



Traffic Crash Report

Local Report Number *	Crash Severity	HIT/Skip
20140026554	3 - Fatal 2 - Injury 1 - 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 type="checkbox"/> PDD Under State Reportable Dollar Amount	08304	MASON P.D.	02	02
<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-1P				98 - Animal 99 - Unknown
<input checked="" type="checkbox"/> OH-3	<input type="checkbox"/> Other				

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83	MASON	MASON	08132014	1845	WED

Degrees / Minutes / Seconds Latitude	Longitude	Decimal Degrees Latitude	Longitude
31° 21' 00.00"	84° 18' 50.00"		

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost *
<input checked="" type="checkbox"/> Undivided		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 1	Location Route Number	Loc Prefix	Location Road Name	Location Road Type 2	Route Types *
US	42		2 ND AVENUE		IR - Interstate Route (Inc. turnpike) CR - Numbered County Route US - US Route TR - Numbered Township Route SR - State Route

Distance From Reference	Dir From Ref	Reference Route Number	Ref Prefix	Reference Name (Road, Milepost, House #)	Reference Road Type 2
50	5			2 ND AVENUE	AV

Reference Point Used	Crash Location	Reference Name (Road, Milepost, House #)	Location of First Harmful Event
1 - Intersection	02 - Four-way Intersection	2 ND AVENUE	1 - On Roadway
2 - Mile Post	03 - T-Intersection		2 - On Shoulder
3 - House Number	04 - Y-Intersection		3 - In Median
	05 - Traffic Circle/Roundabout		4 - On Roadside
	06 - Five-point, or more		5 - On Gore
	07 - On Ramp		6 - Outside Trafficway
	08 - Off Ramp		9 - Unknown
	09 - Crossover		
	10 - Driveway/Alley Access		

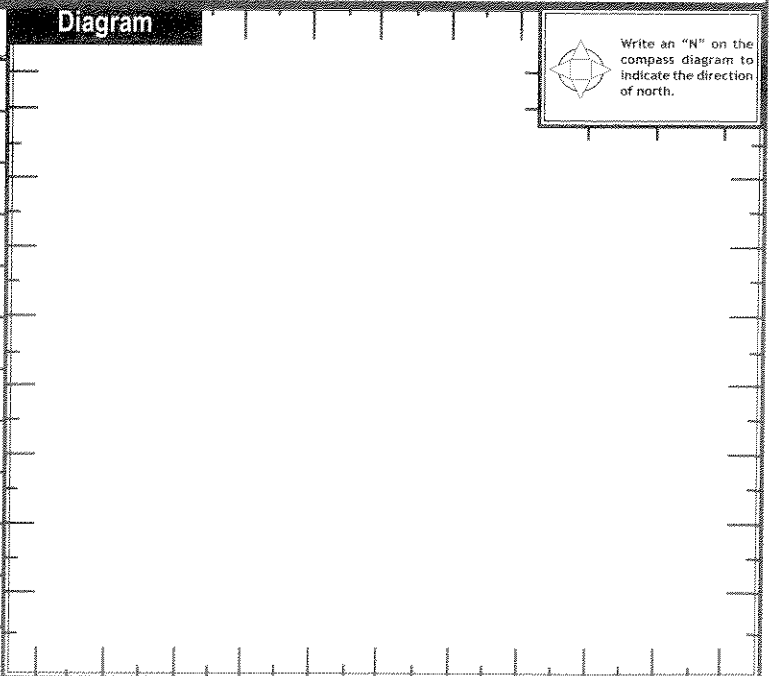
Road Contour	Road Conditions	Weather
1 - Straight Level	01 - Dry	1 - Clear
2 - Straight Grade	02 - Wet	2 - Cloudy
3 - Curve Level	03 - Snow	3 - Fog, Smog, Smoke
	04 - Ice	4 - Rain
		5 - Steet, Hail
		6 - Snow
		7 - Severe Crosswinds
		8 - Blowing Sand, Soil, Dirt, Snow
		9 - Other/Unknown

Manner of Crash Collision/Impact	Weather
2 - Not Collision Between Two Motor Vehicles In Transport	1 - Clear
	2 - Cloudy
	3 - Fog, Smog, Smoke
	4 - Rain
	5 - Steet, Hail
	6 - Snow
	7 - Severe Crosswinds
	8 - Blowing Sand, Soil, Dirt, Snow
	9 - Other/Unknown

Road Surface	Light Conditions	School Bus Related
2 - Concrete	1 - Daylight	<input type="checkbox"/> School Bus Related
3 - Blacktop, Bituminous, Asphalt	2 - Dawn	<input type="checkbox"/> Yes, School Bus Directly Involved
4 - Slag, Gravel, Stone	3 - Dusk	<input type="checkbox"/> Yes, School Bus Indirectly Involved
5 - Dirt	4 - Dark - Lighted Roadway	
6 - Other	5 - Dark - Roadway Not Lighted	
	6 - Dark - Unknown Roadway Lighting	
	7 - Glare*	
	8 - Other	
	9 - Unknown	

Work Zone Related	Workers Present	Type of Work Zone	Location of Crash in Work Zone
<input type="checkbox"/>	<input type="checkbox"/>	1 - Lane Closure	1 - Before the First Work Zone Warning Sign
	<input type="checkbox"/>	2 - Lane Shift/Crossover	2 - Advance Warning Area
	<input type="checkbox"/>	3 - Work on Shoulder or Median	3 - Transition Area
	<input type="checkbox"/>	4 - Intermittent or Moving Work	4 - Activity Area
	<input type="checkbox"/>	5 - Other	5 - Termination Area

Narrative
 UNIT 1 WAS STOPPED IN TRAFFIC
 UNIT 2 DID NOT STOP AND STRUCK
 UNIT 1 FROM BEHIND DAMAGING
 BOTH VEHICLES. MINOR DAMAGE
 AND SCRATCHES AROUND WORKZONE
 PLATE TO UNIT 1.



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 checked="" type="checkbox"/> Police Agency	<input type="checkbox"/>	08132014	1847	1847	1848	1948	0040	0100
Officer's Name *	Officer's Badge Number	Checked By						
BAUMAN	49	50						



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

291499265531

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE KEA, DESHON, MWAYE	DATE OF BIRTH 02.13.1977	AGE 37	GENDER M
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ADDRESS, CITY, STATE, ZIP 257 CLEVELAND DR MONROE OH 45050	CONTACT PHONE - INCLUDE AREA CODE 513-208-1769
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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 []	EJECTION []	TRAPPED []		
OL STATE OH	OPERATOR LICENSE NUMBER T2290570	OL CLASS K	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION []	ALCOHOL/DRUG SUSPECTED []	ALCOHOL TEST STATUS []	ALCOHOL TEST TYPE []	ALCOHOL TEST VALUE []	DRUG TEST STATUS []	DRUG TEST TYPE []

OFFENSE CHARGED (LOCAL CODE) []	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY []
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE WELI, JESSICA PERI	DATE OF BIRTH 06.18.1998	AGE 16	GENDER F
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ADDRESS, CITY, STATE, ZIP 8773 APALACHEE DR. CINCINNATI OH 45249	CONTACT PHONE - INCLUDE AREA CODE 513-562-7231
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INJURIES []	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 []	EJECTION []	TRAPPED []		
OL STATE OH	OPERATOR LICENSE NUMBER UG373491	OL CLASS []	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION []	ALCOHOL/DRUG SUSPECTED []	ALCOHOL TEST STATUS []	ALCOHOL TEST TYPE []	ALCOHOL TEST VALUE []	DRUG TEST STATUS []	DRUG TEST TYPE []

OFFENSE CHARGED (LOCAL CODE) 333.03	OFFENSE DESCRIPTION ALDA	CITATION NUMBER 73829	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 5
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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 99 - UNKNOWN SAFETY EQUIPMENT 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
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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 CAB) 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 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (WHICH 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 01	NAME: LAST, FIRST, MIDDLE MICHAEL SOW P.	DATE OF BIRTH 11.30.1967	AGE 46	GENDER M
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ADDRESS, CITY, STATE, ZIP 5999 SWEET COVE, MASON OH 45040	CONTACT PHONE - INCLUDE AREA CODE 513-492-7889
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INJURIES []	INJURED TAKEN BY []	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 02	AIR BAG USAGE []	EJECTION []	TRAPPED []
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UNIT NUMBER []	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
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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
20140026554

Unit Number 011	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 2	Damaged Area
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)			1 - None	
LP State OH	License Plate Number FSE2678	Vehicle Identification Number JM1BK12F9411146099	2 - Minor	
Vehicle Year 2004	Vehicle Make MAZDA	Vehicle Model 3	3 - Functional	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company PROGRESSIVE	Policy Number 21513366	4 - Disabled	
Carrier Name, Address, City, State, Zip			5 - Hit Down	
			Carrier Phone - include area code	

US DOT	Vehicle Weight GVWR/GCWR 1	Cargo Body Type 61	Trafficway Description 1
HM Placard ID No.	Hazardous Material Released <input type="checkbox"/>		<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 02	Passenger Vehicles (less than 4 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)
			<input type="checkbox"/> Has HM Placard		

Special Function 01	Most Damaged Area 06	Impact Area 06	Action 4
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Pre-Crash Actions 01	Motorist	Non-Motorist

Contributing Circumstances Primary 01	Motorist	Non-Motorist	Vehicle Defects 01

Sequence of Events 1 010 2 01 3 01 4 01 5 01 6 01	Non-Collision Events	Collision With Fixed Object

Unit Speed 000	Posted Speed 25	Traffic Control 04	Unit Direction From 8 To 5



Unit

Local Report Number
2014 0026554

Unit Number 02	Owner Name: Last, First, Middle (<input type="checkbox"/> Same As Driver) DOAN YEH LEOU	Owner Phone Number - inc. area code (<input type="checkbox"/> Same As Driver) 513-706-1527	Damage Scale 3	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver)				
LP State OH	License Plate Number DKE 8016	Vehicle Identification Number 5FNAL381605B1133522	# Occupants 1	
Vehicle Year 2015	Vehicle Make HONDA	Vehicle Model ODYSSEY	Vehicle Color BLUE	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Insurance Company IDS PROPERTY	Policy Number AC01043535	Towed By JANOS	
Carrier Name, Address, City, State, Zip			Carrier Phone- include area code	

US DOT 1	Vehicle Weight GVWR/GCWR 1	Cargo Body Type 01	Trafficway Description 1
HM Placard ID No.	Hazardous Material Released		

Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 05	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)

Special Function 01	Most Damaged Area 02	Impact Area 02	Action 3
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Pre-Crash Actions 01	Motorist	Non-Motorist
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Contributing Circumstances 09	Vehicle Defects 01
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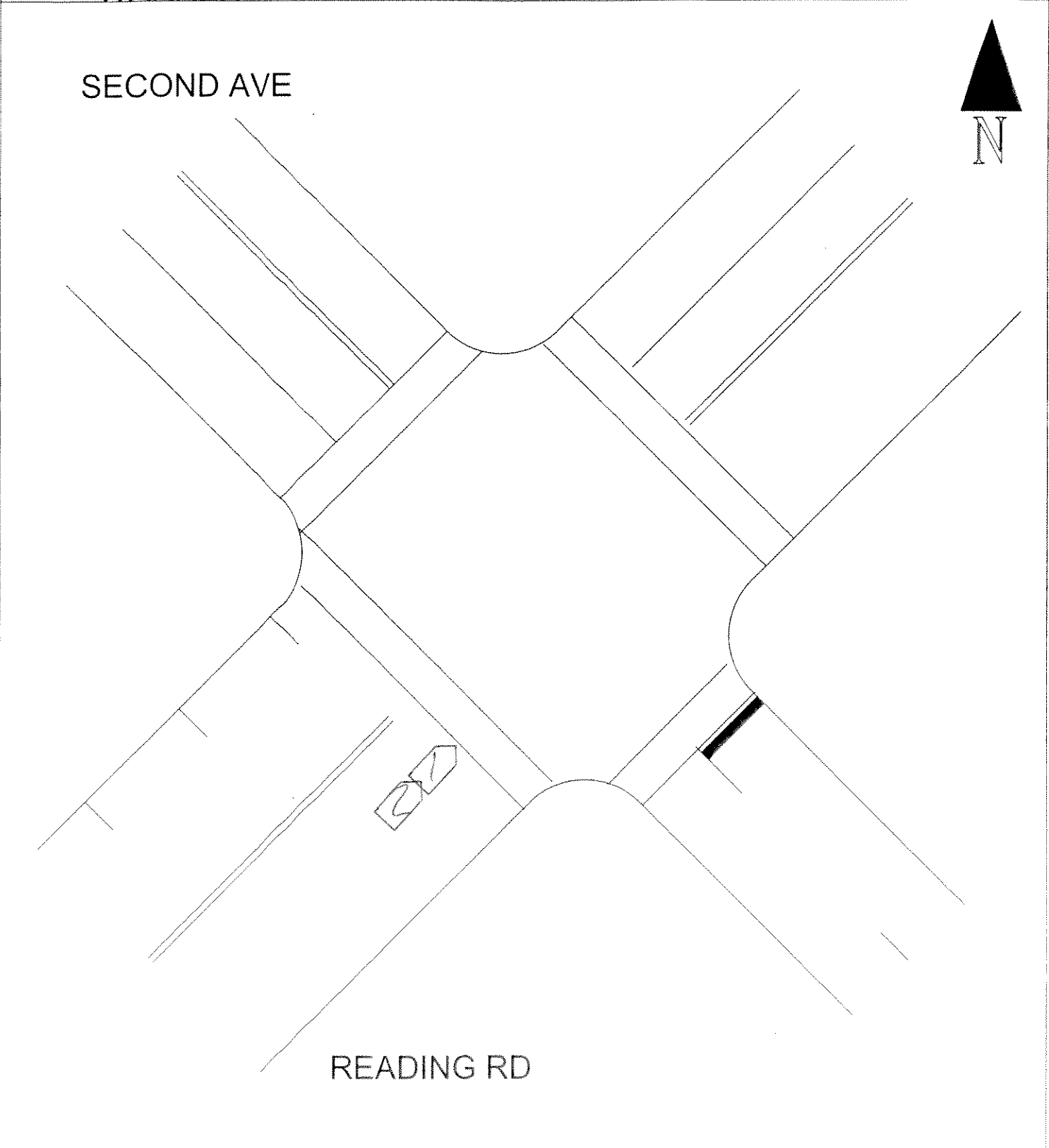
Sequence of Events 1 20	Non-Collision Events	Collision With Fixed Object
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Unit Speed 0110	Posted Speed 25	Traffic Control 04	Unit Direction From 8 To 5
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 14-26554	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 8 D 14 Y 14
IN COUNTY OF WARREN	ACCIDENT LOCATION READING RD AT SECOND AVE	



Not to scale

OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NUMBER 49
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LOCAL REPORT NUMBER <i>14-26554</i>	REPORTING AGENCY <i>Mason V.D.</i>	DATE OF CRASH M <i>8</i> D <i>13</i> Y <i>14</i>
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, *Jessica Wei* HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Bauman AT *42 & 2nd Ave*
OFFICER'S NAME LOCATION

I was listening to the radio and in a relatively larger and unfamiliar car - my mom's van compared to my small corolla, and I have only driven in crowded/downtown settings a few times so I am unused to the time used to stop this vehicle. Additionally, I was recalling the directions to the friends house to which I was going. I have only driven there once by myself. When I looked I braked but the distance and speed were not far and slow enough so I ran into the back of the car in front of me.

ADDRESS OF WITNESS <i>8773 Apalachee Drive, Cincinnati, OH 45249</i>	PHONE <i>513 562 7231</i>
SIGNATURE OF WITNESS <i>Jessica Wei</i>	OFFICER'S SIGNATURE <i>[Signature]</i>