



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *

120114-1009035089

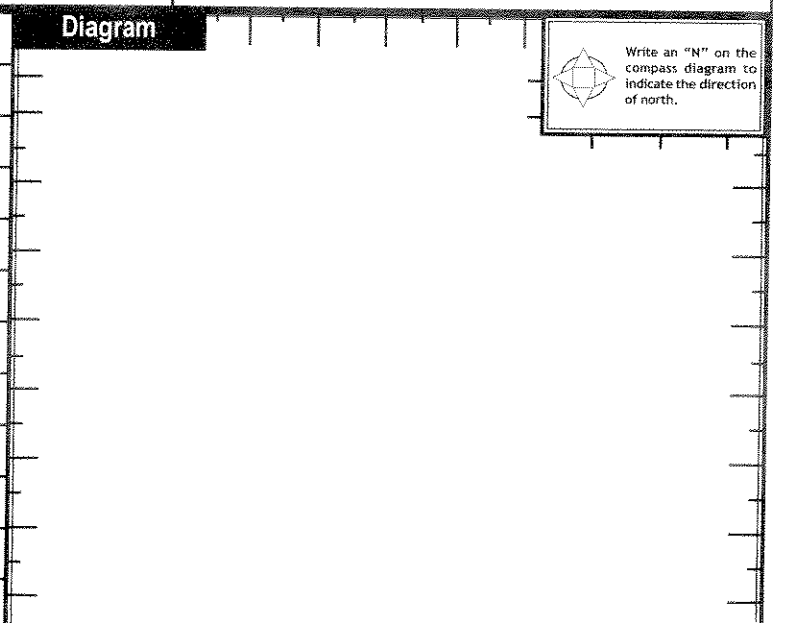
CRASH SEVERITY
3 1 - FATAL
2 - INJURY
3 - PDOHIT/SKIP
1 - SOLVED
2 - UNSOLVED

LOCAL INFORMATION

PHOTOS TAKEN
 OH-2
 OH-1P
 OH-3
 OTHERPDO UNDER STATE REPORTABLE DOLLAR AMOUNT
 PRIVATE PROPERTYREPORTING AGENCY NCIC #
183040REPORTING AGENCY NAME *
MASON POLICENUMBER OF UNITS
013UNIT IN ERROR
01 98 - ANIMAL
99 - UNKNOWNCOUNTY *
813CITY *
MASONCRASH DATE *
1/93/2014TIME OF CRASH
11453DAY OF WEEK
FRIDEGREES / MINUTES / SECONDS
LATITUDE
0 ' 0 " 0
LONGITUDE
0 ' 0 " 0DECIMAL DEGREES
LATITUDE
39.360218
LONGITUDE
-84.309464ROADWAY DIVISION
 DIVIDED
 UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL
 N - NORTHBOUND
 E - EASTBOUND
 S - SOUTHBOUND
 W - WESTBOUNDNUMBER OF THIRD LANES
02ROAD TYPES OR MILEPOST #
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 NUMBER
42LOCATION ROAD NAME
MASON - MONTGOMERYROUTE TYPES #
IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE
SR - STATE ROUTEDISTANCE FROM REFERENCE
200REFERENCE ROUTE NUMBER
RDREFERENCE NAME (ROAD, MILEPOST, HOUSE #)
MASON - MONTGOMERYREFERENCE POINT USED
1 - INTERSECTION
2 - MILE POST
3 - HOUSE NUMBERCRASH LOCATION
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 - DRY RAMP
09 - CROSSOVER
10 - DRIVEWAY/ALLEY ACCESS
11 - RAILWAY GRADE CROSSING
12 - SHARED-USE PATHS OR TRAILS
99 - UNKNOWNLOCATION OF FIRST HARMFUL EVENT
1 - ON ROADWAY
2 - ON SHOULDER
3 - IN MEDIUM
4 - ON ROADSIDE
5 - ON GORE
6 - OUTSIDE TRAFFICWAY
9 - UNKNOWNROAD CONTOUR
1 - STRAIGHT LEVEL
2 - STRAIGHT GRADE
3 - CURVE LEVEL
4 - CURVE GRADE
9 - UNKNOWNROAD CONDITIONS
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 - UNKNOWNWEATHER
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/UNKNOWNMANNER OF CRASH COLLISION/IMPACT
2 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 - UNKNOWNSCHOOL BUS RELATED
 SCHOOL ZONE RELATED
 YES, SCHOOL BUS DIRECTLY INVOLVED
 YES, SCHOOL BUS INDIRECTLY INVOLVEDROAD SURFACE
1 - CONCRETE
2 - BLACKTOP, BITUMINOUS, ASPHALT
3 - BRICK/BLOCK
4 - SLAG, GRAVEL, STONE
5 - DIRT
6 - OTHERLIGHT CONDITIONS
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 - UNKNOWNWORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)
 LAW ENFORCEMENT PRESENT (VEHICLE ONLY)TYPE OF WORK ZONE
1 - LANE CLOSURE
2 - LANE SHIFT/CROSSOVER
3 - WORK ON SHOULDER OR MEDIAN
4 - INTERMITTENT OR MOVING WORK
5 - OTHERLOCATION OF CRASH IN WORK ZONE
1 - BEFORE THE FIRST WORK ZONE WARNING SIGN
2 - ADVANCE WARNING AREA
3 - TRANSITION AREA
4 - ACTIVITY AREA
5 - TERMINATION AREA

NARRATIVE

UNIT #2 WAS STOPPED ON W.MAIN ST (42) NEAR MASON - MONTGOMERY RD WHEN UNIT #1 WAS TRAVELLING NORTHEAST OF W. MAIN ST (42) BEHIND UNIT #2 AND FAILED TO ASSURE A CLEAR DISTANCE AHEAD AND STRUCK THE REAR OF UNIT #2.

REPORT TAKEN BY
 POLICE AGENCY
 MOTORIST

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODDS)

DATE CRASH REPORTED
1/03/2014TIME CRASH REPORTED
11453DISPATCH TIME
11454ARRIVAL TIME
11546TIME CLEARED
11549OTHER INVESTIGATION TIME
30TOTAL MINUTES
73OFFICER'S NAME *
MS SECKNISTOFFICER'S BADGE NUMBER
1024CHECKED BY
50

PAGE 1 OF 4



MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2014-001039085

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE STEPHENS, BRANDY	DATE OF BIRTH 11/16/1979	AGE 34	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6235 FINESTIDE DRIVE MASON, OHIO 45040	CONTACT PHONE - INCLUDE AREA CODE 765-580-9937
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 01	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER TK760066	OL CLASS 4	No VALID OL	M/C END.	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 (LOCAL CODE) 333.03a	OFFENSE DESCRIPTION ACOA	CITATION NUMBER 7712	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 1
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UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE COOPER, SHAREN	DATE OF BIRTH 06/09/1957	AGE 57	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 3916 ELTER LN MASON, OHIO 45040	CONTACT PHONE - INCLUDE AREA CODE 513-638-7256
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1		
OL STATE OH	OPERATOR LICENSE NUMBER RV283204	OL CLASS 4	No VALID OL	M/C END.	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 (LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED	DRIVER DISTRACTED BY 1
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INJURIES	INJURED TAKEN BY	SAFETY EQUIPMENT USED	99 - UNKNOWN SAFETY EQUIPMENT	Non-Motorist
1 - NO INJURY / NONE REPORTED	1 - NOT TRANSPORTED / TREATED AT SCENE	MOTORIST	01 - NONE USED - VEHICLE OCCUPANT	09 - NONE USED
2 - POSSIBLE	2 - EMS	02 - SHOULDER BELT ONLY USED	05 - CHILD RESTRAINT SYSTEM - FORWARD FACING	10 - HELMET USED
3 - NON-INCAPACITATING	3 - POLICE	03 - LAP BELT ONLY USED	06 - CHILD RESTRAINT SYSTEM - REAR FACING	11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)
4 - INCAPACITATING	4 - OTHER	04 - SHOULDER AND LAP BELT USED	07 - BOOSTER SEAT	12 - REFLECTIVE CLOTHING
5 - FATAL	9 - UNKNOWN		08 - HELMET USED	13 - LIGHTS

SEATING POSITION	01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)	07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)	12 - PASSENGER IN UNENCLOSED CARGO AREA
02 - FRONT - MIDDLE	08 - THIRD - MIDDLE	09 - THIRD - RIGHT SIDE	13 - TRAILING UNIT
03 - FRONT - RIGHT SIDE	09 - THIRD - RIGHT SIDE	10 - SLEEPER SECTION OF CAB (TRUCK)	14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)
04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)	10 - SLEEPER SECTION OF CAB (TRUCK)	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)	15 - NON-MOTORIST
05 - SECOND - MIDDLE	11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP)		16 - OTHER
06 - SECOND - RIGHT SIDE			99 - UNKNOWN

EJECTION	TRAPPED	OPERATOR LICENSE CLASS	CONDITION	ALCOHOL/DRUG SUSPECTED
1 - NOT EJECTED	1 - NOT TRAPPED	1 - CLASS A	1 - APPARENTLY NORMAL	1 - NONE
2 - TOTALLY EJECTED	2 - EXTRICATED BY MECHANICAL MEANS	2 - CLASS B	2 - PHYSICAL IMPAIRMENT	2 - YES - ALCOHOL SUSPECTED
3 - PARTIALLY EJECTED	3 - EXTRICATED BY NON-MECHANICAL MEANS	3 - CLASS C	3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)	3 - YES - HBD NOT INITIATED
4 - NOT APPLICABLE		4 - REGULAR CLASS (OWEN "D")	4 - ILLNESS	4 - YES - DRUGS SUSPECTED
		5 - MC/MOPED ONLY	5 - FELL ASLEEP, FAINTED, FATIGUED	5 - YES - ALCOHOL AND DRUGS SUSPECTED

ALCOHOL TEST STATUS	ALCOHOL TEST TYPE	DRUG TEST STATUS	DRUG TEST TYPE	DRIVER DISTRACTED BY
1 - NONE GIVEN	1 - BLOW	1 - NONE GIVEN	1 - NONE	1 - NO DISTRACTION REPORTED
2 - TEST REFUSED	2 - BLOOD	2 - TEST REFUSED	2 - BLOOD	6 - OTHER INSIDE THE VEHICLE
3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE	3 - URINE	7 - EXTERNAL DISTRACTION
4 - TEST GIVEN, RESULTS KNOWN	4 - BREATH	4 - TEST GIVEN, RESULTS KNOWN	4 - OTHER	
5 - TEST GIVEN, RESULTS UNKNOWN	5 - OTHER	5 - TEST GIVEN, RESULTS UNKNOWN		

UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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Unit

Local Report Number
20114-101010350815

Unit Number 1011	Owner Name: Last, First, Middle (Same As Driver) DAVID STEPHENS	Owner Phone Number - inc. area code (Same As Driver)	Damage Scale 1	Damaged Area
Owner Address: City, State, Zip (Same As Driver)			1 - None	
LP State 1011	License Plate Number EVT5377	Vehicle Identification Number 3GT92VE78CG118924	2 - Minor	
Vehicle Year 2012	Vehicle Make GMC	Vehicle Model SIERRA	3 - Functional	
Vehicle Color BLUE	Insurance Company PROGRESSIVE	Policy Number 903125769	4 - Disabling	
<input checked="" type="checkbox"/> Proof of Insurance Shown	Towed By	Carrier Name, Address, City, State, Zip	9 - Unknown	

US DOT 1	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 FL) 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

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 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 Axle, 6 tires 14 - Single Unit Truck; 3+ axles 15 - Single Unit Truck / Trailer 16 - Tractor/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 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 01 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 3 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 - 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 Secondary 00 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	Non-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	Vehicle Defects 00 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 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 12 - Downhill Runaway 13 - Other Non-Collision
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 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 25	Posted Speed 25	Traffic Control 12 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 8 To 5 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
20114-1010035085

Unit Number 1024	Owner Name: Last, First, Middle (<input checked="" type="checkbox"/> Same As Driver)	Owner Phone Number - inc. area code (<input checked="" type="checkbox"/> Same As Driver)	Damage Scale 2	
Owner Address: City, State, Zip (<input checked="" type="checkbox"/> Same As Driver)			1 - None	
LP State OH	License Plate Number GIL 8274	Vehicle Identification Number 1HGGCTZ1B18X1E1A1010812710	2 - Minor	
Vehicle Year 11	Vehicle Make HONDA	Vehicle Model Civic	3 - Functional	
Proof of Insurance Shown <input checked="" type="checkbox"/>	Insurance Company GEICO	Policy Number 4318252246	4 - Disabling	
Carrier Name, Address, City, State, Zip			9 - Unknown	
			Carrier Phone- include area code	

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 19-15 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/Unknown	Trafficway Description 1 1 - Two-Way, Not Divided 2 - Two-Way, Not Divided, Continuous Left Turn Lane 3 - Two-Way, Divided, Unprotected (Pavement or Gravel - a P.) Median 4 - Two-Way, Divided, Positive Median Barrier 5 - One-Way Trafficway
HM Placard ID No.	<input type="checkbox"/> Hazardous Material Released			<input type="checkbox"/> Hit / Skip Unit
HM Class Number				

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 2 axle, 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 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 - Motorcycle 20 - Golf Cart 21 - Train 22 - Other (Explain in Narrative)	Most Damaged Area 06 Impact Area 06	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	99 - Unknown 4	Action 1 - Non-Contact 2 - Non-Collision 3 - Striking 4 - Struck 5 - Striking/Struck 9 - Unknown
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Pre-Crash Actions 11 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 01	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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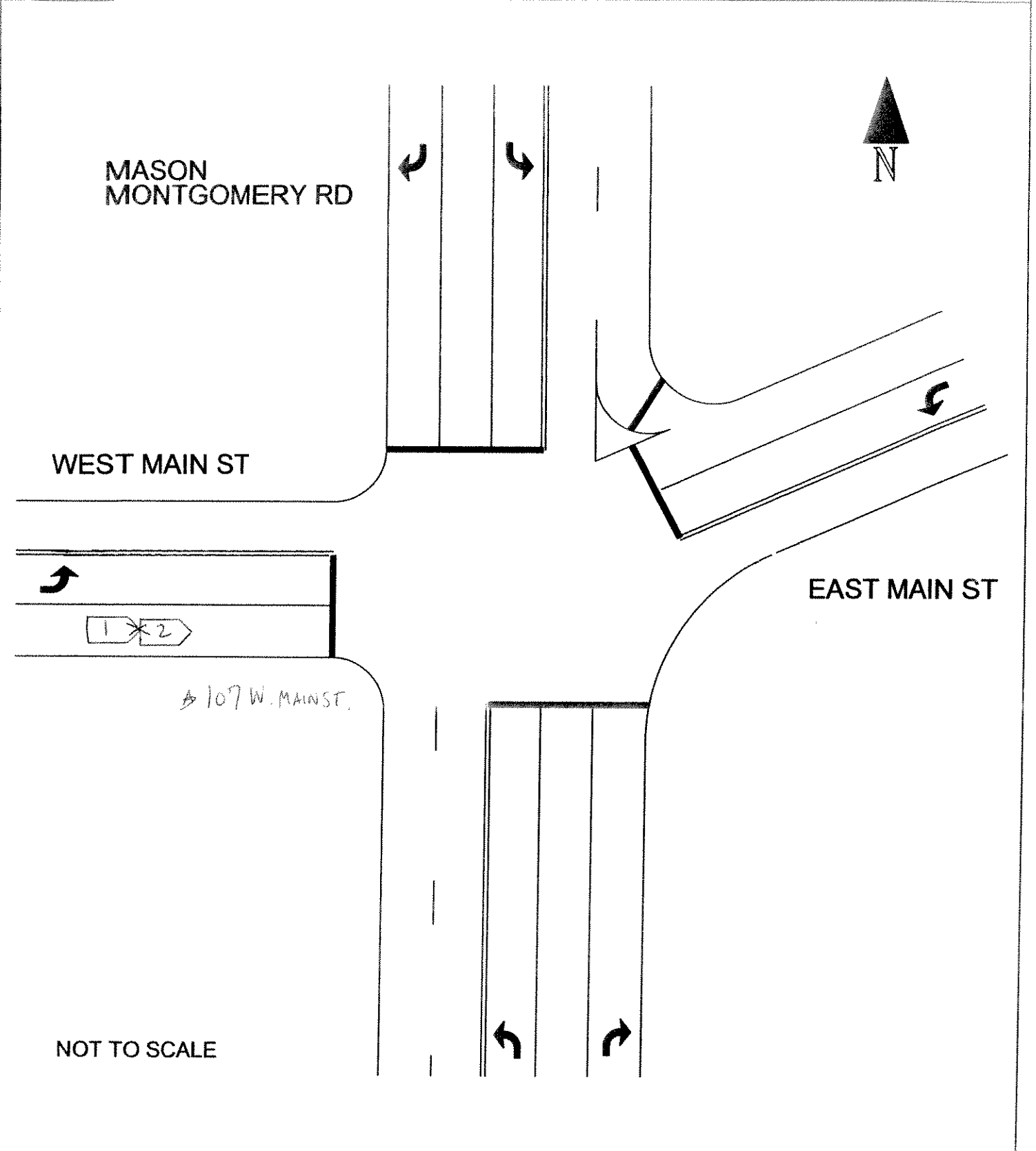
Sequence of Events 1 20 2 01 3 01 4 01 5 01 6 01 First Harmful Event 1 Most Harmful Event 1 99 - Unknown	Non-Collision Events 01 - Overturn/Rollover 02 - Fire/Explosion 03 - Immersion 04 - Jackknife 05 - Cargo/Equipment Loss or Shift	06 - Equipment Failure (Blown Tire, Brake Failure, etc) 07 - Separation 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

Unit Speed 9 <input checked="" type="checkbox"/> Stated <input type="checkbox"/> Estimated	Posted Speed 25	Traffic Control 12 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 8 To 5 1 - North 2 - South 3 - East 4 - West 5 - Northeast 6 - Northwest 7 - Southeast 8 - Southwest 9 - Unknown
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 2014-35085	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 10 10 31 14 2014
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONTGOMERY/MAIN ST	



OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NUMBER 1024
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LOCAL REPORT NUMBER 2014 - 35085	REPORTING AGENCY MASON P.D.	DATE OF CRASH M 10 D 31 Y 14
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Brandy Stephens HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

SECHRIST #24 AT W MAIN ST @ Mason - Montgomery
OFFICER'S NAME LOCATION

We were sitting at a red light. I saw cars going and I let off the break and rolled into the back of the car. It was my fault I wasn't looking up. I hit the back end of her car.

PROGRESSIVE
 Policy # 903125769

Q: INJURIES? NO
 Q: WEARING SEATBELT? YES
 Q: YOUR SPEED? 1 MPH
 Q: WERE YOU DISTRACTED? NO

ADDRESS OF WITNESS 3916 ELTER LANE MASON OHIO	PHONE 765-580-9937
SIGNATURE OF WITNESS X Brandy Stephens	OFFICER'S SIGNATURE X [Signature]



LOCAL REPORT NUMBER 2014-35085	REPORTING AGENCY MASON P.D.	DATE OF CRASH M 10 D 31 Y 14
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Sharen E. Cooper HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
SECHRIST #24 AT N MAIN ST @ Mason-Montgomery
OFFICER'S NAME LOCATION

I was sitting in my car waiting for the traffic light and the other vehicle hit my vehicle in the rear end.

Geico
Policy # 4318252246

Q: INJURIES? None apparent

Q: WEARING SEAT BELT? Yes

Q: YOUR SPEED? Sitting still

Q: WERE YOU DISTRACTED? No

ADDRESS OF WITNESS 3916 ELDER LANE MASON, OHIO	PHONE 638-7256
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SIGNATURE OF WITNESS X <i>[Signature]</i>	OFFICER'S SIGNATURE X <i>[Signature]</i>
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