



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

1151-1199817

CRASH SEVERITY
2 1 - FATAL
2 - INJURY
3 - PDOHIT/SKIP
1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

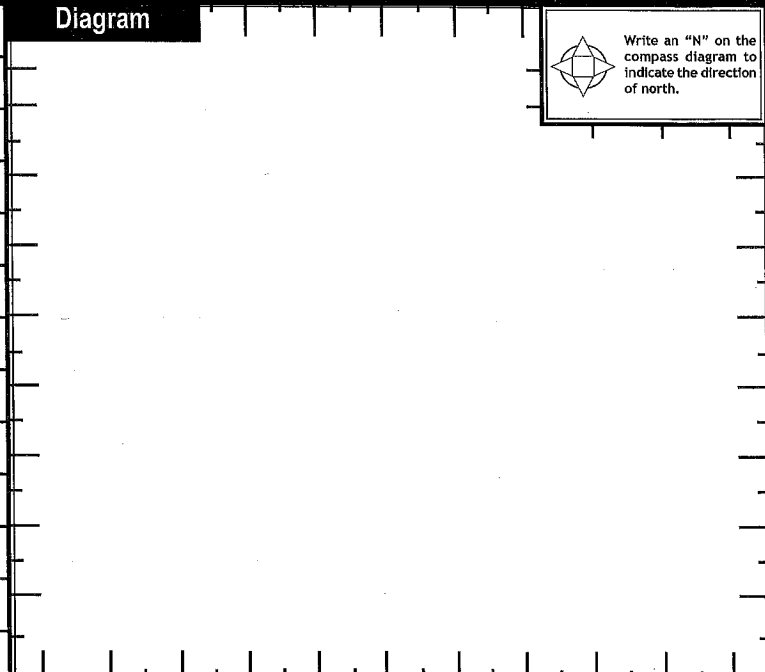
 PHOTOS TAKEN
 OH-2 OH-1P
 OH-3 OTHER PDO UNDER STATE REPORTABLE DOLLAR AMOUNT PRIVATE PROPERTY

REPORTING AGENCY NCIC *

08304

REPORTING AGENCY NAME *

MASON POLICE

NUMBER OF UNITS
02UNIT IN ERROR
01 98 - ANIMAL
99 - UNKNOWNCOUNTY * 03
 CITY *
 VILLAGE *
 TOWNSHIP * MASONCRASH DATE * 06212015
TIME OF CRASH 0140
DAY OF WEEK SUNDEGREES / MINUTES / SECONDS
LATITUDE 0 / " 0 / " LONGITUDE 39.327303
OR LONGITUDE 84.288397ROADWAY DIVISION DIVIDED UNDIVIDED
DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND
NUMBER OF THRU LANES 02
ROAD TYPES OR MILEPOST²
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 - TRAILLOCATION ROUTE TYPE 1 SR 741
LOC PREFIX N,S,E,W
LOCATION ROAD NAME
LOCATION ROAD TYPE 2
ROUTE TYPES¹
IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE
SR - STATE ROUTEDISTANCE FROM REFERENCE AT
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 #)
BETHANY
REFERENCE ROAD TYPE 2 RDREFERENCE POINT USED 1
CRASH LOCATION 02
01 - NOT AN INTERSECTION 06 - FIVE-POINT, OR MORE 11 - RAILWAY GRADE CROSSING
02 - FOUR-WAY INTERSECTION 07 - ON RAMP 12 - SHARED-USE PATHS OR TRAILS
03 - T-INTERSECTION 08 - OFF RAMP 99 - UNKNOWN
04 - Y-INTERSECTION 09 - CROSSOVER
05 - TRAFFIC CIRCLE/ROUNDBOAT 10 - DRIVEWAY/ALLEY ACCESS
 INTERSECTION RELATED
LOCATION OF FIRST HARMFUL EVENT 1
1 - ON ROADWAY 5 - ON GORE
2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY
3 - IN MEDIAN 9 - UNKNOWN
4 - ON ROADSIDEROAD CONTOUR 1
1 - STRAIGHT LEVEL 4 - CURVE GRADE
2 - STRAIGHT GRADE 9 - UNKNOWN
3 - CURVE LEVEL
ROAD CONDITIONS PRIMARY 01
SECONDARY
01 - DRY 05 - SAND, MUD, DIRT, OIL, GRAVEL 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*
02 - WET 06 - WATER (STANDING, MOVING) 10 - OTHER
03 - SNOW 07 - SLUSH 99 - UNKNOWN
04 - ICE 08 - DEBRIS*
* SECONDARY CONDITION ONLYMANNER OF CRASH COLLISION/IMPACT 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
WEATHER 2
1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS
2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW
3 - FOG, SMOG, SMOKE 6 - SNOW 9 - OTHER/UNKNOWNROAD SURFACE 2
1 - CONCRETE 4 - SLAG, GRAVEL, STONE
2 - BLACKTOP, BITUMINOUS, ASPHALT 5 - DIRT
3 - BRICK/BLOCK 6 - OTHER
LIGHT CONDITIONS 4
PRIMARY
SECONDARY
1 - DAYLIGHT 5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN
2 - DAWN 6 - DARK - UNKNOWN ROADWAY LIGHTING
3 - DUSK 7 - GLARE*
4 - DARK - LIGHTED ROADWAY 8 - OTHER
* SECONDARY CONDITION ONLY
SCHOOL BUS RELATED
 SCHOOL ZONE RELATED
 YES, SCHOOL BUS DIRECTLY INVOLVED
 YES, SCHOOL BUS INDIRECTLY INVOLVED WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
 LAW ENFORCEMENT PRESENT (VEHICLE ONLY)
TYPE OF WORK ZONE
1 - LANE CLOSURE 4 - INTERMITTENT OR MOVING WORK
2 - LANE SHIFT/CROSSOVER 5 - OTHER
3 - WORK ON SHOULDER OR MEDIAN
LOCATION OF CRASH IN WORK ZONE
1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA
2 - ADVANCE WARNING AREA 5 - TERMINATION AREA
3 - TRANSITION AREANARRATIVE
UNIT #1 WAS EAST ON BETHANY ROAD
UNIT #2 WAS NORTH ON S.R. 741 WHEN
UNIT #1 FAILED TO STOP FOR THE
FLASHING RED LIGHT. UNIT #2
STRUCK UNIT #1 IN THE RIGHT REAR.
UNIT #1 AND UNIT #2 SUSTAINED
DAMAGE AND WERE DISABLED FROM
THE CRASHREPORT TAKEN BY POLICE AGENCY MOTORIST
 SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)
DATE CRASH REPORTED 06212015
TIME CRASH REPORTED 0140
DISPATCH TIME 0140
ARRIVAL TIME 0143
TIME CLEARED 0240
OTHER INVESTIGATION TIME 130
TOTAL MINUTES 190
OFFICER'S NAME * PTL D. EDWARDS
OFFICER'S BADGE NUMBER 1047
CHECKED BY 55/50
PAGE OF

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| UNIT NUMBER 01 | OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) RENN-OHMER, HOLIE A. | OWNER PHONE NUMBER - INC. AREA CODE (<input checked="" type="checkbox"/> SAME AS DRIVER) | DAMAGE SCALE 4 | DAMAGED AREA FRONT 09 03 08 10 04 07 06 05 REAR |
| LP STATE OH | LICENSE PLATE NUMBER GHV 3326 | VEHICLE IDENTIFICATION NUMBER 1Y43AC184H92E02068L | # OCCUPANTS 014 | |
| VEHICLE YEAR 2002 | VEHICLE MAKE MITSUBISHI | VEHICLE MODEL ECLIPSE | VEHICLE COLOR RED | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY STATE FARM | POLICY NUMBER B56 6212 COS 35 | TOWED BY CAFE | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | CARRIER PHONE- INCLUDE AREA CODE | |

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

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| 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 02 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 BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST |
| | | | <input type="checkbox"/> HAS HM PLACARD | | |

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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 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 03 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 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 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 | |
| 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 35 | POSTED SPEED 35 | TRAFFIC CONTROL 05 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 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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UNIT

LOCAL REPORT NUMBER

15-119987

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| UNIT NUMBER 192 | 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 4 | DAMAGED AREA |
| OWNER ADDRESS: CITY, STATE, ZIP (<input checked="" type="checkbox"/> SAME AS DRIVER) | | | 1 - NONE | |
| LP STATE OH | LICENSE PLATE NUMBER GIM4202 | VEHICLE IDENTIFICATION NUMBER 1FADAP3F221E43892091 | 2 - MINOR | |
| VEHICLE YEAR 2014 | VEHICLE MAKE FORD | VEHICLE MODEL FOCUS | 3 - FUNCTIONAL | |
| PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/> | INSURANCE COMPANY STATE FARM | POLICY NUMBER 7826552-A28-35B | 4 - DISABLING | |
| | | TOWED BY BARNES | 9 - UNKNOWN | |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP | | | CARRIER PHONE- INCLUDE AREA CODE | |

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| CONTRIBUTING 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 - 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 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 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 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 | |
| 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 35 | POSTED SPEED 35 | TRAFFIC CONTROL 05 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 FROM 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN |
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MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

115-119987

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| UNIT NUMBER 011 | NAME: LAST, FIRST, MIDDLE RENN, COLIN P. | DATE OF BIRTH 11081987 | AGE 17 | GENDER M F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP 6637 CHESSIE DRIVE WESTCHESTER, OHIO 45066 | | | CONTACT PHONE- INCLUDE AREA CODE 513 417-1954 | |
| INJURIES 1 | INJURED TAKEN BY 1 | 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 | OL STATE 044 | OPERATOR LICENSE NUMBER UF 756623 | 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 | OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 313.03 | OFFENSE DESCRIPTION RED LIGHT VIOLATION |
| CITATION NUMBER 078391 | HANDS-FREE <input type="checkbox"/> | DEVICE USED | DRIVER DISTRACTED BY 1 | |

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| UNIT NUMBER 012 | NAME: LAST, FIRST, MIDDLE WARNER, BRITANY M. | DATE OF BIRTH 08171982 | AGE 22 | GENDER F F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP 387 MISTY DAWN ROAD MAINEVILLE, OHIO 45039 | | | CONTACT PHONE- INCLUDE AREA CODE 513 519-4227 | |
| INJURIES 3 | INJURED TAKEN BY 1 | EMS AGENCY MASON EMS | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 |
| DOT COMPLIANT <input type="checkbox"/> | MOTORCYCLE HELMET | SEATING POSITION 01 | AIR BAG USAGE 2 | EJECTION 1 |
| TRAPPED 1 | OL STATE 044 | OPERATOR LICENSE NUMBER TM 375314 | 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 | OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) | OFFENSE DESCRIPTION |
| CITATION NUMBER | HANDS-FREE <input type="checkbox"/> | DEVICE USED | DRIVER DISTRACTED BY | |

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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 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 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 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO IS "D") 5 - M/C/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 011 | NAME: LAST, FIRST, MIDDLE SANDLIN, TAYLER R. | DATE OF BIRTH 102212000 | AGE 15 | GENDER F F - FEMALE M - MALE |
| ADDRESS, CITY, STATE, ZIP 152 WESTVIEW DRIVE MONROE, OHIO 45152 | | | CONTACT PHONE- INCLUDE AREA CODE 513 908-1704 | |
| INJURIES 3 | INJURED TAKEN BY 1 | EMS AGENCY MASON EMS | MEDICAL FACILITY INJURED TAKEN TO | SAFETY EQUIPMENT USED 04 |
| DOT COMPLIANT <input type="checkbox"/> | MOTORCYCLE HELMET | SEATING POSITION 03 | AIR BAG USAGE 1 | EJECTION 1 |
| TRAPPED 1 | UNIT NUMBER | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE |
| 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"/> | MOTORCYCLE HELMET | SEATING POSITION | AIR BAG USAGE | EJECTION |
| TRAPPED | PAGE OF | | | |

OHIO TRAFFIC CRASH — DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

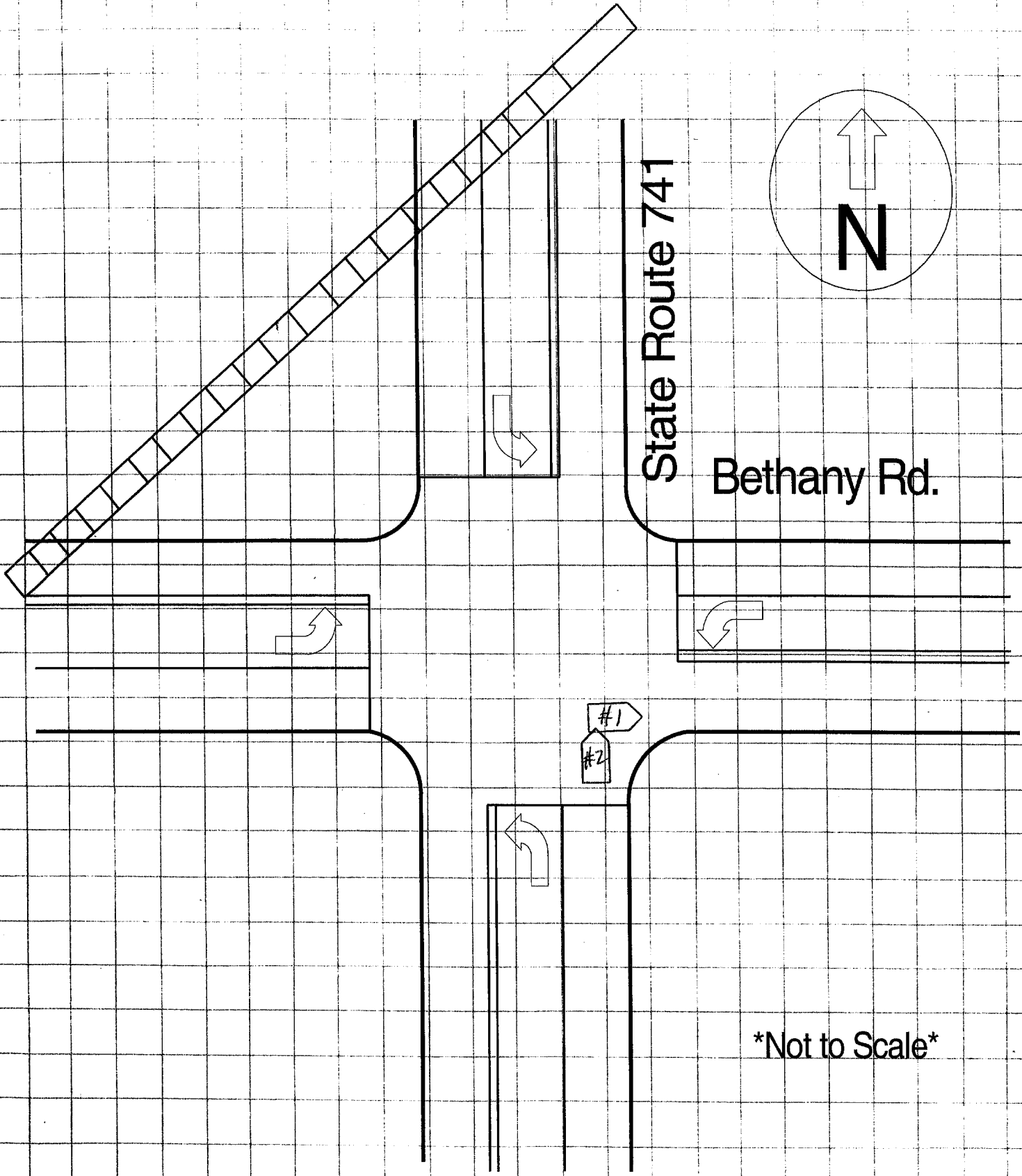
LOCAL REPORT NUMBER 15-19987

REPORTING AGENCY Mason Police Department

DATE OF CRASH M 6 21 15

IN COUNTY OF Warren

CRASH LOCATION State Route 741 @ Bethany Rd.



Not to Scale

OFFICERS SIGNATURE P.H. Edwards

BADGE NO. 1047



| | | |
|---------------------------------|---|-------------------------------|
| LOCAL REPORT NUMBER 15-19987 | REPORTING AGENCY Mason Police Department | DATE OF CRASH M 6 10 21 15 |
|---------------------------------|---|-------------------------------|

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

I, Colin Kern HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Ptl. Dan Edwards AT _____
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED: I was confused on what the blinking red light meant and at the last second I tried to slow down and the car coming across from me hit me in the rear end

Q. What was your speed at the time of the crash? A. 35-40

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

Q. Were you wearing a seatbelt? A. yes

Q. Were you talking on a cell phone at the time of the crash? A. No

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

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|---------------------------|--------------------------|
| ADDRESS OF WITNESS | PHONE |
| SIGNATURE OF WITNESS X | OFFICER'S SIGNATURE X |