



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
2013-34491	3 - PDD	1 - Solved 2 - Unsolved

Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> Other	PDO Under State Reportable Dollar Amount	Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
			83041	MASON POLICE	02	01 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83		MASON	12072013	1635	SAT

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
39° 20' 11.022"	78° 41' 40.13308"	39.336395	-78.694466

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost <sup>2</sup>
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	N - Northbound E - Eastbound S - Southbound 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 <sup>1</sup>	Location Route Number	Loc. Prefix	Location Road Name	Location Road Type <sup>1</sup>	Route Types <sup>1</sup>
		N, S, E, W	MASON MONTGOMERY	RS	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	Reference Route	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
150	S				WESTERN ROW	RS

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

Road Contour	Road Conditions	Weather
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	Primary 01 Secondary 02	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

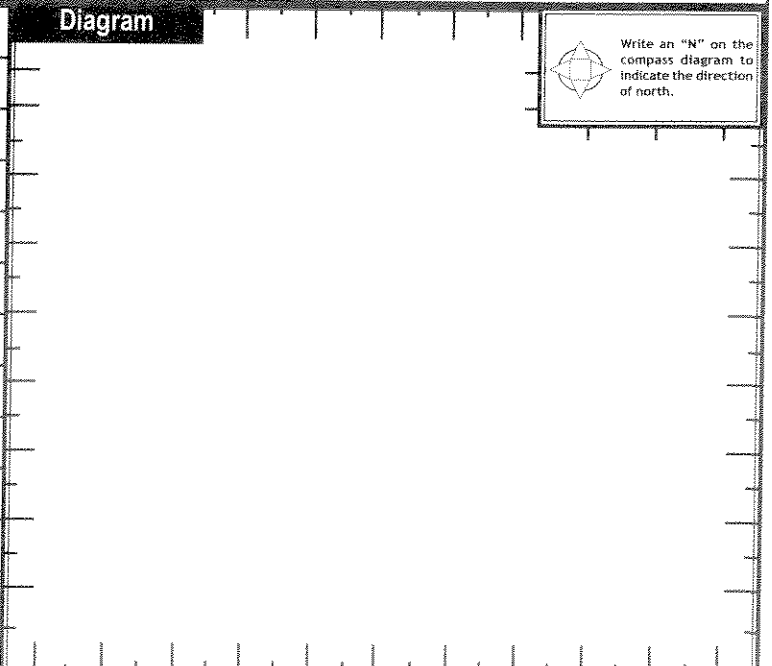
Manner of Crash Collision/Impact	Weather
2 - Not Collision Between Two Motor Vehicles in Transport 1 - Rear-End 2 - Head-On 3 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, 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	Primary 1 Secondary 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 7 - Glare* 8 - Other	School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/> Work Zone Related	<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 #02 STOPPED IN TRAFFIC FACING NORTHBOUND ON MASON MONTGOMERY RD NEAR WESTERN ROW RD. UNIT #01 WAS TRAVELLING NORTHBOUND ON MASON MONTGOMERY RD APPROACHING UNIT #02, FAILED TO ASSURE A CLEAR DISTANCE AHEAD AND STRUCK UNIT #02 IN THE REAR.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to GDPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist		12072013	1635	1635	1639	1706	1710	164
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 4					
ERIC FITZGERALD	1037	Set John K. Cullen						



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2017-344911

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE BURTON JONI L	DATE OF BIRTH 08/01/1963	AGE 50	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 4862 CLASSIC TURN LN MASON OH 45040	CONTACT PHONE- INCLUDE AREA CODE 513-336-6053
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RS568014	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 A209	CITATION NUMBER 75352	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE VOLKOV LEONIA	DATE OF BIRTH 09/18/1948	AGE 65	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 6386 WILLOW LN MASON OH 45040	CONTACT PHONE- INCLUDE AREA CODE 513-702-7079
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RP212121	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	99 - UNKNOWN SAFETY EQUIPMENT NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM- FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER 21 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)
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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 D 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (Navigation Device, Radio, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE BURTON RACHEL	DATE OF BIRTH 04/17/1995	AGE 18	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 4862 CLASSIC TURN LN MASON OH 45040	CONTACT PHONE- INCLUDE AREA CODE 513-336-6053
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE VOLKOV SOFYA	DATE OF BIRTH 05/11/1954	AGE 59	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6386 WILLOW LN MASON OH 45040	CONTACT PHONE- INCLUDE AREA CODE 513-702-7079
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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# Unit

Local Report Number  
121171-34491

Unit Number 011	Owner Name: Last, First, Middle BURTON JOHN	<input type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code	<input checked="" type="checkbox"/> Same As Driver	Damage Scale 2	Damaged Area Front
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Owner Address: City, State, Zip 1 JONI	<input checked="" type="checkbox"/> Same As Driver	LP State OH	License Plate Number 1 JONI	Vehicle Identification Number JTJH1FM481Y2219906803	# Occupants 1
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Vehicle Year 2002	Vehicle Make Lexus	Vehicle Model SC430	Vehicle Color RED
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Proof of Insurance Shown ROGRESSIVE	Insurance Company	Policy Number 40965875	Towed By
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Carrier Name, Address, City, State, Zip	Carrier Phone - include area code
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BS DOT HM Placard ID No.	Vehicle Weight GVWR/GCWR 1 10,001 to 20,000 lbs.	Large Body Type 01 15-20 Passenger Van (incl. conversion)	Trafficway Description 4 1 Two Way, Not Divided
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Non-Motorist Location Prior to Impact 01 Intersection - Marked Crosswalk	Type of Use 1 Personal	Unit Type 02 Passenger Vehicle (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10K lbs 13 Single Unit Truck or Van (2 axle, 6 tires)	Bus/Van/Line (9 or more including driver) 21 Bus/Van (9-15 seats, inc. driver)
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Special Citation 01 None	02 - Rental Truck (owner's use)	03 - Rental Truck (fleet use)	04 - Bus - School (Public or Private)	05 - Bus - Transit	06 - Bus - Charter	07 - Bus - Shuttle	08 - Bus - Other	09 - Unknown	10 - Farm Vehicle	11 - Farm Equipment	12 - Motorcycle	13 - Golf Cart	14 - Train	15 - Other (Specify in Remarks)	Most Damaged Area 02 Right Front	Impact Area 02 Right Center	Action 3 1 Non-Contact
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Pre-Crash Actions 01 01 - Straight Ahead	02 - Making U-Turn	03 - Negotiating a Curve	04 - Entering or Crossing Specified Location	05 - Waiting, Running, Jogging, Playing, Cycling	06 - Working	07 - Pushing Vehicle	08 - Approaching or Leaving Vehicle	09 - Stalling
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Contributing Circumstances Primary 09 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	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/Piling/Spilling	21 - Other Improper Action	Vehicle Defects 01 - Tire 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 3 4 5 6	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	12 - Opposite Direction of Travel	13 - Downhill Runaway	14 - 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 Motor Vehicle	24 - Other Movable Object	Collision With Fixed Object 25 - Impact Attenuator/Crush 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/Luminaires Support	40 - Utility Pole	41 - Other Post, Pole or Support	42 - Culvert	43 - Cais	44 - ditch	45 - Embankment	46 - Fence	47 - Mailbox	48 - Tree	49 - Fire Hydrant	50 - Work Zone Maintenance Equipment	51 - Wall, Building, Ramp	52 - Other Fixed Object
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Unit Speed 25	Posted Speed 45	Traffic Control 12 01 No Control	02 Railroad Crossings	03 Crosswalk Lines	04 Water/Drain Ways	05 Other	06 Not Reported	Unit Direction From 2 To 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

2013-34491

Unit Number 012	Owner Name: Last, First, Middle (☐ Same As Driver)	Owner Phone Number - inc. area code (☐ Same As Driver)	Damage Scale 2	Damaged Area 
Owner Address: City, State, Zip (☐ Same As Driver)			1 - None	09
LP State OH	License Plate Number EXS 4412	Vehicle Identification Number JTTM1851466572042775	2 - Minor	03
Vehicle Year 2010	Vehicle Make LEXUS	Vehicle Model ES 350	3 - Functional	08
Vehicle Color BLACK	Proof of Insurance Shown GRANGE	Policy Number FAJ886177	4 - Disabling	07
Carrier Name, Address, City, State, Zip			9 - Unknown	06
Carrier Phone - include area code				

OS 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 - Intermodal 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 99 - Other/Unknown	Trafficway Description 4 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected Road or Street (4-11' 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	
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 03 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) 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) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Cart, etc. 25 - Bicycle/Pedalcyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> Has HM Placard					

Special Function 01 - None 02 - Taxi 03 - Rental Truck (over 10k lbs) 04 - Bus - School (Child or Infant) 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 06 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 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 - Stopping 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 - 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 11 - Passing/Off Road 12 - Improper Backing 13 - Improper Start From Parked Position 14 - Stopped or Parked Illegally 15 - Operating Vehicle in Negligent Manner 16 - Swerving to Avoid (Due to External Conditions) 17 - Wrong Side/Wrong Way 18 - Failure to Control 19 - Vision Obstruction 20 - Operating Defective Equipment 21 - Load Shifting/Falling/Spilling 22 - 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 - 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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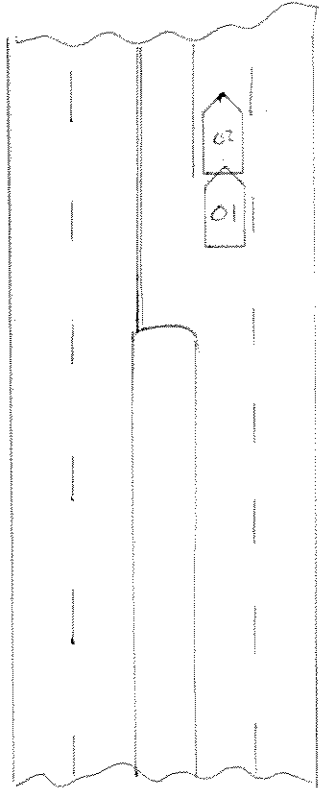
Sequence of Events 1 20 2 3 4 5 6 First Harmful Event Most Harmful Event 99 - Unknown	Non-Collision Events 01 - Overtune/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment, Loss or Shift 06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation of Units 08 - 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 - 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 9	Posted Speed 45	Traffic Control 02 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 2 To 1 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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LOCAL REPORT NUMBER 13-34491	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 12   D 07   Y 13
IN COUNTY OF WARREN	CRASH LOCATION MASON MONTGOMERY RD SOUTH of WESTERN ROW RD	



MASON MONTGOMERY RD

NOT TO SCALE

OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 1037
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LOCAL REPORT NUMBER 13-34491	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 12   D 07   Y 13
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, JOAN BIRTON HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

fitzgerald AT mason-montgomery  
OFFICER'S NAME LOCATION Western Row

I traveling with on mason montgomery  
 and car in front of me (other driver)  
 stopped and my car front end  
~~hit~~ bumped his rear bumper

seat Belt was on and I  
 was going about 20-25 miles  
 an hour

Rachel Birton Passenger 417-95

ADDRESS OF WITNESS 4862 classic trail LN	MASON OH 45040	PHONE 336 6053
SIGNATURE OF WITNESS X <u>[Signature]</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>	



<b>LOCAL REPORT NUMBER</b> 1J-34491	<b>REPORTING AGENCY</b> MASON POLICE	<b>DATE OF CRASH</b> M 12   D 07   Y 13
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**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, Leonid Volkov PRINTED **HEREBY MAKE THIS VOLUNTARY STATEMENT TO**  
Fitzgerald OFFICER'S NAME **AT** Western Rd + Mason Montgomery LOCATION

We were driving on Mason - Montgomery Rd straight and before intersection on Western Rd we began brake because it was red traffic light and in that moment we got into collision our vehicle

<u>Sofya</u> <small>0511-21</small> <b>ADDRESS OF WITNESS</b> 6526 Willow Ln Mason 45045	<b>PHONE</b> 513-762-7079
<b>SIGNATURE OF WITNESS</b> X	<b>OFFICER'S SIGNATURE</b> X <i>[Signature]</i>