



Traffic Crash Report

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| Local Report Number * | Crash Severity | Hit/Skip |
| 12011400000020759 | 2 - 1 - Fatal 2 - Injury 3 - PDO | 1 - Solved 2 - Unsolved |

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|--|---|-------------------------|-------------------------|-----------------|-----------------------------|
| Local Information | | Reporting Agency NCIC * | Reporting Agency Name * | Number of Units | Unit in error |
| <input checked="" type="checkbox"/> Photos Taken | <input type="checkbox"/> PDO Under State Reportable Dollar Amount | 198304 | MASON P.D. | 100 | 01 |
| <input type="checkbox"/> OH-2 | <input type="checkbox"/> OH-1P | | | | 98 - Animal 99 - Unknown |
| <input type="checkbox"/> OH-3 | <input type="checkbox"/> Other | | | | |

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|----------|---------------|---------------------------|--------------|---------------|-------------|
| County * | City * | City, Village, Township * | Crash Date * | Time of Crash | Day of Week |
| 183 | City of Mason | CITY OF MASON | 106182014 | 106100 | 1SAT |

| | | | |
|--------------------------------------|-----------|--------------------------|------------|
| Degrees / Minutes / Seconds Latitude | Longitude | Decimal Degrees Latitude | Longitude |
| 0 / / | 0 / / | 39.3365818 | 784.284874 |

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|----------------------------------|--|----------------------|--|
| Roadway Division | Divided Lane Direction of Travel | Number of Thru Lanes | Road Types or Milepost * |
| <input type="checkbox"/> Divided | E N - Northbound E - Eastbound S - Southbound W - Westbound | 03 | 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 |

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

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|-------------------------|--------------|------------------------|------------|--|-----------------------|
| Distance From Reference | Dir From Ref | Reference Route Number | Ref Prefix | Reference Name (Road, Milepost, House #) | Reference Road Type 2 |
| 5 | W N, S, E, W | | | STRESS ENGINEERING | WA |

| | | | |
|---|---|--------------------------|---|
| 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 type="checkbox"/> | 1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown |

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| Road Contour | Road Conditions | Weather |
| 1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown | 01 Primary Secondary | 2 1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet, Hail 6 - Snow 7 - Severe Crosswinds 8 - Blowing Sand, Silt, Dirt, Snow 9 - Other/Unknown |

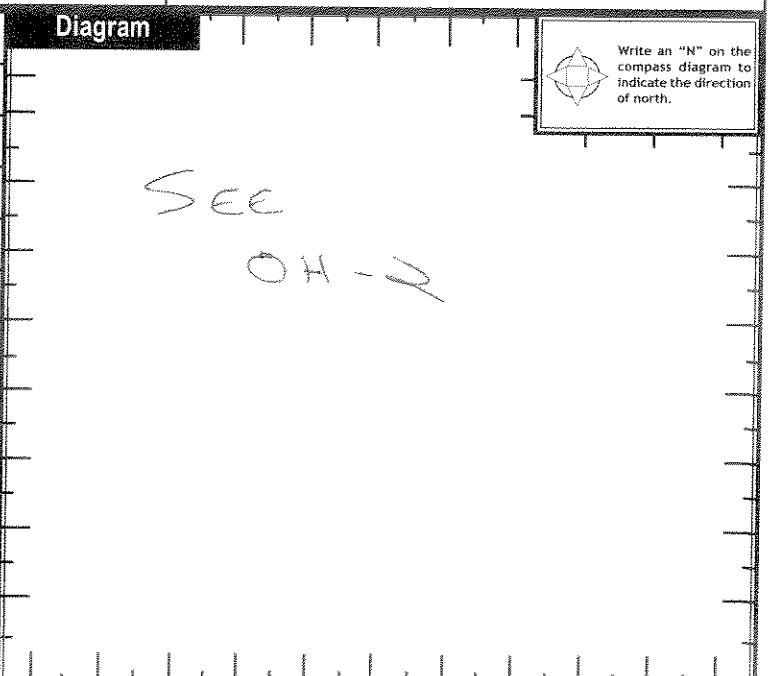
| | |
|--|---|
| Manner of Crash Collision/Impact | Weather |
| 2 1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown | 2 1 - Clear 2 - Cloudy 3 - Fog, Smog,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

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|---|---|--|
| 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 | 2 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 | <input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved |

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| Work Zone Related | Workers Present | Type of Work Zone | Location of Crash in Work Zone |
| <input type="checkbox"/> | <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 # 2 WAS STOPPED AT A RED LIGHT EASTBOUND ON WESTERN ROW RD. UNIT # 1 HAD STOPPED, THOUGHT THE LIGHT TURNED GREEN, ACCELERATED AND STRUCK UNIT # 2 IN THE REAR



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| Report Taken By | Supplement (Correction or Addition to an Existing Report Sent to GDPS) | Date Crash Reported | Time Crash Reported | Dispatch Time | Arrival Time | Time Cleared | Other Investigation Time | Total Minutes |
| <input type="checkbox"/> Police Agency <input type="checkbox"/> Motorist | <input type="checkbox"/> | 106182014 | 106100 | 106100 | 106102 | 10643 | 1120 | 102511 |
| Officer's Name * | Officer's Badge Number | Checked By | Page 1 of 4 | | | | | |
| N. FANTINI | 46 | SO | | | | | | |



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2911498000020759

MOTORIST/Non-MOTORIST

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|---|--|--|--|--------------------------------------|
| UNIT NUMBER 011 | NAME: LAST, FIRST, MIDDLE BROWN, NICOLE, R. | DATE OF BIRTH 06/19/1976 | AGE 38 | GENDER F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP 470 CLOVERWOOD DR. MASON, OH 45040 | | | CONTACT PHONE- INCLUDE AREA CODE (513) 238-1511 | |
| INJURIES 1 | INJURED TAKEN BY 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 |
| DOT COMPLIANT <input type="checkbox"/> | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OL STATE OH | OPERATOR LICENSE NUMBER RR544069 | OL CLASS D | 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 .000 |
| DRUG TEST STATUS 1 | DRUG TEST TYPE 1 | OFFENSE CHARGED 333 03 | OFFENSE DESCRIPTION ACOA | CITATION NUMBER 76601 |
| | | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY 2 | |

MOTORIST/Non-MOTORIST

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|---|---|--|--|--------------------------------------|
| UNIT NUMBER 02 | NAME: LAST, FIRST, MIDDLE KOCHER, KARL, THOMAS | DATE OF BIRTH 10/22/1985 | AGE 29 | GENDER M - MALE F - FEMALE |
| ADDRESS, CITY, STATE, ZIP 4592 WATOLA DR. LIBERTY TOWNSHIP, OH 45011 | | | CONTACT PHONE- INCLUDE AREA CODE (484) 903-1693 | |
| INJURIES 1 | INJURED TAKEN BY 1 | EMS AGENCY | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 |
| DOT COMPLIANT <input type="checkbox"/> | SEATING POSITION 01 | AIR BAG USAGE 1 | EJECTION 1 | TRAPPED 1 |
| OL STATE OH | OPERATOR LICENSE NUMBER UF456991 | OL CLASS A | 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 .000 |
| DRUG TEST STATUS 1 | DRUG TEST TYPE 1 | OFFENSE CHARGED <input type="checkbox"/> LOCAL CODE | OFFENSE DESCRIPTION | CITATION NUMBER |
| | | HANDS-FREE DEVICE USED <input type="checkbox"/> | DRIVER DISTRACTED BY | |

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|-------------------------------|--|---------------------------------|---|--|
| INJURIES | INJURED TAKEN BY | SAFETY EQUIPMENT USED | 99 - UNKNOWN SAFETY EQUIPMENT | NON-MOTORIST |
| 1 - NO INJURY / NONE REPORTED | 1 - NOT TRANSPORTED / TREATED AT SCENE | MOTORIST | 01 - NONE USED - VEHICLE OCCUPANT | 09 - NONE USED |
| 2 - POSSIBLE | 2 - EMS | 02 - SHOULDER BELT ONLY USED | 05 - CHILD RESTRAINT SYSTEM- FORWARD FACING | 10 - HELMET USED |
| 3 - NON-INCAPACITATING | 3 - POLICE | 03 - LAP BELT ONLY USED | 06 - CHILD RESTRAINT SYSTEM- REAR FACING | 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) |
| 4 - INCAPACITATING | 4 - OTHER | 04 - SHOULDER AND LAP BELT USED | 07 - BOOSTER SEAT | 12 - REFLECTIVE CLOTHING |
| 5 - FATAL | 9 - UNKNOWN | | 08 - HELMET USED | 13 - LIGHTING |
| | | | | 14 - OTHER |

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| SEATING POSITION | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR) | 12 - PASSENGER IN UNENCLOSED CARGO AREA | AIR BAG USAGE |
| 01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER) | 08 - THIRD - MIDDLE | 13 - TRAILING UNIT | 1 - NOT DEPLOYED |
| 02 - FRONT - MIDDLE | 09 - THIRD - RIGHT SIDE | 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) | 2 - DEPLOYED FRONT |
| 03 - FRONT - RIGHT SIDE | 10 - SLEEPER SECTION OF CAB/TRUCK | 15 - NON-MOTORIST | 3 - DEPLOYED SIDE |
| 04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER) | 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 16 - OTHER | 4 - DEPLOYED BOTH FRONT/SIDE |
| 05 - SECOND - MIDDLE | | 99 - UNKNOWN | 5 - NOT APPLICABLE |
| 06 - SECOND - RIGHT SIDE | | | 9 - DEPLOYMENT UNKNOWN |

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| EJECTION | TRAPPED | OPERATOR LICENSE CLASS | CONDITION | ALCOHOL/DRUG SUSPECTED |
| 1 - NOT EJECTED | 1 - NOT TRAPPED | 1 - CLASS A | 1 - APPARENTLY NORMAL | 1 - NONE |
| 2 - TOTALLY EJECTED | 2 - EXTRICATED BY MECHANICAL MEANS | 2 - CLASS B | 2 - PHYSICAL IMPAIRMENT | 2 - YES - ALCOHOL SUSPECTED |
| 3 - PARTIALLY EJECTED | 3 - EXTRICATED BY NON-MECHANICAL MEANS | 3 - CLASS C | 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) | 3 - YES - HBD NOT IMPAIRED |
| 4 - NOT APPLICABLE | | 4 - REGULAR CLASS (DRIVER "D") | 4 - ILLNESS | 4 - YES - DRUGS SUSPECTED |
| | | 5 - NC/MOPED ONLY | | 5 - YES - ALCOHOL AND DRUGS SUSPECTED |

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| ALCOHOL TEST STATUS | ALCOHOL TEST TYPE | DRUG TEST STATUS | DRUG TEST TYPE | DRIVER DISTRACTED BY |
| 1 - NONE GIVEN | 1 - NONE | 1 - NONE GIVEN | 1 - NONE | 1 - NO DISTRACTION REPORTED |
| 2 - TEST REFUSED | 2 - BLOOD | 2 - TEST REFUSED | 2 - BLOOD | 2 - PHONE |
| 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | 3 - URINE | 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE | 3 - URINE | 3 - TEXTING/E-MAILING |
| 4 - TEST GIVEN, RESULTS KNOWN | 4 - BREATH | 4 - TEST GIVEN, RESULTS KNOWN | 4 - OTHER | 4 - ELECTRONIC COMMUNICATION DEVICE |
| 5 - TEST GIVEN, RESULTS UNKNOWN | 5 - OTHER | 5 - TEST GIVEN, RESULTS UNKNOWN | | 5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) |
| | | | | 6 - OTHER INSIDE THE VEHICLE |
| | | | | 7 - EXTERNAL DISTRACTION |

OCCUPANT

| | | | | |
|---|---------------------------|---------------|-----------------------------------|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER 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 <input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

OCCUPANT

| | | | | |
|---|---------------------------|---------------|-----------------------------------|----------------------------------|
| UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE | GENDER 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 <input type="checkbox"/> | SEATING POSITION | AIR BAG USAGE | EJECTION | TRAPPED |

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|---|---|--|----------------------------------|---|
| UNIT NUMBER 011 | OWNER NAME: LAST, FIRST, MIDDLE [] SAME AS DRIVER | OWNER PHONE NUMBER - INC. AREA CODE [] SAME AS DRIVER | DAMAGE SCALE 4 | DAMAGED AREA FRONT 09 02 03 08 10 04 07 06 05 REAR |
| OWNER ADDRESS: CITY, STATE, ZIP [] SAME AS DRIVER | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER FOP 8946 | VEHICLE IDENTIFICATION NUMBER 1M1BE1R21B5X1C15141151161 | 2 - MINOR | |
| VEHICLE YEAR 2012 | VEHICLE MAKE MAZDA | VEHICLE MODEL CX-7 | 3 - FUNCTIONAL | |
| VEHICLE COLOR WHITE | INSURANCE COMPANY THE GENERAL | POLICY NUMBER 47-04-7556025 | 4 - DISABLING | |
| PROOF OF INSURANCE SHOW | TOWED BY JACOBS | | 9 - UNKNOWN | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | CARRIER PHONE- INCLUDE AREA CODE | |

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| US DOT | VEHICLE WEIGHT GVWR/GCWR 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 - 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 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRAY 24 FT.) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID No. | HAZARDOUS MATERIAL RELEASED | | [] HIT / STRIP UNIT |
| HM CLASS NUMBER | | | |

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| 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 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN | TYPE OF USE 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT [] IN EMERGENCY RESPONSE | UNIT TYPE 06 99 - UNKNOWN OR HIT / STRIP | 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 (BOBTALE) 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/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
| | | | [] HAS HM PLACARD | | |

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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 - LOAS/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER | ACTION 1 - NON-COLLISION 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS 01 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 09 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 - WORK ON 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 1 MOST HARMFUL EVENT 1 99 - UNKNOWN | NON-COLLISION EVENTS 01 - OVERTURN/ROLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BLOW TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION | COLLISION WITH FIXED OBJECT 25 - IMPACT AFTERBURNOR/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/LUMINOUS 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 0100 [] STATED [] ESTIMATED | POSTED SPEED 35 | TRAFFIC CONTROL 04 01 - NO CONTROL 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 FROM 9 TO 5 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
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| UNIT NUMBER 02 | OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) | OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER) | DAMAGE SCALE 2 | DAMAGED AREA |
| OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER) | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER FZN 4330 | VEHICLE IDENTIFICATION NUMBER 1B14F1S18181X1411819131914 | 2 - MINOR | |
| VEHICLE YEAR 11/9/98 | VEHICLE MAKE SEER | VEHICLE MODEL L4000KEE | 3 - FUNCTIONAL | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY USAA | POLICY NUMBER 013678769C | 4 - DISABLED | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | 9 - UNKNOWN | |
| | | | CARRIER PHONE - INCLUDE AREA CODE | |

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| US DOT | 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 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 - LOGGERS 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 3 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAVED OR GRASS 14 FT.) 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 |
| HM CLASS NUMBER | | | | <input type="checkbox"/> HAS HM PLACARD |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT 01 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDDLEBLOCK - 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 05 99 - UNKNOWN OR HIT / SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 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 BUCKY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
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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 06 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR | 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL(ALL AREAS) 14 - OTHER | ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN |
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| PRE-CRASH ACTIONS 01 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 01 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN SECONDARY 01 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 SIGNALS /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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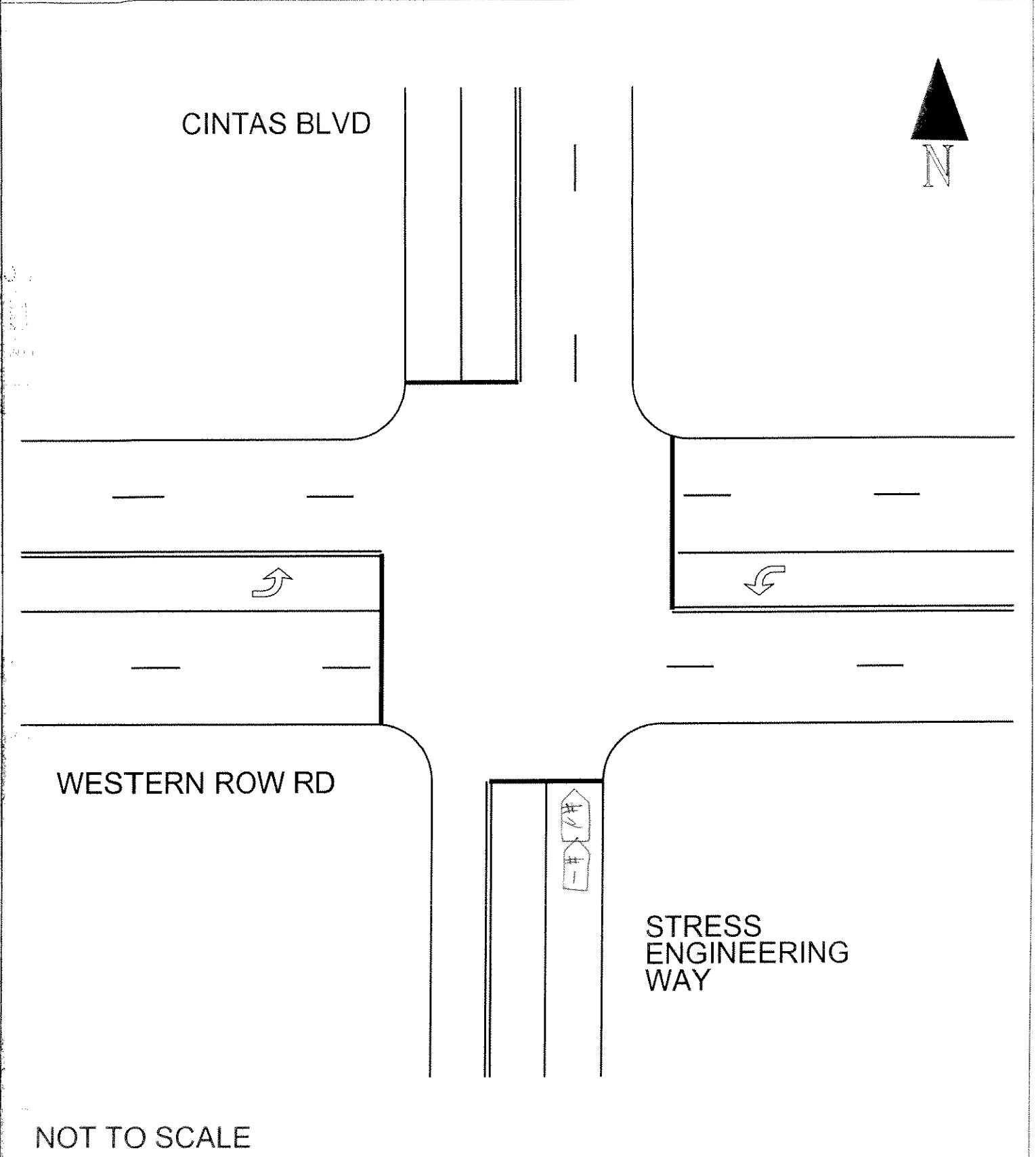
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| SEQUENCE OF EVENTS 1 02 2 01 3 01 4 01 5 01 6 01 FIRST HARMFUL EVENT: 1 MOST HARMFUL EVENT: 1 99 - UNKNOWN | NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT | 06 - EQUIPMENT FAILURE (BLOWN TYRE, 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 - 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 | | |

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| UNIT SPEED 01010 <input type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED | POSTED SPEED 035 | TRAFFIC CONTROL 04 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 4 TO 3 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST | 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

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|---------------------------------|-------------------------------------|---------------------------------------|
| LOCAL REPORT NUMBER 14-20759 | REPORTING AGENCY MASON P.D. | DATE OF ACCIDENT M 6 D 28 Y 14 |
| IN COUNTY OF WARREN | ACCIDENT LOCATION WESTERN ROW RD | |



NOT TO SCALE

| | |
|-----------------------------------|--------------------|
| OFFICER'S SIGNATURE N. FANTINI | BADGE NUMBER 46 |
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| LOCAL REPORT NUMBER 14-20759 | REPORTING AGENCY MASON P.P. | DATE OF CRASH MO 06 DAY 28 Y 14 |
|---------------------------------|--------------------------------|--|

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

I, Nicole Brown HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

N. Fantini AT WR + STRESS ENGINEERING WAY
OFFICER'S NAME LOCATION

I was stopped at a red light
 I dropped my phone when I grabbed
 it I looked up and proceeded to go
 thinking the light had changed and
 hit the back of the jeep

470 Cloverwood Drive Mason OH 45040
ADDRESS OF WITNESS

2381511
PHONE

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

X X

| | | |
|--|---------------------------------------|--|
| LOCAL REPORT NUMBER <u>14-20759</u> | REPORTING AGENCY <u>MASON P.D.</u> | DATE OF CRASH <u>M 06 D 28 Y 14</u> |
|--|---------------------------------------|--|

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

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|--|--|
| I, <u>KARL KOCHER</u> <small>PRINTED</small> | HEREBY MAKE THIS VOLUNTARY STATEMENT TO |
| <u>N. FANTINI</u> <small>OFFICER'S NAME</small> | AT <u>WR @ STRESS ENGINEERING WAY</u> <u>inter Scene</u> <small>LOCATION</small> |

I was sitting at the intersection of Western Row Road and Cintas Blvd / Stress Engineering Way at approximately 0555 when I was rear ended by a white Mazda. The light was Red and I was waiting for it to change to green. I was wearing my seat belt during the accident. At this time I do not believe I am injured. My car was mobile so I moved it from the roadway once officers arrived.

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| ADDRESS OF WITNESS <u>4592 WATOGA DR Liberty Township OH 45011</u> | PHONE <u>484 903 1693</u> |
| SIGNATURE OF WITNESS <u>X Karl Kocher</u> | OFFICER'S SIGNATURE <u>X N. Fantini</u> |