



Traffic Crash Report

Local Report Number *	Crash Severity	HIT/Skip
2014-10742	3 1 - Fatal 2 - Injury 3 - PDO	0 1 - Solved 2 - Unsolved

<input checked="" type="checkbox"/> Photos Taken	<input type="checkbox"/> PDD Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	Reporting Agency NCID *	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			08304	Mason Police Dept.	02	01 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83	City of Mason	City of Mason	04062014	1145	MON

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
39° 20' 13.94"	-84° 19' 42.45"	39.337206	-84.329848

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input checked="" type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound <input type="checkbox"/> E - Eastbound <input type="checkbox"/> S - Southbound <input type="checkbox"/> W - Westbound	02	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 Type ¹	Location Route Number	Loc. Prefix N, S, E, W	Location Road Name	Location Road Type ²	Route Types ¹
			Western Row	RD	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
					Snider	RD

Reference Point Used	Crash Location	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	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	1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions Primary	Road Conditions Secondary	Weather
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 01 - Dry 02 - Wet 03 - Snow 04 - Ice		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

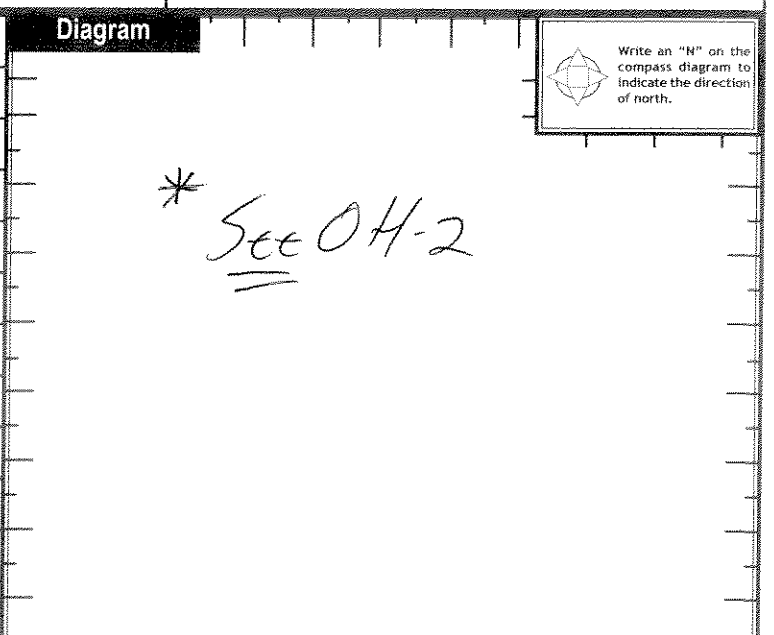
Manner of Crash Collision/Impact	Weather
1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet,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

Road Surface	Light Conditions	School Bus Related
1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	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 Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

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)	1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative

Unit #2 was east bound on Snider Rd. approaching the intersection of Western Row Rd. Unit #2 proceeded thru the intersection on the green light Unit #1, northbound on Snider Rd. approaching the intersection of Western Row Rd., failed to yield for red light and struck Unit #2 in the intersection. No injuries were reported.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input type="checkbox"/> Police Agency <input type="checkbox"/> Motorist		04062014	1145	1146	1152	1223	30	67
Officer's Name *	Officer's Badge Number	Checked By	Page / of 4					
P.O. Burdick	1245	5541						



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
2014-10742

MOTORIST/Non-MOTORIST

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE Schuller, Barbara S.	DATE OF BIRTH 01/18/1947	AGE 67	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 5851 Deerfield Village Dr. Mason, OH 45040	CONTACT PHONE - INCLUDE AREA CODE 513-204-5808
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE OH	OPERATOR LICENSE NUMBER RQ289865	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	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"/>
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OFFENSE CHARGED (LOCAL CODE) 313.03	OFFENSE DESCRIPTION Red Light Violation	CITATION NUMBER 75905	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 6
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MOTORIST/Non-MOTORIST

UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE Frisby, Sarah Elizabeth	DATE OF BIRTH 11/03/1985	AGE 28	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 965 Spruce Glen Morrow, OH 45152	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE OH	OPERATOR LICENSE NUMBER SK019910	OL CLASS 4	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	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"/>
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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 09 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST: 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (KNEES, ELBOS) 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 (DRIVER "D") 5 - M/C/OPER 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 - HBO NOT INVAIRED 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 DEVICES (Navigation Device, Radio, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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OCCUPANT

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE Schuller, William E	DATE OF BIRTH 08/03/1947	AGE 66	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 5851 Deerfield Village Dr. Mason, OH 45040	CONTACT PHONE - INCLUDE AREA CODE 513-204-5808
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 03	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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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
2014-10742

Unit Number 011	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) Schaller, William E.	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> 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 FIM 1020	Vehicle Identification Number 3GYFJMG6Y1B5674490102	# Occupants 02
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Vehicle Year 2011	Vehicle Make Cadillac	Vehicle Model SRX	Vehicle Color gold
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Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company Property + Casualty of HTFD	Policy Number 55PHK35775-249000	Towed By
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Carrier Name, Address, City, State, Zip
Carrier Phone- include area code

US DOT	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 06	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 08	01 - None	08 - Left Side	99 - Unknown	Action 3	1 - Non-Contact
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Pre-Crash Actions 01	Motorist	01 - Straight Ahead	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	Primary	Motorist	01 - None	11 - Improper Backing	Non-Motorist	22 - None	Vehicle Defects
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Sequence of Events	1 20	2	3	4	5	6	Non-Collision Events
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Collision with Person, Vehicle or Object Not Fixed	14 - Pedestrian	21 - Parked Motor Vehicle	26 - Bridge Overhead Structure	33 - Median Cable Barrier	41 - Other Post, Pole or Support	48 - Tree
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Unit Speed 35	Posted Speed 35	Traffic Control 04	01 - No Control	07 - Railroad Crossings	13 - Crosswalk Lines	Unit Direction From 2 To 1
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Unit

Local Report Number

2011-10742

Unit Number 0121	Owner Name: Last, First, Middle (Same As Driver)	Owner Phone Number - inc. area code (Same As Driver)	Damage Scale 3	Damaged Area
Owner Address: City, State, Zip (Same As Driver)			1 - None	09
LP State OH	License Plate Number FHP 5233	Vehicle Identification Number 11GAEP34N36W235565	2 - Minor	08
Vehicle Year 2006	Vehicle Make Ford	Vehicle Model Focus	3 - Functional	10
Vehicle Color Gold	Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company Motorist Mutual Ins.	4 - Disabling	07
Policy Number 034-06-828736-00A	Towed By	Carrier Name, Address, City, State, Zip	9 - Unknown	06
Carrier Phone- include area code			Rear	

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 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 - International 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	Trafficway Description <input checked="" type="checkbox"/> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected Passer or Cross (RFL) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway <input type="checkbox"/> Hit / Skip Unit
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released			

Non-Motorist Location Prior to Impact <input type="checkbox"/>	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 Axle, 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 Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Strater 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 05	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	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 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
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Contributing Circumstances	Primary 01	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 /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	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 <input type="checkbox"/>	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 02 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 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
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Collision with Person, Vehicle or Object Not Fixed	14 - Pedestrian 15 - Pedacyclic 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 - Manhole	48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
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Unit Speed 120	Posted Speed 35	Traffic Control 04 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 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 4 To 3 1 - North 2 - South 3 - East 4 - West	5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 14-10742	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 04 10 06 14
IN COUNTY OF WARREN	ACCIDENT LOCATION WESTERN ROW RD @ SNIDER RD	

Snider Rd



Western Row Rd



Not to scale

*Vehicles moved prior to arrival on scene

OFFICER'S SIGNATURE <i>P.O. [Signature]</i>	BADGE NUMBER 1245
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CITY OF **MASON** OHIO

more than you imagine.

POLICE DEPARTMENT

Incident # 14-10742

Statement of:

Name: Barbara Schuller	Address: 5851 Deersfield Village Dr Mason Oh 45040	
Telephone: 513 204 5808	SSN: [REDACTED]	Date of Birth: 01-18-47

I was driving north on Snider road approaching the light at cross road Western Row. My husband was adjusting the Rentnd I glanced down for a secondnd the light must have changednd I was hit by the car coming down Western Row on the passenger side door.

My signature below confirms that this statement is truthful and was given voluntarily.

Signature Barbara S. Schuller	Date/Time Signed 4/6/14 12:05 PM	Page# of
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CITY OF **MASON** OHIO

more than you imagine.

POLICE DEPARTMENT

Incident # 14-10742

Statement of:

Name: <u>Sarah (Reiley) Frisby</u>	Address: <u>965 Spruce Glen Morrow 45152</u>
Telephone: <u>(937) 725-8291</u>	SSN: <u>[REDACTED]</u> Date of Birth: <u>11-3-85</u>

I was traveling east bound on Western Row Rd in Mason (headed home) when a car ran a red light at the intersection of Snider Rd & Western Row Rd, and struck the front right end of my car. I saw them briefly out of the corner of my eye & had a little time to hit my breaks.)

My signature below confirms that this statement is truthful and was given voluntarily.

Signature <u>Sarah E. Frisby</u>	Date/Time Signed <u>12:03 PM 4/6/14</u>	Page# <u>1</u> of <u>1</u>
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