



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER * 2016 007805 CRASH SEVERITY 3 HIT/SKIP 1 - SOLVED
 2 - UNSOLVED
 1 - FATAL
 2 - INJURY
 3 - PDO

LOCAL INFORMATION

PHOTOS TAKEN PDO UNDER STATE REPORTABLE DOLLAR AMOUNT PRIVATE PROPERTY REPORTING AGENCY NCIC * 10831014 REPORTING AGENCY NAME * MASON POLICE
 NUMBER OF UNITS 02 UNIT IN ERROR 01 98 - ANIMAL 99 - UNKNOWN

COUNTY * 83 CITY * MASON CITY, VILLAGE, TOWNSHIP * MASON CRASH DATE * 1031072016 TIME OF CRASH 110119 DAY OF WEEK MON

DEGREES / MINUTES / SECONDS LATITUDE 0 / 1 " LONGITUDE 0 / 1 " DECIMAL DEGREES LATITUDE 39.335294 LONGITUDE -784.279726

ROADWAY DIVISION DIVIDED UNDIVIDED DIVIDED LANE DIRECTION OF TRAVEL N N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND NUMBER OF THRU LANES 03 ROAD TYPES OR MILEPOST ²
 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 1R LOCATION ROUTE NUMBER 71 LOC PREFIX N,S,E,W LOCATION ROAD NAME LOCATION ROUTE TYPE ² ROUTE TYPES ¹
 IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE
 US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE
 SR - STATE ROUTE

DISTANCE FROM REFERENCE 275 DIR FROM REF MILES FEET YARDS REFERENCE ROUTE TYPE ¹ REFERENCE ROUTE NUMBER REF PREFIX N,S,E,W REFERENCE NAME (ROAD, MILEPOST, HOUSE #) WESTERN RD REFERENCE ROAD TYPE ² RA

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

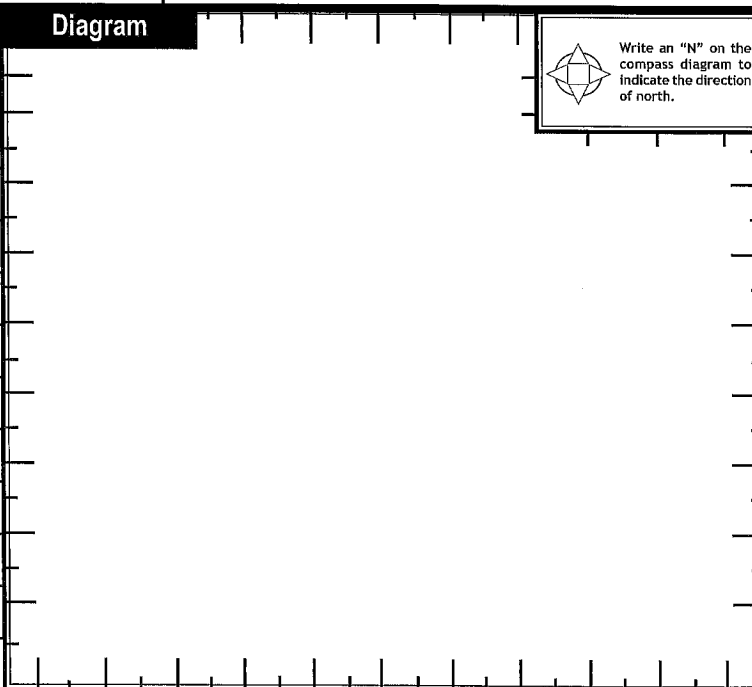
ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN ROAD CONDITIONS PRIMARY 01 SECONDARY 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN * 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 01 SECONDARY 01 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER * SECONDARY CONDITION ONLY SCHOOL BUS RELATED SCHOOL ZONE RELATED YES, SCHOOL BUS DIRECTLY INVOLVED YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) LAW ENFORCEMENT PRESENT (VEHICLE ONLY) 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

NARRATIVE
UNIT #02 WAS TRAVELLING NORTHBOUND
ON THE 171 EXIT RAMP TO
WESTERN RD. UNIT #01 WAS
NORTHBOUND ON THE RAMP AHEAD OF
UNIT #02, MADE A TURN, AND
WAS STRUCK IN THE LEFT SIDE BY
UNIT #02.



REPORT TAKEN BY POLICE AGENCY MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) DATE CRASH REPORTED 1031072016 TIME CRASH REPORTED 110119 DISPATCH TIME 110211 ARRIVAL TIME 110215 TIME CLEARED 111000 OTHER INVESTIGATION TIME 0030 TOTAL MINUTES 0065
 OFFICER'S NAME * FITZGERALD OFFICER'S BADGE NUMBER 37 CHECKED BY SO PAGE OF



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
2016-007805

MOTORIST/Non-MOTORIST

MOTORIST/Non-MOTORIST

OCCUPANT

OCCUPANT

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE YOSICK KRISTY JO	DATE OF BIRTH 19911211951	AGE 64	GENDER F F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 222 THURMAN AVE COLUMBUS OH 43206			CONTACT PHONE- INCLUDE AREA CODE 614-638-8922	
INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET
OL STATE OH	OPERATOR LICENSE NUMBER R5787010	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 1
OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 331.12	OFFENSE DESCRIPTION U TURN	CITATION NUMBER 080155	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1

UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE WOODS SOLOMON	DATE OF BIRTH 1121161962	AGE 53	GENDER M F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP 11476 NEW GATE LN CINCINNATI OH 45240			CONTACT PHONE- INCLUDE AREA CODE 513-305-4546	
INJURIES 1	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET
OL STATE OH	OPERATOR LICENSE NUMBER R6620230	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 1
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST
1 - NO INJURY / NONE REPORTED	1 - NOT TRANSPORTED / TREATED AT SCENE	MOTORIST	01 - NONE USED - VEHICLE OCCUPANT	09 - NONE USED
2 - POSSIBLE	2 - EMS	02 - SHOULDER BELT ONLY USED	05 - CHILD RESTRAINT SYSTEM- FORWARD FACING	10 - HELMET USED
3 - NON-INCAPACITATING	3 - POLICE	03 - LAP BELT ONLY USED	06 - CHILD RESTRAINT SYSTEM- REAR FACING	11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)
4 - INCAPACITATING	4 - OTHER	04 - SHOULDER AND LAP BELT USED	07 - BOOSTER SEAT	12 - REFLECTIVE CLOTHING
5 - FATAL	9 - UNKNOWN		08 - HELMET USED	13 - LIGHTING
				14 - OTHER

SEATING POSITION	AIR BAG USAGE
01 - FRONT - LEFT SIDE (Motorcycle Driver)	1 - NOT DEPLOYED
02 - FRONT - MIDDLE	2 - DEPLOYED FRONT
03 - FRONT - RIGHT SIDE	3 - DEPLOYED SIDE
04 - SECOND - LEFT SIDE (Motorcycle Passenger)	4 - DEPLOYED BOTH FRONT/SIDE
05 - SECOND - MIDDLE	5 - NOT APPLICABLE
06 - SECOND - RIGHT SIDE	9 - DEPLOYMENT UNKNOWN

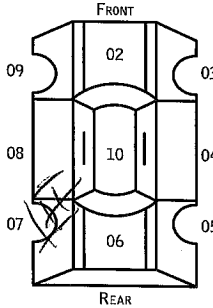
EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED	1 - NOT TRAPPED	1 - CLASS A	1 - APPARENTLY NORMAL	1 - NONE
2 - TOTALLY EJECTED	2 - EXTRICATED BY MECHANICAL MEANS	2 - CLASS B	2 - PHYSICAL IMPAIRMENT	2 - YES - ALCOHOL SUSPECTED
3 - PARTIALLY EJECTED	3 - EXTRICATED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

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

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE- INCLUDE AREA CODE	
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.
CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE- INCLUDE AREA CODE	
INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/> DOT COMPLIANT MOTORCYCLE HELMET
OL STATE	OPERATOR LICENSE NUMBER	OL CLASS	No <input type="checkbox"/> VALID OL	M/C <input type="checkbox"/> END.
CONDITION	ALCOHOL/DRUG SUSPECTED	ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	ALCOHOL TEST VALUE
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY

LOCAL REPORT NUMBER
2016007895

UNIT NUMBER 011	OWNER NAME: LAST, FIRST, MIDDLE <input checked="" type="checkbox"/> SAME AS DRIVER	OWNER PHONE NUMBER - INC. AREA CODE <input checked="" type="checkbox"/> SAME AS DRIVER	DAMAGE SCALE 2	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP <input checked="" type="checkbox"/> SAME AS DRIVER			1 - NONE 2 - MINOR 3 - FUNCTIONAL 4 - DISABLING 9 - UNKNOWN	
LP STATE OH	LICENSE PLATE NUMBER G-QF 6742	VEHICLE IDENTIFICATION NUMBER KMHKTJ5A1E1D141016141312161	# OCCUPANTS 1	
VEHICLE YEAR 2011	VEHICLE MAKE HYUNDAI	VEHICLE MODEL ACCENT	VEHICLE COLOR GRAY	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY PROGRESSIVE	POLICY NUMBER 907250874	TOWED BY	
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 4 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/PEDACYCLIST 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 08 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	99 - UNKNOWN	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 07 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
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CONTRIBUTING CIRCUMSTANCES	VEHICLE DEFECTS
PRIMARY 07 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	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
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

SEQUENCE OF EVENTS	Non-COLLISION EVENTS	COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED	COLLISION WITH FIXED OBJECT
1 20 2 01 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	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-COLLISION	14 - PEDESTRIAN 15 - PEDACYCLE 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

UNIT SPEED 029	POSTED SPEED 65	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 2 TO 4 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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UNIT NUMBER 1012	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)				
LP STATE OH	LICENSE PLATE NUMBER FIM 2767	VEHICLE IDENTIFICATION NUMBER 11G1K145114M16W8119D184J3	# OCCUPANTS 1	
VEHICLE YEAR 11/9/81	VEHICLE MAKE CHEVROLET	VEHICLE MODEL S10	VEHICLE COLOR BLUE	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY ALLSTATE	POLICY NUMBER 000000980905089	TOWED BY	
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 4 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 - MIDLINCK - 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	UNIT TYPE 07 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 03 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 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
99 - UNKNOWN					

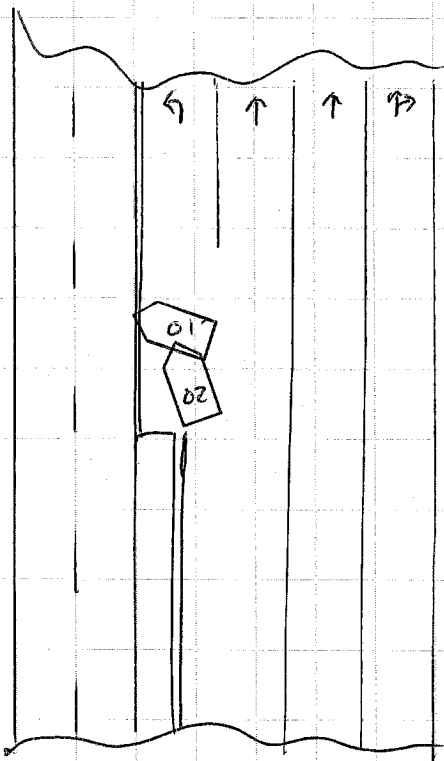
PRE-CRASH ACTIONS 01 99 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DRIVERLESS	NON-MOTORIST 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
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CONTRIBUTING CIRCUMSTANCES 01 99 - UNKNOWN	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 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 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	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 015	POSTED SPEED 16.5	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 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 <i>16-7805</i>	REPORTING AGENCY <i>MASON POLICE</i>	DATE OF CRASH <i>M 03 05 Y 16</i>
IN COUNTY OF <i>WARREN</i>	CRASH LOCATION <i>171 NB EXIT NEAR WESTERN ROW RD</i>	



NOT TO SCALE

OFFICER'S SIGNATURE <i>X [Signature]</i>	BADGE NUMBER <i>1437</i>
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LOCAL REPORT NUMBER 14-7805	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 3 D 7 Y 16
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Solomon Woods HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

P.O. ERIC FITZGERALD AT Sum
OFFICER'S NAME LOCATION

while exiting of the exit preceding to
get in the left turning lane to go to
Cintas the Driver in the Hyundai
Accent was doing a illegal U turn
from the Rt lane and turned in
front of me.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? ~~NO~~ Slightly

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? North

Q. WHAT WAS YOUR SPEED? 10 to 15

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

ADDRESS OF WITNESS
11476 Newgate Lane Cincinnati, OH 45240

SIGNATURE OF WITNESS X Solomon Woods OFFICER'S SIGNATURE X [Signature]

PHONE
513-305-4546



LOCAL REPORT NUMBER 16-7805	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 03 D 07 Y 16
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kristy J Yonick PRINTED
P.O. ERIC FITZGERALD OFFICER'S NAME
HEREBY MAKE THIS VOLUNTARY STATEMENT TO
RAMP AT 71 Scene LOCATION

I exited 71 north to ~~return~~ return to 71 South
I had missed my exit. At the end of
the ramp I attempted to complete a
Uturn and the car behind me -
which I didn't see in my rear view
mirror - hit me on the drivers
side front door, rear door, rear
quarter panel and tire.

Q: Which lane were you in before you started the U-turn?
A: Left Hand Lane

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? maybe 20 mph
Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? No

ADDRESS OF WITNESS 222 Thurman Ave Columbus OH 43206 PHONE 614-638-8922
SIGNATURE OF WITNESS X Kristy J Yonick OFFICER'S SIGNATURE X [Signature]
kristyjonick@yahoo.com