



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER * 2011J-29243 CRASH SEVERITY 2 HITS/SKIP 0
 1 - FATAL 2 - INJURY 3 - PDO 1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN OH-2 OH-1P OH-3 OTHER PDD UNDER STATE REPORTABLE DOLLAR AMOUNT PRIVATE PROPERTY REPORTING AGENCY NCIC # 83104 REPORTING AGENCY NAME * MASON POLICE NUMBER OF UNITS 02 UNIT IN ERROR 01
 98 - ANIMAL 99 - UNKNOWN

COUNTY * 83 CITY * VILLAGE * TOWNSHIP * MASON CITY, VILLAGE, TOWNSHIP * MASON CRASH DATE * 1/01/16 TIME OF CRASH 17:08 DAY OF WEEK WED

DEGREES / MINUTES / SECONDS LATITUDE 0 / 0 / 0 LONGITUDE 0 / 0 / 0 DECIMAL DEGREES LATITUDE 39.337479 LONGITUDE 784.311020

ROADWAY DIVISION DIVIDED UNDIVIDED DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND NUMBER OF THRU LAKES 02 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 - LAKE PI - PIKE SQ - SQUARE TL - TAIL

LOCATION ROUTE TYPE 1 01 LOCATION ROUTE NUMBER 01 LOCATION ROAD NAME WESTERN POW LOCATION ROAD TYPE # 01 ROUTE TYPES #
 JR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE
 US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE
 SR - STATE ROUTE

DISTANCE FROM REFERENCE 15 DIR FROM REF E REFERENCE ROUTE TYPE 1 01 REFERENCE ROUTE NUMBER 01 REF PREFIX N,S,E,W REFERENCE NAME (ROAD, MILEPOST, HOUSE #) MASON MONTGOMERY REFERENCE ROAD TYPE # 01

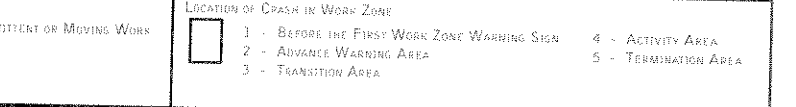
REFERENCE POINT USED 1 CRASH LOCATION 01 MANNER OF CRASH COLLISION/IMPACT 1 WEATHER 2
 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER
 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOBT 10 - DRIVEWAY/ALLEY ACCESS
 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER
 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN
 INTERSECTION RELATED LOCATION OF FIRST HAZARDOUS EVENT 1
 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

ROAD CONTOUR 1 ROAD CONDITIONS PRIMARY 01 SECONDARY 01 WEATHER 2
 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN
 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

ROAD SURFACE 2 LIGHT CONDITIONS PRIMARY 1 SECONDARY 1 WEATHER 2
 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
 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

WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) LAW ENFORCEMENT PRESENT (VEHICLE ONLY) TYPE OF WORK ZONE 1 LOCATION OF CRASH IN WORK ZONE 1
 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 #02 WAS CROSSING WESTERN POW RD IN THE CROSSWALK AT MASON MONTGOMERY RD RIDING SOUTHBOUND ON THE EAST SIDE. UNIT #01 WAS WESTBOUND ON WESTERN POW RD WHEN AT MASON MONTGOMERY RD, UNIT #01 PROCEEDED INTO THE CROSSWALK TO TURN RIGHT ON RED AND STRUCK UNIT #02.



REPORT TAKEN BY POLICE AGENCY MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED 1/01/16 TIME CRASH REPORTED 17:48 DISPATCH TIME 17:48 ARRIVAL TIME 17:10 TIME CLEARED 18:10 OTHER INVESTIGATION TIME 150 TOTAL MINUTES 1112

OFFICER'S NAME * ERIC FITZGERALD OFFICER'S BADGE NUMBER 1237 CHECKED BY 1241



Unit

Local Report Number
1201131-292143

Unit Number 1011	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) BERNADSKY IWA	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 513-234-9382	Damage Scale 2	Damage Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver) 7407 RED OAK CT MASON OH 45040				
LP State OH	License Plate Number EZB 4168	Vehicle Identification Number 1JHM1G6E18H1217A1C011015217	# Occupants 1011	
Vehicle Year 2011	Vehicle Make HONDA	Vehicle Model FIT	Vehicle Color BLUE	
Proof of Insurance Shows <input checked="" type="checkbox"/>	Insurance Company PROGRESSIVE	Policy Number 467177159	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone-include area code	

US DOT	Vehicle Weight GVWR/GCWR 1 1 - Less Than or Equal to 10,000 Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 01 01 - No Cargo Body Type (no Application) 02 - Box Van (no Side Door, no Driver) 03 - Box (16' - 20', no Driver) 04 - Vehicle Mounted Another Vehicle 05 - Luggage 06 - International Container (Container) 07 - Garbage Van (not used for Garbage) 08 - Trailer, Trailer, Trailer 09 - Other	Trafficway Description 1 1 - Two Way, Not Divided 2 - Two Way, Not Divided, Continuous Left Turn Lane 3 - Two Way, Divided, Uncontrolled/Uncontrolled 4 - Two Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	HM Class Number	Hazardous Material Released	<input type="checkbox"/> Hit / Skip Unit

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 - Shared Use Path or Trail 12 - Non-Throughway Area 99 - Other (Specify in Remarks)	Type of Use 1 1 - Personal 2 - Commercial 3 - Government	Unit Type 02 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	Passenger Vehicles (less than 9 passengers) Med/Heavy Trucks or Combo Units > 10k lbs Bus/Van/Limo (9 or More including Driver)
<input type="checkbox"/> In Emergency Response	<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 - Airplane 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 02 01 - None 02 - Comp 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 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 05 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	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	Non-Motorist 21 - Other Non-Motorist Action
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Contributing Circumstances 02 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	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 15 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 - 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 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 51 <input type="checkbox"/> Stated <input checked="" type="checkbox"/> Estimated	Posted Speed 40	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 Gate 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 3 To 1 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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Unit

Local Report Number
2011-29243

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)			1 - None	
LP State	License Plate Number	Vehicle Identification Number	2 - Minor	
Vehicle Year 2011	Vehicle Make CADILLAC	Vehicle Model SUPER X	3 - Functional	
Vehicle Color WHITE	Insurance Company	Policy Number	4 - Disabling	
Carrier Name, Address, City, State, Zip	Towed By		9 - Unknown	

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 Two-Way, Not Divided 2 Two-Way, Not Divided, Continuous Flare from Lane 3 Two-Way, Divided, Unprotected/Shared or Cross-Flare Median 4 Two-Way, Divided, Positive Median Barrier 5 One-Way Trafficway
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 - Intermediate Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	<input type="checkbox"/> HIL / Skip Unit

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 25	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 - Tractor/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 Baggy, Wagon, Mower 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> In Emergency Response			<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 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 - Undercarriage 12 - Load/Trailer 13 - Total/All Areas 14 - Other	Action 4	1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 15	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 23	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 - Dangling 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clotting) 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	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 - Pedacycle 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 5	Posted Speed	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 1 To 2	1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
2011J-29243

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE LOBJANOWE LARISA	DATE OF BIRTH 08261940	AGE 77	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6019 SMITH CT MASON OH 45040	CONTACT PHONE- INCLUDE AREA CODE 573-872-8059
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INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 99	DOT COMPLIANT MOTORCYCLE HELMET 0	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER SC776955	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

OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 313.03	OFFENSE DESCRIPTION RIGHT ON RED	CITATION NUMBER 75156	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE DOBROZSI RACHEL A	DATE OF BIRTH 112291997	AGE 15	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 9273 KEMPERGROVE LN LOVELAND OH 45140	CONTACT PHONE- INCLUDE AREA CODE 513-583-8437
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INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY MASON EMS	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 10	DOT COMPLIANT MOTORCYCLE HELMET 0	SEATING POSITION 15	AIR BAG USAGE 5	EJECTION 2	TRAPPED 1		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	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

OFFENSE CHARGED (<input type="checkbox"/> 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	99 - 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
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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 Box, 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 - EJECTED BY MECHANICAL MEANS 3 - EJECTED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO'S "D") 5 - M/C/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 - HSD 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 (NAVIGATOR DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE ATKINSON JOHN W	DATE OF BIRTH 04261971	AGE 42	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2252 S JR 123 LEBANON OH 45036	CONTACT PHONE- INCLUDE AREA CODE 573-331-2026
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INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 0	DOT COMPLIANT MOTORCYCLE HELMET 0	SEATING POSITION 0	AIR BAG USAGE 0	EJECTION 0	TRAPPED 0
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UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE HUGHES CHRISTA	DATE OF BIRTH 05051973	AGE 40	GENDER F F - FEMALE M - MALE
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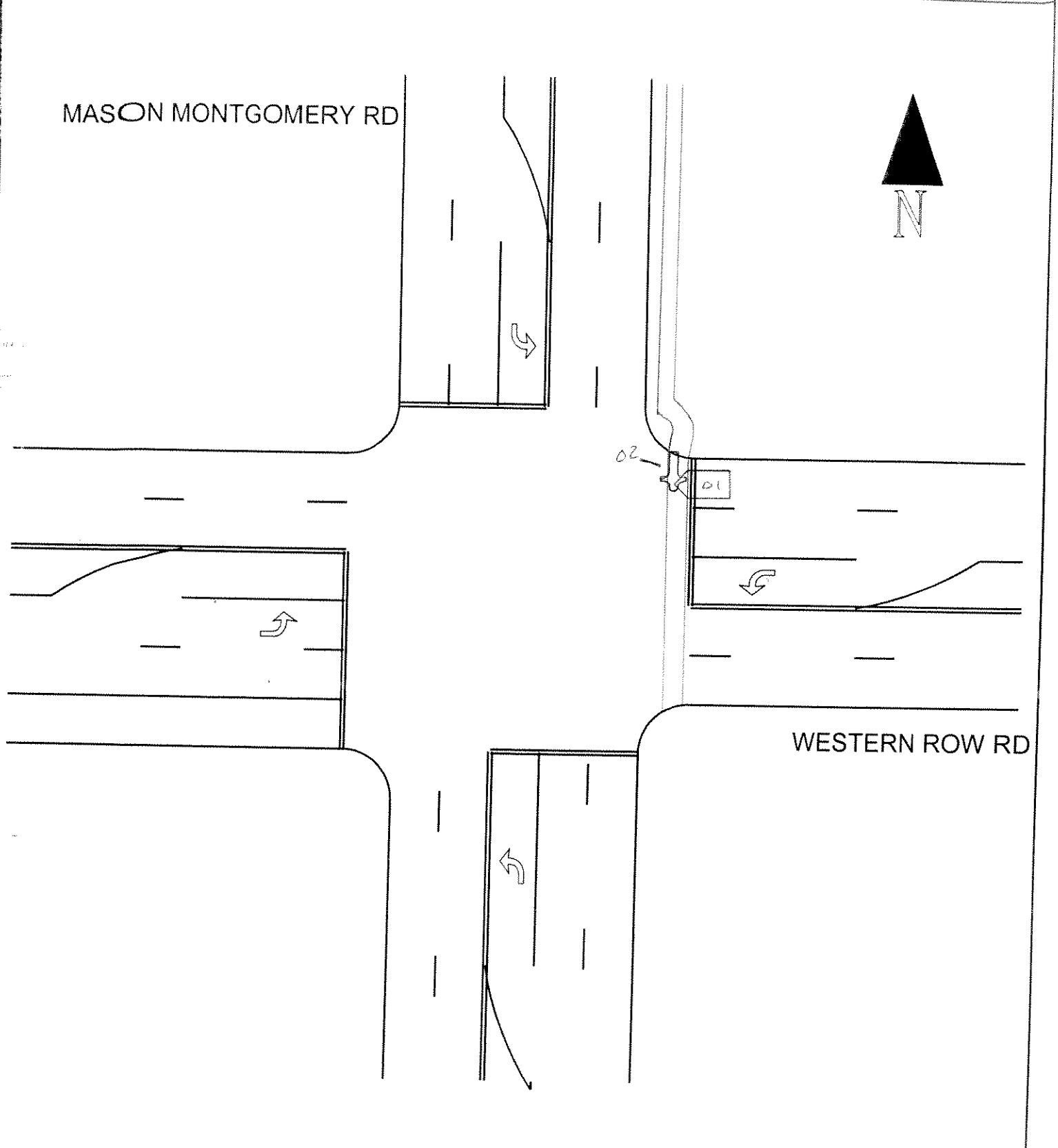
ADDRESS, CITY, STATE, ZIP 10 PROVIDENCE DR APT 136 FAIRFIELD OH 45014	CONTACT PHONE- INCLUDE AREA CODE 573-312-2544
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INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 0	DOT COMPLIANT MOTORCYCLE HELMET 0	SEATING POSITION 0	AIR BAG USAGE 0	EJECTION 0	TRAPPED 0
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 13-29243	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 10 10 16 11 13
IN COUNTY OF WARREN	ACCIDENT LOCATION WESTERN ROW RD + MASON MONTGOMERY RD	



NOT TO SCALE

OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NUMBER 1657
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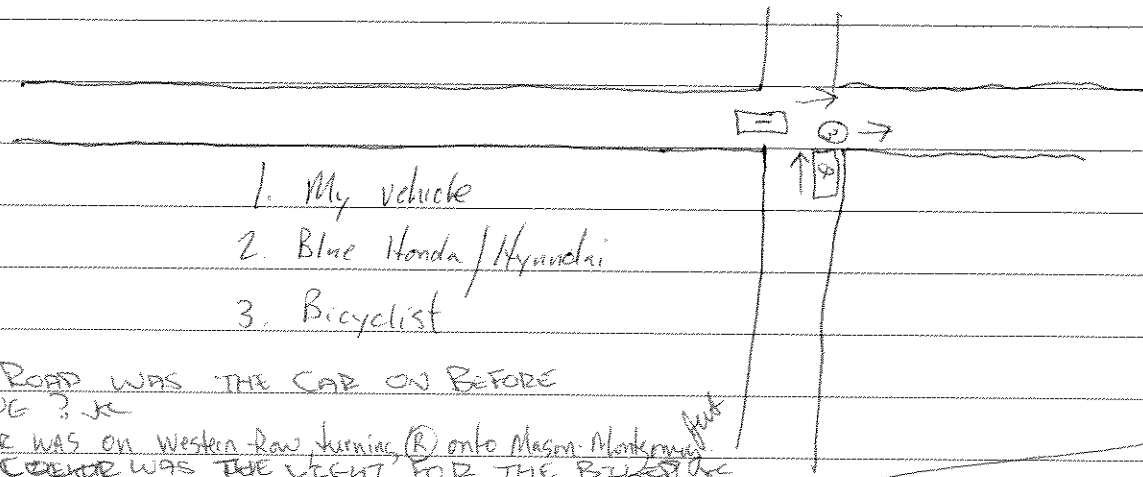


LOCAL REPORT NUMBER 13-29243	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 10 D 16 Y 13
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, John W. Atkinson (26 APR 71) PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
SGT John K. Cullen OFFICER'S NAME AT Mason High School Parking Lot LOCATION

On 16 OCT 2013 @ approximately 1700, I witnessed a young girl on a bicycle enter the crosswalk at the intersection of Western Row Road & Mason-Montgomery Road. The bicycle was travelling north on Mason-Montgomery and entered the intersection with the bicycle rider riding the bicycle. As she rode through the crosswalk area, she was struck by a small blue (Hyundai or Honda) vehicle that had rolled through the crosswalk to turn right on red. The vehicle immediately stopped and the bicycle with rider fell to the ground. The rider had minor abrasions on her arms and legs, but was fully alert and ambulatory.



Q. WHAT ROAD WAS THE CAR ON BEFORE TURNING? JK
 A. THE CAR WAS ON Western Row turning JK onto Mason-Montgomery
 Q. WHAT COLOR WAS THE LIGHT FOR THE BIKER?
 A. The light for biker was green. JK
 Q. WAS THE BIKER IN THE CROSSWALK?
 A. YES, the biker was in crosswalk. Nothing Else Follows

ADDRESS OF WITNESS: 2252 S. ST. Rt. 123, Lebanon, OH 45036 PHONE: 513-331-2026
 SIGNATURE OF WITNESS: [Signature] OFFICER'S SIGNATURE: X SGT John K Cullen



LOCAL REPORT NUMBER 13-2924J	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 10 D 16 Y 13
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, CHRISTA HUGHES HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT Western Row + Mason Montgomery
OFFICER'S NAME LOCATION

10-16-2013 I was in the car with my mother headed W on Western Row Rd. Sitting at the corner of Western Row Rd and Mason-Montgomery Rd, I saw a young girl on her bike (with a helmet on) waiting to cross the road. The light was red and the walk light was on. The girl on the bike started to cross the street (riding her bike) and a blue vehicle in the right turning lane started to turn and struck the girl on the bike. I saw the girl fall off the bike. I called 911 and reported the accident and then joined the girl, the woman in the blue, and another witness. The girl had visible scrapes and scratches on arm and legs. Paramedics and police arrived.

Q WHICH DIRECTION WAS THE BICYCLIST GOING?
 A SOUTH

10 PROVIDENCE DR #136 FAIRFIELD OH 45014 DOB 05-05-1973
ADDRESS OF WITNESS PHONE
 513-312-2544

SIGNATURE OF WITNESS X *Christa Hughes* OFFICER'S SIGNATURE X *[Signature]*



LOCAL REPORT NUMBER 17-2924J	REPORTING AGENCY MASON POLICE	DATE OF CRASH 10/16/13
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Rachel Dobrozi PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. KEVIN S. BRYANT OFFICER'S NAME AT Intersection of Mason Mont Rd. + Western Row rd. LOCATION

was heading South. I had a walk sign and was riding my bike across ~~the~~ Mason Mont. Rd. when I was hit by a car. The car hit me on the left side and I then fell onto the road on my right side.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? minor scratches/scrapes

Q. WERE YOU WEARING YOUR SEAT BELT?

Q. WHAT DIRECTION WERE YOU GOING? South

Q. WHAT WAS YOUR SPEED?

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? No

ADDRESS OF WITNESS
9273 Kempergrove Ln. Loveland, OH 45140

PHONE
(513) 583-8437

SIGNATURE OF WITNESS
X Rachel Dobrozi

OFFICER'S SIGNATURE
X P.O. K.S. Bryant