



Traffic Crash Report

Local Report Number *	Crash Severity	Hit/Skip
2914-18725	2 - Injury	1 - Solved 2 - Unsolved

Photos Taken <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> Other	PDO Under State Reportable Dollar Amount	Private Property	Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
			08304	MASON P.D.	02	02

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83	MASON	MASON	06/11/2014	1640	WED

Degrees / Minutes / Seconds	Latitude	Longitude	Decimal Degrees	Latitude	Longitude
	39° 21' 22.00"	-84° 17' 47.00"			

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost *
<input checked="" type="checkbox"/> Undivided	N - Northbound E - Eastbound S - Southbound W - Westbound	04	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 1
		N, S, E, W	KINGS ISLAND DR.		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	N, S, E, W			WESTERN LOW	RD

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
1 - Intersection 2 - Mile Post 3 - House Number	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	1 - On Roadway 2 - On Shoulder 3 - In Median 4 - On Roadside 5 - On Gore 6 - Outside Trafficway 9 - Unknown

Road Contour	Road Conditions	Weather
1 - Straight Level 2 - Straight Grade 3 - Curve Level 4 - Curve Grade 9 - Unknown	01 - Dry 02 - Wet 03 - Snow 04 - Ice 05 - Sand, Mud, Dirt, Oil, Gravel 06 - Water (Standing, Moving) 07 - Slush 08 - Debris* 09 - Rut, Holes, Bumps, Uneven Pavement* 10 - Other 99 - Unknown	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

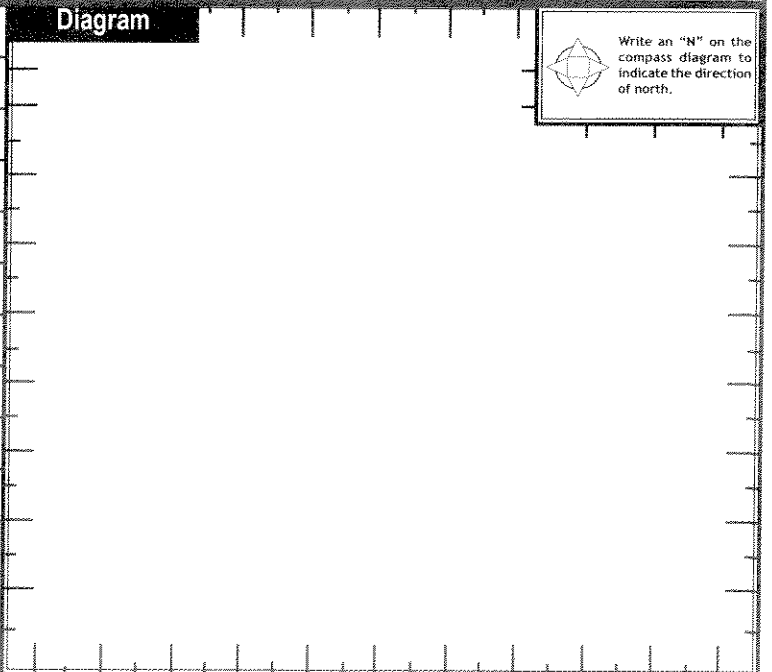
Manner of Crash Collision/Impact	Weather
1 - Not Collision Between Two Motor Vehicles In Transport 2 - Rear-End 3 - Head-On 4 - Rear-to-Rear 5 - Backing 6 - Angle 7 - Sideswipe, Same Direction 8 - Sideswipe, Opposite Direction 9 - Unknown	1 - Clear 2 - Cloudy 3 - Fog, Smog, Smoke 4 - Rain 5 - Sleet,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

Road Surface	Light Conditions	School Bus Related
1 - Concrete 2 - Blacktop, Bituminous, Asphalt 3 - Brick/Block 4 - Slag, Gravel, Stone 5 - Dirt 6 - Other	01 - Daylight 02 - Dawn 03 - Dusk 04 - Dark - Lighted Roadway 05 - Dark - Roadway Not Lighted 06 - Dark - Unknown Roadway Lighting 07 - Glare* 08 - Other 09 - Unknown	<input type="checkbox"/> School Zone Related <input type="checkbox"/> Yes, School Bus Directly Involved <input type="checkbox"/> Yes, School Bus Indirectly Involved

Work Zone Related	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 1 WAS STOPPED IN TRAFFIC.
UNIT 2 DIDNT STOP AND STRUCK
UNIT 1 CAUSING MINOR SCRATCHES TO
THE BUMPER OF BOTH VEHICLES



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPSP)	Date Crash Reported	Time Crash Reported	Dispatch Time	Arrival Time	Time Cleared	Other Investigation Time	Total Minutes	
Police Agency		06/11/2014	1640	1641	1646	1734	0050	0105	
Officer's Name *	Officer's Badge Number	Checked By		Page		of			
BAUMAN	49	55		1			48		



Unit

Local Report Number
2919-18725

Unit Number 011	Owner Name: Last, First, Middle BENSON, LORREE B	Owner Phone Number - inc. area code (X) Same As Driver	Damage Scale 2	Damaged Area Front
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Owner Address: City, State, Zip **(X) Same As Driver**

IP State OH	License Plate Number GCZ4063	Vehicle Identification Number ZH4RM3H33EH623583	# Occupants 03
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Vehicle Year 2014	Vehicle Make HONDA	Vehicle Model CRV	Vehicle Color BLACK
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<input checked="" type="checkbox"/> Proof of Insurance Station	Insurance Company NATIONWIDE	Policy Number PPNC0031287122	Towed By CRB
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Carrier Name, Address, City, State, Zip _____ Carrier Phone- include area code _____

US DOT 1	Vehicle Weight GVWR/GWR 1	Cargo Body Type 01	Trafficway Description 1
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Non-Motorist Location Prior to Impact 01	Type of Use 1	Unit Type 06	Passenger Vehicles (less than 9 passengers)	Med/Heavy Trucks or Combo Units > 10k lbs	Bus/Van/Limo (9 or More Including Driver)
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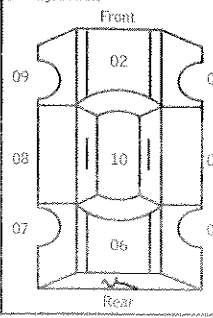
Special Function 01	Most Damaged Area 06	Impact Area 06	Action 4
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Pre-Crash Actions 01	Motorist	Non-Motorist
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Contributing Circumstances 01	Vehicle Defects 01
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Sequence of Events 1 20	Non-Collision Events	Collision With Fixed Object
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Unit Speed 000	Posted Speed 45	Traffic Control 04	Unit Direction From 1 To 2
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Unit

Local Report Number

2914-18725

Unit Number 014	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 2	Damaged Area
Owner Address: City, State, Zip (<input type="checkbox"/> Same As Driver)				
LP State OH	License Plate Number GCJ 1145	Vehicle Identification Number 1FAFP3B25H1A2041833	# Occupants 01	
Vehicle Year 2004	Vehicle Make FORD	Vehicle Model TAURUS	Vehicle Color BLACK	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company STATE LARM	Policy Number 834-9420-A1735	Towed By	
Carrier Name, Address, City, State, Zip				Carrier Phone - include area code

US DOT	Vehicle Weight GVWR GVCR 1 - Less Than or Equal to 10,000 lbs. 2 - 10,001 to 20,000 lbs. 3 - More Than 20,000 lbs.	Cargo Body Type 01 01 - No Cargo Base (Tractor/Trailer) 04 - Box 02 - Box Van (9-15 Seats, Inc. Driver) 10 - Cargo Truck 03 - Bus (13+ Seats, Inc. Driver) 11 - Flat Bed 04 - Vehicle Having Another Vehicle 12 - Dump 05 - Lifting 13 - Concrete Mixer 06 - Agricultural/Tractor (Other) 14 - Auto Transporter 07 - Cargo (Other) (Tractor/Trailer) 15 - Garbage/Refuse 08 - Other (Other) (Tractor/Trailer) 99 - Other/Unknown	Trafficway Description 1 1 - Two Way, Not Divided 2 - Two Way, Not Divided, Continuous Left Turn Lane 3 - Two Way, Divided, Unprotected (Median or Green-White-Red) Median 4 - Two Way, Divided, Protected Median Barrier 5 - One Way Trafficway <input type="checkbox"/> Hit / Skip Unit
HM Placard ID No.	Hazardous Material Released <input type="checkbox"/>		

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 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 Vehicle	Med/Heavy Trucks or Combo Units - 10k lbs 13 - Single Unit Truck or Van (2-axle, 6 tires) 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Truck/Tractor (Boatlift) 17 - Tractor/Tractor-Unit 18 - Tractor/Double 19 - Tractor/Triples 20 - Other Med/Heavy Vehicle	Sus/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 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 (Specify in Remarks)	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 - Retail Area(s) 14 - Other	Action 3 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 01 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 - Stopping 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 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/AGDA 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 Shift(s) (e.g. Spilling) 21 - Other Improper Action Non-Motorist 22 - None 23 - Improper Crossing 24 - Dangling 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 00 3 00 4 00 5 00 6 00 First Harmful Event 1 Most Harmful Event 1 Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Pedacyclist 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 Motor Vehicle 24 - Other Movable Object Non-Collision Events 01 - Overturn/Rollover 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 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/Luminaires 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 0110	Posted Speed 40	Traffic Control 04 01 - No Control 02 - Stop Line 03 - Stop Sign 04 - Traffic Signal 05 - Left Turn Arrow 06 - Lane Zebra 07 - Railroad Crossings 08 - Railroad Flashes 09 - Railroad Gates 10 - Construction Barricade 11 - Physical Barrier, Officer 12 - Advisory Markings 13 - Crosswalk Lines 14 - White/Black Walk 15 - Other 16 - Not Reported	Unit Direction From 1 To 2 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

2014-18725

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE BENSON, LOREE B	DATE OF BIRTH 07061979	AGE 34	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 8570 ROCKY TRAIL CT MASON OH 45040	CONTACT PHONE - INCLUDE AREA CODE 513 716-4656
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INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY MASON F.D.	MEDICAL FACILITY INJURED TAKEN TO BETHESDA NORTH	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RQ614920	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 .000	DRUG TEST STATUS 1	DRUG TEST TYPE 1

OFFENSE CHARGED (LOCAL CODE) <input type="checkbox"/>	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 1
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE CAMPBELL, KRISTEN N.	DATE OF BIRTH 09241996	AGE 18	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 7568 ANSEL FALLS DR MAINEVILLE, OH 45039	CONTACT PHONE - INCLUDE AREA CODE 513-680-9998
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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 OH	OPERATOR LICENSE NUMBER T2629610	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 .000	DRUG TEST STATUS 1	DRUG TEST TYPE 1

OFFENSE CHARGED (LOCAL CODE) 333.03	OFFENSE DESCRIPTION ALDA	CITATION NUMBER 73824	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY 6
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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 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	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 PASSENGERS) 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 - HSD 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 BENSON, SHANE R.	DATE OF BIRTH 071122000	AGE 13	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 8570 ROCKY TRAIL COURT MASON OHIO 45040	CONTACT PHONE - INCLUDE AREA CODE 513 716-4656
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INJURIES 2	INJURED TAKEN BY 2	EMS AGENCY MASON EMS	MEDICAL FACILITY INJURED TAKEN TO BETHESDA NORTH	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 03	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE BENSON, ALIA M.	DATE OF BIRTH 112232013	AGE 0	GENDER F - FEMALE M - MALE
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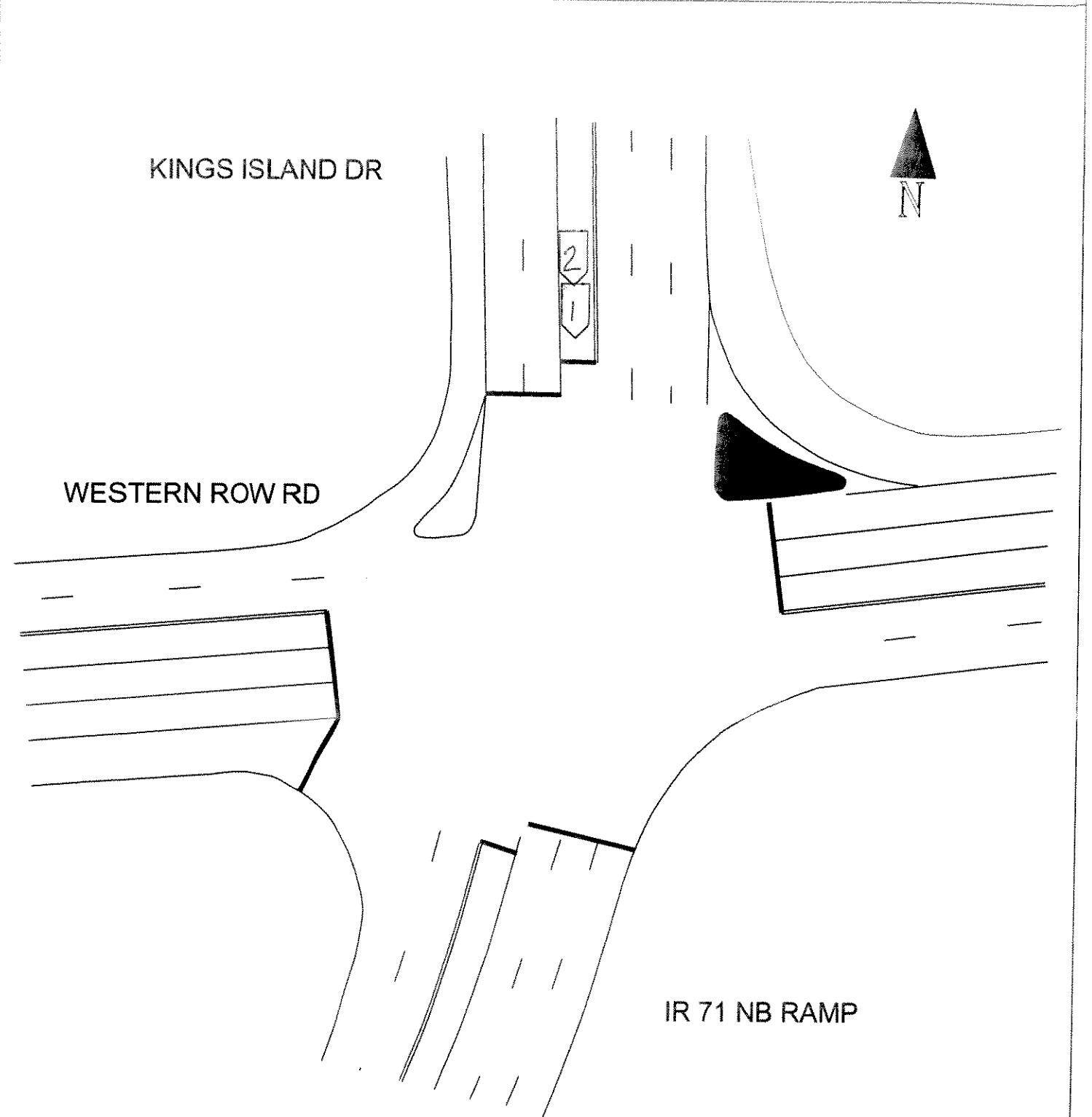
ADDRESS, CITY, STATE, ZIP 8570 ROCKY TRAIL COURT MASON OHIO 45040	CONTACT PHONE - INCLUDE AREA CODE 513 716-4656
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INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY MASON EMS	MEDICAL FACILITY INJURED TAKEN TO BETHESDA NORTH	SAFETY EQUIPMENT USED 06	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 04	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRITIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 14-18725	REPORTING AGENCY MASON P.D.	DATE OF ACCIDENT M 6 D 11 Y 14
IN COUNTY OF WARREN	ACCIDENT LOCATION KINGS ISLAND DR + WESTERN ROW	



NOT TO SCALE

OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NUMBER 49
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LOCAL REPORT NUMBER 14-18725	REPORTING AGENCY M4500 P.D.	DATE OF CRASH M 6 D 11 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kristin Campbell PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Human OFFICER'S NAME AT Kent's Island + Western Low LOCATION

I was at a green light and the woman in front of me slammed on her breaks and I did not have enough time to break my vehicle.

ADDRESS OF WITNESS 5795 Dayton Trail Hamilton OH 45011	PHONE 513-680-9978
SIGNATURE OF WITNESS X <u>Kristin Campbell</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>



LOCAL REPORT NUMBER 14-18725	REPORTING AGENCY MASON P.D.	DATE OF CRASH M 6 D 11 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, X Lorrie Benson HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Sgt. John Cullen AT X Mason Police Dept.
OFFICER'S NAME LOCATION

Picking my son up from Kings High School for his summer career camp, heading southbound on Kings Island Dr. to go home and feed baby, etc. Noticed a vehicle tailgating me and proceeded to go speed limit despite being uncomfortable by a driver too close appeared to be texting, got into left turn lane and so did she. There was a red light, I stopped then felt an impact My baby cried out very loudly. I got out to check on baby and noticed driver backing up I urged her to stay, as I held my baby, called 911

ADDRESS OF WITNESS <u>Lorrie Benson</u>	PHONE <u>X 513 716 4656</u>
SIGNATURE OF WITNESS <u>X Lorrie Benson</u>	OFFICER'S SIGNATURE <u>X Sgt John K. Cullen</u>