



# TRAFFIC CRASH REPORT

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

LOCAL INFORMATION		REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
<input type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	0830H	MASON POLICE	02
<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OH-3			98 - ANIMAL 99 - UNKNOWN

COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
83	MASON	MASON	11/03/2015	1445	TUE

DEGREES / MINUTES / SECONDS	LONGITUDE	DECIMAL DEGREES	LONGITUDE
39° 29' 16.70"	-84° 19' 46.87"	39.337971	-84.329685

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"/> N - NORTHBOUND E - EASTBOUND <input type="checkbox"/> 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 PT - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE NUMBER	LOC PREFIX	LOCATION ROAD NAME	LOCATION ROAD TYPE <sup>2</sup>	ROUTE TYPES <sup>1</sup>
	N, S, E, W	SNIDER	RD	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 NUMBER	REF PREFIX	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE <sup>2</sup>
200	N			WESTERN RD	RD

REFERENCE POINT USED	CRASH LOCATION	INTERSECTION RELATED	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/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 type="checkbox"/>	1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIAN 9 - UNKNOWN 4 - ON ROADSIDE

ROAD CONTOUR	ROAD CONDITIONS	WEATHER
1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	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	WEATHER
2 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 1 - REAR-END 3 - HEAD-ON 5 - BACKING 7 - 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	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

WORK ZONE RELATED	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<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	Diagram
<p>UNITS #1 AND #2 WERE NORTHBOUND ON SNIDER RD. UNIT #1 STOPPED IN TRAFFIC AND WAS STRUCK FROM BEHIND BY #2.</p>	<p>Write an "N" on the compass diagram to indicate the direction of north.</p>

REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
Police Agency	<input type="checkbox"/>	11/03/2015	1447	1448	1453	1520	39	67
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE OF					
BRYANT	55	50						



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE LICHTENBERG, STEPHANIE	DATE OF BIRTH 08211969	AGE 46	GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 5640 GLEN WILLOW MASON OHIO 46040			CONTACT PHONE- INCLUDE AREA CODE 513 767 1656	
INJURIES 2	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER RP235882	OL CLASS A	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER
			HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE WESTMEYER, ANN D.	DATE OF BIRTH 02081960	AGE 56	GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 4991 SARAH DR MASON OHIO 45040			CONTACT PHONE- INCLUDE AREA CODE 513 573 0473	
INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER RT141777	OL CLASS A	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE) 333.03		OFFENSE DESCRIPTION ACOA		CITATION NUMBER 79506
			HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT
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	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

SEATING POSITION	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	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
EJECTION	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED

TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL TEST STATUS	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
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 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - 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 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 - 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

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
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER
			HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY

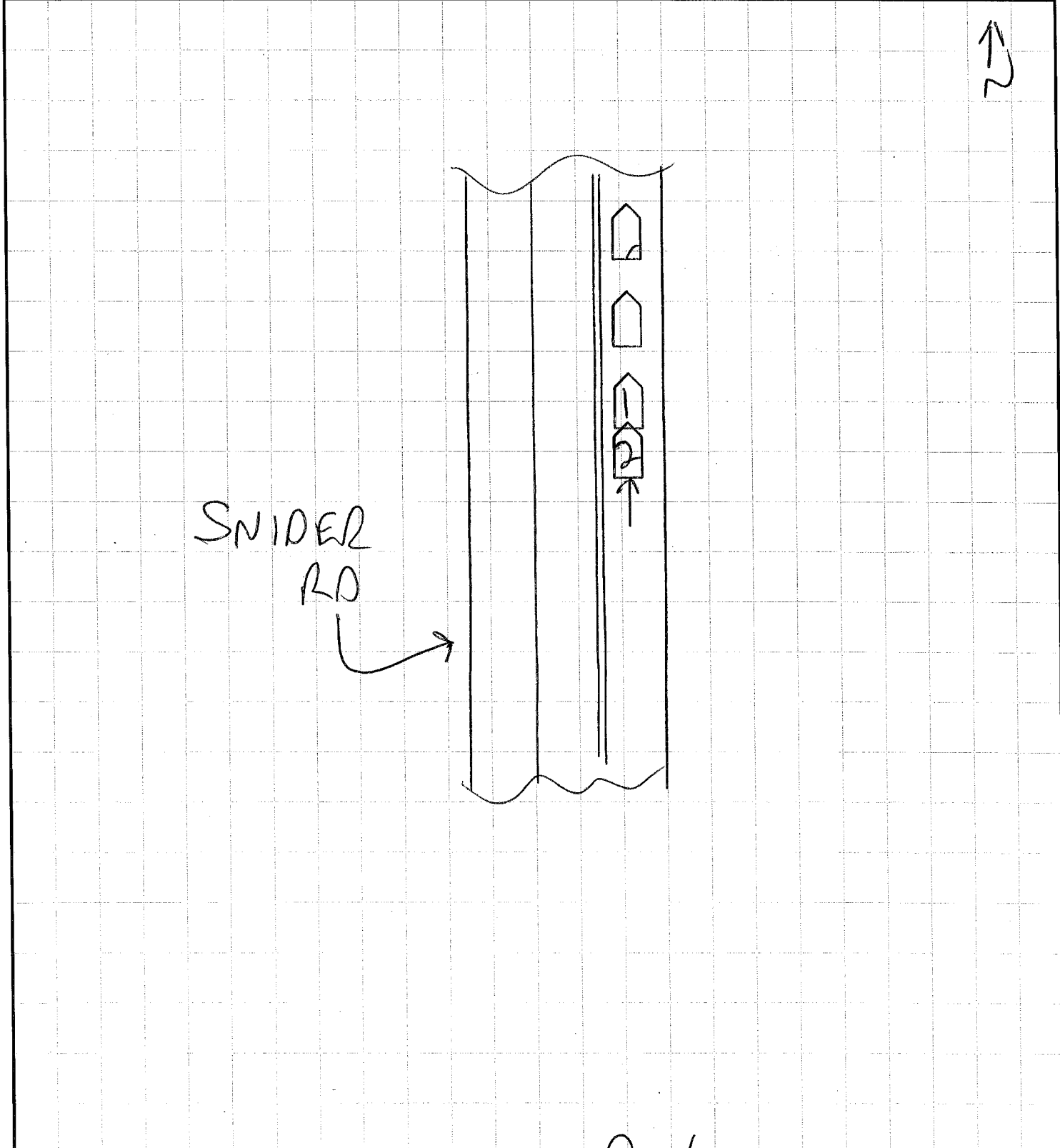
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE- INCLUDE AREA CODE	
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION		CITATION NUMBER
			HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY







LOCAL REPORT NUMBER	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH <b>11   3   15</b>
IN COUNTY OF <b>WARREN</b>	CRASH LOCATION <b>SNIDER</b>	



NOT TO SCALE

OFFICER'S SIGNATURE <b>X [Signature]</b>	BADGE NUMBER <b>33</b>
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LOCAL REPORT NUMBER	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH M 11   D 3   Y 15
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Stephanie Lichtenberg PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
P.O. K. S. BRYANT OFFICER'S NAME AT Snider + Western Row Rd LOCATION

A few cars were stopped short of RR tracks  
 I was stopped also, van misjudged stopping  
 time + slammed into back end of my van.  
 My neck and lower back hurt slightly but I  
 am a bit shook up.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? back + neck  
 Q. WERE YOU WEARING YOUR SEAT BELT? Yes  
 Q. WHAT DIRECTION WERE YOU GOING? North  
 Q. WHAT WAS YOUR SPEED? Stopped  
 Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? No

ADDRESS OF WITNESS <u>5646 Glen Willow, Mason OH 45040</u>	PHONE <u>513-767-1656</u>
SIGNATURE OF WITNESS X <u>Stephanie Lichtenberg</u>	OFFICER'S SIGNATURE X <u>P.O. K.S. Bryant</u>



LOCAL REPORT NUMBER	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH M 11 D 3 Y 15
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I, Ann Westmeyer HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

P.O. K. S. BRYANT AT Snyder Rd.  
OFFICER'S NAME LOCATION

Driving on Snyder toward Tylersville Rd  
 Did not <sup>see</sup> school bus and cars stopping soon  
 enough. Stepped on brakes but hit  
 the Honda van in front of me  
 No other cars involved  
 No one injured.

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? ?

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

ADDRESS OF WITNESS <u>4991 Sarah Dr Mason OH</u>	PHONE <u>573-0473</u>
SIGNATURE OF WITNESS X <u>Ann Westmeyer</u>	OFFICER'S SIGNATURE X <u>P.O. KSB</u>