



Traffic Crash Report

Local Report Number *	Crash Severity	HIT/Skip
2014-477	3 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
		8304	CITY OF MASON POLICE	03	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	01062014	1822	MON

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0' 0" 0"	0' 0" 0"	39.328639	-87.311825

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost ²
<input checked="" type="checkbox"/> Divided <input type="checkbox"/> Undivided	N Northbound E Eastbound S Southbound W Westbound	02	AL - Alley CR - Circle HE - Heights MP - Milepost PL - Place ST - Street WA - Way AV - Avenue CT - Court HW - Highway PK - Parkway RD - Road TE - Terrace BL - Boulevard DR - Drive LA - Lane PI - Pike SQ - Square TL - Trail

Location Route Number	Location Route Type ¹	Loc Prefix	Location Road Name	Location Road Type ²	Route Types ¹
		S	MASON - MONTGOMERY	RD	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route

Distance From Reference	Dir From Ref	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type ²
AT	N, S, E, W			CEDAR VILLAGE	DR

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/Roundabout 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	1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	Road Surface
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	04 Primary Secondary	1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other

Manner of Crash Collision/Impact	Weather
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	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

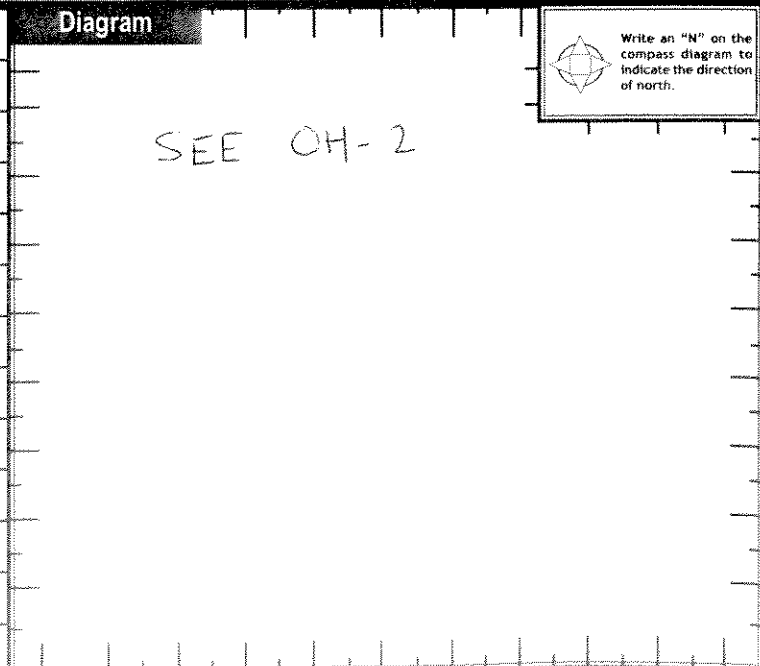
Road Surface	Light Conditions	School Bus Related
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	4 Primary Secondary 1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway 5 - Dark - Roadway Not Lighted 6 - Dark - Unknown Roadway Lighting 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	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/> Workers Present <input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	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 REAR ENDED UNIT #2.

BOTH UNITS WERE NORTHBOUND ON MASON MONTGOMERY RD



Report Taken By	Supplemental Investigation	Date Crash Reported	Time Crash Reported	Crash Time	Arrival Time	Date Investigated	Total Minutes
MJ SECHRIST		01062014	1822	1824	1833	1921	49
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 4				
MJ SECHRIST	1024	55 41					



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
2014-477

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE CAMPBELL, SAMANTHA, E	DATE OF BIRTH 01/27/1990	AGE 23	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 3866 IVY WOOD COURT HAMILTON, OHIO 45011	CONTACT PHONE - INCLUDE AREA CODE 513-646-7900
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER TB128023	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (LOCAL CODE) 333.03	OFFENSE DESCRIPTION ACDA	CITATION NUMBER 75452	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE CHAUDHARY, TANUJA	DATE OF BIRTH 06/26/1962	AGE 51	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 7552 OVERGLEN DRIVE WEST CHESTER, OHIO 45069	CONTACT PHONE - INCLUDE AREA CODE 513-860-1267
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INJURIES 1	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER SQ584037	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-IMPACTING 4 - IMPACTING 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 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	NON-MOTORIST 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 (OH IS "DP") 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	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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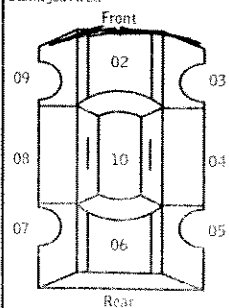
ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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Unit Number 101	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 
LP State OH	License Plate Number FNV 8350	Vehicle Identification Number KMB181C173D123144519353	# Occupants 1	
Vehicle Year 2010	Vehicle Make HYUNDAI	Vehicle Model SANTE FE	Vehicle Color BLACK	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company USAA	Policy Number 023959893G	Towed By	
Carrier Name, Address, City, State, Zip			Carrier Phone - include area code	

US DOT	Vehicle Weight GVWR/GCWR 1	Cargo Body Type 01	Trafficway Description 4
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released		<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 06	Most Damaged Area 02	Impact Area 02	Action 3
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Special Function 01	01 - None	09 - Ambulance	17 - Farm Vehicle	01 - None	08 - Left Side	99 - Unknown	1 - Non-Contact
02 - Taxi	10 - Fire	18 - Farm Equipment	18 - Farm Equipment	02 - Center Front	09 - Left Front		2 - Non-Collision
03 - Rental Truck (over 10k lbs)	11 - Highway/Maintenance	19 - Motorhome	19 - Motorhome	03 - Right Front	10 - Top and Windows		3 - Striking
04 - Bus - School (Public or Private)	12 - Military	20 - Golf Cart	20 - Golf Cart	04 - Right Side	11 - Undercarriage		4 - Struck
05 - Bus - Transit	13 - Police	21 - Train	21 - Train	05 - Right Rear	12 - Load/Trailer		5 - Striking/Struck
06 - Bus - Charter	14 - Public Utility	22 - Other (Explain in Narrative)	22 - Other (Explain in Narrative)	06 - Rear Center	13 - Total/All Areas		9 - Unknown
07 - Bus - Shuttle	15 - Other Government			07 - Left Rear	14 - Other		
08 - Bus - Other	16 - Construction Equip.						

Pre-Crash Actions 01	Motorist	Non-Motorist
01 - Straight Ahead	01 - Straight Ahead	01 - Entering or Crossing Specified Location
02 - Backing	02 - Backing	02 - Walking, Running, Jogging, Playing, Cycling
03 - Changing Lanes	03 - Changing Lanes	03 - Working
04 - Overtaking/Passing	04 - Overtaking/Passing	04 - Pushing Vehicle
05 - Making Right Turn	05 - Making Right Turn	05 - Approaching or Leaving Vehicle
06 - Making Left Turn	06 - Making Left Turn	06 - Standing
99 - Unknown	99 - Unknown	21 - Other Non-Motorist Action

Contributing Circumstances 09	Motorist	Non-Motorist	Vehicle Defects 01
01 - None	01 - None	01 - None	01 - Turn Signals
02 - Failure to Yield	02 - Failure to Yield	02 - None	02 - Head Lamps
03 - Ran Red Light	03 - Ran Red Light	03 - Improper Crossing	03 - Tail Lamps
04 - Ran Stop Sign	04 - Ran Stop Sign	04 - Barging	04 - Brakes
05 - Exceeded Speed Limit	05 - Exceeded Speed Limit	05 - Lying and/or Illegally in Roadway	05 - Steering
06 - Unsafe Speed	06 - Unsafe Speed	06 - Failure to Yield Right of Way	06 - Tire Blowout
07 - Improper Turn	07 - Improper Turn	07 - Not Visible (Dark Clothing)	07 - Worn or Slick tires
08 - Left of Center	08 - Left of Center	08 - Inattentive	08 - Trailer Equipment Defective
09 - Followed Too Closely/ACDA	09 - Followed Too Closely/ACDA	09 - Failure to Obey Traffic Signs /Signals/Officer	09 - Motor Trouble
10 - Improper Lane Change /Passing/Off Road	10 - Improper Lane Change /Passing/Off Road	10 - Wrong Side of the Road	10 - Disabled From Prior Accident
		11 - Other Non-Motorist Action	11 - Other Defects

Sequence of Events 1	Non-Collision Events	Collision With Fixed Object
1 - 20	01 - Overturn/Rollover	01 - Impact Against Fixed Object
2 - 01	02 - Fire/Explosion	02 - Bridge Overhead Structure
3 - 01	03 - Inattention	03 - Bridge Pier or Abutment
4 - 01	04 - Jackknife	04 - Bridge Pier
5 - 01	05 - Cargo/Equipment Load or Shift	05 - Bridge Pier
6 - 01		06 - Guardrail
First Harmful Event 1		07 - Concrete Barrier
Most Harmful Event 1		08 - Concrete Barrier
		09 - Concrete Barrier
		10 - Concrete Barrier
		11 - Concrete Barrier
		12 - Concrete Barrier
		13 - Concrete Barrier
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		100 - Concrete Barrier

Unit Sign 251	Proof of Insurance 951	Traffic Control 014	Unit Description From 2 To 1
<input type="checkbox"/> Street	<input checked="" type="checkbox"/> Suburban		

Unit

Local Report Number

2014-477

Unit Number 102	Owner Name: Last, First, Middle (Same As Driver)	Owner Phone Number - inc. area code (Same As Driver)	Damage Scale 2	Damaged Area Front
Owner Address: City, State, Zip (Same As Driver)			1 - None	
LP State OH	License Plate Number FCT 2922	Vehicle Identification Number 4S4BRC4C3B3349365	2 - Minor	
Vehicle Year 2011	Vehicle Make SUBARU	Vehicle Model SW	3 - Functional	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company ALLSTATE	Policy Number 926998372 08/27	4 - Disabling	
Carrier Name, Address, City, State, Zip			9 - Unknown	
			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 (Flashed Yellow Light) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	Hazardous Material Released <input type="checkbox"/>	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/Shoulder 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 04 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 Axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Trailer 19 - Tractor/Trimples 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, Sundry 25 - Bicycle/Pedalcyclist 26 - Pedestrian/Slater 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 06 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 4 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01 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 - Stopping 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 01 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/AGDA 10 - Improper Lane Change/Passing/Off Road 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/AGDA 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 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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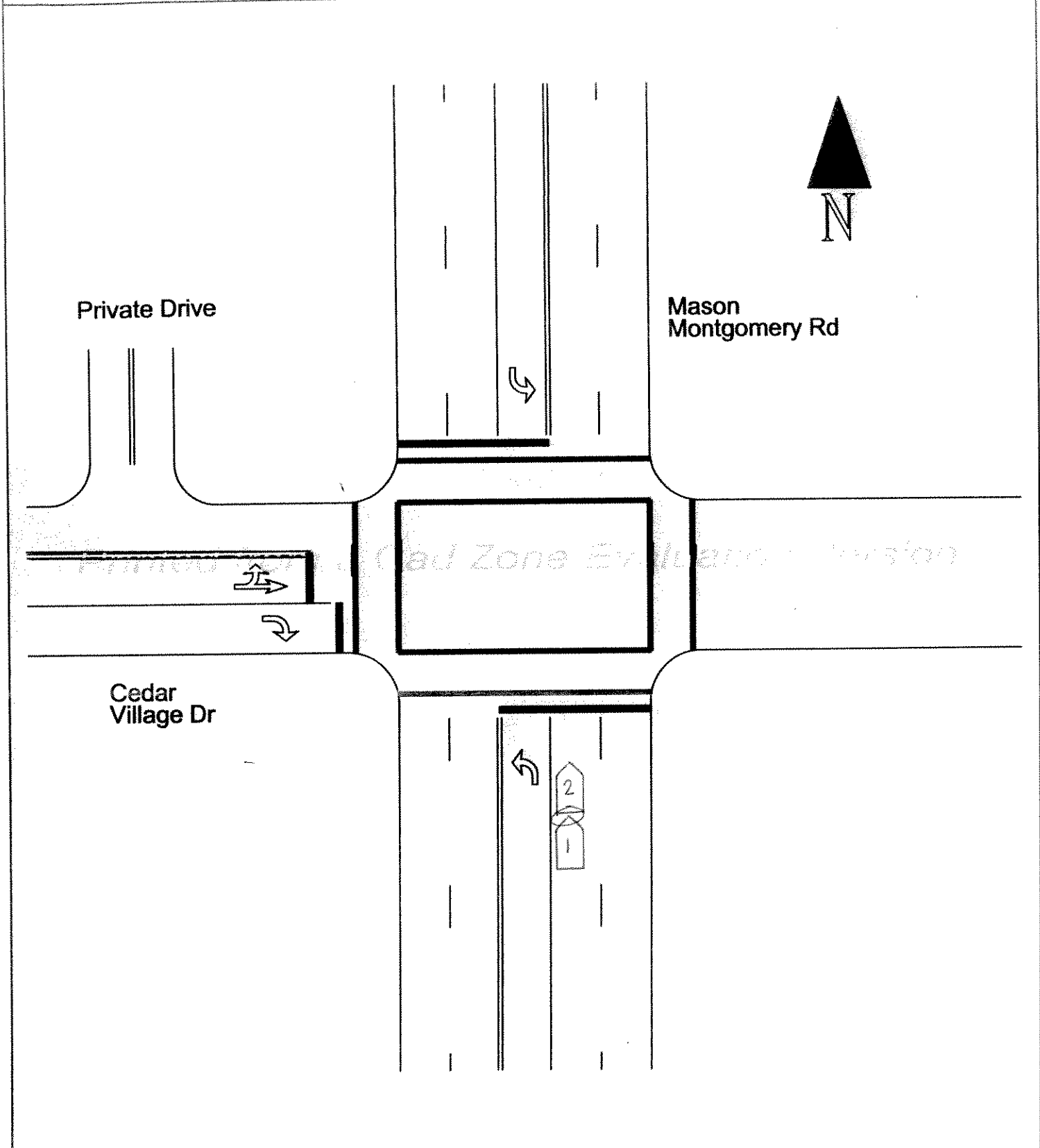
Sequence of Events 1 20 2 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift 06 - Equipment Failure (Blow Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median 11 - Cross Center Line 12 - Opposite Direction of Travel 13 - Downhill Runaway 14 - Other Non-Collision	Collision with Fixed Object 25 - Impact Attenuator/Gravel Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Edge 31 - Guardrail End 32 - Pileup/Barriers 33 - Median Cable Barrier 34 - Median Concrete Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Traffic Sign Post 38 - Overhead Sign Post 39 - Light Fixture/Sign Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Tree 43 - Pole 44 - Sign 45 - Other 46 - Pole 47 - Sign 48 - Support 49 - Pole 50 - Other 51 - Other 52 - Other 53 - Other 54 - Other 55 - Other 56 - Other 57 - Other 58 - Other 59 - Other 60 - Other 61 - Other 62 - Other 63 - Other 64 - Other 65 - Other 66 - Other 67 - Other 68 - Other 69 - Other 70 - Other 71 - Other 72 - Other 73 - Other 74 - Other 75 - Other 76 - Other 77 - Other 78 - Other 79 - Other 80 - Other 81 - Other 82 - Other 83 - Other 84 - Other 85 - Other 86 - Other 87 - Other 88 - Other 89 - Other 90 - Other 91 - Other 92 - Other 93 - Other 94 - Other 95 - Other 96 - Other 97 - Other 98 - Other 99 - Other
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Time Spent 3:5	Posted Speed 45	Traffic Control 04 01 - No Control 02 - Stop Sign 03 - Yield Sign 04 - Traffic Light 05 - Traffic Flashes 06 - Signal Zone 07 - Railroad Crossing 08 - Stop Sign 09 - Yield Sign 10 - Obstruction Barrier 11 - Person (Flagger, Officer) 12 - Pavement Markings	Other Direction From 2 To 1 01 - North 02 - South 03 - East 04 - West 05 - Northwest 06 - Northeast 07 - Southeast 08 - Southwest 09 - Other 10 - Not Reported
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 204-477	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 01 D 06 Y 14
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONTGOMERY RD @ CEDAR VILLAGE	



Not to scale

OFFICER'S SIGNATURE <i>MJ. Seibert</i>	BADGE NUMBER 1024
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LOCAL REPORT NUMBER 2014-477	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 D 06 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Samantha Campbell HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

MJ SECURIST AT MASON-MONTGOMERY RD @ CEDAR VILLAGE DR
OFFICER'S NAME LOCATION

I am on my way to my mechanic because I am having car issues. I pressed on the gas pedal and it seemed to stick because my car revved and shot forward even though I barely hit the gas. I hit the brakes but I kept going and hit the car in front of me.

Q: ARE YOU INJURED?
 A: NO

Q: HOW FAST WERE YOU GOING?
 A: 20-30 MPH

Q: WERE YOU WEARING A SEAT BELT?
 A: YES

Q: INSURANCE INFORMATION?
 A: USAA

02395 98 936

ADDRESS OF WITNESS 806 Ivywood Cir. Hamilton, OH 45011	PHONE 513-646-
SIGNATURE OF WITNESS X <u>Samantha Campbell</u>	OFFICER'S SIGNATURE X <u>MJ Securist</u> 1024 7900



LOCAL REPORT NUMBER 2014-477	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 D 06 Y 14
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, TANUJA CHAUDHARY HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

MI SECHRIST AT MASON - MONTGOMERY RD @ CEDAR VILLAGE DR
OFFICER'S NAME LOCATION

I WAS DRIVING ON MASON - MONTGOMERY RD AND GOT HIT FROM BEHIND. THE LADY IN THE CAR BEHIND ME SAID SHE HIT THE GAS PEDAL INSTEAD OF THE BRAKE. SHE SAID SHE WAS SORRY.

Q: ARE YOU INJURED?
 A: I DON'T KNOW.

Q: IF YES, DO YOU NEED AN AMBULANCE?
 A: NO.

Q: HOW FAST WERE YOU GOING?
 A: LESS THAN 35 MPH

Q: WERE YOU WEARING YOUR SEATBELT
 A: YES

ADDRESS OF WITNESS 7552 Overglan Drive, West Chester, OH 45069	PHONE 513-880-1267
SIGNATURE OF WITNESS X <u>Tanuja Chaudhary</u>	OFFICER'S SIGNATURE X <u>MI Sechrist</u> 1034