



Traffic Crash Report

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| Local Report Number * | Crash Severity | Hit/Skip |
| 2014-110924 | 3 1 - Fatal 2 - Injury 3 - PDO | <input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved |

Local Information: **ROUNDABOUT**

| | | | | | | |
|--|---|---|-------------------------|-------------------------|-----------------|-----------------------------------|
| <input type="checkbox"/> Photos Taken | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | <input type="checkbox"/> Private Property | Reporting Agency NCIC * | Reporting Agency Name * | Number of Units | Unit in error |
| <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other | | | P03041 | MASON POLICE | 024 | 01 98 - Animal 99 - Unknown |

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|----------|---|---------------------------|---------------|---------------|-------------|
| County * | City * | City, Village, Township * | Crash Date * | Time of Crash | Day of Week |
| 03 | <input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township * | MASON | 10/4/13 20:14 | 10:10S | THU |

| | | | |
|--------------------------------------|-----------|--------------------------|--------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude |
| 0 / 0 / 0 | 0 / 0 / 0 | 39.1316189 | -74.13119295 |

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| 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 E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound | 01 | 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 | Location Road Name | Location Route Type | Route Types * |
| 01 | MASON | RD | 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 | Dir From Ref | Reference Route Number | Ref Prefix | Reference Name (Road, Milepost, House #) | Reference Road Type * |
| AT | <input type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards | 01 | <input type="checkbox"/> N,S <input type="checkbox"/> E,W | HICKORY WOODS DRIVE | DR |

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| Reference Point Used | Crash Location | Location of First Harmful Event |
| 1 - Intersection 2 - Mile Post 3 - House Number | 05 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 | <input checked="" type="checkbox"/> Intersection Related 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown |

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| Road Contour | Road Conditions | Weather |
| 3 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown | 02 Primary Secondary | 4 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 |

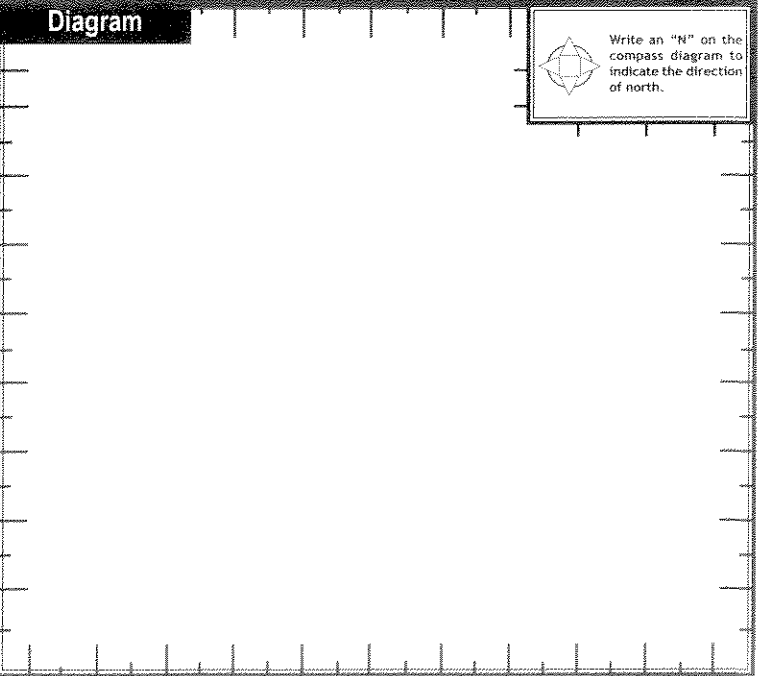
| | |
|--|---|
| Manner of Crash Collision/Impact | Weather |
| 6 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown | 4 1 - Clear 2 - Cloudy 3 - Fog, Smog, 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 | Light Conditions | School Bus Related |
| 2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other | 2 Primary Secondary | <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 | Type of Work Zone | Location of Crash in Work Zone |
| <input type="checkbox"/> Workers Present <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 #1 WAS HEADED EAST INTO THE ROUNDABOUT ON MASON ROAD AT HICKORY WOODS DR. WHEN UNIT #1 FAILED TO YIELD THE RIGHT OF WAY TO UNIT #2 WHICH WAS IN THE ROUNDABOUT. UNIT #1 STRUCK UNIT #2 IN THE RIGHT SIDE, CAUSING DAMAGE TO BOTH CARS.

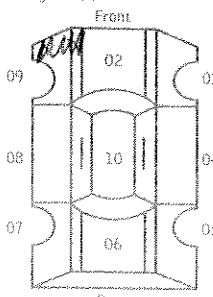


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|---------------------|------------------------|----------------|--------------|--------------|--------------------------|---------------|
| Date Crash Reported | Time Crash Reported | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| 10/4/13 20:14 | 10:10S | 10:10AS | 10:17/15 | 10:25/01 | 11/15 | 1169 |
| Officer's Name * | Officer's Badge Number | Checked By | Page of | | | |
| PH. D. EDWARDS | 1047 | 47 [Signature] | | | | |

Unit

Local Report Number

2014-10924

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| Unit Number 011 | Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) ANCHAK, SHARON | Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver) | Damage Scale 2 | Damaged Area  |
| LP State OH | License Plate Number EJB 4019 | Vehicle Identification Number 12G4YG1R51E1X1B911734051 | # Occupants 1011 | |
| Vehicle Year 2011 | Vehicle Make BUICK | Vehicle Model REGAL | Vehicle Color SILVER | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company USAA | Policy Number 028753982G | Towed By | |
| Carrier Name, Address, City, State, Zip | | | Carrier Phone-include area code | |

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| 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 01 - 94 Cargo Body Type (No Application) 02 - 8'x16'4" 15' Semi-Trailer (No Driver) 03 - Box-16 - 24' 1/2, Inc. Driver 04 - Vehicle Towing Another Vehicle 05 - Trailer 06 - International Container/Container 07 - Cargo Van/Box/Truck Box 08 - Semi, Cargo, Driver | Trafficway Description S 1 - Two Way, Not Divided 2 - Two Way, Not Divided, Continuous Left Turn Lane 3 - Two Way, Divided, Unprotected (No Median or 4'11" Median) 4 - Two-Way, Divided, Protected Median (Barrier) 5 - One-Way Trafficway |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released | | <input type="checkbox"/> HH / Skip Unit |

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| 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 - Stated-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 03 99 - Unknown or HH / Skip 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 Trailer, 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/Trigals 20 - Other Med/Heavy Vehicle | Bus/Van/Limo (3 or More Including Driver) 21 - Bus/Van 19-15 Seats, Inc. Driver 22 - Bus-16 - Seats, Inc. Driver Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedalcyclist 26 - Pedestrian/Stroller 27 - Other Non-Motorist |
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| 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 (Specify in Remarks) | Most Damaged Area 09 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 - Undersurface 12 - Load/Trailer 13 - Total(Air Area) 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 08 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 99 - Unknown | Motorist 01 - Making U-Turn 02 - Entering Traffic Lane 03 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Drivertless | Non-Motorist 13 - Negotiating a Curve 14 - Other Motorist Action 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 02 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 | 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 1 Most Harmful Event 1 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 - Pedalcyclist 16 - Railway Vehicle (Tram/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 110 | Posted Speed 35 | Traffic Control 12 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - Barricade 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Barricade Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported | Unit Direction From 4 To 7 1 - North 2 - South 3 - East 4 - West 5 - Northwest 6 - Northeast 7 - Southeast 8 - Southwest 9 - Unknown |
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Unit

Local Report Number

120114-110424

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|---|---|--|-------------------------------------|--|-----------------------------------|------------------|
| Unit Number 013 | Owner Name: Last, First, Middle WE LU | <input type="checkbox"/> Same As Driver | Owner Phone Number - inc. area code | <input checked="" type="checkbox"/> Same As Driver | Damage Scale 3 | Damaged Area |
| Owner Address: City, State, Zip <input type="checkbox"/> Same As Driver | | | | | 1 - None | |
| LP State OH | License Plate Number FFU5010 | Vehicle Identification Number VH6C1P121F4101BA1012151231 | # Occupants 013 | | 2 - Minor | |
| Vehicle Year 2011 | Vehicle Make HONDA | Vehicle Model ACCORD | Vehicle Color GRAY | | 3 - Functional | |
| <input checked="" type="checkbox"/> Proof of Insurance Shown | Insurance Company IDS PROPERTY | Policy Number AX01722415 | Towed By | | 4 - Disabling | |
| Carrier Name, Address, City, State, Zip | | | | | 9 - Unknown | |
| | | | | | Carrier Phone - include area code | |

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| US DOT | Vehicle Weight GVWR/GWR 1 | Cargo Body Type 01 | Trafficway Description S |
| HM Placard ID No. | <input type="checkbox"/> Hazardous Material Released | | <input type="checkbox"/> Hit / Skip Unit |
| HM Class Number | | | |

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| Non-Motorist Location Prior to Impact 01 | Type of Use 1 | Unit Type 03 | Passenger Vehicles (less than 9 passengers) | Med/Heavy Trucks or Combo Units > 10k lbs | Bus/Van/Limo (8 or More including Driver) |
| 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 | 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response | 99 - Unknown or Hit / Skip | 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 | 13 - Single Unit Truck or Van Axles, 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 | 21 - Bus/Van (7-15 Seats, Inc Driver) 22 - Bus (16+ seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Sissy, Wagon, Sundry 25 - Bicycle/Pedalcyclist 26 - Pedestrian/Stroller 27 - Other Non-Motorist |
| | | | <input type="checkbox"/> Has HM Placard | | |

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|-------------------------------|---|---|--|--------------------------------|--|--|--------------|--------------------|--|
| Special Function 01 | 01 - None 02 - Taxi 03 - Rental Truck (over 10k lbs) 04 - Bus - School (Driver 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 - Motorcycle 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative) | Most Damaged Area 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 | 99 - Unknown | Action 4 | 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown |
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| Pre-Crash Actions 13 | 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 |
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| Contributing Circumstances | Vehicle Defects |
| Primary 01 | 01 |
| Motorist 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign | 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 |
| Secondary 01 | |
| 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 | |
| 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 | |

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| Sequence of Events | Non-Collision Events | Collision with Person, Vehicle or Object Not Fixed | Collision With Fixed Object |
| 1 20 2 01 3 01 4 01 5 01 6 01 | 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift | 14 - Pedestrian 15 - Pedalcyclist 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 |
| First Harmful Event 1 | Most Harmful Event 1 | | |
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| Unit Speed 10 | Posted Speed 35 | Traffic Control 12 | Unit Direction From 1 To 2 |
| <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated | | 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Planners 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashes 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 |



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

20114F110424

| | | | | |
|--------------------|---|-----------------------------|-----------|---|
| UNIT NUMBER 011 | NAME: LAST, FIRST, MIDDLE GARDNER, WILLIAM W | DATE OF BIRTH 01/26/1962 | AGE 51 | GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE |
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| ADDRESS, CITY, STATE, ZIP 5140 FIELDHURST CT. MASON, OHIO 45040 | CONTACT PHONE - INCLUDE AREA CODE 513 703-4531 |
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| INJURIES 1 | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
|---------------|------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|

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|----------------|-------------------------------------|---------------|---|--------------------------------------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|
| OL STATE OH | OPERATOR LICENSE NUMBER RN142012 | OL CLASS V | No VALID OL <input type="checkbox"/> | M/C END. <input type="checkbox"/> | CONDITION 1 | ALCOHOL/DRUG SUSPECTED 1 | ALCOHOL TEST STATUS 6 | ALCOHOL TEST TYPE 1 | ALCOHOL TEST VALUE | DRUG TEST STATUS 1 | DRUG TEST TYPE 1 |
|----------------|-------------------------------------|---------------|---|--------------------------------------|----------------|-----------------------------|--------------------------|------------------------|--------------------|-----------------------|---------------------|

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| OFFENSE CHARGED (Local Code) 331.16 | OFFENSE DESCRIPTION RIGHT OF WAY/INTERSECTION | CITATION NUMBER 75790 | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY 1 |
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|--------------------|---------------------------------------|-----------------------------|-----------|---|
| UNIT NUMBER 012 | NAME: LAST, FIRST, MIDDLE Yu, CHAO | DATE OF BIRTH 11/04/1965 | AGE 48 | GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE |
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| ADDRESS, CITY, STATE, ZIP 3552 HECENDALE CT. MASON, OHIO 45040 | CONTACT PHONE - INCLUDE AREA CODE 513 237-2940 |
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| INJURIES 1 | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
|---------------|------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|

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| OL STATE OH | OPERATOR LICENSE NUMBER RT231917 | 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) | OFFENSE DESCRIPTION | CITATION NUMBER | HANDS-FREE DEVICE USED <input type="checkbox"/> | 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 Cap) 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'S "D") 5 - MC/MOPED ONLY | CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL 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, PAGER, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION |
|--|---|---|--|--|

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|--------------------|--|-----------------------------|-----------|---|
| UNIT NUMBER 012 | NAME: LAST, FIRST, MIDDLE Yu, KEVIN | DATE OF BIRTH 07/18/1991 | AGE 14 | GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE |
|--------------------|--|-----------------------------|-----------|---|

| | |
|---|---|
| ADDRESS, CITY, STATE, ZIP 3552 HECENDALE CT. MASON, OHIO 45040 | CONTACT PHONE - INCLUDE AREA CODE 513 237-2940 |
|---|---|

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|---------------|------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|
| INJURIES 1 | INJURED TAKEN BY | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 | DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION 04 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
|---------------|------------------|------------|-----------------------------------|-----------------------------|---|------------------------|--------------------|---------------|--------------|

| | | | | |
|-------------|---------------------------|---------------|-----|--|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE |
|-------------|---------------------------|---------------|-----|--|

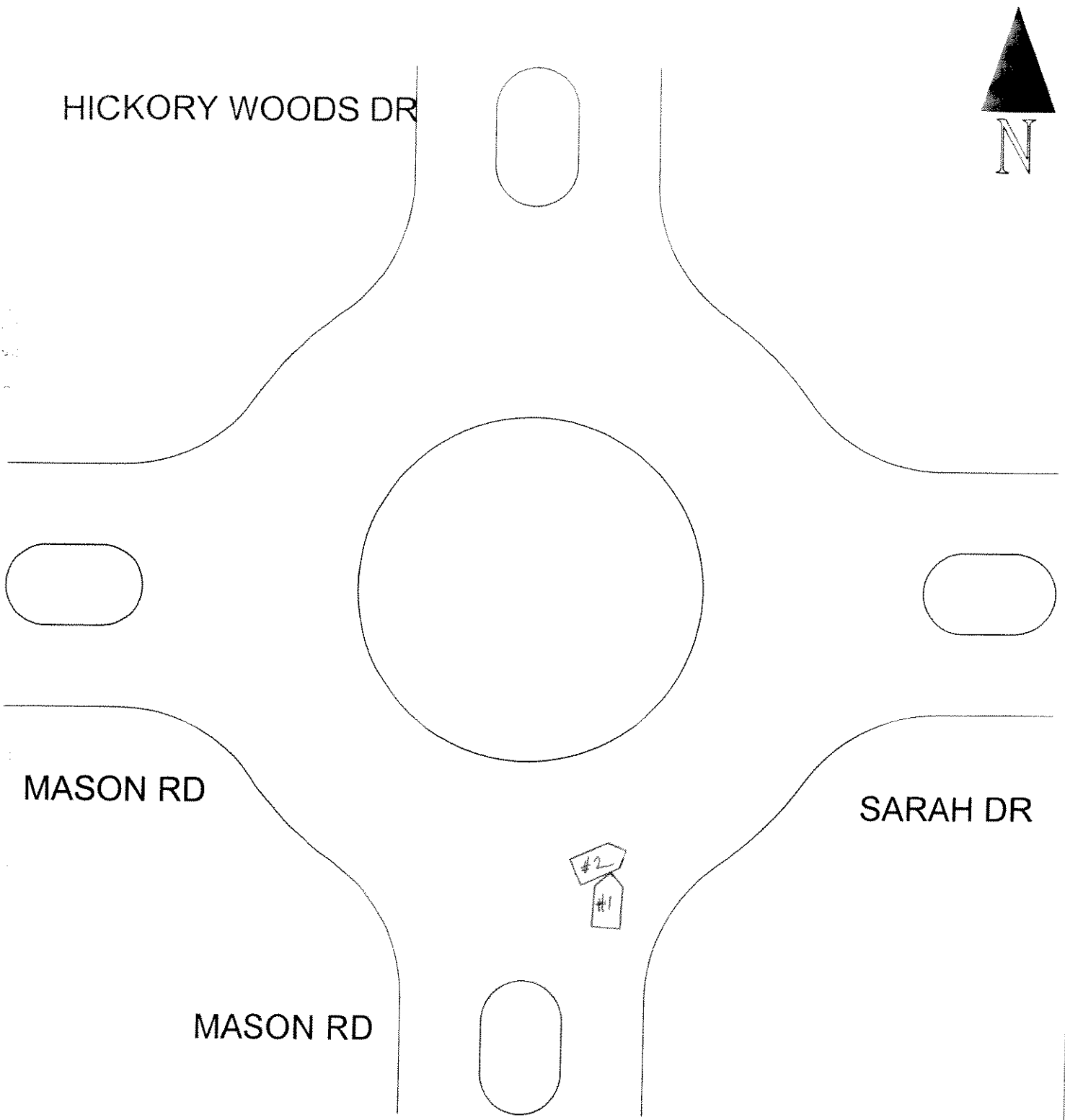
| | |
|---------------------------|-----------------------------------|
| ADDRESS, CITY, STATE, ZIP | CONTACT PHONE - INCLUDE AREA CODE |
|---------------------------|-----------------------------------|

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

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

| | | |
|---------------------------------|--|-------------------------------|
| LOCAL REPORT NUMBER 14-10424 | REPORTING AGENCY MASON POLICE | DATE OF ACCIDENT 4 10 3 14 |
| IN COUNTY OF WARREN | ACCIDENT LOCATION MASON RD/SARAH DR/HICKORY WOODS D | |



Not to scale

| | |
|--|----------------------|
| OFFICER'S SIGNATURE <i>R.H. Edwards</i> | BADGE NUMBER 1047 |
|--|----------------------|



| | | |
|--|---|--|
| LOCAL REPORT NUMBER <u>14-10424</u> | REPORTING AGENCY Mason Police Department | DATE OF CRASH M <u>4</u> D <u>3</u> Y <u>14</u> |
|--|---|--|

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

WILLIAM GARDNER HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Ptl. Dan Edwards AT _____
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED: A school bus went around the circle and I started into the circle not seeing anything after the bus; the next thing I heard was a thug.

Q. What was your speed at the time of the crash? A. 5-10 mph

Q. What was your direction of travel? A. into loop

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

5240 FIELDHURST CT.
ADDRESS OF WITNESS
Mason, OH 45040

513-703-4531
PHONE

SIGNATURE OF WITNESS
 OFFICER'S SIGNATURE

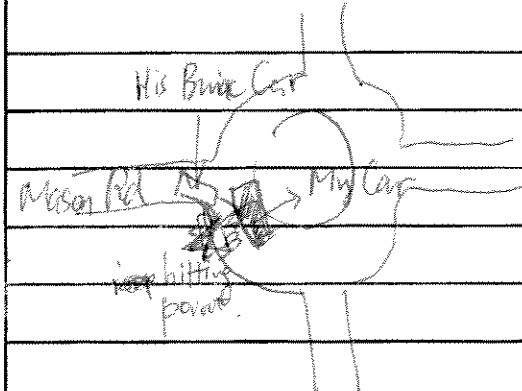


| | | |
|---------------------------------|---|---------------------------|
| LOCAL REPORT NUMBER 14-10424 | REPORTING AGENCY Mason Police Department | DATE OF CRASH M 4/3/14 |
|---------------------------------|---|---------------------------|

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

I, Chao Yu HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
 Pt. Dan Edwards AT _____
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED: On the morning @ time ~7:10AM on April 3, 2014
I was driving along the round curve lane along mason curvey or circle
road near MECC (close to mason primary school). I was suddenly hit by a
buick car at my right side, damage my car, honda accord's
two side doors, as in the following diagram. At the accident, My son
Kevin Yu was on the sitting at back seat
with seatbelt on. His D.O.B. 7/18/1999.



- Q. What was your speed at the time of the crash? A. ~10 mi/hr
- Q. What was your direction of travel? A. toward south
- 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

3552 Helendale Ct. Mason, OH 45040
 ADDRESS OF WITNESS PHONE
513-237-2940

SIGNATURE OF WITNESS [Signature] OFFICER'S SIGNATURE [Signature]