



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	39816	CRASH SEVERITY	HIT/SKIP
		1 - FATAL 2 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	REPORTING AGENCY NCIC * 08804	REPORTING AGENCY NAME * MASON POLICE	NUMBER OF UNITS 02	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
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COUNTY * 83	CITY * MASON	CITY, VILLAGE, TOWNSHIP * MASON	CRASH DATE * 12/16/2015	TIME OF CRASH 1504	DAY OF WEEK WED
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DEGREES / MINUTES / SECONDS	DECIMAL DEGREES
LATITUDE 39° 22' 00.49"	LATITUDE 39.366804
LONGITUDE -84° 19' 53.06"	LONGITUDE -84.331406

ROADWAY DIVISION <input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	NUMBER OF THRU LANES 02	ROAD TYPES OR MILEPOST <sup>2</sup> 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
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LOCATION ROUTE TYPE <sup>1</sup>	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME MASON	LOCATION ROAD TYPE <sup>2</sup>	ROUTE TYPES <sup>1</sup> IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE
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DISTANCE FROM REFERENCE AT	DIR FROM REF N,S,E,W	REFERENCE ROUTE TYPE <sup>1</sup>	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) SNIDER	REFERENCE ROAD TYPE <sup>2</sup>
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 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	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
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ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 01 SECONDARY 01	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
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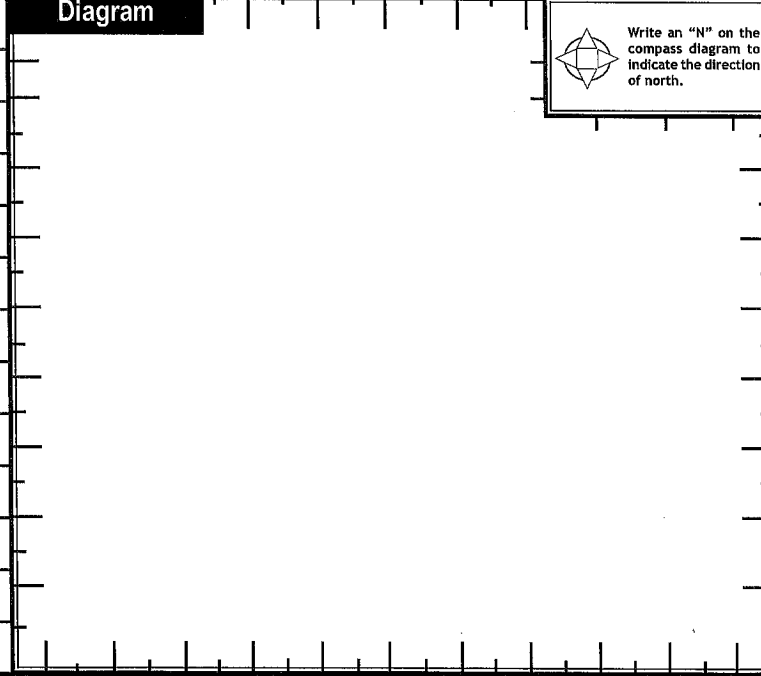
MANNER OF CRASH COLLISION/IMPACT 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 2 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY 01 SECONDARY 01	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 * SECONDARY CONDITION ONLY	SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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WORK ZONE RELATED <input type="checkbox"/>	WORKERS PRESENT <input type="checkbox"/>	LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/>	LAW ENFORCEMENT PRESENT (VEHICLE ONLY) <input type="checkbox"/>	TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
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NARRATIVE

UNIT #1 WAS EAST BOUND ON MASON RD. UNIT #2 WAS TURNING LEFT FROM SNIDER RD TO WEST BOUND MASON RD. UNIT #2 FAILED TO YIELD AND WAS STRUCK BY #1.



REPORT TAKEN BY POLICE AGENCY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED 12/16/2015	TIME CRASH REPORTED 1504	DISPATCH TIME 1504	ARRIVAL TIME 1510	TIME CLEARED 1540	OTHER INVESTIGATION TIME 30	TOTAL MINUTES 60
OFFICER'S NAME * BRYANT	OFFICER'S BADGE NUMBER 55	CHECKED BY 50	PAGE OF					



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER <b>01</b>	NAME: LAST, FIRST, MIDDLE <b>REINHARDT, CRAIG L.</b>	DATE OF BIRTH <b>01221979</b>	AGE <b>36</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>12074 7TH AVE CINCINNATI OHIO 45249</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513 620 1817</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>RS445388</b>	OL CLASS <b>A</b>	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE <b>1</b>	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
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OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <b>1</b>
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UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>WILEY, JESSICA R.</b>	DATE OF BIRTH <b>07241993</b>	AGE <b>22</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>6102 BRIDGEWATER MASON OHIO 45040</b>	CONTACT PHONE- INCLUDE AREA CODE <b>843 330 3779</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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OL STATE <b>SC</b>	OPERATOR LICENSE NUMBER <b>102876930</b>	OL CLASS <b>A</b>	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.	CONDITION <b>1</b>	ALCOHOL/DRUG SUSPECTED <b>1</b>	ALCOHOL TEST STATUS <b>1</b>	ALCOHOL TEST TYPE <b>1</b>	ALCOHOL TEST VALUE <b>1</b>	DRUG TEST STATUS <b>1</b>	DRUG TEST TYPE <b>1</b>
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OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE) <b>331.18</b>	OFFENSE DESCRIPTION <b>FAILED TO YIELD</b>	CITATION NUMBER <b>79524</b>	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <b>1</b>
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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 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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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 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
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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 <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>THIBODEAU, MONIQUE</b>	DATE OF BIRTH <b>06211984</b>	AGE <b>31</b>	GENDER <b>F</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>5641 BRISTOL MASON OHIO 45040</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513 430 1427</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>03</b>	AIR BAG USAGE <b>1</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>RAINS, AUSTIN</b>	DATE OF BIRTH <b>09251993</b>	AGE <b>22</b>	GENDER <b>M</b> F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP <b>7606 BONNIE DR WEST CHESTER OH 46069</b>	CONTACT PHONE- INCLUDE AREA CODE <b>513 461 5691</b>
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INJURIES <b>1</b>	INJURED TAKEN BY <b>1</b>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>01</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>06</b>	AIR BAG USAGE <b>5</b>	EJECTION <b>1</b>	TRAPPED <b>1</b>
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# UNIT

LOCAL REPORT NUMBER

UNIT NUMBER 011	OWNER NAME: LAST, FIRST, MIDDLE SAME AS DRIVER	OWNER PHONE NUMBER - INC. AREA CODE SAME AS DRIVER	DAMAGE SCALE 3	DAMAGED AREA FRONT
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OWNER ADDRESS: CITY, STATE, ZIP SAME AS DRIVER				
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LP STATE OH	LICENSE PLATE NUMBER EJP 4682	VEHICLE IDENTIFICATION NUMBER JTJ2ST97N450022497	# OCCUPANTS 01
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VEHICLE YEAR 1995	VEHICLE MAKE TOYOTA	VEHICLE MODEL CELICA	VEHICLE COLOR SL
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PROOF OF INSURANCE SHOWN X	INSURANCE COMPANY PROGRESSIVE	POLICY NUMBER 900850165	TOWED BY
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CARRIER NAME, ADDRESS, CITY, STATE, ZIP	CARRIER PHONE- INCLUDE AREA CODE
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US 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 - CRAIN, 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 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 5 - ONE-WAY TRAFFICWAY
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HM PLACARD ID No.	HM CLASS NUMBER	HAZARDOUS MATERIAL RELEASED	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	IN EMERGENCY RESPONSE	UNIT 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	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)
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SPECIAL 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 - 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 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 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 99 - UNKNOWN	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 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 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	NON-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	VEHICLE 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 DEFECTS
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SEQUENCE OF EVENTS 1 20 2 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION
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UNIT SPEED 36 POSTED SPEED 35	TRAFFIC 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 REPORTED	UNIT DIRECTION FROM 4 TO 3 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

UNIT NUMBER: 02 OWNER NAME: LAST, FIRST, MIDDLE ( ) SAME AS DRIVER: WILEY, ZACHARY H. OWNER PHONE NUMBER - INC. AREA CODE (X) SAME AS DRIVER: DAMAGE SCALE: 3 DAMAGED AREA: FRONT

OWNER ADDRESS: CITY, STATE, ZIP (X) SAME AS DRIVER: LP STATE: OH LICENSE PLATE NUMBER: GN R3810 VEHICLE IDENTIFICATION NUMBER: 4T1BE32K73H118919 # OCCUPANTS: 03

VEHICLE YEAR: 2003 VEHICLE MAKE: TOYOTA VEHICLE MODEL: CAMRY VEHICLE COLOR: SIL

PROOF OF INSURANCE SHOWN: INSURANCE COMPANY: USAA POLICY NUMBER: 008496779C TOWED BY:

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

US DOT: VEHICLE WEIGHT GVWR/GCWR: CARGO BODY TYPE: TRAFFICWAY DESCRIPTION:

HM PLACARD ID NO.: HM CLASS NUMBER: HAZARDOUS MATERIAL RELEASED: PASSENGER VEHICLES (LESS THAN 9 PASSENGERS): MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS: BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER):

NON-MOTORIST LOCATION PRIOR TO IMPACT: TYPE OF USE: UNIT TYPE: SPECIAL FUNCTION: MOST DAMAGED AREA: IMPACT AREA: ACTION:

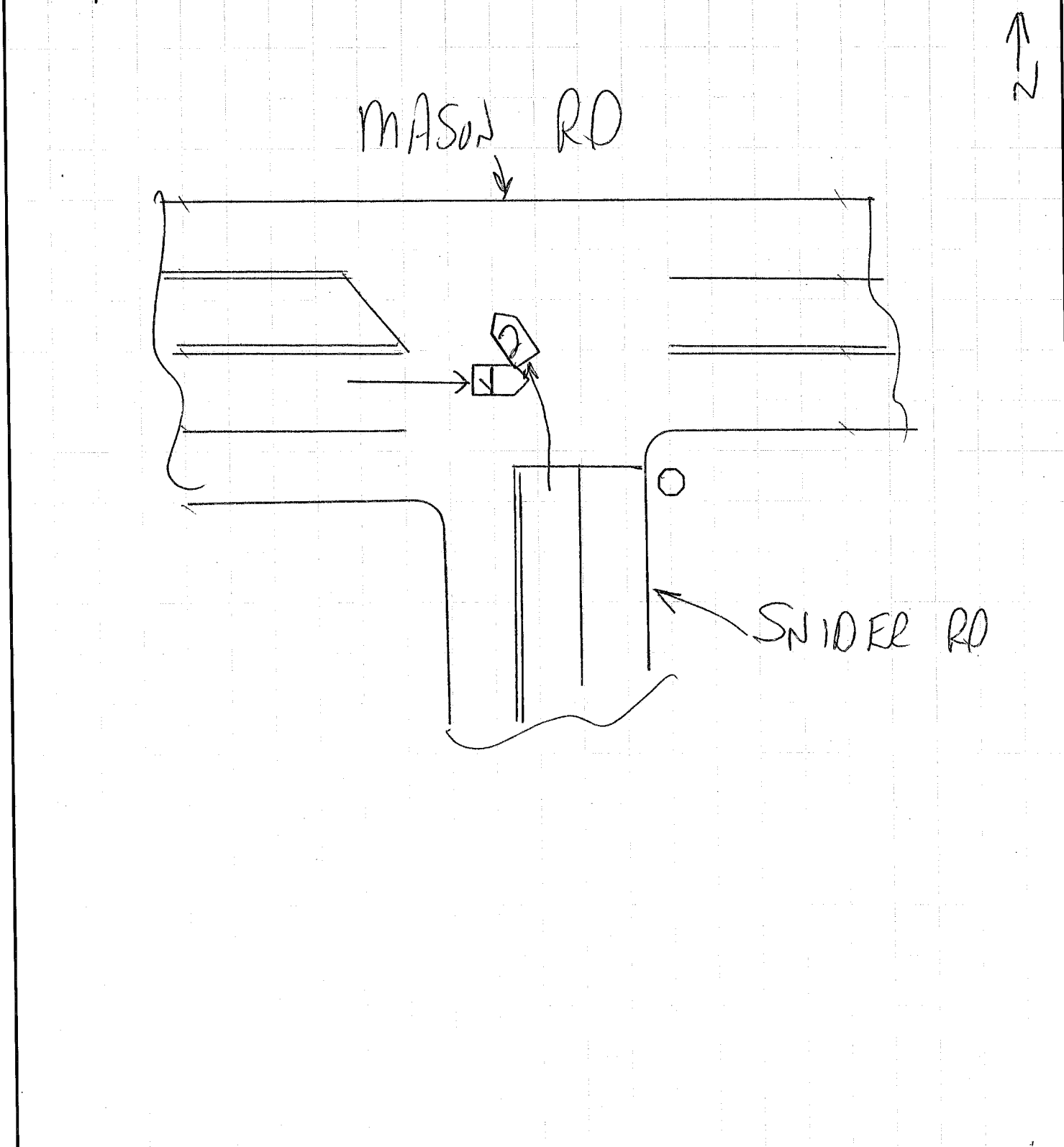
PRE-CRASH ACTIONS: MOTORIST: NON-MOTORIST: CONTRIBUTING CIRCUMSTANCES: PRIMARY: SECONDARY: VEHICLE DEFECTS:

SEQUENCE OF EVENTS: NON-COLLISION EVENTS: COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED: COLLISION WITH FIXED OBJECT:

UNIT SPEED: POSTED SPEED: TRAFFIC CONTROL: UNIT DIRECTION: FROM: TO:



LOCAL REPORT NUMBER	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 12 10 16 Y 15
IN COUNTY OF WARREN	CRASH LOCATION MASON RD	



NOT TO SCALE

OFFICER'S SIGNATURE X PD KS [Signature]	BADGE NUMBER 55
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LOCAL REPORT NUMBER	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH M 12 D 16 Y 15
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jessica Wilky HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
**P.O. K. S. BRYANT** AT Snider Road  
OFFICER'S NAME LOCATION

I was stopped at the stop sign on Snider road I waited a sufficient amount of time for oncoming traffic to pass. When I made my turn a car I had not seen prior to that was oncoming and hit my rear end.

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

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? left

Q. WHAT WAS YOUR SPEED? 20

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

ADDRESS OF WITNESS 102 Bridge Water PHONE (843) 330-3779

SIGNATURE OF WITNESS Jessica Wilky OFFICER'S SIGNATURE P.O. KSBryant

X



LOCAL REPORT NUMBER	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH <b>11/2/16/15</b>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Craig Reinhardt HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

P.O. K. S. BRYANT AT Mason, OH  
OFFICER'S NAME LOCATION

*(East)*  
 I was driving straight on Mason Rd when the other car pulled out from Snider Rd. I hit my brakes hard and attempted to miss the vehicle, but was unable to stop in time.

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

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? East

Q. WHAT WAS YOUR SPEED? 30-40 mph

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

ADDRESS OF WITNESS <u>12074 7th Ave Cincinnati, OH 45249</u>	PHONE <u>513-620-1817</u>
SIGNATURE OF WITNESS <u>X [Signature]</u>	OFFICER'S SIGNATURE <u>X [Signature] KSB</u>