



Traffic Crash Report

Local Report Number * 201301090035768 Crash Severity 2 Hit/Skip 1
 1 - Fatal 2 - Injury 3 - PDO 1 - Solved 2 - Unsolved

Local Information
 Reporting Agency NCIC * 1083104 Reporting Agency Name * MASON P.D. Number of Units 02 Unit in error 01
 Photos Taken OH-2 OH-1P OH-3 Other
 PDO Under State Reportable Dollar Amount Private Property

County * 43 City * Village * Township * CITY of MASON Crash Date * 12/21/2013 Time of Crash 2231 Day of Week SAT

Degrees / Minutes / Seconds Latitude 0 / 0 / 0 Longitude 0 / 0 / 0 OR Decimal Degrees Latitude 39.351924 Longitude 784.331377

Roadway Division Divided Undivided Divided Lane Direction of Travel N - Northbound E - Eastbound S - Southbound W - Westbound Number of Thru Lanes 04 Road Types or Milepost ²
 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 00 Location Route Type 1 Loc Prefix RD Location Road Name TYLERSVILLE Location Road Type RD Route Types ¹
 IR - Interstate Route (inc. turnpike) CR - Numbered County Route
 US - US Route TR - Numbered Township Route
 SR - State Route

Distance From Reference 10 Miles Feet Yards Dir From Ref W Reference Route Number 00 Reference Route Type 1 Reference Name (Road, Milepost, House #) SNIDER Reference Road Type RD

Reference Point Used 1 1 - Intersection 2 - Mile Post 3 - House Number Crash Location 01 01 - Not an intersection 02 - Fourway 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 Intersection Related Location of First Harmful Event 1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

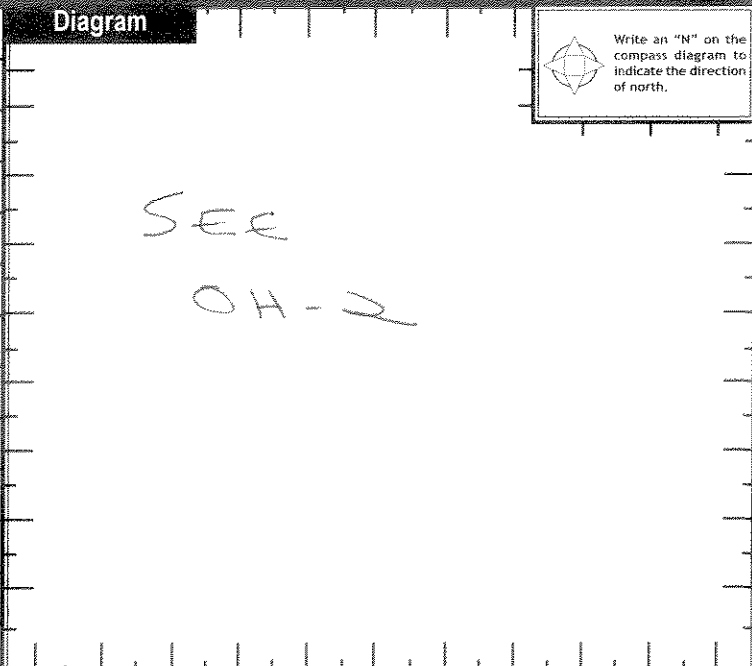
Road Contour 1 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown Road Conditions Primary 04 Secondary 01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* 09 - Ruts, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown * Secondary Condition Only

Manner of Crash Collision/Impact 5 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown Weather 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

Road Surface 4 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other Light Conditions 4 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other School Bus Related School Zone Related Yes, School Bus Directly Involved Yes, School Bus Indirectly Involved * Secondary Condition Only

Work Zone Related Workers Present Law Enforcement Present (Officer/Vehicle) Law Enforcement Present (Vehicle Only) Type of Work Zone 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other Location of Crash in Work Zone 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative
UNIT #2 WAS STOPPED BEHIND
UNIT #1 FOR A RED LIGHT. UNIT #1
BALKED INTO UNIT #2. BOTH
UNITS WERE FACING EASTBOUND



Report Taken By Police Agency Motorist Supplement (Correction or Addition to an Existing Report Sent to BDP5) Date Crash Reported 12/21/2013 Time Crash Reported 2231 Dispatch Time 2237 Arrival Time 2245 Time Cleared 2334 Other Investigation Time 01925 Total Minutes 01082
 Officer's Name * N. FANTINI Officer's Badge Number 46 Checked By 37 H1 Page 1 of 4



Unit

Local Report Number

201309010101351768

Unit Number 0111	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) RODRIGUEZ, MARIA DE JESUS	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 1	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)			1 - None	
LP State OH	License Plate Number FGL1784	Vehicle Identification Number 3G170A03E82S15886S010111	2 - Minor	
Vehicle Year 2012	Vehicle Make PONTIAC	Vehicle Model ARTEC	3 - Functional	
Vehicle Color RED	Insurance Company	Policy Number	4 - Disabling	
<input type="checkbox"/> Proof of Insurance Shown		Towed By BARRETS	9 - Unknown	

Carrier Name, Address, City, State, Zip		Carrier Phone- include area code	
US DOT	Vehicle Weight GVWR/GWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More Than 26,000 Lbs.	Cargo Body Type 01 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel	Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Median or Grass - 4 Ft.) Median 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

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-Trafficway Area 99 - Other/Unknown	Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 06 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 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 w/o Buggy, Wagon, Surret 25 - Bicycle/Pedalcyclist 26 - Pedestrian/Striker 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 08 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(Areas) 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 02 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 - 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 11 Primary 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 99 - Unknown	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 01 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Stuck 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 - 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 - 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 099	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 3 To 4 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
Page 4 of 4			



Unit

Local Report Number
210113019900251768

Unit Number 03	Owner Name: Last, First, Middle (☑ Same As Driver)	Owner Phone Number - inc. area code (☑ Same As Driver)	Damage Scale 4		
Owner Address: City, State, Zip (☑ Same As Driver)	LP State OH	License Plate Number ESA 4633	Vehicle Identification Number 5M1UB1151610A11261141618		1 - None
Vehicle Year 2010	Vehicle Make MAZDA	Vehicle Model 3	Vehicle Color GRAY		2 - Minor
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company THE GENERAL	Policy Number 47-04-1673124	Towed By		3 - Functional
Carrier Name, Address, City, State, Zip	Carrier Phone-include area code				4 - Disabling

US DOT	Vehicle Weight GVWR/GCWR 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	Trafficway Description 11
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	HM Class Number	<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 03	Med/Heavy Trucks or Combo Units > 10K lbs	Bus/Van/Limo (9 or More Including Driver)
Special Function 01	Most Damaged Area 02	Impact Area 02	Action 4	

Pre-Crash Actions 11	Motorist	Non-Motorist
Contributing Circumstances	Primary	Vehicle Defects

Sequence of Events	Non-Collision Events	Collision With Fixed Object
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Unit Speed	Posted Speed	Traffic Control	Unit Direction
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2013 99 90 0935 17618

MOTORIST/Non-Motorist

MOTORIST/Non-Motorist

OCCUPANT

OCCUPANT

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE COLUNGA MENDOZA, JOSE, JONATHAN	DATE OF BIRTH 09/20/1983	AGE 30	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2306 BLOSSOM ST, WESTCHESTER, OH, 45069	CONTACT PHONE - INCLUDE AREA CODE (513) 628-0434
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER UC837626	OL CLASS D	No VALID OL	M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .000	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (Local Code) 331.13	OFFENSE DESCRIPTION IMPROPER BACKING	CITATION NUMBER 74487	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
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UNIT NUMBER 021	NAME: LAST, FIRST, MIDDLE WHEELER III, CHARLES, L	DATE OF BIRTH 03/10/1980	AGE 33	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 200 BOYD LN, MASON, OH, 45040	CONTACT PHONE - INCLUDE AREA CODE (513) 693-2765
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER SS094392	OL CLASS D	No VALID OL	M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .000	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (Local Code)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLY 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 (SINCE "D") 5 - MC/MOPED QCS	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 - 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, Radio, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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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 NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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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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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 13 - 35768

REPORTING AGENCY MASON POLICE

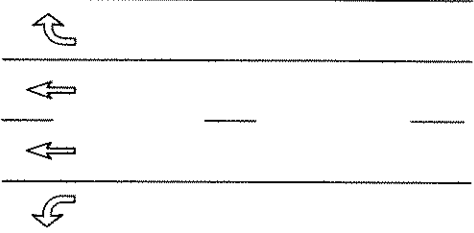
DATE OF ACCIDENT M 12 10 21 13

IN COUNTY OF WARREN

ACCIDENT LOCATION TYLERSVILLE RD



SNIDER RD



TYLERSVILLE RD

NOT TO SCALE

OFFICER'S SIGNATURE N. F. [Signature]

BADGE NUMBER 46