



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
201418689	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
<input 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	08304	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	06112014	1130	WED

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
0 / 0 "	0 / 0 "	39.337176	-84.341754

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost *
<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
			WESTERN ROW	RD	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route

Distance From Reference	Dir From Ref N, S, E, W	Reference Route Type 1	Reference Route Number	Ref Prefix N, S, E, W	Reference Name (Road, Milepost, House #)	Reference Road Type 2
0	N				1086 READING	RD

Reference Point Used	Crash Location	Location of First Harmful Event
3 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 06 - Five-point, or more 07 - On Ramp 08 - Off Ramp 09 - Crossover 10 - Driveway/Alley Access	1 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	Weather
1 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	02 Primary Secondary	4 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Soil, Dirt, Snow 9 - Other/Unknown

Manner of Crash Collision/Impact	Weather
6 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	4 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 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"/> Work Zone Related	<input type="checkbox"/> Law Enforcement Present (Officer/Vehicle) <input type="checkbox"/> Law Enforcement Present (Vehicle Only)	<input type="checkbox"/> 1 - Lane Closure 2 - Lane Shift/Crossover 3 - Work on Shoulder or Median 4 - Intermittent or Moving Work 5 - Other	<input type="checkbox"/> 1 - Before the First Work Zone Warning Sign 2 - Advance Warning Area 3 - Transition Area 4 - Activity Area 5 - Termination Area

Narrative	Diagram
UNIT 2 WAS TRAVELING WESTBOUND ON WESTERN ROW ROAD. UNIT 1 WAS TRAVELING EASTBOUND ON WESTERN ROW ROAD. UNIT 1 FAILED TO YIELD THE RIGHT OF WAY OF UNIT 2. TURNED LEFT INTO THE DRIVEWAY OF 1086 READING ROAD AND WAS STRUCK BY UNIT 2 IN THE RIGHT REAR.	

Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes
06112014	1130	1130	1139	1219	30	70

Officer's Name *	Officer's Badge Number	Checked By	Page 1 of
PO T DOWLEY	15	37	



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
120114-181619

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE REINERSEN, LORI	DATE OF BIRTH 12021965	AGE 48	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6642 FALLING LEAVES CT MASON, OH 45040	CONTACT PHONE - INCLUDE AREA CODE 513-336-7979
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RR48333	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 (<input checked="" type="checkbox"/> LOCAL CODE) 331.17	OFFENSE DESCRIPTION FAILURE TO YIELD; TURNING LEFT	CITATION NUMBER 76209	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE PARIKH, NARENDRA	DATE OF BIRTH 03251935	AGE 79	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 8492 RIDGECREST DR WEST CHESTER, OH 49069	CONTACT PHONE - INCLUDE AREA CODE 513-777-4085
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INJURIES 1	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 99	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER RU262426	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 (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 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 NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	99 - UNKNOWN SAFETY EQUIPMENT	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 3 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 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 <input type="checkbox"/> MOTORCYCLE HELMET	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 <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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Unit

Local Report Number

2014-118689

Unit Number 01	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) REINERTSEN, ROY	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 2	Damaged Area
LP State OH	License Plate Number FHE 9859	Vehicle Identification Number 1GKER23D29J147826	# Occupants 01	
Vehicle Year 2009	Vehicle Make GMC	Vehicle Model ACADIA	Vehicle Color BLUE	
<input checked="" type="checkbox"/> Proof of Insurance Shows	Insurance Company ELECTRIC INS. CO.	Policy Number 6188785A2	Towed By	

Carrier Name, Address, City, State, Zip _____ Carrier Phone- include area code _____

US DOT	Vehicle Weight GVWR/GWR 1 1 - Less than or Equal to 10,000 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 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 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unrestricted/Unseparated (No 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 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/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use 1 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 06 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 Bus/Van/Limo (9 or More Including Driver)	Other/Unknown
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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 05 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 06 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 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action

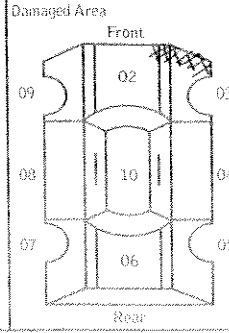
Contributing Circumstances 02 01 - None 02 - Failure to Yield 03 - Ran Red Light 04 - Ran Stop Sign 05 - Exceeded Speed Limit 06 - Unsafe Speed 07 - Improper Turn 08 - Left of Center 09 - Followed Too Closely/ACDA 10 - Improper Lane Change /Passing/Off Road 11 - Improper Backing 12 - Improper Start from 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 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 (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/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 010 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 35	Traffic Control 01 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - School Zone 07 - Railroad Crossbucks 08 - Railroad Flashers 09 - Railroad Gates 10 - Construction Barricade 11 - Person (Flagger, Officer) 12 - Pavement Markings 13 - Crosswalk Lines 14 - Walk/Don't Walk 15 - Other 16 - Not Reported	Unit Direction Front 4 To 1 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
2011AY1861891111Unit Number: **02**
Owner Name: Last, First, Middle (Same As Driver)
PARIKH, SARLAOwner Phone Number - inc. area code (Same As Driver)Damage Scale
2Owner Address: City, State, Zip (Same As Driver)LP State: **OH**
License Plate Number: **DME 2501**Vehicle Identification Number: **4T1B62ZK2K4507852**
Occupants: **01**Vehicle Year: **1999**
Vehicle Make: **TOYOTA**Vehicle Model: **CAMRY**
Vehicle Color: **BEIGE**Insurance Company: **GEICO**Policy Number: **4260-86-70-15**

Insured By:

Carrier Name, Address, City, State, Zip

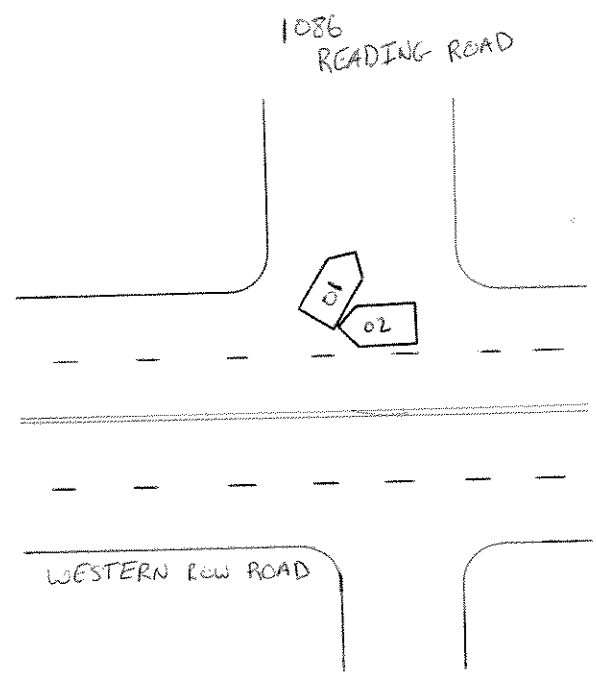
Carrier Phone - include area code

US DOT: **1**
HM Placard ID No.: **1**
HM Class Number:Vehicle Weight GVWR-GCWR:
1 Less Than 27,000 lbs
2 27,001 to 30,000 lbs
3 More Than 30,000 lbs
Cargo Body Type: **01**
1 No Cargo Vehicle Type (No Application)
2 Air Wheel (15" or less diameter)
3 Tire (16" diameter or larger)
4 Single-Wheel Another Vehicle
5 Unknown
6 Unknown (Include Details)
7 Cargo (or) Equipment Box
8 Tank, Cylinders, Cans
9 OtherTrafficway Description: **1**
1 Two Way, Not Divided
2 Two Way, Not Divided, Continuous Left Turn Lane
3 Two Way, Divided, Unpaved/Gravel or Snow - with Median
4 Two Way, Divided, Paved Median
5 One-Way Trafficway
 Hill / Skip UnitNon-Motorist Location Prior to Impact:
01 - Intersection - Marked Crosswalk
02 - Intersection - No Crosswalks
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-Paved Area
99 - Other Location
Type of Use: **1**
1 - Personal
2 - Commercial
3 - Government
 In Emergency ResponseUnit Type: **03**
01 Unknown
02 Unknown
03 Passenger Vehicle (less than 9 passengers)
04 Med/Heavy Trucks or Combo Units - 10K lbs
05 Bus/Van/Limo (9 or More Including Driver)
06 Single Unit Truck or Van Basis, 10 tires
07 Single Unit Truck / 3+ axles
08 Single Unit Truck / Trailer
09 Truck/Tractor (Combine)
10 Tractor/Seed-Trailer
11 Tractor/Double
12 Tractor/Triples
13 Other Med/Heavy VehicleSpecial Function: **01**
01 None
02 Taxi
03 Rental Truck over 10,000 lbs
04 Bus - School (Public or Private)
05 Bus - Transit
06 Bus - Charter
07 Bus - Shuttle
08 Bus - Other
09 Construction Equip
10 Farm Vehicle
11 Farm Equipment
12 Motorhome
13 Golf Cart
14 Train
15 Other (Specify in Remarks)Most Damaged Area: **03**
01 Front
02 Driver Side
03 Right Side
04 Right Rear
05 Rear Center
06 Left Rear
07 Left Side
08 Left Front
09 Top and Windows
10 Undercarriage
11 Load/Trailer
12 Total/Air Area
14 OtherAction: **3**
1 Non-Contact
2 Non-Collision
3 Striking
4 Sinks
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 - Stowing 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 ActionContributing Circumstances:
Primary: **01**
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 - 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 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 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 (Tram, Trolley)
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 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 Post
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/Luminaires 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
10 - Cross Median
11 - Cross Center Line
Opposite Direction of Travel
12 - Downhill Runaway
13 - Other Non-CollisionUnit Speed: **30**
Posted Speed: **35**
Traffic Control: **01**
01 No Control
02 Stop Sign
03 Yield Sign
04 Traffic Sign
05 Left Turn Signal
06 Speed Limit
07 Railroad Crossings
08 Railroad Station
09 Railroad Signal
10 Construction Barricade
11 Police Stripes - Officer
12 Reverse Backing
13 Crosswalk Lines
14 Water/Drain Ways
15 Other
16 Not Reported
Unit Direction:
From **3** To **4**
1 North
2 South
3 East
4 West
5 Northwest
6 Northeast
7 Southwest
8 Southeast
9 Unknown

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 14-18689	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 06 10 11 Y 2014
IN COUNTY OF WARREN	ACCIDENT LOCATION 1086 READING ROAD	



NOT TO SCALE

OFFICERS SIGNATURE
P O T DONLEY

BADGE NO.
15



LOCAL REPORT NUMBER 14-18689	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 06 D 11 Y 2014
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Lori Reinertsen HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

PO T DONLEY 15 AT 1086 READING RD
OFFICER'S NAME LOCATION

I was turning left into Walgreen's parking lot from Western Row Rd. A UPS truck was turning left into Skyline parking lot from Western Row. I looked and didn't see a car coming and started to turn. I then saw the car coming ^{west} eastbound. I thought I was going to get the front hit so I tried to dart across out of the way.

I was wearing my seat belt. I was turning from a stop position about 10 mph.

ADDRESS OF WITNESS 6692 Falling Leaves Ct. Mason OH 45040	PHONE 513.336.7979
SIGNATURE OF WITNESS X Lori A. Reinertsen	OFFICER'S SIGNATURE X PO T DONLEY 15



LOCAL REPORT NUMBER 14-18689	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 06 D 11 Y 2014
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Naumdrakumar S. Povich HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

PO T DOWLEY 15 AT 1086 READING RD
OFFICER'S NAME LOCATION

At about 11:20 AM, today Wed. 6/11, I was driving in the right lane of Western Road going towards Reading Rd. As I approach near Walgreen Pharm. on my right, there was UP's van in the my left side, signaling to have left turn for the pizza. Other driver came along on the other side having a left turn for Walgreen Pharm. I saw it and applied full brake, car slide due to rainy condition. Other car had almost completed 3/4 turn to Walgreen, except rear of the car. That when I hit her car.

ADDRESS OF WITNESS <u>8492, Ridgeman Dr. W.C.</u>	PHONE <u>777 4085</u>
SIGNATURE OF WITNESS <u>[Signature]</u>	OFFICER'S SIGNATURE <u>PO T DOWLEY 15</u>