



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
14-1145	3 1 - Fatal 2 - Injury 3 - PDO	<input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved

### Local Information

<input type="checkbox"/> Photos Taken <input type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> OH-3 <input type="checkbox"/> Other	<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
			08310H	Mason PD	02	02 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
03	<input checked="" type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township	Mason	01/02/2014	11047	THU

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 ' 00 " 0	0 ' 00 " 0	39.3511985	-784.3211747

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"/> Undivided	<input checked="" type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> S - Southbound W - Westbound	03	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 <sup>1</sup>	Location Route Number	Loc Prefix N, S, E, W	Location Road Name	Location Road Type <sup>2</sup>	Route Types <sup>1</sup>
			Tylesville	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 Number	Ref Prefix N, S, E, W	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
				Reading	RD

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
<input type="checkbox"/> 1 - Intersection <input type="checkbox"/> 2 - Mile Post <input type="checkbox"/> 3 - House Number	<input checked="" type="checkbox"/> 02 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout 06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access	<input type="checkbox"/>	<input checked="" type="checkbox"/> 1 - On Roadway <input type="checkbox"/> 2 - On Shoulder <input type="checkbox"/> 3 - In Median <input type="checkbox"/> 4 - On Roadside <input type="checkbox"/> 5 - On Gore <input type="checkbox"/> 6 - Outside Trafficway <input type="checkbox"/> 9 - Unknown

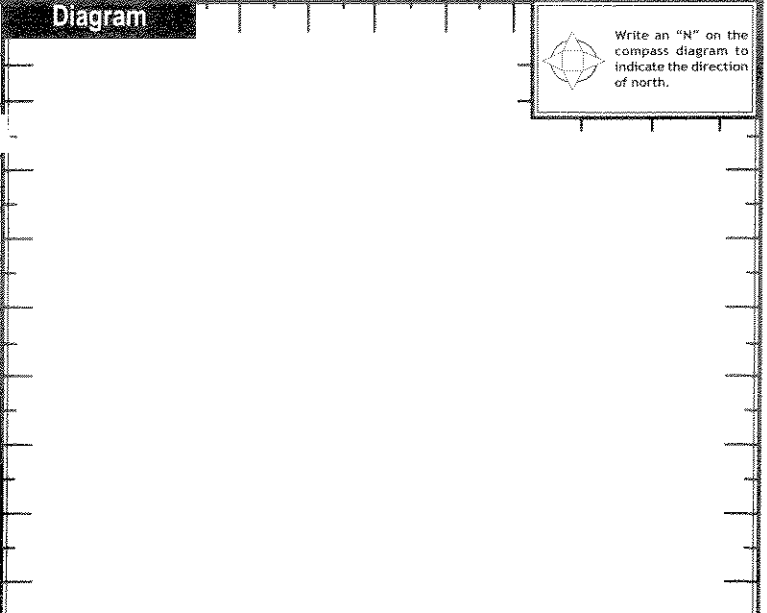
Road Contour	Road Conditions	Secondary
<input type="checkbox"/> 1 - Straight Level <input type="checkbox"/> 2 - Straight Grade <input type="checkbox"/> 3 - Curve Level <input type="checkbox"/> 4 - Curve Grade <input type="checkbox"/> 9 - Unknown	<input checked="" type="checkbox"/> 03 01 - Dry 02 - Wet 03 - Snow 04 - Ice	<input checked="" type="checkbox"/> 04 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*

Manner of Crash Collision/Impact	Weather
<input checked="" type="checkbox"/> 2 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	<input checked="" type="checkbox"/> 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
<input checked="" type="checkbox"/> 2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	<input checked="" type="checkbox"/> 1 Primary 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	<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	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> 1 - Lane Closure <input type="checkbox"/> 2 - Lane Shift/Crossover <input type="checkbox"/> 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	<input type="checkbox"/> 1 - Before the First Work Zone Warning Sign <input type="checkbox"/> 2 - Advance Warning Area <input type="checkbox"/> 3 - Transition Area 4 - Activity Area 5 - Termination Area

**Narrative**  
Both units 1 and 2 were traveling eastbound on Tylesville in the middle through lane. Unit 1 noticed a Mason Police Vehicle in emergency response heading North on Reading Road. Unit #1 slowed and stopped to yield to the police vehicle making a left turn on westbound Tylesville. Unit #2 struck Unit #1 in the rear. No injuries reported. Driver of Unit #2 was at fault for ACCA.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPSS)					
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist						
Gate Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
01/02/2014	11047	11047	11054	11722	140	75
Officer's Name	Officer's Badge Number	Checked By	Page	of		
S. Neal	104	55 41				



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
114-1145

MOTORIST/Non-MOTORIST

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE Howery, Steven Andre	DATE OF BIRTH 11/01/1974	AGE 39	GENDER M
ADDRESS, CITY, STATE, ZIP 4739 Saddletop Ridge Lane Mason OH 45440			CONTACT PHONE- INCLUDE AREA CODE 513-322-1592	
INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER SD630919	OL CLASS 1	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>
OFFENSE CHARGED (LOCAL CODE) 333.03		OFFENSE DESCRIPTION ACDA		CITATION NUMBER 74693

MOTORIST/Non-MOTORIST

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE Simmons, Ebony Nicole L	DATE OF BIRTH 12/17/1978	AGE 35	GENDER F
ADDRESS, CITY, STATE, ZIP 5322 Country Ridge Dr Mason OH 45440			CONTACT PHONE- INCLUDE AREA CODE 513-833-1603	
INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER RQ610343	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>
OFFENSE CHARGED (LOCAL CODE) 333.03		OFFENSE DESCRIPTION ACDA		CITATION NUMBER 74693

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	Non-Motorist
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-IMPACTING 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)

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	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 (OH IS "D") 5 - MC/MUPED 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 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 (NAVIGATOR DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION

OCCUPANT

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
0	0			DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET

OCCUPANT

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
0	0			DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET

Local Report Number

Unit Number <b>01</b>	Owner Name: Last, First, Middle <b>Howery, Michelle Renee</b>	Owner Phone Number - inc. area code <b>(X) Same As Driver</b>	Damage Scale <b>2</b>	Damaged Area 
Owner Address: City, State, Zip <b>(X) Same As Driver</b>			1 - None	
LP State <b>OH</b>	License Plate Number <b>FPT 3016</b>	Vehicle Identification Number <b>21HN1D22H631AHS313142191A11</b>	2 - Minor	
Vehicle Year <b>2010</b>	Vehicle Make <b>Acura</b>	Vehicle Model <b>MDX</b>	3 - Functional	
Vehicle Color <b>Black</b>	Insurance Company <b>State Farm</b>	Policy Number <b>7488367-D24-35A</b>	4 - Disabling	
Carrier Name, Address, City, State, Zip	Towed By	Carrier Phone - include area code	9 - Unknown	

US DOT	Vehicle Weight GVWR/GWR <b>1</b> 1 - Less than or Equal to 10k lbs. 2 - 10,001 to 26,000 lbs. 3 - More than 26,000 lbs.	Cargo Body Type <b>01</b> 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 - Intermediate 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 <b>4</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Flashed Yellow Lights) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	Hazardous Material Released	HM Class Number	<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact <b>01</b> 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 <b>1</b> 1 - Personal 2 - Commercial 3 - Government	Unit Type <b>06</b> 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 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, Sweeney 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> In Emergency Response			<input type="checkbox"/> Has HM Placard		

Special Function <b>01</b> 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 <b>06</b> 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 <b>4</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>01</b> 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	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 Primary <b>01</b> 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 <b>01</b> 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - Worn or Slack Tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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Sequence of Events 1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> First Harmful Event <b>01</b> Most Harmful Event <b>01</b> 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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Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacyclic 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
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Unit Speed <b>110</b>	Posted Speed <b>35</b>	Traffic Control <b>03</b> 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Planes 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flighers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Wats/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From <b>4</b> To <b>3</b> 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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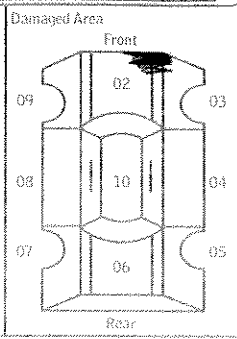
# Unit

Local Report Number

Unit Number: 1027  
Owner Name: Last, First, Middle (Same As Driver): Simmons, Diangelo C

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: ESL 9683

Vehicle Identification Number: 11E6W4HDS14Y11X1U17138191241911

Vehicle Year: 119919  
Vehicle Make: Cadillac

Vehicle Model: Deville  
Vehicle Color: White

Insurance Company: Progressive

Policy Number: 590 427 00

Carrier Name, Address, City, State, Zip

Carrier Phone - include area code

US DOT, HM Placard ID No., HM Class Number

Vehicle Weight GVWR/GCWR: 1, 2, 3

Cargo Body Type: 01

Trafficway Description: 4

Non-Motorist Location Prior to Impact: 01-12

Type of Use: 1-3

Unit Type: 04

Med/Heavy Trucks or Combo Units > 10k lbs

Bus/Van/Limo (9 or More Including Driver)

Special Function: 01

01-16

Most Damaged Area: 03

Impact Area: 03

Action: 3

Pre-Crash Actions: 01

01-12

Non-Motorist: 15-20

21 - Other Non-Motorist Action

Contributing Circumstances: Primary 09, Secondary 17

01-21

Non-Motorist: 22-31

Vehicle Defects: 01-13

Sequence of Events: 1: 240

2-6

Non-Collision Events: 01-05

06-09

10-13

Collision with Person, Vehicle or Object Not Fixed: 14-20

21-24

Collision With Fixed Object: 25-32

33-39

40-52

Unit Speed: 116, Posted Speed: 35

Traffic Control: 01-06

07-12

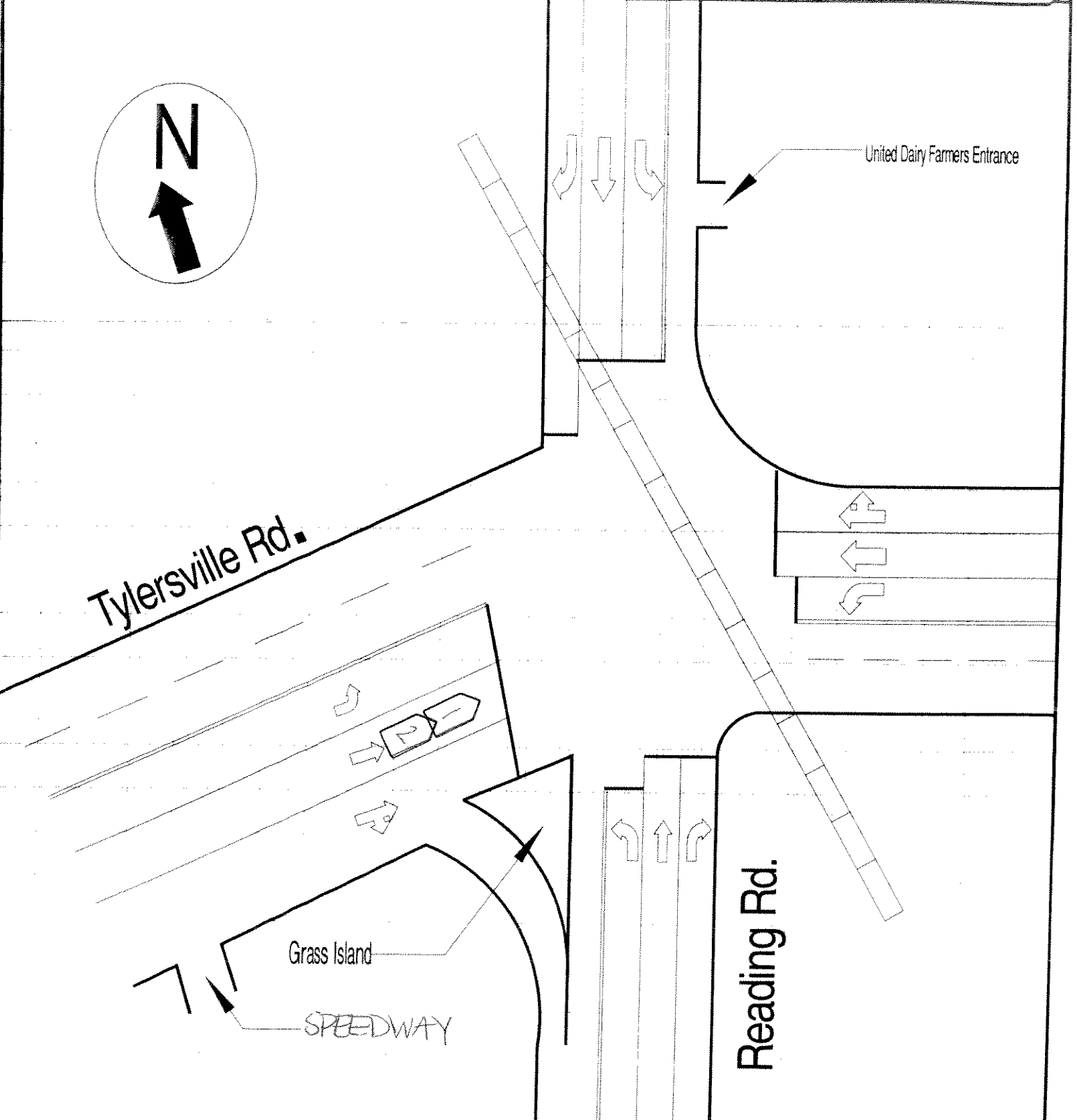
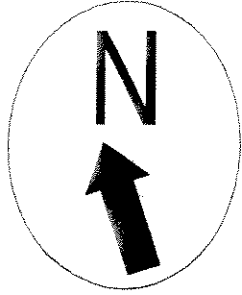
Unit Direction: From 4 To 3

1-9

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 14-145	REPORTING AGENCY MASON POLICE DEPT.	DATE OF ACCIDENT M 1 D 2 Y 14
IN COUNTY OF WARREN	ACCIDENT LOCATION TYLERSVILLE & READING RD.	



\*Not to Scale\*

OFFICERS SIGNATURE

*A Neal*

BADGE NO.

1021



LOCAL REPORT NUMBER M-145	REPORTING AGENCY Mason PD	DATE OF CRASH M 1   D 2   Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Steven A. Dowery PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
S. Neal OFFICER'S NAME AT Crash scene LOCATION

At approximately 4:40 pm on 1/2/2014 at the intersection of Tylersville and Reading, I was rear-ended by a driver in a white cadillac seville. I was on Tylersville Road heading East when I heard the siren of an officer, who was heading north through the Tylersville & Reading on Reading Road, trying to make a left hand turn. I came to a stop and was waiting for a few seconds when the other driver skinned into the back of my vehicle. Though the light was green, traffic was stopped in all directions to allow the approaching police car to get through the intersection. I must stress that traffic was stopped... there there was at least one other car in front of me who had stopped as well to allow the the officer to get through, as well as several cars to my right (we were in the center lane). Both drivers appear to be generally uninjured, though I'm starting to experience some pain in my right shoulder and stiffness in my lower back. I would also note that the other driver appeared to be talking on her headset when I approached her vehicle immediately after the accident.

ADDRESS OF WITNESS 4739 Saddletop Ridge Lane, Mason, OH 45040 PHONE 518-322-1542

SIGNATURE OF WITNESS X Steven A. Dowery OFFICER'S SIGNATURE X S. Neal



LOCAL REPORT NUMBER 14-145	REPORTING AGENCY Mason PD	DATE OF CRASH M 1   D 2   Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Ebony Nicole Simmons HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

S. Neal AT Crash scene  
OFFICER'S NAME LOCATION

I was driving down Tylersville Rd approached the intersection at Reading Rd when a police officer turned on the lights to their vehicles and stopped traffic. The light was green for lanes to drive through. I attempted to stop my vehicle but the snow made my tires slide. I was in the middle of 3 lanes of traffic and unable to divert my vehicle from hitting the vehicle in front of me. I collided with the black SUV in front of me. No one was hurt and the cars were drivable so we agreed to move to the WPF on the corner of Reading + Tylersville

ADDRESS OF WITNESS 5322 Country Ridge Dr. Mason, OH 45040	PHONE 513-833-1603
SIGNATURE OF WITNESS X Ebony Nicole Simmons	OFFICER'S SIGNATURE X S. Neal