



# Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
2014-19764	3 1 - Fatal 2 - Injury 3 - PDO	1 - Solved 2 - Unsolved

### Local Information

<input type="checkbox"/> Photos Taken	<input type="checkbox"/> PDD Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input checked="" type="checkbox"/> PH-2 <input type="checkbox"/> OH-1P <input type="checkbox"/> PH-3 <input type="checkbox"/> Other			08304	MASON POLICE	02	02 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	CITY OF MASON	06/19/2014	1630	THU

Degrees / Minutes / Seconds	Decimal Degrees
Latitude: 39° 21' 08.57" Longitude: -84° 18' 24.57"	Latitude: Longitude:

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	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 Type <sup>1</sup>	Location Route Number	Loc Prefix	Location Road Name	Location Road Type <sup>1</sup>	Route Types <sup>1</sup>
		N, S, E, W	MASON-MONTGOMERY	RD	IR - Interstate Route (inc. turnpike) CR - Numbered County Route US - US Route SR - State Route TR - Numbered Township Route

Distance From Reference	Dir From Ref	Reference Route Type <sup>1</sup>	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type <sup>2</sup>
50	Miles Feet Yards	N, S, E, W		N, S, E, W	FOXFIELD	OR

Reference Point Used	Crash Location	Intersection Related	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 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	<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	Secondary
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	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	02

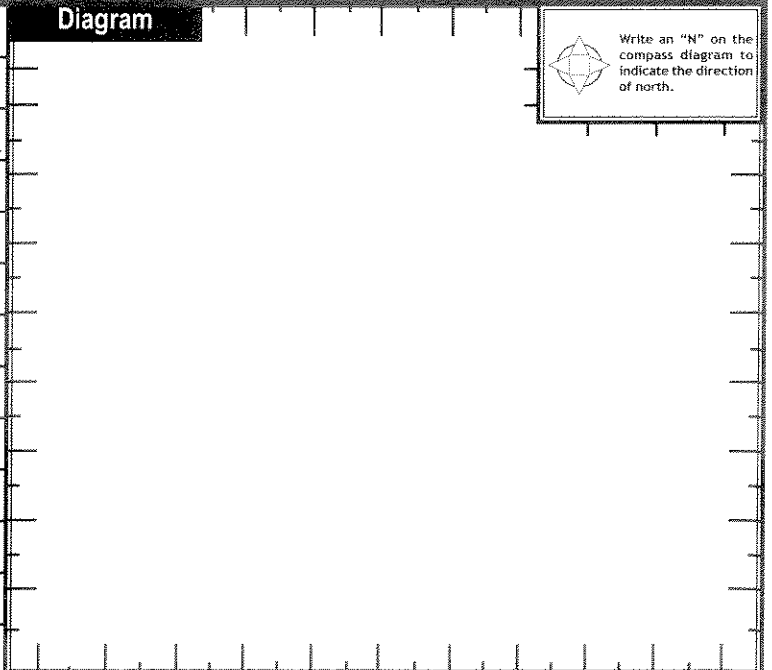
Manner of Crash Collision/Impact	Weather
2 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	4 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, 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	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 AND UNIT #2 WERE (NB) ON MASON-MONTGOMERY RD. AT THE FOXFIELD DRIVE INTERSECTION. UNIT #2 STRUCK UNIT #1 IN THE REAR.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)	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"/>	06/19/2014	1635	1636	1649	1719	110	44
Officer's Name *	Officer's Badge Number	Checked By						
HERRLINGER	42	56						

UNIT NUMBER <b>011</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 FRONT 09 02 03 08 10 04 07 06 05 REAR
OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>FSY5211</b>	VEHICLE IDENTIFICATION NUMBER <b>1JFMCU9AH97DUB62260</b>	2 - MINOR	
VEHICLE YEAR <b>2011</b>	VEHICLE MAKE <b>FORD</b>	VEHICLE MODEL <b>ESCAPE</b>	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY <b>USAA</b>	POLICY NUMBER <b>01314797C71037</b>	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN	
CARRIER PHONE- INCLUDE AREA CODE				

US DOT	VEHICLE WEIGHT GVWR/GCWR <b>1</b> 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 <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 - 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 <b>3</b> 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS 34 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID NO.	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>		<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>06</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 AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BULLY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 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 99 - UNKNOWN	ACTION <b>4</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
--	---	--

PRE-CRASH ACTIONS <b>11</b> 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
--	---	--

CONTRIBUTING CIRCUMSTANCES PRIMARY <b>01</b> SECONDARY <b>01</b> 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 <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
--	--	---	---

SEQUENCE OF EVENTS 1 <b>20</b> 2 <b>01</b> 3 <b>01</b> 4 <b>01</b> 5 <b>01</b> 6 <b>01</b> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	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 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
--	--	--

UNIT SPEED <b>09</b> <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED <b>35</b>	TRAFFIC CONTROL <b>12</b> 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSINGS 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 <b>2</b> TO <b>1</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
---	---------------------------	---	--

UNIT NUMBER <b>02</b>	OWNER NAME: LAST, FIRST, MIDDLE <b>(S) SAME AS DRIVER</b>	OWNER PHONE NUMBER - INC. AREA CODE <b>(S) SAME AS DRIVER</b>	DAMAGE SCALE <b>2</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP <b>(S) SAME AS DRIVER</b>			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>GBF 572</b>	VEHICLE IDENTIFICATION NUMBER <b>2G4W552J031285410</b>	2 - MINOR	
VEHICLE YEAR <b>2003</b>	VEHICLE MAKE <b>Buick</b>	VEHICLE MODEL <b>CENTURY</b>	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input type="checkbox"/>	INSURANCE COMPANY <b>VICTORIA SPECIALTY</b>	POLICY NUMBER <b>1360528</b>	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN	
CARRIER PHONE- INCLUDE AREA CODE				

US DOT HM PLACARD ID NO. <b>1</b>	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.	CARGO BODY TYPE <b>01</b>	TRAFFICWAY DESCRIPTION <b>3</b>
HM CLASS NUMBER <b>1</b>	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>	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 - GRASS, CHIPS, GRAVEL 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPAVED (PAINTED OR GRAVEL 24-FL) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b>	TYPE OF USE <b>1</b>	UNIT TYPE <b>04</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 (BUBBLER) 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 BUDDY, WAGON, SADDLE 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
<input type="checkbox"/> IN EMERGENCY RESPONSE <input type="checkbox"/> HAS HM PLACARD					

SPECIAL FUNCTION <b>01</b>	01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVP 10K LBS) 04 - BUS - SCHOOL (PUBIC 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
-------------------------------	---	---	---	--------------------------------	--	--	--------------------	--

PRE-CRASH ACTIONS <b>01</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 - 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
--------------------------------	---	--	--

CONTRIBUTING CIRCUMSTANCES PRIMARY <b>09</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	NON-MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLECTED 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	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
SECONDARY <b>00</b>	99 - UNKNOWN			

SEQUENCE OF EVENTS 1 <b>90</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b>	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 UNIT 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNRAMP RUNAWAY 13 - OTHER NON-COLLISION
FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b>	99 - UNKNOWN		
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		COLLISION WITH FIXED OBJECT 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 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 - CURB 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	

UNIT SPEED <b>27</b>	POSTED SPEED <b>35</b>	TRAFFIC CONTROL <b>12</b>	UNIT DIRECTION FROM <b>8</b> TO <b>1</b>
<input type="checkbox"/> STATED <input checked="" type="checkbox"/> ESTIMATED		01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSBLOCKS 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	1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**2014-19764**UNIT NUMBER: **011** NAME: LAST, FIRST, MIDDLE: **NELSON, KYONG M.** DATE OF BIRTH: **0221, 1979** AGE: **33** GENDER: **F** (F - FEMALE, M - MALE)ADDRESS, CITY, STATE, ZIP: **1128 MONTAGUE RD. HUBER HEIGHTS 45424** CONTACT PHONE - INCLUDE AREA CODE: **(937) 470-2174**INJURIES: **1** INJURED TAKEN BY: **1** 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: **RK577251** OL CLASS: **9** No VALID OL:  M/C END:  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**OFFENSE CHARGED (LOCAL CODE): OFFENSE DESCRIPTION: CITATION NUMBER: HANDS-FREE DEVICE USED:  DRIVER DISTRACTED BY: UNIT NUMBER: **02** NAME: LAST, FIRST, MIDDLE: **BENNETT, TRACI D.** DATE OF BIRTH: **0617, 1972** AGE: **42** GENDER: **F** (F - FEMALE, M - MALE)ADDRESS, CITY, STATE, ZIP: **5866 Homecrest Mason, OHIO 45040** CONTACT PHONE - INCLUDE AREA CODE: **(513) 344-3651**INJURIES: **1** INJURED TAKEN BY: **1** 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: **RU205013** OL CLASS: **9** No VALID OL:  M/C END:  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**OFFENSE CHARGED (LOCAL CODE): **333.03** OFFENSE DESCRIPTION: **A.C.D.A.** CITATION NUMBER: **76457** HANDS-FREE DEVICE USED:  DRIVER DISTRACTED BY: 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  
99 - UNKNOWN SAFETY EQUIPMENT  
Non-Motorist: 09 - NONE USED, 10 - HELMET USED, 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC), 12 - REFLECTIVE CLOTHING, 13 - LIGHTING, 14 - OTHERSEATING 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-TRAILER UNIT SUCH AS A BUS, PICK-UP WITH CAP), 12 - PASSENGER IN UNENCLOSED CARGO AREA, 13 - TRAILING UNIT, 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILER 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 UNKNOWNEJECTION: 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 (DRIVER "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 SUSPECTEDALCOHOL 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 DISTRACTIONUNIT NUMBER: **02** NAME: LAST, FIRST, MIDDLE: **BENNETT, DAVIS** DATE OF BIRTH: **0825, 2006** AGE: **7** GENDER: **M** (F - FEMALE, M - MALE)ADDRESS, CITY, STATE, ZIP: **5866 Homecrest Mason, O. 45040** CONTACT PHONE - INCLUDE AREA CODE: **(513) 344-3651**INJURIES: **1** INJURED TAKEN BY: **1** 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: **01** NAME: LAST, FIRST, MIDDLE: **NAGEL, STACEY** DATE OF BIRTH: **0226, 1976** AGE: **38** GENDER: **F** (F - FEMALE, M - MALE)ADDRESS, CITY, STATE, ZIP: **807 HARVARD DR. LEBANON, O. 45036** CONTACT PHONE - INCLUDE AREA CODE: **(513) 292-6697**INJURIES: **1** INJURED TAKEN BY: **1** 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**



# OCCUPANT / WITNESS ADDENDUM

LOCAL REPORT NUMBER  
2014-19764

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE NELSON, DEVIN	DATE OF BIRTH 07/12/2002	AGE 9	GENDER M
--------------------	--	-----------------------------	----------	-------------

ADDRESS, CITY, STATE, ZIP 1128 MONTAGUE RD. HUBER HEIGHTS, OH. 45424	CONTACT PHONE- INCLUDE AREA CODE (937) 470-2174
---	--

INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 64	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
---------------	-----------------------	------------	-----------------------------------	-----------------------------	---	------------------------	--------------------	---------------	--------------

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE NELSON, SAMYRAH	DATE OF BIRTH 01/13/2014	AGE	GENDER M
--------------------	--	-----------------------------	-----	-------------

ADDRESS, CITY, STATE, ZIP 7128 MONTAGUE RD. HUBER HEIGHTS, O. 45424	CONTACT PHONE- INCLUDE AREA CODE (937) 470-2174
--	--

INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 06	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 05	AIR BAG USAGE 5	EJECTION 1	TRAPPED 1
---------------	-----------------------	------------	-----------------------------------	-----------------------------	---	------------------------	--------------------	---------------	--------------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
-------------	---------------------------	---------------	-----	--------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---------------------------------	------------------	---------------	----------	---------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
-------------	---------------------------	---------------	-----	--------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---------------------------------	------------------	---------------	----------	---------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
-------------	---------------------------	---------------	-----	--------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---------------------------------	------------------	---------------	----------	---------

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
-------------	---------------------------	---------------	-----	--------

ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
---------------------------	----------------------------------

INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
----------	------------------	------------	-----------------------------------	-----------------------	---------------------------------	------------------	---------------	----------	---------

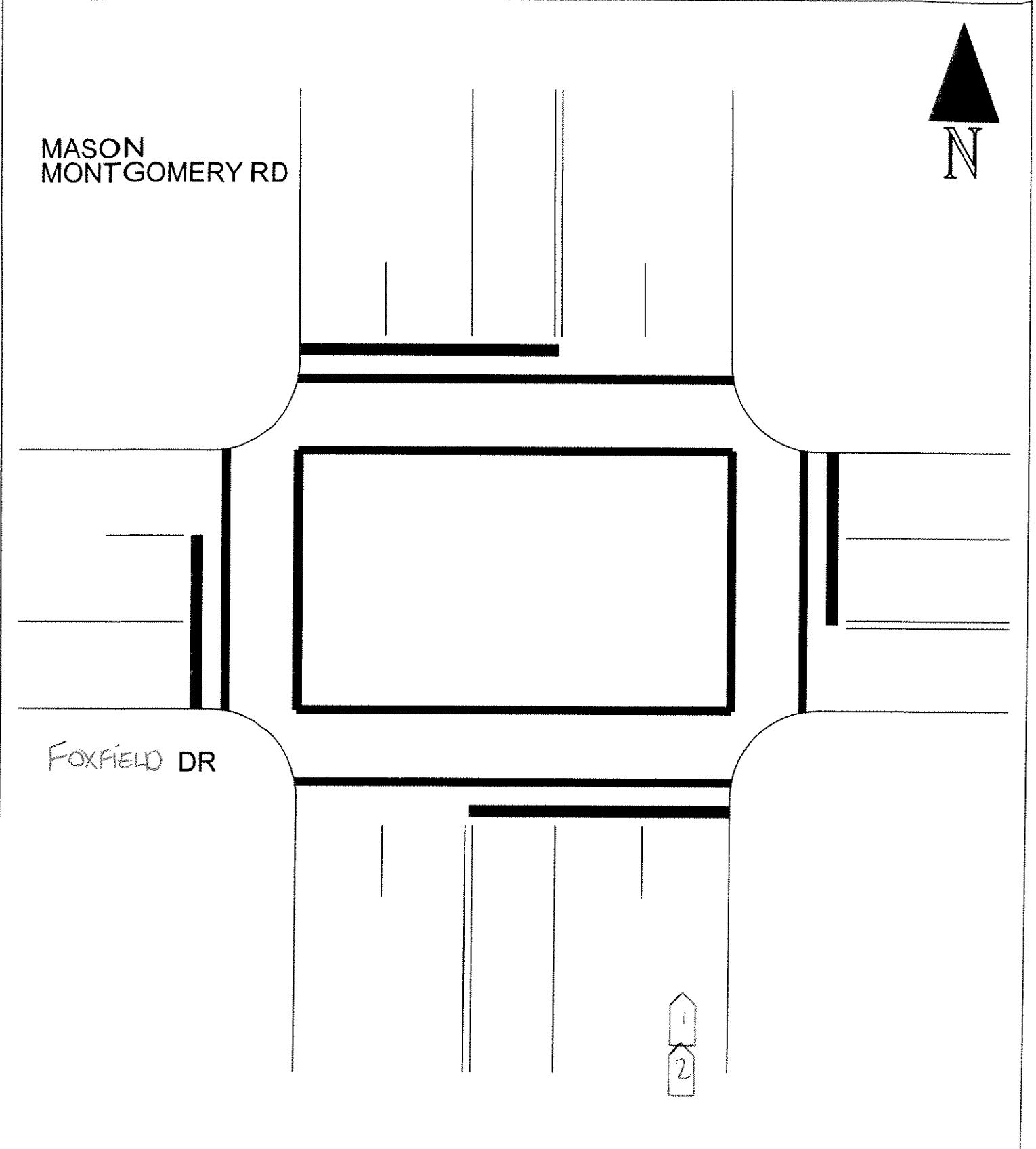
<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER 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
---	--	---	---

<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, PICKUP 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	<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTINGUISHED BY MECHANICAL MEANS 3 - EXTINGUISHED BY NON-MECHANICAL MEANS
--	---	---	--	---

OHIO TRAF TIC ACCIDENT - DIAGRAM/NARRITVE CONTINUATION

OH-2

LOCAL REPORT NUMBER	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 6 D 19 Y 14
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONTGOMERY RD AND LAKESIDE DR	



NOT TO SCALE

OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NUMBER 92
---	--------------------



LOCAL REPORT NUMBER

REPORTING AGENCY

MASON POLICE

DATE OF CRASH

6.19.2014

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, X. Kyong Nelson HEREBY MAKE THIS VOLUNTARY STATEMENT TO

P.O. Andrew Herrlinger  
OFFICER'S NAME

AT 6000 Mason-Montgomery Rd.  
LOCATION

Waiting for light to turn green on Mason Montgomery Rd in front of police station when I was rear ended and jolted forward. My car was at a complete stop when this occurred. Driver of other car stated to me that her foot slipped off of brake.

PASSENGER	NAME	DOB	ADDRESS	PHONE	
①	Stacey Nagel	Front passenger	2/26/76	807 A Harvard Dr. Lebanon 45036	513-292-6697
②	Second row passenger door	Devin Nelson	7/12/02	7128 Montague Rd Huber Heights 45424	937-470-2174
③	Second middle	Samyrah Nelson	1/13/14	7128 Montague Rd Huber Heights 45424	937-470-2174

- Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED?
- Q. WERE YOU WEARING YOUR SEAT BELT?
- Q. WHAT DIRECTION WERE YOU GOING?
- Q. WHAT WAS YOUR SPEED?
- Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH?

ADDRESS OF WITNESS: X 7128 Montague Rd Huber Heights 45424 PHONE: 937-470-2174

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

JSPA  
013114797C71037

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER

REPORTING AGENCY

Mason Police Department

DATE OF CRASH

6/19/14

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

X TRACI BENNETT (PRINTED)

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

P.O. ANDREW HERRUNGER (OFFICERS NAME)

AT

6000 MASON - MONTGOMERY RD. (LOCATION)

Traci Bennett  
5866 Homecrest Lane  
Mason OH 45040  
513-344-3651

Traffic was stopped on Mason - Mont Rd. My foot slightly slipped off break and my license plate was damaged by hitting the hitch on the car in front of me. Everyone is okay.

(Passenger)

DAVIS BENNETT (SON)	8/25/06	513/344-3651
NAME	DOB	CELL
(same)		

Q. what was your speed at the time of the crash? A. 0

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

Q. Were you wearing a seat belt? A. YES

Q. Were you talking on a cell phone at time of Crash? A. NO

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

ADDRESS OF WITNESS

5866 HOMECREST

PHONE

SIGNATURE OF WITNESS

Traci Bennett

OFFICER'S SIGNATURE

[Signature] 1042