



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
15-25082	3 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

LOCAL INFORMATION		REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
<input type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	08304 MASON POLICE	02	02 98 - ANIMAL 99 - UNKNOWN

COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
83	<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY OF MASON	08052015	1700	WED

DEGREES / MINUTES / SECONDS	LONGITUDE	DECIMAL DEGREES
LATITUDE 39° 22' 40.23"	LONGITUDE -84° 16' 44.06"	LATITUDE LONGITUDE

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST ²
<input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> 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 ¹	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME	LOCATION ROAD TYPE ²	ROUTE TYPES ¹
05	42				IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE TYPE ¹	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE ²
<input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	<input type="checkbox"/> N,S,E,W				MASON-MORROW-MILLGROVE	RD

REFERENCE POINT USED	CRASH LOCATION	CRASH LOCATION	INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	03	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	<input checked="" type="checkbox"/>	1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

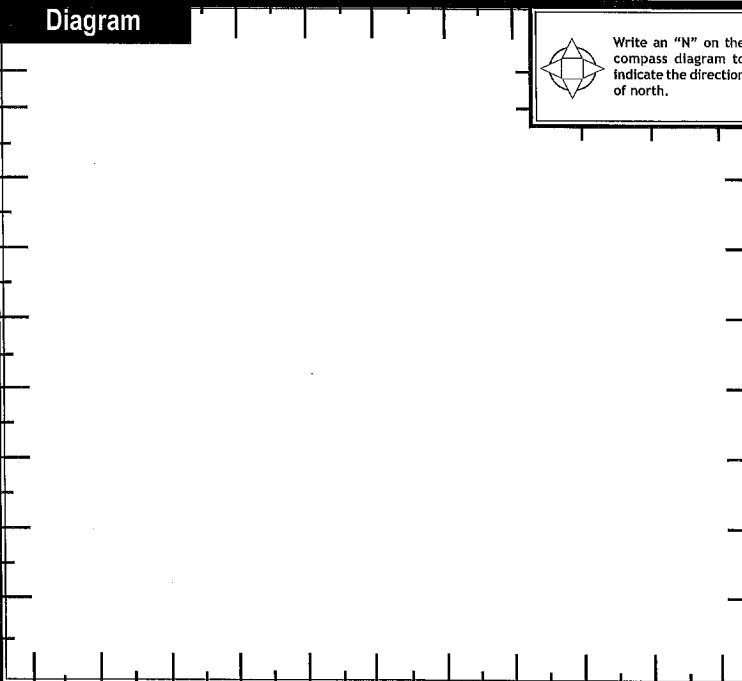
ROAD CONTOUR	ROAD CONDITIONS	WEATHER
1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	PRIMARY 01 SECONDARY <input type="checkbox"/>	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN

MANNER OF CRASH COLLISION/IMPACT	WEATHER
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	01 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 01 SECONDARY <input type="checkbox"/>	<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED	WORKERS PRESENT	LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)	LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	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 #1 WAS (NB) ON U.S. ROUTE 42. UNIT #2 WAS TURNING (SB) ONTO U.S. 42 FROM MASON-MORROW-MILLGROVE. UNIT #2 WAS STRUCK BY UNIT #1 WHILE FAILING TO YIELD.



REPORT TAKEN BY	POLICE AGENCY	MOTORIST	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPSS)			
DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
08052015	1700	1700	1710	1750	10	50
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE			
HERRLINGER	1042	37 / 50	1 / 4			



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

1151-21510102

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE HUGHES, ROBERT	DATE OF BIRTH 04.25.1970	AGE 45	GENDER M - MALE
ADDRESS, CITY, STATE, ZIP 208 CATALPA RIDGE (EBANON, OH, 45036			CONTACT PHONE- INCLUDE AREA CODE (513) 310 2929	
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
<input type="checkbox"/>	<input type="checkbox"/>			DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET
OL STATE OH	OPERATOR LICENSE NUMBER RR500668	OL CLASS 4	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.
CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE SHARRETT, ERICA	DATE OF BIRTH 04.03.1989	AGE 26	GENDER F - FEMALE
ADDRESS, CITY, STATE, ZIP 7033 WINONARD WAY #231 CINTI, OH, 45231			CONTACT PHONE- INCLUDE AREA CODE 513 401 3924	
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
<input type="checkbox"/>	<input type="checkbox"/>			DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET
OL STATE OH	OPERATOR LICENSE NUMBER TQ395404	OL CLASS 4	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.
CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION 331.17 FAILURE TO YIELD	CITATION NUMBER 77471	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	Non-MOTORIST
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	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

SEATING POSITION	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - PASSENGER IN UNENCLOSED CARGO AREA	AIR BAG USAGE
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	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)	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN

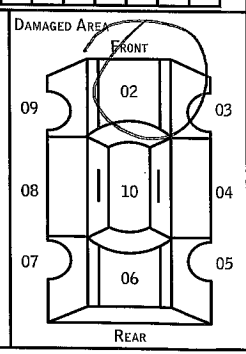
EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD)

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE- INCLUDE AREA CODE	
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED
<input type="checkbox"/>	<input type="checkbox"/>			DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE- INCLUDE AREA CODE	
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED
<input type="checkbox"/>	<input type="checkbox"/>			DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET



UNIT

LOCAL REPORT NUMBER
115-25082UNIT NUMBER **01** OWNER NAME: LAST, FIRST, MIDDLE (SAME AS DRIVER)OWNER PHONE NUMBER - INC. AREA CODE (SAME AS DRIVER)DAMAGE SCALE **3**OWNER ADDRESS: CITY, STATE, ZIP (SAME AS DRIVER)LP STATE **OH** LICENSE PLATE NUMBER **GLN 5557**VEHICLE IDENTIFICATION NUMBER **1C3BS55E5HG204274** # OCCUPANTS **01**VEHICLE YEAR **1987** VEHICLE MAKE **CHRYSLER**VEHICLE MODEL **LEBARON** VEHICLE COLOR **SILVER**PROOF OF INSURANCE SHOWN INSURANCE COMPANY **ERIE**POLICY NUMBER **011-640739000** TOWED BY

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE- INCLUDE AREA CODE

US DOT
HM PLACARD ID No.
HM CLASS NUMBERVEHICLE WEIGHT GVWR/GCWR
 1 - LESS THAN OR EQUAL TO 10K LBS.
 2 - 10,001 TO 26,000 LBS.
 3 - MORE THAN 26,000 LBS.
 HAZARDOUS MATERIAL RELEASEDCARGO 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/UNKNOWNTRAFFICWAY DESCRIPTION
 1 - Two-Way, Not Divided
 2 - Two-Way, Not Divided, Continuous Left Turn Lane
 3 - Two-Way, Divided, Unprotected (Painted or Grass > 4 Ft.) Median
 4 - Two-Way, Divided, Positive Median Barrier
 5 - One-Way Trafficway
 HIT / SKIP UNITNON-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/UNKNOWNTYPE OF USE
 1 - PERSONAL
 2 - COMMERCIAL
 3 - GOVERNMENT
 IN EMERGENCY RESPONSEUNIT TYPE
 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
 99 - UNKNOWN OR HIT / SKIPPASSENGER VEHICLES (LESS THAN 9 PASSENGERS)
 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 VEHICLEMED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS
 21 - BUS/VAN (9-15 SEATS, INC DRIVER)
 22 - BUS (16+ SEATS, INC DRIVER)
 23 - ANIMAL WITH RIDER
 24 - ANIMAL WITH BUGGY, WAGON, SURREY
 25 - BICYCLE/PEDACYCLIST
 26 - PEDESTRIAN/SKATER
 27 - OTHER NON-MOTORIST
 HAS HM PLACARDSPECIAL FUNCTION
 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 - FIRE
 10 - HIGHWAY/MAINTENANCE
 11 - MILITARY
 12 - POLICE
 13 - PUBLIC UTILITY
 14 - OTHER GOVERNMENT
 15 - CONSTRUCTION EQUIP.
 16 - FARM VEHICLE
 17 - FARM EQUIPMENT
 18 - MOTORHOME
 19 - GOLF CART
 20 - TRAIN
 21 - OTHER (EXPLAIN IN NARRATIVE)MOST DAMAGED AREA
 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 - OTHERIMPACT AREA
 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 - OTHERACTION
 1 - NON-CONTACT
 2 - NON-COLLISION
 3 - STRIKING
 4 - STRUCK
 5 - STRIKING/STRUCK
 9 - UNKNOWNPRE-CRASH ACTIONS
 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
 99 - UNKNOWNNON-MOTORIST
 13 - NEGOTIATING A CURVE
 14 - OTHER MOTORIST ACTIONNON-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 ACTIONNON-MOTORIST
 21 - OTHER NON-MOTORIST ACTIONCONTRIBUTING 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
SECONDARY
 99 - UNKNOWNVEHICLE DEFECTS
 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 DEFECTSSEQUENCE OF EVENTS
1 **20** 2 3 4 5 6
FIRST HARMFUL EVENT **1** MOST HARMFUL EVENT **1**
 99 - UNKNOWNNON-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 OR SUPPORT
 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL
 12 - DOWNHILL RUNAWAY
 13 - OTHER NON-COLLISIONCOLLISION 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 OBJECTCOLLISION 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 OBJECTUNIT SPEED **25** POSTED SPEED **50**
 STATED
 ESTIMATEDTRAFFIC CONTROL
 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 REPORTEDUNIT DIRECTION
FROM **2** TO **1**
 1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST
 5 - NORTHEAST
 6 - NORTHWEST
 7 - SOUTHEAST
 8 - SOUTHWEST
 9 - UNKNOWN



UNIT

LOCAL REPORT NUMBER

1151-250182

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (X) SAME AS DRIVER	OWNER PHONE NUMBER - INC. AREA CODE (X) SAME AS DRIVER	DAMAGE SCALE 4	DAMAGED AREA
OWNER ADDRESS: CITY, STATE, ZIP (X) SAME AS DRIVER			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER 711 YGR	VEHICLE IDENTIFICATION NUMBER JN8ASMT9EW6182509	2 - MINOR	
VEHICLE YEAR 2019S	VEHICLE MAKE NISSAN	VEHICLE MODEL SENTRA	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY NATIONWIDE	POLICY NUMBER 9234K687284	4 - DISABLING	
		TOWED BY BARNE'S	9 - UNKNOWN	
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.	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 (PAINTED 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	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT
HM CLASS NUMBER			

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 02 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 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, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 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 09 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 06 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	MOTORIST 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES PRIMARY 02 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD	MOTORIST 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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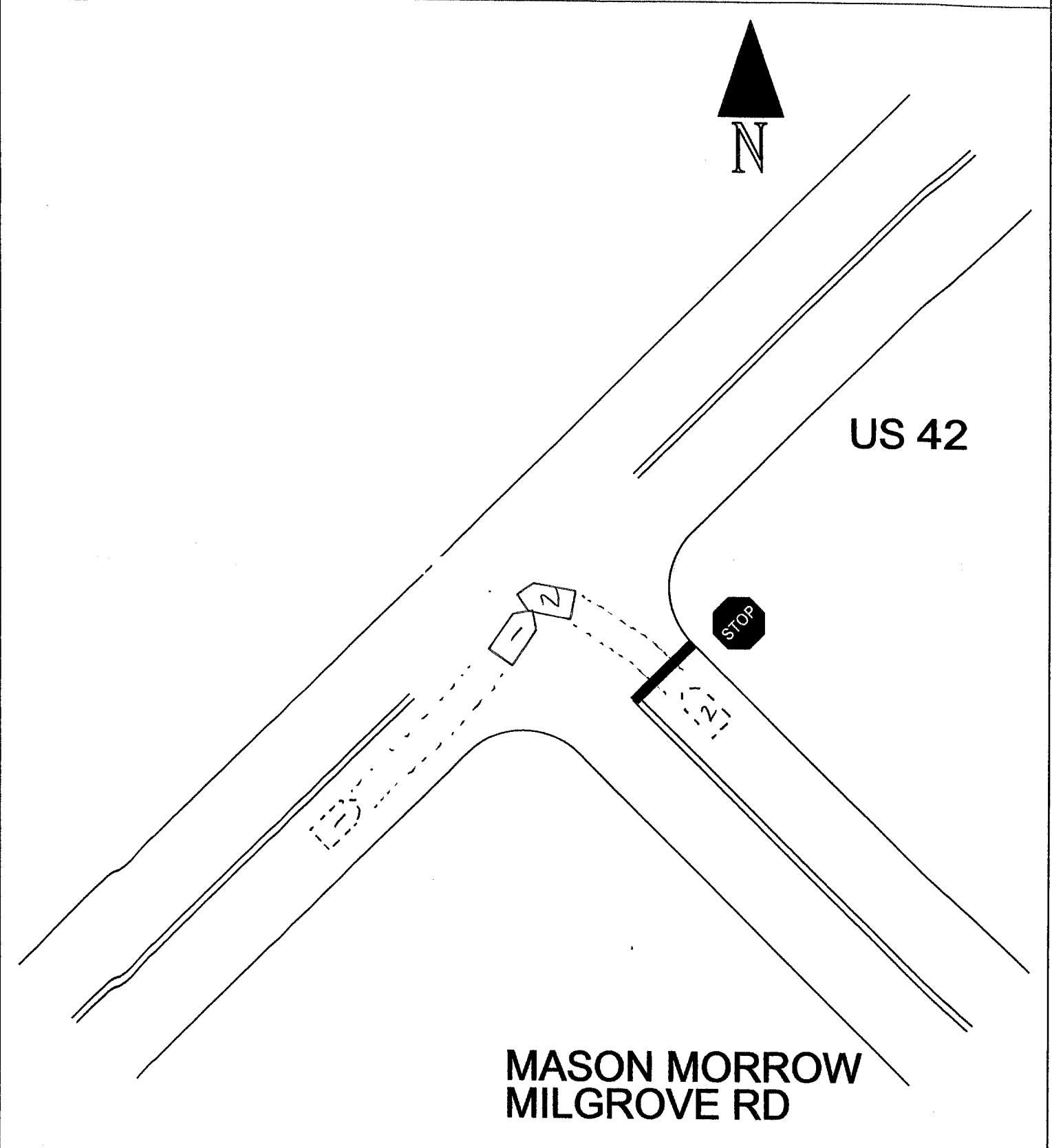
SEQUENCE OF EVENTS 1 20 2 01 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 11 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION 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 PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED 10	POSTED SPEED 50	TRAFFIC CONTROL 12 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 2 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 15-25082	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 8 D 5 Y 15
IN COUNTY OF WARREN	ACCIDENT LOCATION US 42 @ MASOM MORROW MILGROVE RD	



NOT TO SCALE

OFFICER'S SIGNATURE 	BADGE NUMBER 42
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LOCAL REPORT NUMBER 15-25082	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 8 D 5 Y 15
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, **Rob Hughes** HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

P.O. ANDREW HERRLINGER AT **42 + Mason Marrow**
OFFICER'S NAME LOCATION

I WAS DRIVING NORTH ON 42
 WHEN THE YOUNG LADY ATTEMPTED
 TO TURN SOUTH FROM MASON MARROW TO
 SOUTH 42. THE CAR IN FRONT OF
 ME TURNED RIGHT (LEFT) ON
 MASON MARROW AND SHE TRIED TO
 BEAT ME OUT. I SLAMMED ON
 THE BRAKES BUT COULDN'T AVOID THEM.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED?

NO

Q. WERE YOU WEARING YOUR SEAT BELT?

YES

Q. WHAT DIRECTION WERE YOU GOING?

NORTH

Q. WHAT WAS YOUR SPEED?

25-28

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH?

NO

ADDRESS OF WITNESS

1208 Catalpa Ridge Dr.

PHONE

513-310-2939

SIGNATURE OF WITNESS

X

[Handwritten Signature]

OFFICER'S SIGNATURE

X

[Handwritten Signature]



LOCAL REPORT NUMBER 15-25082	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 8 D 5 Y 15
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Erica Sharrett HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
P.O. ANDREW HERRLINGER AT 3500 MASON - MORROW
OFFICER'S NAME LOCATION

I was driving on mason ~~on~~ ^{morrow} and stopped at the stop sign. I went to turn left as another car had turned right on to ~~the~~ ^{mason} ~~turn~~ ^{morrow} when I turned ⁴² the silver car and I crashed. He was trying to pass the car turning and ~~hit~~ hit the front of my nissan.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? **No**

Q. WERE YOU WEARING YOUR SEAT BELT? **yes**

Q. WHAT DIRECTION WERE YOU GOING? **turning left onto mason**

Q. WHAT WAS YOUR SPEED? **10 mph**

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

ADDRESS OF WITNESS 1033 Wind word Way Apt 231 Cincy OH 45241	PHONE 513-401-3924
SIGNATURE OF WITNESS X [Signature]	OFFICER'S SIGNATURE X [Signature]