



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
20160800036936	3 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

LOCAL INFORMATION

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
<input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P			8304	MASON POLICE	02	01 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 *	MASON	10272016	1941	THU

DEGREES / MINUTES / SECONDS	LONGITUDE	DECIMAL DEGREES	LONGITUDE
LATITUDE 39° 20' 14.63"	240° 18' 41.15"	LATITUDE 39.337397	LONGITUDE -84.311432

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST 2
<input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> W - WESTBOUND	04	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
			WESTERN ROW	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 N,S,E,W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE 2
0					MASON - MONTGOMERY	RD

REFERENCE POINT USED	CRASH LOCATION	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	02 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUT	1 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	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	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

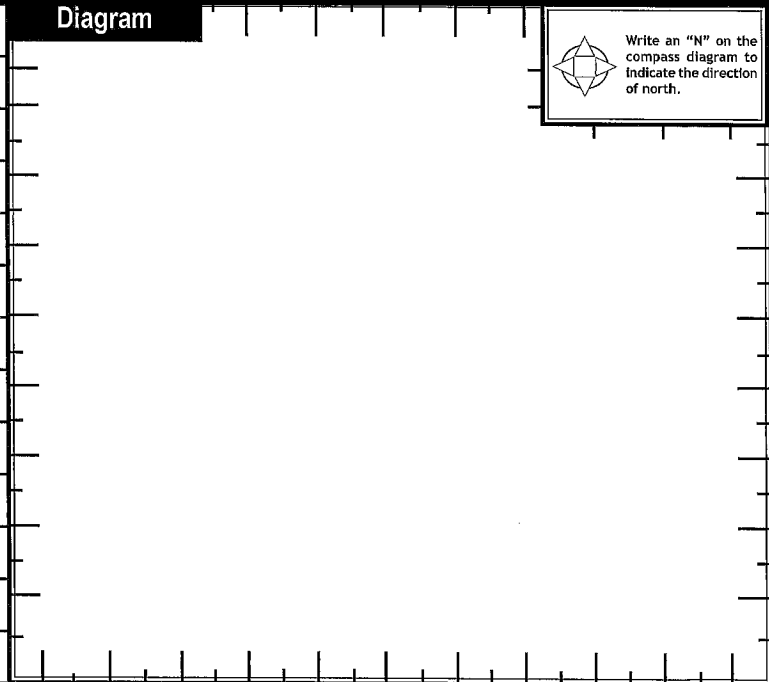
MANNER OF CRASH COLLISION/IMPACT	WEATHER
6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	1 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN

ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	4 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	<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 TRAVELING SOUTHBOUND ON MASON-MONTGOMERY RD AND ATTEMPTED TO MAKE A RIGHT TURN ONTO WESTBOUND WESTERN ROW RD. UNIT 2 WAS TRAVELING NORTHBOUND ON MASON-MONTGOMERY RD AND ATTEMPTED TO MAKE A LEFT TURN ONTO WESTBOUND WESTERN ROW RD. UNIT 1 COMPLETED AN IMPROPER LANE CHANGE DURING THE TURN AND STRUCK UNIT 2 ON THE PASSENGER SIDE.



REPORT TAKEN BY	<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> 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
10272016	1941	1941	1941	2028	60	107
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE 1 OF 5			
PO TDONLEY	1C15	JJ 50				



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
2016000036936

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE WILLIAMS, DENNIS, RAY	DATE OF BIRTH 05061951	AGE 65	GENDER M
ADDRESS, CITY, STATE, ZIP 681 OGLESBEE RD WILMINGTON, OH 45177			CONTACT PHONE- INCLUDE AREA CODE 513-497-9674	

INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER TP674385	OL CLASS 4	No VALID OL	M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE
OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY				

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE WOOD, TIMOTHY, JASON	DATE OF BIRTH 05141972	AGE 44	GENDER M
ADDRESS, CITY, STATE, ZIP 8132 COX RD WEST CHESTER, OH 45069			CONTACT PHONE- INCLUDE AREA CODE 513-571-4562	

INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RR485242	OL CLASS 4	No VALID OL	M/C END.	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE
OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION			CITATION NUMBER		HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY				

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	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - PASSENGER IN UNENCLOSED CARGO AREA	AIR BAG USAGE
01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	08 - THIRD - MIDDLE	13 - TRAILING UNIT	1 - NOT DEPLOYED
02 - FRONT - MIDDLE	09 - THIRD - RIGHT SIDE	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)	2 - DEPLOYED FRONT
03 - FRONT - RIGHT SIDE	10 - SLEEPER SECTION OF CAB (TRUCK)	15 - NON-MOTORIST	3 - DEPLOYED SIDE
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	16 - OTHER	4 - DEPLOYED BOTH FRONT/SIDE
05 - SECOND - MIDDLE		17 - OTHER	5 - NOT APPLICABLE
06 - SECOND - RIGHT SIDE		99 - UNKNOWN	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 02	NAME: LAST, FIRST, MIDDLE WOOD, TIMOTHY, JASON II	DATE OF BIRTH 12162002	AGE 13	GENDER M
ADDRESS, CITY, STATE, ZIP 8132 COX RD WEST CHESTER, OH 45069			CONTACT PHONE- INCLUDE AREA CODE 513-571-4562	

INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER					
ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE								

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---------------------------------	------------------	---------------	----------	---------



UNIT

LOCAL REPORT NUMBER
 20160000036936

UNIT NUMBER: **01** 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: **FNH8633** VEHICLE IDENTIFICATION NUMBER: **1M6DDZ6522C315438** # OCCUPANTS: **01**

VEHICLE YEAR: **2002** VEHICLE MAKE: **NISSAN** VEHICLE MODEL: **FRONTIER** VEHICLE COLOR: **SILVER**

PROOF OF INSURANCE SHOWN INSURANCE COMPANY: **ERIE** POLICY NUMBER: **Q076407823** TOWED BY:

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

US DOT: **1** VEHICLE WEIGHT GVWR/GCWR: **1** CARGO BODY TYPE: **01** TRAFFICWAY DESCRIPTION: **1**

HM PLACARD ID NO. **1** HAZARDOUS MATERIAL RELEASED:

HM CLASS NUMBER: **1**

TRAFFICWAY DESCRIPTION: **1** HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT: **01** TYPE OF USE: **1** UNIT TYPE: **06** HAS HM PLACARD

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

1 - PERSONAL
 2 - COMMERCIAL
 3 - GOVERNMENT

IN EMERGENCY RESPONSE

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 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

SPECIAL FUNCTION: **01** MOST DAMAGED AREA: **09** ACTION: **3**

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)

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

1 - NON-CONTACT
 2 - NON-COLLISION
 3 - STRIKING
 4 - STRUCK
 5 - STRIKING/STRUCK
 9 - UNKNOWN

PRE-CRASH ACTIONS: **05**

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

CONTRIBUTING CIRCUMSTANCES: **10**

PRIMARY: **10** SECONDARY: **10**

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

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: **10**

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

SEQUENCE OF EVENTS: **1** **2** **3** **4** **5** **6**

1 - FIRST HARMFUL EVENT: **1** 2 - MOST HARMFUL EVENT: **1**

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
 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 - 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: **10** POSTED SPEED: **35** TRAFFIC CONTROL: **04** UNIT DIRECTION: FROM **1** TO **4**

STATED ESTIMATED

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

1 - NORTH
 2 - SOUTH
 3 - EAST
 4 - WEST

5 - NORTHEAST
 6 - NORTHWEST
 7 - SOUTHEAST
 8 - SOUTHWEST
 9 - UNKNOWN



UNIT

LOCAL REPORT NUMBER
 20160000036936

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (X SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (X SAME AS DRIVER)	DAMAGE SCALE 2	DAMAGED AREA FRONT 09 02 03 08 10 04 07 06 05 REAR
OWNER ADDRESS: CITY, STATE, ZIP (X SAME AS DRIVER)				
LP STATE OH	LICENSE PLATE NUMBER FQL6651	VEHICLE IDENTIFICATION NUMBER UAULB64B63N019835	# OCCUPANTS 02	
VEHICLE YEAR 2003	VEHICLE MAKE AUDI	VEHICLE MODEL A6	VEHICLE COLOR BLUE	
PROOF OF INSURANCE SHOWN X	INSURANCE COMPANY GEICO	POLICY NUMBER 4217-88-48-42	TOWED BY	

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

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 - GRAIN, CHIPS, GRAVEL	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 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

NON-MOTORIST LOCATION PRIOR TO IMPACT 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 - 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 <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 03 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 - 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 04 IMPACT AREA 04	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
---	---	---	--	--	---	--------------	---

PRE-CRASH ACTIONS 06 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 PRIMARY 01 SECONDARY 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	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 - 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
--	--	--	---	--

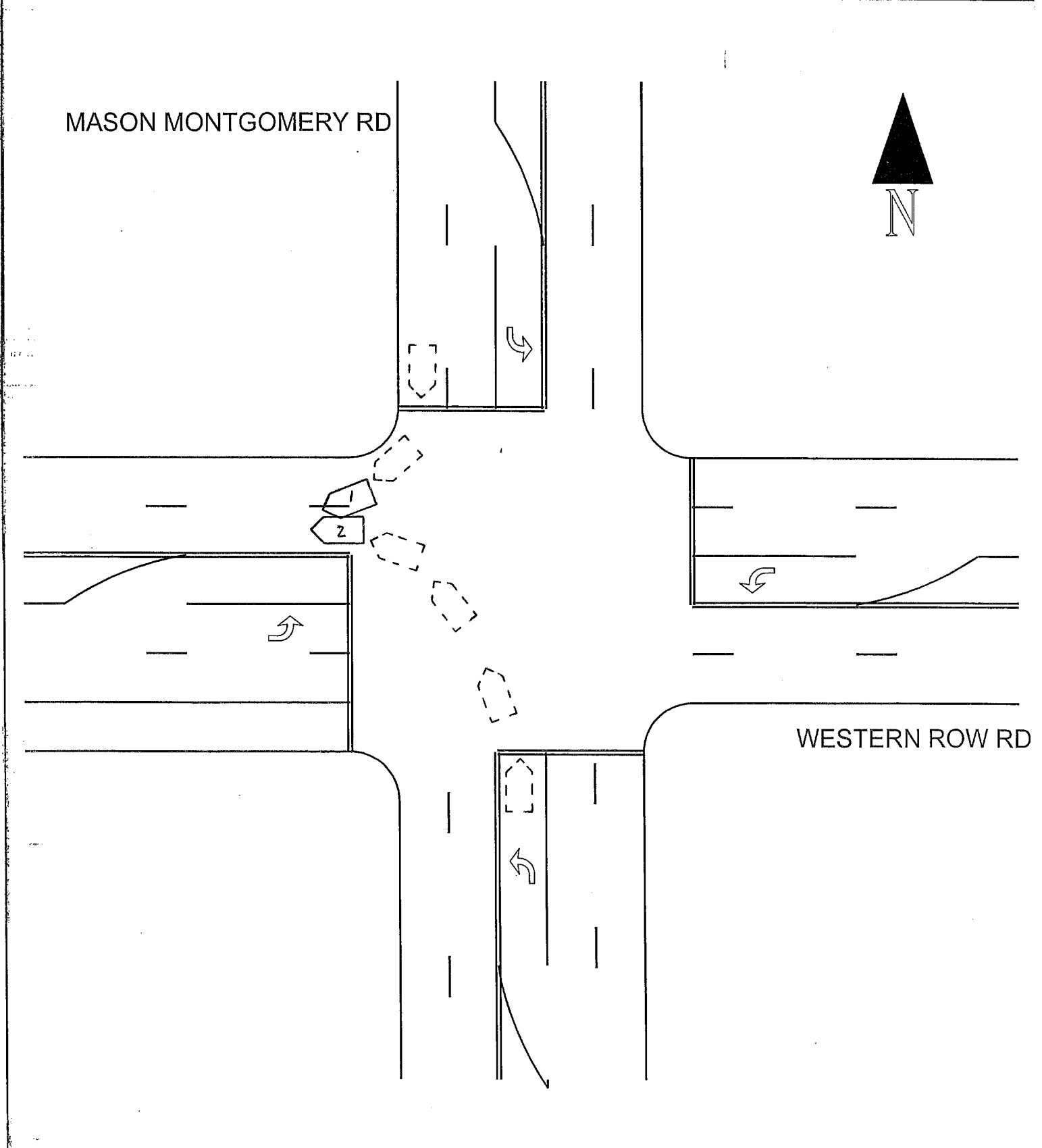
SEQUENCE OF EVENTS 1 20 2 3 4 5 6 FIRST HARMFUL EVENT 1 MOST HARMFUL EVENT 1 99 - UNKNOWN	Non-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - 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
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			

UNIT SPEED 10 POSTED SPEED 35 TRAFFIC CONTROL 04 X STATED ESTIMATED	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
--	---	--	---	---	---

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 16-36936	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 10 D 27 Y 2016
IN COUNTY OF WARREN	ACCIDENT LOCATION WESTERN ROW RD AT MASON-MONTGOMERY RD	



NOT TO SCALE

OFFICER'S SIGNATURE PO TDONLEY	BADGE NUMBER 1015
-----------------------------------	----------------------



LOCAL REPORT NUMBER 16-36936	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 10 D 27 Y 16
---------------------------------	----------------------------------	-------------------------------------

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

I, DENNIS WILLIAMS HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

P.O. C. Conn AT WESTERN ROW RD AT MASON-MONTGOMERY RD
OFFICER'S NAME LOCATION

I WAS TRAVELING SOUTH ON MASON-MONTGOMERY RD, I MADE A RIGHT HAND TURN ONTO WESTERN ROW RD AND PROCEEDED INTO THE LEFT LANE. IN DOING SO A CAR CAME INTO THAT LANE ALSO AND SIDE SWIPED MY TRUCK. I HAD THE FULL RIGHT OF WAY.

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

Q. WERE YOU WEARING YOUR SEAT BELT? YES

Q. WHAT DIRECTION WERE YOU GOING? WEST

Q. WHAT WAS YOUR SPEED? 10 EST.

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

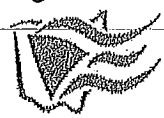
ADDRESS OF WITNESS
681 OGLESBEE RD. WINNINGTON, OHIO 45177

SIGNATURE OF WITNESS
[Signature]

PHONE
513-497-9674

OFFICER'S SIGNATURE
X PO TDONLEY IC15

ofc.
Donley



OHIO DEPARTMENT
OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 16-36936	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 10 D 27 Y 16
---------------------------------	----------------------------------	-------------------------------------

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

I, Timothy J. Wood HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
P.O. C. Conn AT WESTERN ROW RD AT MASON-MONTGOMERY RD
OFFICER'S NAME LOCATION

N. on Mason-Montg. RD, 5-10 MPH, turning left into my lane closest to me per traffic laws, onto Western-Row RD.

Other car going South on Mason-Montg RD, turning Right onto Western-Row RD. + while turning Right he changed lanes with No turn signal, also switching lanes and crashing into me.

This person admitted that he changed lanes while making his Right turn onto Western-Row RD. To the officer on scene Mr. Donley (ofc.)

B

X T.J. Wood 8132 Cox Rd. West Chester OH, 45069

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

Q. WERE YOU WEARING YOUR SEAT BELT? yes, Both My son + I

Q. WHAT DIRECTION WERE YOU GOING? NORTH ON Mason-Montg. RD.

Q. WHAT WAS YOUR SPEED? 5-10 MPH

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

ADDRESS OF WITNESS X 8132 COX RD WEST CHESTER OH, 45069 PHONE (53) 571-4562

SIGNATURE OF WITNESS X Timothy J. Wood OFFICER'S SIGNATURE X P.O. DONLEY K15