



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
2014-14433	3 1 - Fatal 2 - Injury 3 - PDO	0 1 - Solved 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input checked="" type="checkbox"/> Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> Other	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	8304 MASON POLICE	02	01 98 - Animal 99 - Unknown
County *	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83		MASON	05062014	1924	TUE

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 1 " 0 1 "		39.322622	-84.312502

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 E - Eastbound <input type="checkbox"/> S - Southbound 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
			MASON MONTGOMERY	RP	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					SOCIALVILLE FOSTERS	RD

Reference Point Used	Crash Location	Reference Name (Road, Milepost, House #)	Intersection Related	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	SOCIALVILLE FOSTERS	<input checked="" type="checkbox"/>	1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions Primary	Road Conditions Secondary	01 - Dry 02 - Wet 03 - Snow 04 - Ice	05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris*	09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown
1 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01				

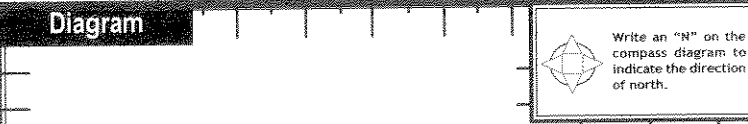
Manner of Crash Collision/Impact	Weather
6 1 - Not Collision Between Two Motor Vehicles in Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Road Surface	Light Conditions Primary	Light Conditions Secondary	School Bus Related
2 1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	1	1 - Daylight 2 - Dawn 3 - Dusk 4 - Dark - Lighted Roadway	<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	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 TRAVELLING SOUTHBOUND ON MASON MONTGOMERY, ENTERS INTERSECTION AND SLOWS FOR TRAFFIC. UNIT 1 MAKES A LEFT TURN WHILE THE LIGHT IS YELLOW. UNIT 2 TRAVELLING NORTHBOUND ON MASON MONTGOMERY IN RIGHT HAND LANE. UNIT 1 CONTINUES LEFT TURN ON YELLOW AND STRIKES UNIT 2. UNIT 1 DRIVER STATES TRAFFIC LIGHT WAS YELLOW UPON TURNING.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to OOPS)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
<input checked="" type="checkbox"/> Police Agency <input type="checkbox"/> Motorist	<input type="checkbox"/>	05062014	1924	1925	1930	2012	30	72
Officer's Name *	Officer's Badge Number	Checked By	Page 1 of 4					
C. SLONE	60	50						



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
2014-14433

UNIT NUMBER: 01 NAME: LAST, FIRST, MIDDLE: ROBINSON, MONICA DATE OF BIRTH: 07/03/1978 AGE: 36 GENDER: F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 3170 IRELAND RD. MORROW, OH 45152 CONTACT PHONE - INCLUDE AREA CODE: 513-502-1673

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: RM404202 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: 1 DRUG TEST STATUS: 1 DRUG TEST TYPE: 1

OFFENSE CHARGED: 331.17 (LOCAL CODE) OFFENSE DESCRIPTION: RIGHT OF WAY WHEN TURNING LEFT CITATION NUMBER: 76102 HANDS-FREE DEVICE USED: DRIVER DISTRACTED BY: 1

UNIT NUMBER: 02 NAME: LAST, FIRST, MIDDLE: RAWAL, RAJESH KUMAR DATE OF BIRTH: 08/17/1964 AGE: 49 GENDER: M (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 5855 W. FOUNTAIN CIR. MASON, OH 45040 CONTACT PHONE - INCLUDE AREA CODE: 732-803-0092

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: UB358402 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: 1 DRUG TEST STATUS: 1 DRUG TEST TYPE: 1

OFFENSE CHARGED: (LOCAL CODE) OFFENSE DESCRIPTION: CITATION NUMBER: HANDS-FREE DEVICE USED: DRIVER DISTRACTED BY: 1

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 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	NON-MOTORIST 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

SEATING POSITION	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - PASSENGER IN UNENCLOSED CARGO AREA
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	08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAR (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - 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 (OHIO IS "D") 5 - M/C/MOPED 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 (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION

UNIT NUMBER: 02 NAME: LAST, FIRST, MIDDLE: RAWAL, VANDANA DATE OF BIRTH: 03/11/1967 AGE: 47 GENDER: F (F - FEMALE, M - MALE)

ADDRESS, CITY, STATE, ZIP: 5855 W. FOUNTAIN CIR. MASON, OH 45040 CONTACT PHONE - INCLUDE AREA CODE: 732-803-0092

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: F (F - FEMALE, M - MALE)

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
2014-14433

Unit Number 01	Owner Name: Last, First, Middle (Same As Driver)	Owner Phone Number - inc. area code (Same As Driver)	Damage Scale 3	Damaged Area Front 02 03 04 05 06 07 08 09 Rear
Owner Address: City, State, Zip (Same As Driver)	LP State OH	License Plate Number FR J419Z	Vehicle Identification Number JHMGE38239S06104101	
Vehicle Year 2009	Vehicle Make HONDA	Vehicle Model FIT	Vehicle Color WHITE	
Proof of Insurance Shown	Insurance Company ALLSTATE	Policy Number 926 864 925	Towed By	
Carrier Name, Address, City, State, Zip				Carrier Phone - include area code

US DOT	Vehicle Weight GVWR/GWR 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 Using Another Vehicle 05 - Loading 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Cray, 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 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Painted or Glass - 4 ft.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	Hazardous Material Released	Trafficway Description		

Non-Motorist Location Prior to Impact 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 - Driveaway 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 01 - Sub-Compact 02 - Compact 03 - Mid Size 04 - Full Size 05 - Minivan 06 - Sport Utility Vehicle 07 - Pickup 08 - Van 09 - Motorcycle 10 - Motorized Bicycle 11 - Snowmobile/ATV 12 - Other Passenger Vehicle	Med/Heavy Trucks or Combo Units > 10k lbs 13 - Single Unit Truck or Van 2axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Bobtail) 17 - Tractor/Semi-Trailer 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Bus/Van/Limo (9 or More Including Driver) 21 - Bus/Van (9-15 Seats, Inc Driver) 22 - Bus (16+ Seats, Inc Driver) Non-Motorist 23 - Animal with Rider 24 - Animal with Buggy, Wagon, Surrey 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
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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 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 Area 14 - Other	Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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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
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Contributing Circumstances Primary 02 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
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Sequence of Events 1 - 20 2 - 3 - 4 - 5 - 6 - First Harmful Event Most Harmful Event 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Inversion 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 - Pedacycle 16 - Railway Vehicle (Tram, 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

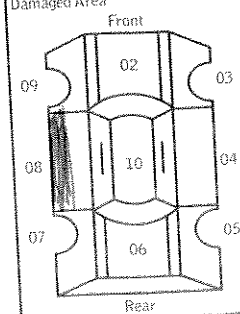
Unit Speed 110 Posted Speed 45 Traffic Control 04 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Sign 05 - Traffic Signals 06 - School Zone	07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings	13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction From 1 To 3 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
2014-14433Unit Number: 02
Owner Name: Last, First, Middle (Same As Driver)
Owner Address: City, State, Zip (Same As Driver)

Owner Phone Number - inc. area code (Same As Driver)

Damage Scale: 3
1. None
2. Minor
3. Functional
4. Disabling
9. Unknown

LP State: OH License Plate Number: FPT 2925

Vehicle Identification Number: ZHKYF1B566H514650102

Vehicle Year: 2016 Vehicle Make: HONDA

Vehicle Model: PILOT Vehicle Color: WHITE

Insurance Company: GUIDE ONE MUTUAL Policy Number: 021144-679

Carrier Name, Address, City, State, Zip

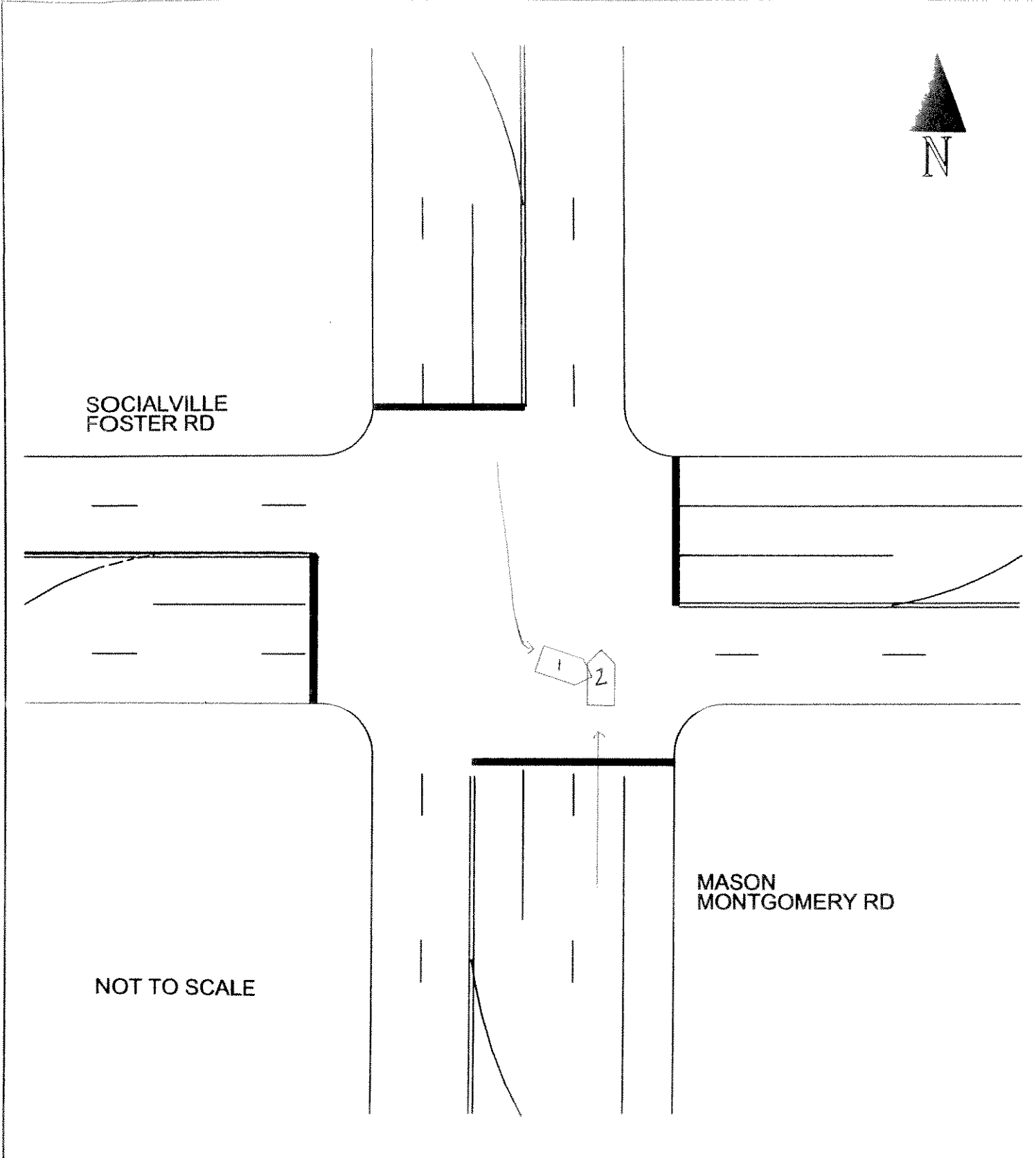
Carrier Phone- include area code

US DOT: 1
HM Placard ID No.:
HM Class Number: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.
Hazardous Material Released: 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
09 - Pole
10 - Cargo Tank
11 - Flat Bed
12 - Dump
13 - Concrete Mixer
14 - Auto Transporter
15 - Garbage/Refuse
99 - Other/UnknownTrafficway Description: 1
1. Two-Way, Not Divided
2. Two-Way, Not Divided, Continuous Left Turn Lane
3. Two-Way, Divided, Unprotected (Passes or Grass - 4 ft.) Median
4. Two-Way, Divided, Positive Median Barrier
5. One-Way Trafficway
 Hit / Skip UnitNon-Motorist Location Prior to Impact:
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/UnknownType of Use: 1
1. Personal
2. Commercial
3. Government
 In Emergency ResponseUnit Type: 06
99 - Unknown or Hit / SkipPassenger 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 VehicleMed/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 VehicleBus/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/Pedocyclist
26 - Pedestrian/Skater
27 - Other Non-Motorist Has HM PlacardSpecial 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 - OtherType of Use:
09 - Ambulance
10 - Fire
11 - Highway/Maintenance
12 - Military
13 - Police
14 - Public Utility
15 - Other Government
16 - Construction Equip.
17 - Farm Vehicle
18 - Farm Equipment
19 - Motorhome
20 - Golf Cart
21 - Train
22 - Other (Explain in Narrative)Most Damaged Area: 08
Impact Area: 08
01 - None
02 - Center Front
03 - Right Front
04 - Right Side
05 - Right Rear
06 - Rear Center
07 - Left Rear
08 - Left Side
09 - Left Front
10 - Top and Windows
11 - Undercarriage
12 - Load/Trailer
13 - Total(AH Area)
14 - OtherAction: 4
1 - Non-Contact
2 - Non-Collision
3 - Striking
4 - Struck
5 - Striking/Struck
9 - UnknownPre-Crash Actions: 01
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 - DriverlessNon-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 - StandingContributing Circumstances:
Primary: 01
Secondary:
99 - UnknownMotorist:
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 ActionNon-Motorist:
22 - None
23 - Improper Crossing
24 - Dangling
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 ActionVehicle 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 DefectsSequence of Events:
1. 20
2.
3.
4.
5.
6.
First Harmful Event: 1
Most Harmful Event: 1
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 ObjectNon-Collision Events:
01 - Overturn/Rollover
02 - Fire/Explosion
03 - Immersion
04 - Jackknife
05 - Cargo/Equipment Loss or Shift
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, Turn
52 - Other Fixed Object06 - Equipment Failure (Blowin 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-CollisionUnit Speed: 45
Posted Speed: 45
Traffic Control: 04
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 Markings13 - Crosswalk Lines
14 - Walk/Don't Walk
15 - Other
16 - Not ReportedUnit Direction:
From 2 To 1
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 2014 - 14433	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 5 D 6 Y 14
COUNTY OF WARREN	ACCIDENT LOCATION MASON MONT RD @ SOCIALVILLE FOST. RD	



OFFICER'S SIGNATURE <i>Christy J</i>	BADGE NUMBER 60
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TRAFFIC CRASH WITNESS STATEMENT

07-13

LOCAL REPORT NUMBER 2014- 14477 14433	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 5 D 6 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Monica Robinson HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

P.O. Christopher Slone AT UNITED DAIRY FARMERS - MASON - MONTGOMERY
OFFICER'S NAME LOCATION

(east) Upon approaching intersection on Mason-Montgomery going southbound in left turn lane intending to turn onto Sociaville foster the light turned yellow and I thought oncoming traffic was stopping but they did not and I pulled out in front of them in their way causing the collision.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? Not Evident at this time

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? South

Q. WHAT WAS YOUR SPEED? 5-10

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

ADDRESS OF WITNESS 370 Ireland Rd PHONE 513-502-1673

SIGNATURE OF WITNESS [Signature] OFFICER'S SIGNATURE Chris Slone 1000

X X