		BADGE NUMBER 42



LOCAL REPORT NUMBER	REPORTING AGENCY	DATE OF CRASH M   D   Y
IN COUNTY OF	CRASH LOCATION	