



# Traffic Crash Report

Local Report Number *	Crash Severity	HIT/Skip
2014 09 16 493	3 1 - Fatal 2 - Injury 3 - PDO	<input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
08304		MASON POLICE	02	01	98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
03	MASON	MASON	09272014	1204	TUW

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0 / 0	0 / 0 / 0	39.1325413	-84.312393

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	S N - Northbound E - Eastbound S - Southbound W - Westbound	108	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 Road Name	Route Types <sup>1</sup>
01	MASON MONTGOMERY	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	Reference Name (Road, Milepost, House #)
100 Miles	S N, S, E, W	01	WHITE BLOSSOM

Reference Point Used	Crash Location	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	01 01 - Not an intersection 02 - Four-way Intersection 03 - T-Intersection 04 - Y-Intersection 05 - Traffic Circle/Roundabout	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 Primary Secondary	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

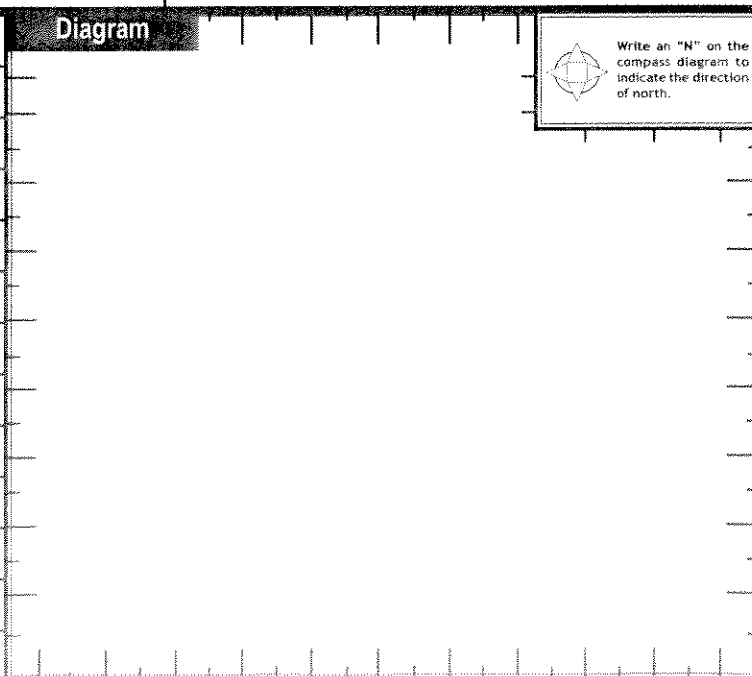
Manner of Crash Collision/Impact	Weather
2 1 - Not Collision Between 2 - Head-On 3 - Head-On In Transport 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - 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	1 Primary Secondary	<input type="checkbox"/> School Bus Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	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 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative

UNIT #1 AND UNIT #2 WERE SOUTH ON MASON MONTGOMERY NEAR WHITE BLOSSOM, WHEN UNIT #1 STRUCK UNIT #2 FROM BEHIND. BOTH VEHICLES RECEIVED MINOR DAMAGE.



Report Taken By	Date Crash Reported	Time Crash Reported	Dispatch Date	Arrival Date	Time Cleared	Officer's Name	Officer's Badge Number	Checked By	Page
Police Agency	09272014	1204	12014	12114	1314	P. Edwards	1047	Sgt. John K. Cullen	153



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER <b>011</b>	NAME: LAST, FIRST, MIDDLE <b>LEWIS, CHRISTOPHER E</b>	DATE OF BIRTH <b>03/26/1997</b>	AGE <b>16</b>	GENDER <input checked="" type="checkbox"/> F - FEMALE <input checked="" type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP <b>848 BROOKCREST DRIVE MASON, OHIO 45040</b>	CONTACT PHONE - INCLUDE AREA CODE <b>513 767-2931</b>
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INJURIES <input checked="" type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input checked="" type="checkbox"/>	
OL STATE <b>044</b>	OPERATOR LICENSE NUMBER <b>UD 003650</b>	OL CLASS <b>4</b>	<input type="checkbox"/> NO VALID OL <input type="checkbox"/> M/C END.	CONDITION <input checked="" type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input checked="" type="checkbox"/>	ALCOHOL TEST STATUS <input checked="" type="checkbox"/>	ALCOHOL TEST TYPE <input checked="" type="checkbox"/>	ALCOHOL TEST VALUE <b>0.000</b>	DRUG TEST STATUS <input checked="" type="checkbox"/>	DRUG TEST TYPE <input checked="" type="checkbox"/>

OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE) <b>333.03</b>	OFFENSE DESCRIPTION <b>ACAA</b>	CITATION NUMBER <b>75755</b>	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input checked="" type="checkbox"/>
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UNIT NUMBER <b>012</b>	NAME: LAST, FIRST, MIDDLE <b>SHARMA, BHAVNA</b>	DATE OF BIRTH <b>12/08/1970</b>	AGE <b>43</b>	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP <b>5333 MAPLE DALE WAY MASON, OHIO 45040</b>	CONTACT PHONE - INCLUDE AREA CODE <b>859 663-9733</b>
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INJURIES <input checked="" type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input checked="" type="checkbox"/>	
OL STATE <b>044</b>	OPERATOR LICENSE NUMBER <b>SD7538 373</b>	OL CLASS <b>4</b>	<input type="checkbox"/> NO VALID OL <input type="checkbox"/> M/C END.	CONDITION <input checked="" type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input checked="" type="checkbox"/>	ALCOHOL TEST STATUS <input checked="" type="checkbox"/>	ALCOHOL TEST TYPE <input checked="" type="checkbox"/>	ALCOHOL TEST VALUE <b>0.000</b>	DRUG TEST STATUS <input checked="" type="checkbox"/>	DRUG TEST TYPE <input checked="" type="checkbox"/>

OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input checked="" type="checkbox"/>
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<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED <b>99 - UNKNOWN SAFETY EQUIPMENT</b> <b>NON-MOTORIST</b> 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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<b>SEATING POSITION</b> 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	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	<b>OPERATOR LICENSE CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - MC/MOPED ONLY	<b>CONDITION</b> 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	<b>ALCOHOL/DRUG SUSPECTED</b> 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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<b>ALCOHOL TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	<b>DRUG TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	<b>DRIVER DISTRACTED BY</b> 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER <b>002</b>	NAME: LAST, FIRST, MIDDLE <b>SHARMA, VRINDA</b>	DATE OF BIRTH <b>07/29/2010</b>	AGE <b>3</b>	GENDER <input checked="" type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP <b>5333 MAPLE DALE WAY MASON, OHIO 45040</b>	CONTACT PHONE - INCLUDE AREA CODE <b>859-663-9733</b>
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>05</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>06</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input checked="" type="checkbox"/>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <input type="checkbox"/>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input type="checkbox"/>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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# Unit

Local Report Number

Unit Number <b>01</b>	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 <b>2</b>	Damaged Area 
Owner Address: City, State, Zip <input checked="" type="checkbox"/> Same As Driver			1 - None	
LP State <b>OH</b>	License Plate Number <b>FWU 4379</b>	Vehicle Identification Number <b>1G8ZH1277V2152743</b>	2 - Minor	
Vehicle Year <b>1997</b>	Vehicle Make <b>SATURN</b>	Vehicle Model <b>SC COUPE</b>	3 - Functional	
Vehicle Color <b>BLACK</b>	Insurance Company <b>GRANITE</b>	Policy Number <b>PA106415</b>	4 - Disabling	
Carrier Name, Address, City, State, Zip	Towed By	Carrier Phone - include area code	9 - Unknown	

US DOT	Vehicle Weight GVWR/GCWR 1 - Less Than or Equal to 104 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 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grate, Chips, Gravel	Trafficway Description <b>3</b> 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (No Median) 4-Lane Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released		<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 <input type="checkbox"/> In Emergency Response	Unit Type <b>02</b> 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) <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Burry/Woman Summary 25 - Bicycle/Pedestrian 26 - Pedestrian/Striker 27 - Other Non Motorist
<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>02</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>3</b> 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions <b>11</b> 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 - 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 Primary <b>09</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 Stick 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 3 4 5 6 First Harmful Event <b>1</b> Most Harmful Event <b>1</b> Collision with Person, Vehicle or Object Not Fixed	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Lost 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 Fixed Object 25 - Impact Attenuator/Truck Cushion 26 - Bridge Overhead Structure 27 - Bridge Pier or Abutment 28 - Bridge Parapet 29 - Bridge Rail 30 - Guardrail Post 31 - Guardrail End 32 - Parapet Barrier 33 - Median Cable Barrier 34 - Median Guardrail Barrier 35 - Median Concrete Barrier 36 - Median Other Barrier 37 - Train Signal Post 38 - Overhead Sign Post 39 - Light Fixtures Support Structure 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Metal Guardrail Barrier 43 - Concrete Barrier 44 - Concrete Barrier 45 - Concrete Barrier 46 - Concrete Barrier 47 - Concrete Barrier 48 - Concrete Barrier 49 - Concrete Barrier 50 - Concrete Barrier 51 - Concrete Barrier 52 - Concrete Barrier 53 - Concrete Barrier 54 - Concrete Barrier 55 - Concrete Barrier 56 - Concrete Barrier 57 - Concrete Barrier 58 - Concrete Barrier 59 - Concrete Barrier 60 - Concrete Barrier 61 - Concrete Barrier 62 - Concrete Barrier 63 - Concrete Barrier 64 - Concrete Barrier 65 - Concrete Barrier 66 - Concrete Barrier 67 - Concrete Barrier 68 - Concrete Barrier 69 - Concrete Barrier 70 - Concrete Barrier 71 - Concrete Barrier 72 - Concrete Barrier 73 - Concrete Barrier 74 - Concrete Barrier 75 - Concrete Barrier 76 - Concrete Barrier 77 - Concrete Barrier 78 - Concrete Barrier 79 - Concrete Barrier 80 - Concrete Barrier 81 - Concrete Barrier 82 - Concrete Barrier 83 - Concrete Barrier 84 - Concrete Barrier 85 - Concrete Barrier 86 - Concrete Barrier 87 - Concrete Barrier 88 - Concrete Barrier 89 - Concrete Barrier 90 - Concrete Barrier 91 - Concrete Barrier 92 - Concrete Barrier 93 - Concrete Barrier 94 - Concrete Barrier 95 - Concrete Barrier 96 - Concrete Barrier 97 - Concrete Barrier 98 - Concrete Barrier 99 - Concrete Barrier
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Unit Speed <b>05</b>	Posted Speed <b>45</b>	Traffic Control <b>12</b> 01 - Traffic Signal 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Remote Control 08 - Remote Control 09 - Remote Control 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings	Unit Direction From <b>1</b> To <b>2</b> 1 - North 2 - South 3 - East 4 - West 5 - Unknown
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# Unit

Local Report Number: \_\_\_\_\_

Unit Number <b>012</b>	Owner Name: Last, First, Middle <b>SHARMA, ANIL</b>	<input checked="" type="checkbox"/> Same As Driver	Owner Phone Number - inc. area code <b>914 222 3587</b>	<input checked="" type="checkbox"/> Same As Driver	Damage Scale <b>2</b>	Damaged Area 
Owner Address: City, State, Zip <b>914 222 3587</b>						
LP State <b>OH</b>	License Plate Number <b>FEN 3227</b>	Vehicle Identification Number <b>5F1MRLE5H162C1B010511311</b>		# Occupants <b>02</b>		
Vehicle Year <b>2011</b>	Vehicle Make <b>HONDA</b>	Vehicle Model <b>CRF 250F</b>	Vehicle Color <b>GREY</b>			
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company <b>STATE AUTO</b>	Policy Number <b>AOH 0223587</b>	Insured By			
Carrier Name, Address, City, State, Zip					Carrier Phone - include area code	

US DOT <b>1</b>	Vehicle Weight GVWR/GWR 1 - Less Than or Equal to 10,000 lbs 2 - 10,001 to 26,000 lbs 3 - More Than 26,000 lbs	Crash Body Type <b>01</b>	Trafficway Description <b>3</b>
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released	Crash Body Type 01 - Box Truck, Flatbed, Tank, Trailer, etc. 02 - Motor Vehicle (Passenger Vehicle) 03 - Motor Vehicle (Commercial Vehicle) 04 - Motor Vehicle (Specialty Vehicle) 05 - Motor Vehicle (Other) 06 - Motor Vehicle (Other) 07 - Motor Vehicle (Other) 08 - Motor Vehicle (Other) 09 - Motor Vehicle (Other) 10 - Motor Vehicle (Other) 11 - Motor Vehicle (Other) 12 - Motor Vehicle (Other)	1 - Two Way, Not Divided 2 - Two Way, Not Divided, Concrete Left Hand Side 3 - Two Way, Divided, Unpaved Right Hand Side 4 - Two Way, Divided, Paved Right Hand Side 5 - One Way Trafficway
HM Class Number			<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact <b>01</b>	Type of Use <b>1</b>	Unit Type <b>05</b>	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)
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	1 - Residential 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Light-duty van 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	13 - Single Unit Truck or Van 2 axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Boatlift) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	21 - Bus/Van 10-15 Seats, Inc Driver 22 - Bus 15+ Seats, Inc Driver <b>Non-Motorist</b> 23 - Animal with Rider 24 - Animal with Driver 17 type Steeray 25 - Bicyclist/Pedestrian 26 - Pedestrian/Skater 27 - Other Non-Motorist
			<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>11</b>	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 - 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 <b>01</b>	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/Tipping/Spilling 21 - Other Motorist 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 Slick tires 08 - Trailer Equipment Defective 09 - Motor Trouble 10 - Disabled From Prior Accident 11 - Other Defects
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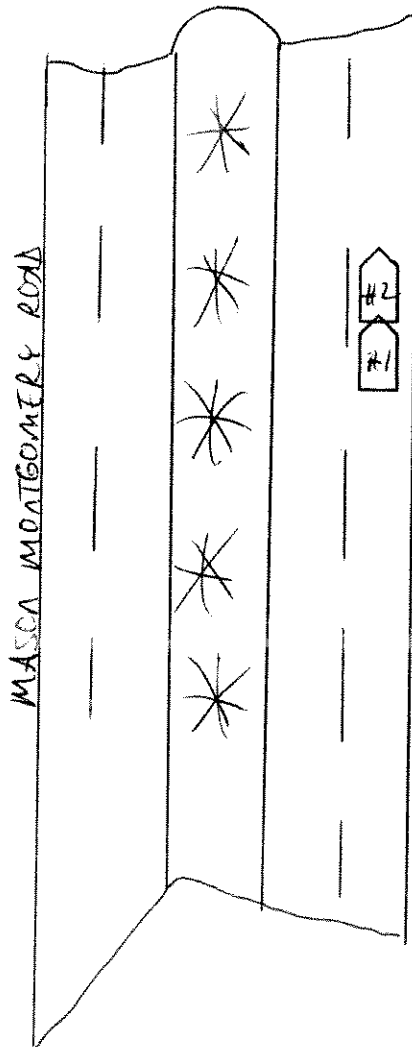
Sequence of Events 1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b>	Non-Collision Events 01 - Overtake/Rollover 02 - Fire/Explosion 03 - Intersection 04 - Jackknife 05 - Cargo Equipment Falls or Shifts 06 - Equipment Failure (Brake, Tire, Brake Failure, etc) 07 - Separation of Units 08 - Ran Off Road Right 09 - Ran Off Road Left 10 - Cross Median (Shoulder, Tree, Rock, Pole, etc) 11 - Cross Center Line Opposite Direction of Travel 12 - Disabled Runaway 13 - Other Non-Collision	Collision With Fixed Object 14 - Impact Against Fixed Object 15 - Bridge Overhead Obstruction 16 - Bridge Pier or Abutment 17 - Bridge Pier 18 - Bridge Pier 19 - Bridge Pier 20 - Bridge Pier 21 - Bridge Pier 22 - Bridge Pier 23 - Bridge Pier 24 - Bridge Pier 25 - Bridge Pier 26 - Bridge Pier 27 - Bridge Pier 28 - Bridge Pier 29 - Bridge Pier 30 - Bridge Pier 31 - Bridge Pier 32 - Bridge Pier 33 - Bridge Pier 34 - Bridge Pier 35 - Bridge Pier 36 - Bridge Pier 37 - Bridge Pier 38 - Bridge Pier 39 - Bridge Pier 40 - Bridge Pier 41 - Bridge Pier 42 - Bridge Pier 43 - Bridge Pier 44 - Bridge Pier 45 - Bridge Pier 46 - Bridge Pier 47 - Bridge Pier 48 - Bridge Pier 49 - Bridge Pier 50 - Bridge Pier 51 - Bridge Pier 52 - Bridge Pier 53 - Bridge Pier 54 - Bridge Pier 55 - Bridge Pier 56 - Bridge Pier 57 - Bridge Pier 58 - Bridge Pier 59 - Bridge Pier 60 - Bridge Pier 61 - Bridge Pier 62 - Bridge Pier 63 - Bridge Pier 64 - Bridge Pier 65 - Bridge Pier 66 - Bridge Pier 67 - Bridge Pier 68 - Bridge Pier 69 - Bridge Pier 70 - Bridge Pier 71 - Bridge Pier 72 - Bridge Pier 73 - Bridge Pier 74 - Bridge Pier 75 - Bridge Pier 76 - Bridge Pier 77 - Bridge Pier 78 - Bridge Pier 79 - Bridge Pier 80 - Bridge Pier 81 - Bridge Pier 82 - Bridge Pier 83 - Bridge Pier 84 - Bridge Pier 85 - Bridge Pier 86 - Bridge Pier 87 - Bridge Pier 88 - Bridge Pier 89 - Bridge Pier 90 - Bridge Pier 91 - Bridge Pier 92 - Bridge Pier 93 - Bridge Pier 94 - Bridge Pier 95 - Bridge Pier 96 - Bridge Pier 97 - Bridge Pier 98 - Bridge Pier 99 - Bridge Pier 00 - Bridge Pier	Collision With Person, Vehicle or Object, Not Fixed 01 - Motorist 02 - Non-Motorist 03 - Pedestrian 04 - Bicyclist 05 - Animal 06 - Other
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Unit Speed <b>40</b>	Police Speed <b>45</b>	Traffic Control <b>12</b>	Unit Direction From <b>1</b> to <b>2</b>
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LOCAL REPORT NUMBER	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 2. 10 27 14
IN COUNTY OF WARREN	CRASH LOCATION MASCA MONTGOMERY / WHITE BLOSSOM	

NOT TO SCALE



OFFICER'S SIGNATURE X Ptl Edwards	BADGE NUMBER 1047
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LOCAL REPORT NUMBER	REPORTING AGENCY Mason Police Department	DATE OF CRASH 11/2/07/11
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Chris Lewis HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Ptl. Dan Edwards AT MMW/WIFE BLOSSOM  
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED: Traffic began to accelerate, as did the vehicle ahead of myself. I saw this and began to accelerate as well. The accelerator gas pedal stuck a bit in my car, causing me to have to give it an extra push. Simultaneous with my action, the vehicle in front of me came to a sudden halt. I could not stop my vehicle in time to react with the gesture ahead of me. I hit the brake as soon as possible.

Q. What was your speed at the time of the crash? A. 5 mph

Q. What was your direction of travel? A. straight

Q. Were you wearing a seatbelt? A. Yes

Q. Were you talking on a cell phone at the time of the crash? A. No

Q. Were you injured due to the crash? A. No

ADDRESS OF WITNESS

SIGNATURE OF WITNESS [Signature] OFFICER'S SIGNATURE [Signature]

PHONE 513-267-2731



LOCAL REPORT NUMBER	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 2 10 27 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

BHAVNA SHARMA HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Ptl. Dan Edwards AT Mason Montgomery Road  
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED:

Someone hit in my van on the back. I was coming from picking up my daughter 'Brinda', she is 3 year old. Everything is fine. Scratches on the back of the van Honda Odyssey.

Q. What was your speed at the time of the crash?	A. 40
Q. What was your direction of travel?	A. South
Q. Were you wearing a seatbelt?	A. yes
Q. Were you talking on a cell phone at the time of the crash?	A. No
Q. Were you injured due to the crash?	A. No

ADDRESS OF WITNESS	PHONE 513-859-663-9733
SIGNATURE OF WITNESS X <u>Bharna</u>	OFFICER'S SIGNATURE X <u>Ptl. Edwards 47</u>

BRINDA 7-26-10 RR  
3 CHILD.