



Traffic Crash Report

Local Report Number *	Crash Severity	HI/Skip
2014-186810	3 1 - Fatal 2 - Injury 3 - PDO	<input type="checkbox"/> 1 - Solved <input type="checkbox"/> 2 - Unsolved

Local Information		Reporting Agency NCIC *	Reporting Agency Name *	Number of Units	Unit in error
<input type="checkbox"/> Photos Taken	<input type="checkbox"/> PDO Under State Reportable Dollar Amount	<input type="checkbox"/> Private Property	08304	MASON POLICE	02
<input checked="" type="checkbox"/> OH-2	<input type="checkbox"/> OH-1P	<input type="checkbox"/> OH-3 Other			02 98 - Animal 99 - Unknown

County *	City *	City, Village, Township *	Crash Date *	Time of Crash	Day of Week
83	<input checked="" type="checkbox"/> City * <input type="checkbox"/> Village * <input type="checkbox"/> Township *	MASON	06/11/2014	1016	WED

Degrees / Minutes / Seconds	Latitude	Longitude	Decimal Degrees	Latitude	Longitude
	39° 20' 40.32"	-84° 18' 38.72"		39.344533	-84.310756

Roadway Division	Divided Lane Direction of Travel	Number of Thru Lanes	Road Types or Milepost *
<input type="checkbox"/> Divided <input checked="" type="checkbox"/> Undivided	<input type="checkbox"/> N - Northbound E - Eastbound <input type="checkbox"/> 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 N, S, E, W	Location Road Name	Location Road Type 2	Route Types *
			TYLERSVILLE	RD	IR - Interstate Route (incl. 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 N, S, E, W	Reference Name (Road, Milepost, House #)	Reference Road Type 2
60	<input checked="" type="checkbox"/> Miles <input type="checkbox"/> Feet <input type="checkbox"/> Yards			MASON MONTGOMERY	RD

Reference Point Used	Crash Location	Intersection Related	Location of First Harmful Event
<input type="checkbox"/> 1 - Intersection <input type="checkbox"/> 2 - Mile Post <input type="checkbox"/> 3 - House Number	<input type="checkbox"/> 01 - Not an intersection <input type="checkbox"/> 02 - Four-way intersection <input type="checkbox"/> 03 - T-Intersection <input type="checkbox"/> 04 - Y-Intersection <input type="checkbox"/> 05 - Traffic Circle/Roundabout	<input checked="" type="checkbox"/>	<input type="checkbox"/> 1 - On Roadway <input type="checkbox"/> 2 - On Shoulder <input type="checkbox"/> 3 - In Median <input type="checkbox"/> 4 - On Roadside <input type="checkbox"/> 5 - On Gore <input type="checkbox"/> 6 - Outside Trafficway <input type="checkbox"/> 9 - Unknown

Road Contour	Road Conditions	Road Conditions	Weather
<input type="checkbox"/> 1 - Straight Level <input type="checkbox"/> 2 - Straight Grade <input type="checkbox"/> 3 - Curve Level <input type="checkbox"/> 4 - Curve Grade <input type="checkbox"/> 9 - Unknown	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> 01 - Dry <input type="checkbox"/> 02 - Wet <input type="checkbox"/> 03 - Snow <input type="checkbox"/> 04 - Ice <input type="checkbox"/> 05 - Sand, Mud, Dirt, Oil, Gravel <input type="checkbox"/> 06 - Water (Standing, Moving) <input type="checkbox"/> 07 - Slush <input type="checkbox"/> 08 - Debris*	<input type="checkbox"/> 01 - Clear <input type="checkbox"/> 02 - Cloudy <input type="checkbox"/> 03 - Fog, Smog, Smoke <input type="checkbox"/> 04 - Rain <input type="checkbox"/> 05 - Sleet, Hail <input type="checkbox"/> 06 - Snow <input type="checkbox"/> 07 - Severe Crosswinds <input type="checkbox"/> 08 - Blowing Sand, Soil, Dirt, Snow <input type="checkbox"/> 09 - Other/Unknown

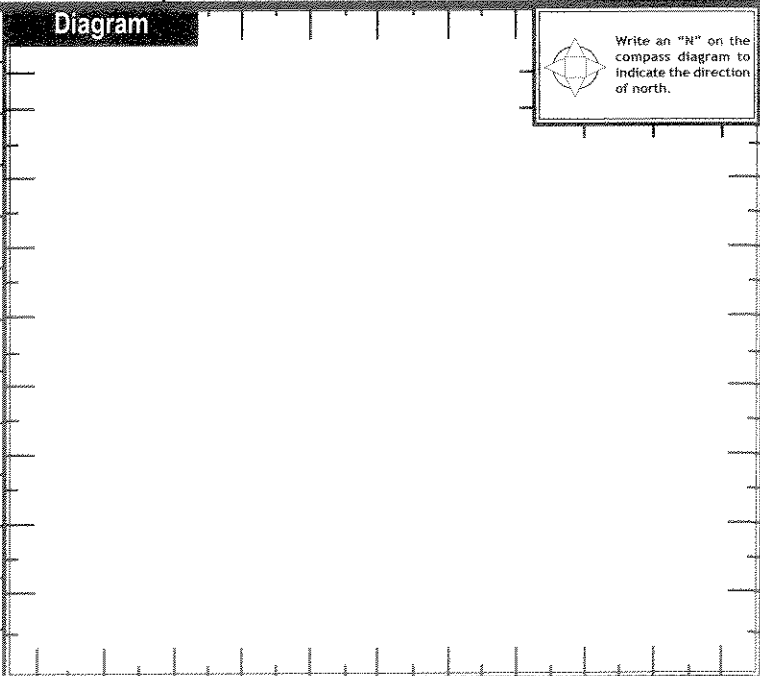
Manner of Crash Collision/Impact	Weather
<input type="checkbox"/> 1 - Not Collision Between Two Motor Vehicles In Transport <input type="checkbox"/> 2 - Rear-End <input type="checkbox"/> 3 - Head-On <input type="checkbox"/> 4 - Rear-to-Rear <input type="checkbox"/> 5 - Backing <input type="checkbox"/> 6 - Angle <input type="checkbox"/> 7 - Sideswipe, Same Direction <input type="checkbox"/> 8 - Sideswipe, Opposite Direction <input type="checkbox"/> 9 - Unknown	<input type="checkbox"/> 01 - Clear <input type="checkbox"/> 02 - Cloudy <input type="checkbox"/> 03 - Fog, Smog, Smoke <input type="checkbox"/> 04 - Rain <input type="checkbox"/> 05 - Sleet, Hail <input type="checkbox"/> 06 - Snow <input type="checkbox"/> 07 - Severe Crosswinds <input type="checkbox"/> 08 - Blowing Sand, Soil, Dirt, Snow <input type="checkbox"/> 09 - Other/Unknown

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

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

Narrative

UNITS #1 AND #2 WERE EAST BOUND ON TYLERSVILLE RD. BOTH WERE STOPPED IN TRAFFIC WHEN #2 MOVED FORWARD AND STRUCK #1.



Report Taken By	Supplement (Correction or Addition to an Existing Report Sent to ODPS)	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"/> Motorist	<input type="checkbox"/>	06/11/2014	1018	1019	1019	1043	30	54
Officer's Name *	Officer's Badge Number	Checked By	Page of					
BRYANT	55	55						



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER
 210118-1186189

Motorist/Non-Motorist

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE VINSON GLENN M	DATE OF BIRTH 03/10/1962	AGE 52	GENDER M
ADDRESS, CITY, STATE, ZIP 6216 FAIRWAY DR MASON OHIO 45040			CONTACT PHONE- INCLUDE AREA CODE	
INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04
OL STATE OH	OPERATOR LICENSE NUMBER RX388048	OL CLASS A	ALCOHOL/DRUG SUSPECTED 0	ALCOHOL TEST STATUS 0
OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>

Motorist/Non-Motorist

UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE KEMP, MORGAN E.	DATE OF BIRTH 08/16/1997	AGE 16	GENDER F
ADDRESS, CITY, STATE, ZIP 7325 FOX CHASE DR WEST CHESTER OHIO 45069			CONTACT PHONE- INCLUDE AREA CODE 513 805 5760	
INJURIES 0	INJURED TAKEN BY 0	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED OFF
OL STATE OH	OPERATOR LICENSE NUMBER UD 450881	OL CLASS 4	ALCOHOL/DRUG SUSPECTED 0	ALCOHOL TEST STATUS 0
OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE)		OFFENSE DESCRIPTION ACOA	CITATION NUMBER 76362	HANDS-FREE DEVICE USED <input type="checkbox"/>

INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT
1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCARCERATING 4 - INCARCERATING 5 - FATAL	1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	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	

SEATING POSITION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
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	1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OHIO & "D") 5 - MC/MOPED ONLY	1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	01 - NONE 02 - YES - ALCOHOL SUSPECTED 03 - YES - HBD NOT IMPAIRED 04 - YES - DRUGS SUSPECTED 05 - YES - ALCOHOL AND DRUGS SUSPECTED
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 VEH. CAB)			5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	
12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN				

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

Occupant

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE- INCLUDE AREA CODE	
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED
0	0			0

Occupant

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
				F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP			CONTACT PHONE- INCLUDE AREA CODE	
INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED
0	0			0

Unit Number 01	Owner Name: Last, First, Middle [X] Same As Driver	Owner Phone Number - Inc. area code [X] Same As Driver	Damage Scale 2	Damaged Area Front 09 02 03 08 10 04 07 05 Rear
Owner Address: City, State, Zip [X] Same As Driver			1 - None	
LP State OH	License Plate Number GAH5912	Vehicle Identification Number WA1BY74417D101585	2 - Minor	
Vehicle Year 2007	Vehicle Make Audi	Vehicle Model Q7	3 - Functional	
Vehicle Color BLUE	Proof of Insurance Shown [X]	Insurance Company ERIE	4 - Disabling	
Policy Number Q027406P30	Towed By	Carrier Name, Address, City, State, Zip	5 - Unknown	
Carrier Phone - include area code				

US DOT	Vehicle Weight GVWR/CWR 1 - Less Than or Equal to 10k Lbs. 2 - 10,001 to 26,000 Lbs. 3 - More than 26,000 Lbs.	Cargo Body Type 01 - No Cargo Body Type/Not Applicable 02 - Bus/Van (9-15 Seats, Inc Driver) 03 - Bus (16+ Seats, Inc Driver) 04 - Vehicle Towing Another Vehicle 05 - Logging 06 - Intermodal Container Chassis 07 - Cargo Van/Enclosed Box 08 - Grain, Chips, Gravel 09 - Pole 10 - Cargo Tank 11 - Flat Bed 12 - Bump 13 - Concrete Mixer 14 - Auto Transporter 15 - Garbage/Refuse 99 - Other/Unknown	Trafficway Description 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Flow or Turn - 4 D) Median 4 - Two Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	Hazardous Material Released <input type="checkbox"/>		<input type="checkbox"/> Hit / Skip Unit

Non-Motorist Location Prior to Impact 01 - Intersection - Marked Crosswalk 02 - Intersection - No Crosswalks 03 - Intersection - Other 04 - Midblock - Marked Crosswalk 05 - Travel Lane - Other Location 06 - Bicycle Lane 07 - Shoulder/Roadside 08 - Sidewalk 09 - Median/Crossing Island 10 - Driveway Access 11 - Shared-Use Path or Trail 12 - Non-Trafficway Area 99 - Other/Unknown	Type of Use 1 - Personal 2 - Commercial 3 - Government <input type="checkbox"/> In Emergency Response	Unit Type 07 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 (Bulbait) 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, Scurry 25 - Bicycle/Pedacyclist 26 - Pedestrian/Skater 27 - Other Non-Motorist
<input type="checkbox"/> Has HM Placard				

Special Function 01 - None 02 - Taxi 03 - Rental Truck (over 10k lbs) 04 - Bus - School (Public or Private) 05 - Bus - Transit 06 - Bus - Charter 07 - Bus - Shuttle 08 - Bus - Other 09 - Ambulance 10 - Fire 11 - Highway/Maintenance 12 - Military 13 - Police 14 - Public Utility 15 - Other Government 16 - Construction Equip 17 - Farm Vehicle 18 - Farm Equipment 19 - Motorhome 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 01 - None 02 - Center Front 03 - Right Front 04 - Right Side 05 - Right Rear 06 - Rear Center 07 - Left Rear 08 - Left Side 09 - Left Front 10 - Top and Windows 11 - Undercarriage 12 - Load/Trailer 13 - Total/All Areas 14 - Other	Action 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions Motorist 01 - Straight Ahead 02 - Backing 03 - Changing Lanes 04 - Overtaking/Passing 05 - Making Right Turn 06 - Making Left Turn 07 - Making U-Turn 08 - Entering Traffic Lane 09 - Leaving Traffic Lane 10 - Parked 11 - Slowing or Stopped in Traffic 12 - Driverless 13 - Negotiating a Curve 14 - Other Motorist Action Non-Motorist 15 - Entering or Crossing Specified Location 16 - Walking, Running, Jogging, Playing, Cycling 17 - Working 18 - Pushing Vehicle 19 - Approaching or Leaving Vehicle 20 - Standing 21 - Other Non-Motorist Action
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Contributing Circumstances Primary 01 - 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/AODA 10 - Improper Lane Change /Passing/Off Road 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/AODA 10 - Improper Lane Change /Passing/Off Road 11 - Improper Backing 12 - Improper Start From Parked Position 13 - Stopped or Parked Illegally 14 - Operating Vehicle in Negligent Manner 15 - Swerving to Avoid (Due to External Conditions) 16 - Wrong Side/Wrong Way 17 - Failure to Control 18 - Vision Obstruction 19 - Operating Defective Equipment 20 - Load Shifting/Falling/Spilling 21 - Other Improper Action Non-Motorist 22 - None 23 - Improper Crossing 24 - Darting 25 - Lying and/or Illegally in Roadway 26 - Failure to Yield Right of Way 27 - Not Visible (Dark Clothing) 28 - Inattentive 29 - Failure to Obey Traffic Signs /Signals/Officer 30 - Wrong Side of the Road 31 - Other Non-Motorist Action Vehicle Defects 01 - Turn Signals 02 - Head Lamps 03 - Tail Lamps 04 - Brakes 05 - Steering 06 - Tire Blowout 07 - 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 3 4 5 6 First Harmful Event 1 Most Harmful Event 1 Collision with Person, Vehicle or Object Not Fixed 14 - Pedestrian 15 - Bicyclist 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 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 12 - Opposite Direction of Travel 13 - Downhill Runaway 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/Sign/Support 40 - Utility Pole 41 - Other Post, Pole or Support 42 - Culvert 43 - Curb 44 - Ditch 45 - Embankment 46 - Fence 47 - Manhole 48 - Tree 49 - Fire Hydrant 50 - Work Zone Maintenance Equipment 51 - Wall, Building, Tunnel 52 - Other Fixed Object
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Unit Speed 0 <input checked="" type="checkbox"/> Stopped <input type="checkbox"/> Restricted	Posted Speed 35	Traffic Control 04 01 - No Controls 02 - Stop Sign 03 - Yield Sign 04 - Traffic Signal 05 - Traffic Flashers 06 - Control 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 Number: **02** Owner Name: **KEMP, ANTHONY R.** (Same As Driver) Owner Phone Number: **(X) Same As Driver** Damage Scale: **3** Damaged Area: **Front**

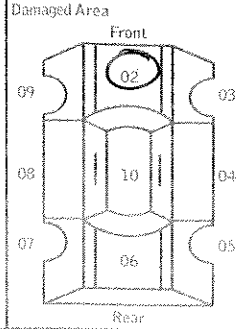
Owner Address: City, State, Zip: **(X) Same As Driver**

LP State: **OH** License Plate Number: **FQJ 8757** Vehicle Identification Number: **19XFB2F88CE06792401** # Occupants: **01**

Vehicle Year: **2012** Vehicle Make: **HONDA** Vehicle Model: **CIVIC** Vehicle Color: **BWE**

Proof of Insurance Shown: Insurance Company: **STATE FARM** Policy Number: **7691375 B01-35** Towed By:

Carrier Name, Address, City, State, Zip: Carrier Phone- include area code:



US DOT: **01** Vehicle Weight GVWR/GCWR: **1** Cargo Body Type: **01** Trafficway Description: **1** HM Placard ID No.: HM Class Number: Hazardous Material Released: **Hit / Skip Unit**

Non-Motorist Location Prior to Impact: **01** Type of Use: **1** Unit Type: **02** Most Damaged Area: **02** Impact Area: **02** Action: **3**

Special Function: **01** Pre-Crash Actions: **01** Motorist: **01** Non-Motorist: **15** Vehicle Defects: **01**

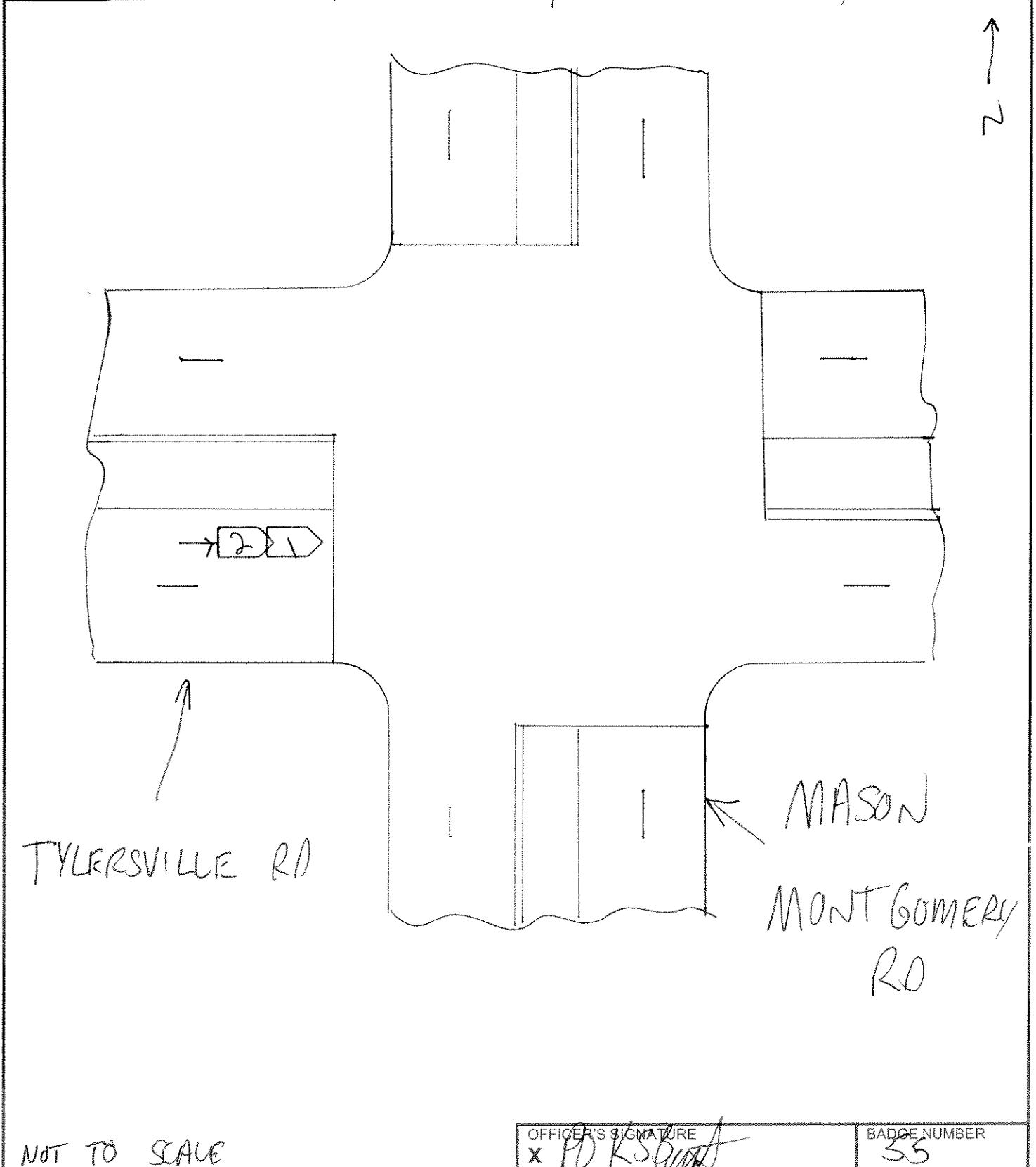
Contributing Circumstances: **09** Sequence of Events: **1** Collision with Person, Vehicle or Object Not Fixed: **14**

Unit Speed: **4** Posted Speed: **35** Traffic Control: **04** Unit Direction: **4** to **3**

Collision with Person, Vehicle or Object Not Fixed: **14** - Pedestrian, **15** - Pedalcycle, **16** - Railway Vehicle (Tram, Trolley), **17** - Animal - Farm, **18** - Animal - Deer, **19** - Animal - Other, **20** - Motor Vehicle in Transport, **21** - Parked Motor Vehicle, **22** - Work Zone Maintenance Equipment, **23** - Struck by Falling, Shifting Cargo or Anything Set in Motion by a Motor Vehicle, **24** - Other Movable Object, **25** - Impact Attenuator/Crash Cushion, **26** - Bridge Overhead Structure, **27** - Bridge Pier or Abutment, **28** - Bridge Parapet, **29** - Bridge End, **30** - Staged/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, **10** - Cross Median, **11** - Cross Center Line, **12** - Downhill Runaway, **13** - Other Non-Collision, **06** - Equipment Failure (Bleed Valve, Brake Failure, etc), **07** - Separation of Units, **08** - Ran Off Road Right, **09** - Ran Off Road Left, **14** - Wet/Slippery Walk, **15** - Other, **16** - Not Reported, **1** - From, **2** - South, **3** - East, **4** - West, **5** - North, **6** - Northwest, **7** - Southeast, **8** - Southwest, **9** - Unknown



LOCAL REPORT NUMBER 14-18680	REPORTING AGENCY MASON POLICE	DATE OF CRASH MO 06 11 14
IN COUNTY OF WARREN	CRASH LOCATION TYLERSVILLE RD / MASON MONT GOMERY RD	





LOCAL REPORT NUMBER 1418680	REPORTING AGENCY MASON POLICE	DATE OF CRASH 06 11 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, GLENN VINSON HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
P.O. Kevin Bryant AT TYLERSVILLE AND MASON
OFFICER'S NAME LOCATION
INTERSECTION

I was rear ended by a honda civic. The driver of the honda said she advanced forward when the light turned green and rear ended my car -

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

Q. WERE YOU WEARING YOUR SEAT BELT? YES

Q. WHAT DIRECTION WERE YOU GOING? EAST

Q. WHAT WAS YOUR SPEED? 0

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

ADDRESS OF WITNESS <u>6216 Farway Dr, Mason OH</u>	PHONE
SIGNATURE OF WITNESS <u>[Signature]</u>	OFFICER'S SIGNATURE <u>X P.O. K.S. Bryant</u>



LOCAL REPORT NUMBER 14-18680	REPORTING AGENCY MASON POLICE	DATE OF CRASH 06/11/14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Morgan Kump HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
 AT tylersville
 P.O. Kevin Bryant OFFICER'S NAME LOCATION

i was stopped at a stop light. once the light turned green, i accelerated. i then hit the car in front of me.

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

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? straight

Q. WHAT WAS YOUR SPEED? less than 5 mph

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

ADDRESS OF WITNESS <u>300 7325 fox chase drive</u>	PHONE <u>513-805-5760</u>
SIGNATURE OF WITNESS X <u>Morgan Kump</u>	OFFICER'S SIGNATURE X <u>PO K Bryant</u>