



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \* 150174 CRASH SEVERITY 3 HIT/SKIP 1  
 1 - FATAL 2 - INJURY 3 - PDO 1 - SOLVED 2 - UNSOLVED

LOCAL INFORMATION

PHOTOS TAKEN  OH-2  OH-3  OTHER PDD UNDER STATE REPORTABLE DOLLAR AMOUNT  PRIVATE PROPERTY  REPORTING AGENCY NCIC \* 08304 REPORTING AGENCY NAME \* CITY OF MASON NUMBER OF UNITS 02 UNIT IN ERROR  98 - ANIMAL 99 - UNKNOWN

COUNTY \* 03 CITY \*  VILLAGE \*  TOWNSHIP \* Mason CITY, VILLAGE, TOWNSHIP \* Mason CRASH DATE \* 0110312015 TIME OF CRASH 1107 DAY OF WEEK SIATU

DEGREES / MINUTES / SECONDS LATITUDE 39 / 36 / 02 LONGITUDE 84 / 13 / 09

ROADWAY DIVISION  DIVIDED  UNDIVIDED DIVIDED LANE DIRECTION OF TRAVEL  N - NORTHBOUND  E - EASTBOUND  S - SOUTHBOUND  W - WESTBOUND NUMBER OF TRIP Lanes 02 ROAD TYPES OR MILEPOST \* AL - ALLEY CR - CIRCLE HW - HIGHWAY LA - LANE PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE NUMBER 57 LOCATION ROAD NAME Main ROUTE TYPES \* IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE AA DIR FROM REF  N,S  E,W REFERENCE ROUTE NUMBER 02 REFERENCE NAME (ROAD, MILEPOST, HOUSE #) Mason Montgomery REFERENCE ROAD TYPE \* RD

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/ROUNDBOAT  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 - ON ROADWAY  2 - ON SHOULDER  3 - IN MEDIAN  4 - ON ROADSIDE  5 - ON GORE  6 - OUTSIDE TRAFFICWAY  9 - UNKNOWN

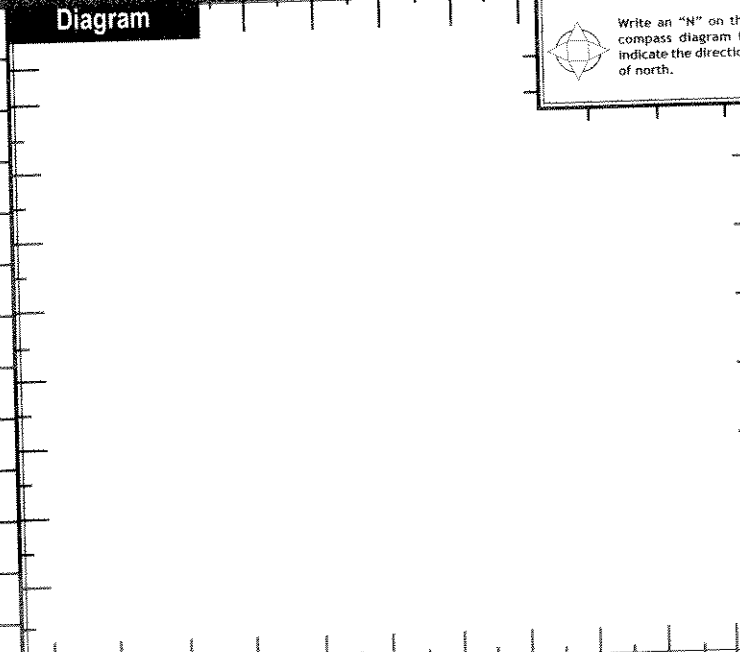
ROAD CONTOUR  1 - STRAIGHT LEVEL  2 - STRAIGHT GRADE  3 - CURVE LEVEL  4 - CURVE GRADE  9 - UNKNOWN ROAD CONDITIONS PRIMARY  01 - DRY  02 - WET  03 - SNOW  04 - ICE SECONDARY  05 - SAND, MUD, DIRT, OIL, GRAVEL  06 - WATER (STANDING, MOVING)  07 - SLUSH  08 - DEBRIS\*  09 - RHT, HOLES, BUMPS, UNEVEN PAVEMENT\*  10 - OTHER  99 - UNKNOWN \* SECONDARY CONDITION ONLY

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  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  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 SHIFTS/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 struck unit #1 who had the right of way through the intersection. Unit #1 was making a left turn onto Mason-Montgomery Rd. Both vehicles were towed. No reported injuries.



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

DATE CRASH REPORTED 0110312015 TIME CRASH REPORTED 11107 DISPATCH TIME 11110 ARRIVAL TIME 11110 TIME CLEARED 11213 OTHER INVESTIGATION TIME 11301 TOTAL MINUTES 1136

OFFICER'S NAME \* Stephane Neal OFFICER'S BADGE NUMBER 1021 CHECKED BY 50 PAGE 1 OF 1



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Roller, Alec J	DATE OF BIRTH 06/08/1994	AGE 20	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
ADDRESS, CITY, STATE, ZIP 6555 Winners Cir Mason, OH 45040			CONTACT PHONE - INCLUDE AREA CODE 513-476-5041	

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE OH	OPERATOR LICENSE NUMBER TT637534	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 331.17	OFFENSE DESCRIPTION Failure to yield	CITATION NUMBER 76490	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>							

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Anderson Carol S	DATE OF BIRTH 11/30/1951	AGE 63	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
ADDRESS, CITY, STATE, ZIP 4238 Mainval Way Mason, OH 45040			CONTACT PHONE - INCLUDE AREA CODE 614-302-0866	

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE OH	OPERATOR LICENSE NUMBER RL892433	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 type="checkbox"/> LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>							

INJURIES 1 - NO INQUIRY / 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 99 - UNKNOWN SAFETY EQUIPMENT.	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
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				
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 (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	
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/EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (Navigation Device, Radio, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION	

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Pruden, Allison Claire	DATE OF BIRTH 03/04/1990	AGE 18	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
ADDRESS, CITY, STATE, ZIP 221 Kinneys Mills Rd Mason, OH 45040			CONTACT PHONE - INCLUDE AREA CODE 513-482-0501	

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	NO VALID OL	M/C END.	CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE	DRUG TEST STATUS	DRUG TEST TYPE
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY							

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
--------------------------------------	--	------------	-----------------------------------	-----------------------	---	------------------	---------------	----------	---------



# UNIT

LEGAL REPORT NUMBER

UNIT NUMBER <b>011</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>Roller, Jeffrey L</b>	OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER )	DAMAGE SCALE <b>4</b>	DAMAGED AREA 
---------------------------	---	--	--------------------------	------------------

OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )
--

LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>6FQ8913</b>	VEHICLE IDENTIFICATION NUMBER <b>WBADT1613145114F131173</b>	# OCCUPANTS <b>10/21</b>
-----------------------	--	--	-----------------------------

VEHICLE YEAR <b>2001</b>	VEHICLE MAKE <b>BMW</b>	VEHICLE MODEL <b>45</b>	VEHICLE COLOR <b>GRAY</b>
-----------------------------	----------------------------	----------------------------	------------------------------

<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>Nationwide</b>	POLICY NUMBER <b>NA</b>	TOWED BY <b>JACOBS</b>
--	--	----------------------------	---------------------------

CARRIER NAME, ADDRESS, CITY, STATE, ZIP	CARRIER PHONE - INCLUDE AREA CODE
---	-----------------------------------

US DOT	VEHICLE WEIGHT GVWR/GCWR <b>1</b> 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <b>01</b> 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEAT, 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 <b>2</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unpaved (Painted or Gravel or Paved Median) 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
--------	--	---	---

NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b> 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MISPLACED - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIUM CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARE-BUSE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>03</b> 99 - UNKNOWN OR HIT / SKIP	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN AXLE, 6 WHEEL 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 SEAT, INC DRIVER) 22 - BUS (16+ SEAT, INC DRIVER) <b>Non-Motorist</b> 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BOGGY, WAGON, SADDLE 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
---	---	--	---	--	--

SPECIAL FUNCTION <b>01</b> 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10' LST) 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 <b>05</b> 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(L) AREA 14 - OTHER	ACTION <b>13</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRUCK 4 - STRUCK 5 - STRUCK/STRUCK 9 - UNKNOWN
--	---	---	--	--	---

PRE-CRASH ACTIONS <b>04</b> 99 - UNKNOWN	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
--	---	--	--

CONTRIBUTING CIRCUMSTANCES <b>02</b> 99 - UNKNOWN	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNLAWFUL SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OTR 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 <b>01</b> 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WEAR OR SLIP TILES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
---	--	---	--

SEQUENCE OF EVENTS 1 <b>20</b> 2 3 4 5 6 FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BRAKE TAIL, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN OR SUPPORT 11 - CROSS CENTER LINE 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 PAVEMENT 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 - CURB/CHUTE 43 - CURB 44 - OTHER 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 <b>25</b>	POSTED SPEED <b>25</b>	TRAFFIC CONTROL <b>04</b> 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSINGS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRIERS 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINKS 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM <b>3</b> TO <b>4</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
-------------------------	---------------------------	--	--



# UNIT

LOCAL REPORT NUMBER

\_\_\_\_\_

UNIT NUMBER: **02** OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER ) **Anderson, Gary W**

OWNER PHONE NUMBER - INC. AREA CODE (  SAME AS DRIVER ) \_\_\_\_\_

DAMAGE SCALE: **3**

DAMAGED AREA:

OWNER ADDRESS: CITY, STATE, ZIP (  SAME AS DRIVER ) \_\_\_\_\_

LP STATE: **OH** LICENSE PLATE NUMBER: **EU 69262** VEHICLE IDENTIFICATION NUMBER: **JTTEG1F1Z11A811010112146101** # OCCUPANTS: **10**

VEHICLE YEAR: **2001** VEHICLE MAKE: **TOYOTA** VEHICLE MODEL: **SW** VEHICLE COLOR: **WHIT**

PROOF OF INSURANCE SHOWN:  INSURANCE COMPANY: **Western Reserve Group** POLICY NUMBER: **WPRV3400939540** TOWED BY: **JACOBS**

CARRIER NAME, ADDRESS, CITY, STATE, ZIP \_\_\_\_\_ CARRIER PHONE - INCLUDE AREA CODE \_\_\_\_\_

US DOT: \_\_\_\_\_ VEHICLE WEIGHT GVWR/GCWR: **1** ( 1 - LESS THAN OR EQUAL TO 10K LBS, 2 - 10,001 TO 26,000 LBS, 3 - MORE THAN 26,000 LBS. )

HM PLACARD ID NO. \_\_\_\_\_ 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 CHASIS, 07 - CARGO VAN/ENCLOSURE BOX, 08 - GRAIN, CHIPS, GRAVEL, 09 - POLE, 10 - CARGO TANK, 11 - FLAT BED, 12 - DUMP, 13 - CONCRETE MIXER, 14 - AUTO TRANSPORTER, 15 - GARBAGE/REFUSE, 16 - OTHER/UNKNOWNS )

HM CLASS NUMBER: \_\_\_\_\_ HAZARDOUS MATERIAL RELEASED:  TRAFFICWAY DESCRIPTION: **1** ( 1 - TWO-WAY, NOT DIVIDED, 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE, 3 - TWO-WAY, DIVIDED, UNPROTECTED/PAVED OR GRASS (4 FT) MEDIAN, 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER, 5 - ONE-WAY TRAFFICWAY )

NON-MOTORIST LOCATION PRIOR TO IMPACT: **01** ( 01 - INTERSECTION - MARKED CROSSWALK, 02 - INTERSECTION - NO CROSSWALK, 03 - INTERSECTION - OTHER, 04 - MIDDLEBLOCK - MARKED CROSSWALK, 05 - TRAVEL LANE - OTHER LOCATION, 06 - BICYCLE LANE, 07 - SHOULDER/ROADSIDE, 08 - SIDEWALK, 09 - MEDIUM/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 )

UNIT TYPE: **06** ( 01 - SUBCOMPACT, 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): \_\_\_\_\_

Non-Motorist: \_\_\_\_\_

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 - UNDERCHASSIS, 12 - LEAD/TRAILER, 13 - TOTAL/ALL AREA, 14 - OTHER, 15 - NONE, 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING, 17 - WORKING, 18 - PUSHING VEHICLE, 19 - APPROACHING OR LEAVING VEHICLE, 20 - STANDING, 21 - OTHER NON-MOTORIST ACTION )

ACTION: **4** ( 1 - NON-CONTACT, 2 - NON-COLLISION, 3 - STRIKING, 4 - STRUCK, 5 - STRIKING/STRUCK, 9 - UNKNOWN )

PRE-CRASH ACTIONS: **01** ( 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 - DEERLESS, 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 )

CONTRIBUTING CIRCUMSTANCES: **01**

MOTORIST: ( 01 - NONE, 02 - FAILURE TO YIELD, 03 - RAN RED LIGHT, 04 - RAN STOP SIGN, 05 - EXCEEDED SPEED LIMIT, 06 - UNSAFE SPEED, 07 - IMPROPER TURN, 08 - LEFT OF CENTER, 09 - FOLLOWED TOO CLOSELY/ACDA, 10 - IMPROPER LANE CHANGE /PASSING/DRY ROAD, 11 - IMPROPER BACKING, 12 - IMPROPER START FROM PARKED POSITION, 13 - STOPPED OR PARKED ILLEGALLY, 14 - OPERATING VEHICLE IN NEGLIGENCE 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 ANHOLD ILLEGALLY IN ROADWAY, 26 - FAILURE TO YIELD RIGHT OF WAY, 27 - NOT VISIBLE (DARK CLOTHING), 28 - INATTENTIVE, 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNAL/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 - WORK OR SLIP TILES, 08 - TRAILER EQUIPMENT DEFECTIVE, 09 - MOTOR TROUBLE, 10 - DISABLED FROM PRIOR ACCIDENT, 11 - OTHER DEFECTS )

SEQUENCE OF EVENTS: 1 **20** 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_ 6 \_\_\_\_\_

FIRST HARMFUL EVENT: **1** MOST HARMFUL EVENT: \_\_\_\_\_

NON-COLLISION EVENTS: ( 01 - OVERTURN/ROLL-OVER, 02 - FIRE/EXPLOSION, 03 - IMMERSION, 04 - JACKKNIFE, 05 - CARGO/EQUIPMENT LOSS OR SHIFT, 06 - EQUIPMENT FAILURE (BUSH, TIRE, SPARE 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 )

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 - MEDIUM CABLE BARRIER, 34 - MEDIUM GUARDRAIL BARRIER, 35 - MEDIUM CONCRETE BARRIER, 36 - MEDIUM OTHER BARRIER, 37 - TRAFFIC SIGN POST, 38 - OVERHEAD SIGN POST, 39 - LIGHT/LUMINAIRE SUPPORT, 40 - UTILITY POLE, 41 - OTHER POST, POLE OR SUPPORT, 42 - CURB, 43 - DITCH, 44 - EMBANKMENT, 45 - FENCE, 46 - FENCE, 47 - MAILBOX, 48 - TREE, 49 - FIRE HYDRANT, 50 - WORK ZONE MAINTENANCE EQUIPMENT, 51 - WALL, BUILDING, TUNNEL, 52 - OTHER FIXED OBJECT )

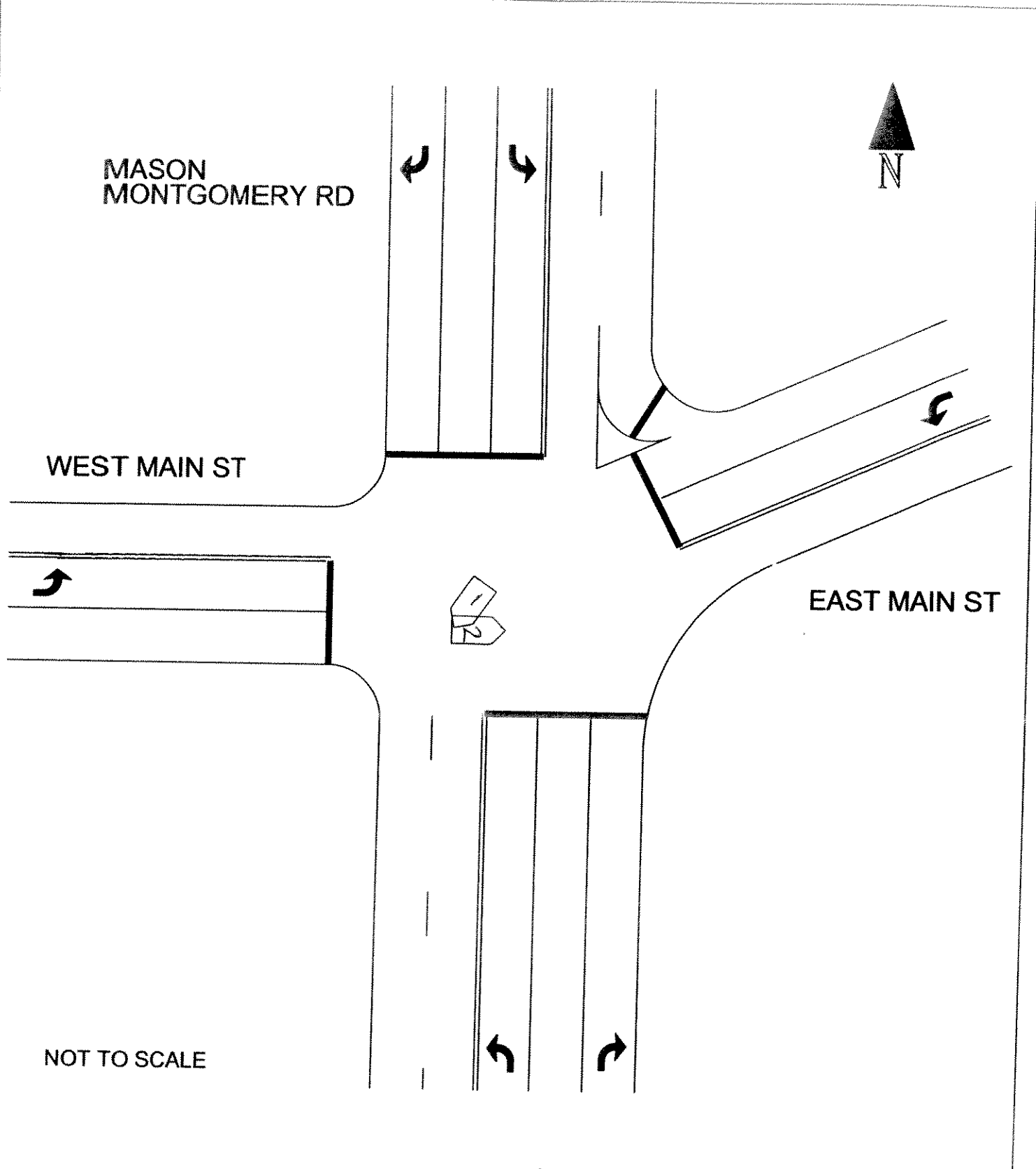
UNIT SPEED: **125** POSTED SPEED: **25** TRAFFIC CONTROL: **04** ( 01 - NO CONTROLS, 02 - STOP SIGN, 03 - YIELD SIGN, 04 - TRAFFIC SIGNAL, 05 - TRAFFIC FLASHERS, 06 - SCHOOL ZONE, 07 - RAILROAD CROSSINGS, 08 - RAILROAD FLASHERS, 09 - RAILROAD GATES, 10 - CONSTRUCTION BARRICADE, 11 - PERSON (FLAGGER, OFFICER), 12 - PAVEMENT MARKINGS, 13 - CROSSWALK LINES, 14 - WALL/DON'T WALK, 15 - OTHER, 16 - NOT REPORTED )

UNIT DIRECTION: FROM **3** TO **2** ( 1 - NORTH, 2 - SOUTH, 3 - EAST, 4 - WEST, 5 - NORTHEAST, 6 - NORTHWEST, 7 - SOUTHEAST, 8 - SOUTHWEST, 9 - UNKNOWN )

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 15-074	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 01 10 03 14 15
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONTGOMERY/MAIN ST	



OFFICER'S SIGNATURE <i>A. Neal</i>	BADGE NUMBER 1021
---------------------------------------	----------------------

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/01

LOCAL REPORT NUMBER 15-074	REPORTING AGENCY Mason PD	DATE OF CRASH M 1 10 3 14
-------------------------------	------------------------------	------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Alec Rolfe (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Ned (OFFICERS NAME) AT Crash (LOCATION)  
I'm at fault, turned in her path

passenger: Alison Pruden - 3/4/96 - 221 Kings Mills Rd  
Mason, OH, 1840 - 513-482-0501

ADDRESS OF WITNESS 6555 winners Cir	PHONE 5134765041
SIGNATURE OF WITNESS <i>[Signature]</i>	OFFICERS SIGNATURE <i>[Signature]</i>

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/8

LOCAL REPORT NUMBER 15-074	REPORTING AGENCY Mason PD	DATE OF CRASH M 1 10 3 1/2
-------------------------------	------------------------------	-------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Carol S. Anderson (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Neal (OFFICERS NAME) AT CRASH (LOCATION)

I was driving through a green light at the intersection of Reading Rd and Mason Montgomery going east. A car coming west on Reading turned left in front of me and onto Mason-Montgomery. hit the front of my car as I swerved right to avoid him.

I pulled over. He parked in the Subway parking lot and came to meet me. He admitted he was at fault.

ADDRESS OF WITNESS 4238 Marival Way Mason, OH 45040	PHONE 614-302-0861
SIGNATURE OF WITNESS Carol S. Anderson	OFFICERS SIGNATURE [Signature]