



Traffic Crash Report

Local Report Number * 2013-34408

Crash Severity 1 - Fatal 2 - Injury 3 - PDO

Hlt/Skip 1 - Solved 2 - Unsolved

Local Information

Photos Taken PD0 Under State Reportable Dollar Amount Private Property

Reporting Agency NCIC * 8304 Reporting Agency Name * MASON POLICE

County * 83 City * MASON City, Village, Township * MASON

Crash Date * 12062013 Time of Crash 1637 Day of Week FRI

Number of Units 02 Unit in error 01 98 - Animal 99 - Unknown

Degrees / Minutes / Seconds

Latitude 39 20 14.2902 Longitude 84 19 45.18898

Decimal Degrees Latitude 39.337303 Longitude -84.329414

Roadway Division Divided Undivided

Divided Lane Direction of Travel N - Northbound E - Eastbound S - Southbound W - Westbound

Number of Thru Lanes 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 - Lane PI - Pike SQ - Square TL - Trail

Location Route Number 02 Location Route Type 1 RD

Location Road Name WESTERN 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 40 Dir From Ref Miles Feet Yards

Reference Route Number 02 Reference Name (Road, Milepost, House #) SWINER

Reference Point Used 1 - Intersection 2 - Mile Post 3 - House Number

Crash Location 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

Intersection Related

Location of First Harmful Event 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside

5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown

Road Conditions Primary 01 Secondary

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

Manner of Crash Collision/Impact 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 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 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other

Light Conditions Primary 1 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 9 - Unknown

School Bus Related Yes, School Bus Directly Involved Yes, School Bus Indirectly Involved

Work Zone Related Workers Present Law Enforcement Present (Officer/Vehicle) Law Enforcement Present (Vehicle Only)

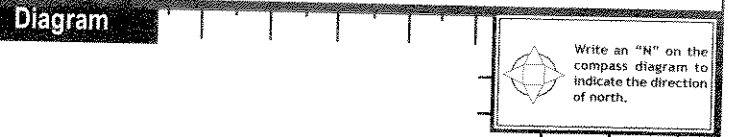
Type of Work Zone 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other

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 #02 STOPPED FACING WESTBOUND ON WESTERN RD NEAR SWINER RD.

UNIT #01 WAS TRAVELLING WESTBOUND ON WESTERN RD APPROACHING UNIT #02, FAILED TO ASSURE A CLEAR DISTANCE AHEAD AND STRUCK UNIT #02 IN THE REAR.



Report Taken By Police Agency Motorist Supplement (Correction or Addition to an Existing Report Sent to CDPSS)

Date Crash Reported 12062013 Time Crash Reported 1637 Dispatch Time 1639 Arrival Time 1644 Time Cleared 1716 Other Investigation Time 130 Total Minutes 167

Officer's Name * ERIC ATZBERGER Officer's Badge Number 1277 Checked By SGT John K. Cullen



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2013-34408

UNIT NUMBER 1011	NAME: LAST, FIRST, MIDDLE MINIARD STEVEN R	DATE OF BIRTH 08/09/1988	AGE 25	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 540 WESTERN BLVD MAJOR OH 45040	CONTACT PHONE - INCLUDE AREA CODE 513-212-5168
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER TCL613833	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) 333.03	OFFENSE DESCRIPTION ACC	CITATION NUMBER 75351	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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UNIT NUMBER 1012	NAME: LAST, FIRST, MIDDLE VABIE DONNA J	DATE OF BIRTH 05/21/1964	AGE 49	GENDER F - FEMALE
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ADDRESS, CITY, STATE, ZIP 819 TRUSTWAY CT APT 3 MASON OH 45040	CONTACT PHONE - INCLUDE AREA CODE 513-703-3417
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INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RN106984	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 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER	99 - UNKNOWN SAFETY EQUIPMENT
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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-TANKER TRUCK SUCH AS A BUS, PICK-UP WITH CAB)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TANKER 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 (AND IS "DT") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FRAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT INHALED 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 1013	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 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 11	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
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OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 11	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 11	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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Local Report Number
2011-134408

Unit Number 011	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 OH	License Plate Number FTW 6606	Vehicle Identification Number 11CJ3KJ514H0Y2115975	2 - Minor	
Vehicle Year 2010	Vehicle Make CHRYSLER	Vehicle Model CIRCUIS	3 - Functional	
Insurance Company ALFA VISION	Policy Number 1134004819104	Towed By	4 - Disabling	
Carrier Name, Address, City, State, Zip			5 - Unknown	
			Carrier Phone - include area code	

US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 20,000 Lbs. 3 - More Than 20,000 Lbs.	Cargo Body Type 01	Trafficway Description 1
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 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Dblgt, Gravel 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Dump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Highway/Expressway (4+ Ft) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Class Number			<input checked="" type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 03	Passenger Vehicles (less than 9 passengers) 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck, 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (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, Trailer 25 - Bicycle/Pedacyclist 26 - Pedestrian/Stater 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 02	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(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 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 - Stowing 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 09	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 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 (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 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 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

Unit Speed 20	Posted Speed 35	Traffic Control 12	Unit Direction From 3 To 4
01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Planners 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Fishers 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	1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown		



Unit

Local Report Number
2013-34408

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 OH	License Plate Number FNJ1649	Vehicle Identification Number 1Y1H1B6121K1J1V1U771181317	2 - Minor	
Vehicle Year 11997	Vehicle Make TOYOTA	Vehicle Model CAMRY	3 - Functional	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company PROGRESSIVE	Policy Number 215J61J5	4 - Disabling	
Carrier Name, Address, City, State, Zip			5 - Unknown	
			Carrier Phone - include area code	

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 Class Type 01 Dry Cargo (Dry Van/Flatbed/Refrigerated) 02 Bus/Van (9-14 seats, Inc. Driver) 03 Box Van - Van, (Inc. Driver) 04 Tank (Including Another Vehicle) 05 Empty 06 Commercial Tank (incl. Gasoline) 07 Camp Van (Including Box) 08 Open, Other, Mixed 99 Other	Trafficway Description 1 Two Way, Not Divided 2 Two Way, Not Divided, Continuous Left Turn Lane 3 Two Way, Divided, Unprotected (No Median) (11' Median) 4 Two Way, Divided, Protected Median (Concrete) 5 One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released		<input type="checkbox"/> Hit / Skip Unit
HM Class Number			

Non-Motorist Location Prior to Impact 01 Intersection - Marked Crosswalk 02 Intersection - No Crosswalk 03 Intersection - Other 04 Midblock - Marked Crosswalk 05 Travel Lane - Other Location 06 Bicycle Lane 07 Shoulder/Roadside 08 Sidewalk 09 Median/Crossing Island 10 Driveway Access 11 Shared-Use Path or Trail 12 Non-Trafficway Area 99 Other/Unknown	Type of Use 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 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 Motors/Jc 10 Motorized Bicycle 11 Scooter/ATV 12 Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 Single Unit Truck or Van 2 axle, 6 tires 14 Single Unit Truck; 3+ axles 15 Single Unit Truck / Trailer 16 Truck/Tractor (Boatlift) 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 (9-14 Seats, Inc. Driver) 22 Bus (15+ Seats, Inc. Driver) Non-Motorist 23 Animal with Rider 24 Animal with Buggy, Wagon, Surrey 25 Bicycle/Pedacyclist 26 Pedestrian/Skater 27 Other Non-Motorist
			<input type="checkbox"/> Has HM Placard	

Special Function 01 Snow 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 In-Progress/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 01 Front 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 TOLLIAN 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 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 Stowing or Stopped in Traffic 12 Driverless 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 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/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 Darling 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 Turn Signals 02 Head Lamps 03 Tail Lamps 04 Brakes 05 Steering 06 Tire Blowout 07 Worn or Stick 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 3 4 5 6 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 (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	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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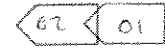
Unit Speed 011	Posted Speed 35	Traffic Control 04 01 No Control 02 Stop Sign 03 Yield Sign 04 Traffic Signal 05 Traffic Light 06 Speed Zone 07 Railroad Crossbuck 08 Railroad Flashers 09 Railroad Gates 10 Construction Barricade 11 Barricade (Flagger, Officer) 12 Pavement Markings 13 Crosswalk Lines 14 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
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 13-34468	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 12 D 06 Y 13
IN COUNTY OF WARREN	ACCIDENT LOCATION WESTERN ROW RD @ SNIDER RD	


Snider Rd



Western Row Rd



Not to scale

OFFICER'S SIGNATURE 	BADGE NUMBER 1057
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LOCAL REPORT NUMBER <i>15-34408</i>	REPORTING AGENCY <i>MASON POLICE</i>	DATE OF CRASH M <i>12</i> D <i>6</i> Y <i>13</i>
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, *Donna Vabic* HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

S. Fitzgerald AT *W. Row + Snider*
OFFICER'S NAME LOCATION

*I was stopped at light and got
rear-ended. Pretty hard.*

ADDRESS OF WITNESS <i>Donna Vabic</i> <i>819 Trustway Ct. Apt. D</i>	PHONE <i>513-703-3417</i>
SIGNATURE OF WITNESS <i>X Donna Vabic</i>	OFFICER'S SIGNATURE <i>X [Signature]</i>



LOCAL REPORT NUMBER 13-34408	REPORTING AGENCY Mason Police	DATE OF CRASH Mar 26 2013
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Steven Miniard HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT Western Row / Switzer
OFFICER'S NAME LOCATION

~~Had rear end~~ Rear Ended car b/c of snow n
ice brakes did not work

Q: How fast were you travelling before you hit your brakes?

A: 20 mph

Q: were you wearing your seat belt?

A: Yes

ADDRESS OF WITNESS 540 Western Row Rd	Mason OH	PHONE 513-212-5168
SIGNATURE OF WITNESS X <i>[Signature]</i>	OFFICER'S SIGNATURE X <i>[Signature]</i>	