



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
20150000022973	3 1 - FATAL 2 - INJURY 3 - PDO	<input type="checkbox"/> 1 - SOLVED <input type="checkbox"/> 2 - UNSOLVED

LOCAL INFORMATION

<input checked="" type="checkbox"/> PHOTOS TAKEN H-2 OH-1P H-3 OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC * 08304	REPORTING AGENCY NAME * MASON POLICE DEPARTMENT	NUMBER OF UNITS 02	UNIT IN ERROR 01 98 - ANIMAL 99 - UNKNOWN
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COUNTY * 83	<input checked="" type="checkbox"/> CITY * <input type="checkbox"/> VILLAGE * <input type="checkbox"/> TOWNSHIP *	CITY, VILLAGE, TOWNSHIP * MASON	CRASH DATE * 07172015	TIME OF CRASH 1943	DAY OF WEEK FR
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DEGREES / MINUTES / SECONDS LATITUDE 0 ' 0 ''	LONGITUDE 0 ' 0 ''	OR	DECIMAL DEGREES LATITUDE 39.378549	LONGITUDE -84.321829
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ROADWAY DIVISION <input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL <input checked="" type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> W - WESTBOUND	NUMBER OF THRU LANES 01	ROAD TYPES OR MILEPOST <sup>2</sup> 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 N,S,E,W	LOCATION ROAD NAME HICKORY WOODS	LOCATION ROAD TYPE 2	ROUTE TYPES <sup>1</sup> 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 <input type="checkbox"/> MILES <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	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 #) REGENT PARK	REFERENCE ROAD TYPE 2
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 03 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT	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"/> INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT 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 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 02 SECONDARY <input type="checkbox"/>	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	* SECONDARY CONDITION ONLY
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MANNER 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 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
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ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS 3 PRIMARY SECONDARY <input type="checkbox"/>	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"/> SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> SCHOOL BUS INDIRECTLY INVOLVED
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<input type="checkbox"/> WORK ZONE RELATED	<input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE <input type="checkbox"/> 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
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NARRATIVE	Diagram
UNIT #2 WAS TRAVELING NORTH-BOUND ON HICKORY WOODS DRIVE. UNIT #1 WAS TURNING LEFT OFF OF REGENT PARK DRIVE ONTO SOUTHBOUND HICKORY WOODS DRIVE. UNIT #1 STRUCK UNIT #2 WHILE TURNING	

REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED 07172015	TIME CRASH REPORTED 1943	DISPATCH TIME 1943	ARRIVAL TIME 1954	TIME CLEARED 2032	OTHER INVESTIGATION TIME 0030	TOTAL MINUTES 0068
OFFICER'S NAME * P.O. KIMBRELL	OFFICER'S BADGE NUMBER 17	CHECKED BY 77/50	PAGE 1 OF 4					



# MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER  
**20150999022973**

UNIT NUMBER <b>011</b>	NAME: LAST, FIRST, MIDDLE <b>ISLAM, SHAKIB, W.</b>	DATE OF BIRTH <b>07/01/1995</b>	AGE <b>20</b>	GENDER <input checked="" type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
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ADDRESS, CITY, STATE, ZIP <b>4144 WESTMINSTER WAY, MASON, OHIO 45040</b>	CONTACT PHONE - INCLUDE AREA CODE <b>513-234-9607</b>
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>TX066762</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE <b>    </b>	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE) <b>331.17</b>	OFFENSE DESCRIPTION <b>RIGHT OF WAY LEFT TURN</b>	CITATION NUMBER <b>78759</b>		HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY <input type="checkbox"/>					

UNIT NUMBER <b>02</b>	NAME: LAST, FIRST, MIDDLE <b>INAMDAR, SEEMA, M.</b>	DATE OF BIRTH <b>04/29/1968</b>	AGE <b>47</b>	GENDER <input type="checkbox"/> M - MALE <input checked="" type="checkbox"/> F - FEMALE
ADDRESS, CITY, STATE, ZIP <b>5909 MAXFLI LANE, MASON, OHIO 45040</b>	CONTACT PHONE - INCLUDE AREA CODE <b>513-313-3271</b>			

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>01</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>		
OL STATE <b>OH</b>	OPERATOR LICENSE NUMBER <b>SP246694</b>	OL CLASS <b>4</b>	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE <b>    </b>	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>		DRIVER DISTRACTED BY <input type="checkbox"/>					

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 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 - 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 <b>011</b>	NAME: LAST, FIRST, MIDDLE <b>ISLAM, NOWSHIN</b>	DATE OF BIRTH <b>10/8/29/2001</b>	AGE <b>13</b>	GENDER <input type="checkbox"/> M - MALE <input checked="" type="checkbox"/> F - FEMALE
ADDRESS, CITY, STATE, ZIP <b>4144 WESTMINSTER WAY, MASON, OHIO 45040</b>	CONTACT PHONE - INCLUDE AREA CODE <b>513-234-9607</b>			

INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED <b>04</b>	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <b>03</b>	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER <input type="checkbox"/> M - MALE <input type="checkbox"/> F - FEMALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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# UNIT

LOCAL REPORT NUMBER  
**20159000022973**UNIT NUMBER: **01**  
OWNER NAME: LAST, FIRST, MIDDLE (  SAME AS DRIVER )  
**ISLAM, MOHAMMED, WAHIDUL**OWNER PHONE NUMBER - INC. AREA CODE (  SAME AS DRIVER )DAMAGE SCALE: **2**  
DAMAGED AREA: OWNER ADDRESS: CITY, STATE, ZIP (  SAME AS DRIVER )LP STATE: **OH** LICENSE PLATE NUMBER: **CKF 5393**VEHICLE IDENTIFICATION NUMBER: **1H4G1G161693Y1A093914** # OCCUPANTS: **02**VEHICLE YEAR: **2000** VEHICLE MAKE: **HONDA**VEHICLE MODEL: **ACCORD** VEHICLE COLOR: **BEIGE** PROOF OF INSURANCE SHOWN INSURANCE COMPANY: **DYER INSURANCE**POLICY NUMBER: **WPV3401251035-9** TOWED BY:

CARRIER NAME, ADDRESS, CITY, STATE, ZIP

CARRIER PHONE- INCLUDE AREA CODE

US DOT  
HM PLACARD ID No.  
HM CLASS NUMBERVEHICLE 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.  
 HAZARDOUS MATERIAL RELEASEDCARGO BODY TYPE: **01**  
01 - NO CARGO BODY TYPE/NOT APPLICABLE  
02 - BUS/VAN (9-15 SEATS, INC DRIVER)  
03 - BUS (16+ SEATS, INC DRIVER)  
04 - VEHICLE TOWING ANOTHER VEHICLE  
05 - LOGGING  
06 - INTERMODAL CONTAINER CHASSIS  
07 - CARGO VAN/ENCLOSED BOX  
08 - GRAIN, CHIPS, GRAVEL  
09 - POLE  
10 - CARGO TANK  
11 - FLAT BED  
12 - DUMP  
13 - CONCRETE MIXER  
14 - AUTO TRANSPORTER  
15 - GARBAGE/REFUSE  
99 - OTHER/UNKNOWNTRAFFICWAY DESCRIPTION: **3**  
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  
 HIT / SKIP UNITNON-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/UNKNOWNTYPE OF USE: **1**  
1 - PERSONAL  
2 - COMMERCIAL  
3 - GOVERNMENT  
 IN EMERGENCY RESPONSEUNIT TYPE: **03**  
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 VEHICLEMED/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 VEHICLEBUS/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-MOTORISTSPECIAL 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: **02**  
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 - OTHERACTION: **3**  
1 - NON-CONTACT  
2 - NON-COLLISION  
3 - STRIKING  
4 - STRUCK  
5 - STRIKING/STRUCK  
9 - UNKNOWNPRE-CRASH ACTIONS: **06**  
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 ACTIONCONTRIBUTING CIRCUMSTANCES: **07**  
PRIMARY 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 ACTIONVEHICLE 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 DEFECTSSEQUENCE OF EVENTS: **1** **20** **2** **3** **4** **5** **6**  
FIRST HARMFUL EVENT: **1** MOST HARMFUL EVENT: **1**  
99 - UNKNOWNNON-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-COLLISIONCOLLISION 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 OBJECTUNIT SPEED: **005**  
 STATED  
 ESTIMATEDPOSTED SPEED: **35**TRAFFIC CONTROL: **02**  
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 REPORTEDUNIT DIRECTION: FROM **3** TO **4**  
1 - NORTH  
2 - SOUTH  
3 - EAST  
4 - WEST  
5 - NORTHEAST  
6 - NORTHWEST  
7 - SOUTHEAST  
8 - SOUTHWEST  
9 - UNKNOWN



# UNIT

LOCAL REPORT NUMBER  
**20150099022973**

UNIT NUMBER <b>02</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER )	DAMAGE SCALE <b>3</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )			1 - NONE	
LP STATE <b>OH</b>	LICENSE PLATE NUMBER <b>FQL6317</b>	VEHICLE IDENTIFICATION NUMBER <b>5FWRL5H165C1111802</b>	2 - MINOR	
VEHICLE YEAR <b>2012</b>	VEHICLE MAKE <b>HONDA</b>	VEHICLE MODEL <b>ODYSSEY</b>	3 - FUNCTIONAL	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>ALL STATE</b>	POLICY NUMBER <b>992224708</b>	4 - DISABLING	
		TOWED BY <b>SCRAS</b>	9 - UNKNOWN	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE- INCLUDE AREA CODE	

US DOT	VEHICLE WEIGHT GVWR/GCWR <b>1</b> 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>61</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	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 >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			

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>05</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 ZAXLE, 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/PEDACYCLIST 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>03</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>4</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <b>01</b> 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	MOTORIST 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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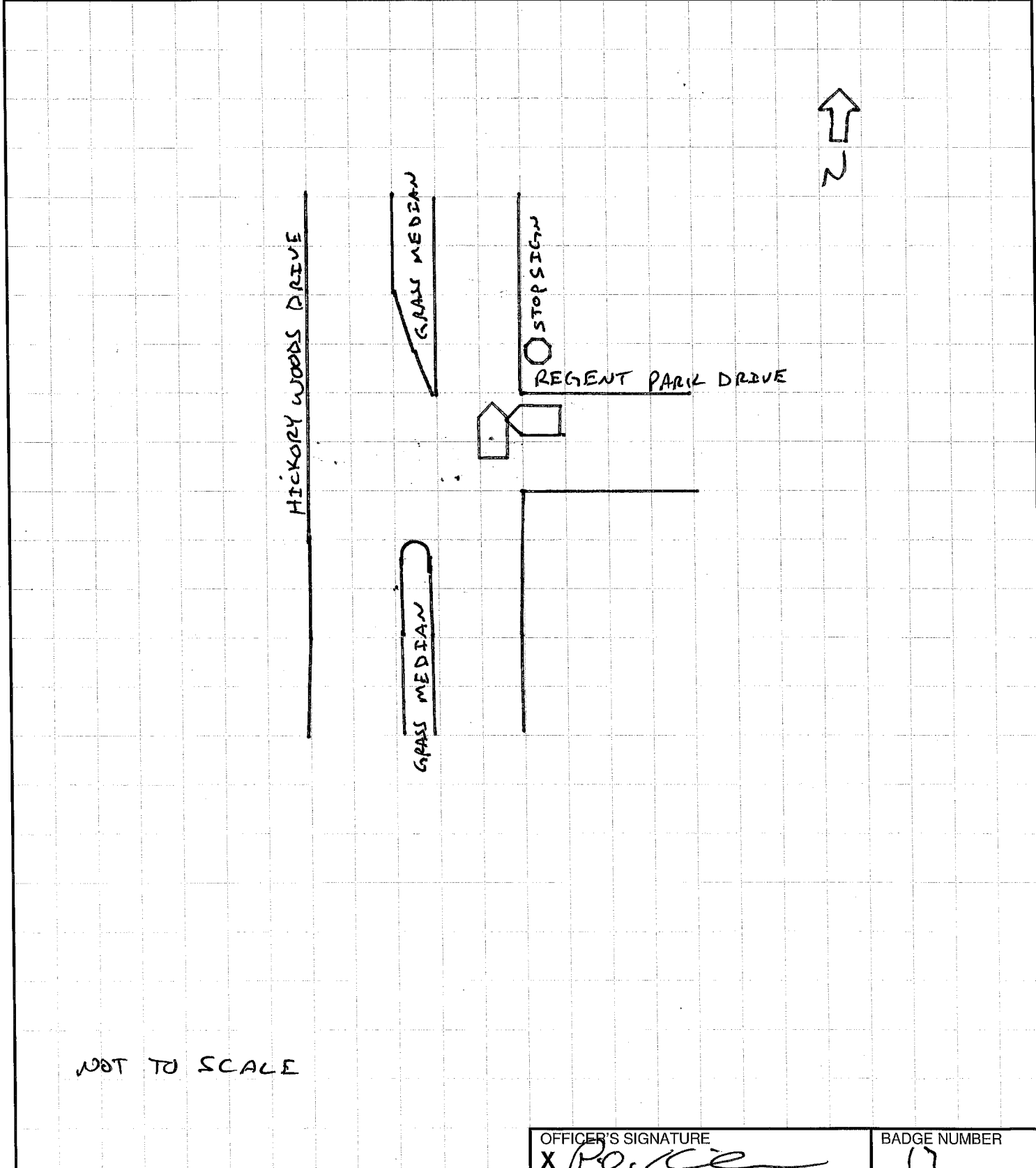
CONTRIBUTING CIRCUMSTANCES <b>01</b> PRIMARY 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 99 - UNKNOWN	MOTORIST 11 - IMPROPER 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 <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
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SEQUENCE OF EVENTS 1 <b>20</b> 2 <b>43</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</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	
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	

UNIT SPEED <b>63.5</b>	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 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 <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
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LOCAL REPORT NUMBER 15-22973	REPORTING AGENCY MASON POLICE DEPARTMENT	DATE OF CRASH M 7   D 17   Y 15
IN COUNTY OF WARREN	CRASH LOCATION HICKORY WOODS DRIVE @ REGENT PARK DRIVE	



OFFICER'S SIGNATURE X <i>P.O. Ke</i>	BADGE NUMBER 17
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CITY OF **MASON** OHIO  
*more than you imagine.*

**POLICE DEPARTMENT**

Incident # 15-22973

**Statement of:**

Name: Seema Inamdor	Address: 5909 Maxfli Lane Mason 45040
Telephone: (513) 313-8656	SSN: _____ Date of Birth: 04/29/68

I was driving straight down on Hickory woods drive & a car coming in from street- Regents park did not stop, was trying to make a left-turn on Hickory woods. That car didn't stop & hit my van from front right-side. I lost control & car got into the curb. best damage on front right passenger side, also got a flat tire (front right tire)

HOW FAST WERE YOU TRAVELING? 35.

WERE YOU WEARING YOUR SEAT BELT? yes

*My signature below confirms that this statement is truthful and was given voluntarily.*

Signature 	Date/Time Signed 07/17 8:05 pm	Page# 1 of 1
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LOCAL REPORT NUMBER <b>15-22973</b>	REPORTING AGENCY <b>MASON POLICE</b>	DATE OF CRASH M <b>7</b>   D <b>17</b>   Y <b>15</b>
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, **Shakib Islam** PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
**P.O. Kimbrell** OFFICER'S NAME AT **Regents Park, Hickory Woods** LOCATION  
**Mason, OH 45040** intersection

I was leaving my neighborhood, and at the Regents Park stop sign, I was planning to turn left. As I was proceeding, another car came in front of me and got hit. We stayed at the scene of accident, and the police was called by the other party.

**Passenger**  
**Nawshia Islam**  
**08/29/2001**  
**(513) 234-9607**

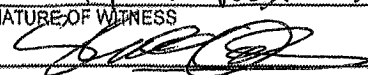
Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? **No**

Q. WERE YOU WEARING YOUR SEAT BELT? **Yes**

Q. WHAT DIRECTION WERE YOU GOING? **Left, crossing the intersection**

Q. WHAT WAS YOUR SPEED? **< 1 mph, at stop sign**

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? **No**

ADDRESS OF WITNESS <b>4144 Westminster Way</b>	PHONE <b>(513) 234-9607</b>
SIGNATURE OF WITNESS X 	OFFICER'S SIGNATURE X 