

State Seal

LOCAL REPORT #* **2012001593**

CRASH SEVERITY: **3** 1 FATAL 3 PDO, 2 Injury 4 Unknown

PRIVATE PROPERTY:

HIT / SKIP: **1** 1 NOT HIT / SKIP, 2 SOLVED, 3 UNSOLVED

PHOTOS TAKEN: **Y**

NCIC #* **08304**

REPORTING AGENCY* **City of Mason - City of Mason Police Depart**

UNITS: **1**

UNIT ERROR: **01** 98=ANIMAL, 99=UNKNOWN

DATE OF CRASH* **01242012**

TIME OF CRASH: **06:25**

DAY OF WEEK: **Tue**

CITY* **X** VILLAGE* TWP*

NAME (OF CITY, VILLAGE OR TOWNSHIP)* **Mason**

COUNTY #* **83**

LATITUDE LONGITUDE

CRASH OCCURRED ON

PREFIX: **U.S. 42** CRASH LOCATION: **U.S. 42** TYPE LOC: **1**

TYPE LOCATION POINT USED: 1 NAMED STREET 3 NUMBERED ROUTE, 2 NUMBERED STREET

LOCAL INFORMATION

CRASH AT / REFERENCE

DIST REFERENCE: **500.00** DR PREFIX: **E** REFERENCE: **U.S. 42** REF POINT: **02**

REFERENCE POINT USED: 01 STATE LINE, 02 INTERSECTION 2 STREETS, 03 COUNTY LINE, 04 HOUSE NUMBER, 05 TOWNSHIP BOUNDARY, 06 MILE POST, 07 CORPORATION LIMIT, 08 PLACE NAME W/O REFERENCE, 09 DRIVEWAY, 10 STREET OR ROUTE W/O REFERENCE

A UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Lynam, Ronald**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **218 Quarry Drive, Lawrenceburg IN, 47025**

SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

10141978 33 M (513) 520-2735

DL STATE DL # IP STATE IP # INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

IN 0800131708 OH CTV1888 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

OWNER'S NAME (IF SAME WRITE "SAME") **Maly, Lisa M** ADDRESS (STREET, CITY, STATE, ZIP CODE) **2505 Royal Glen Drive, Cincinnati OH, 45239**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

2001 CHEV Malibu MAR State Farm 513-218-9035(H)

OFFENSE CHARGED: **331.34** OFFENSE DESCRIPTION: **Fail to Control; Weaving; Full Time and Attention** CITATION # **71001** LOCAL CODE? **X**

B UNIT # NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

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YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

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ADDRESS (STREET, CITY, STATE, ZIP CODE)

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D UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

| | | | | | | |
|-----------------------------------------|------------------------|-----------------------------|---------------------|----------------------|----------------------------------|-----------------------|
| SEATING POSITION | SAFETY EQUIPMENT | AIR BAG | AIR BAG SWITCH | EJECTION | TRAPPED | INJURIES |
| 01 FRONT - LEFT (MC DRIVER) | 01 NONE USED | 01 NOT DEPLOYED | 01 NOT PRESENT | 01 NOT EJECTED | 01 NOT TRAPPED | 01 NO INJURY |
| 02 FRONT - MIDDLE | 02 SHOULDER BELT ONLY | 02 DEPLOYED FRONT | 02 IN ON POSITION | 02 TOTALLY EJECTED | 02 EXTRACTED BY MECHANICAL MEANS | 02 POSSIBLE |
| 03 FRONT - RIGHT | 03 LAP BELT ONLY | 03 DEPLOYED SIDE | 03 IN OFF POSITION | 03 PARTIALLY EJECTED | 03 MEANS | 03 NON-INCAPACITATING |
| 04 SECOND - LEFT (MC PASS) | 04 SHOULDER LAP BELT | 04 DEPLOYED BOTH FRONT SIDE | 04 UNKNOWN POSITION | 04 NOT APPLICABLE | 04 FREED BY NON-MECHANICAL MEANS | 04 INCAPACITATING |
| 05 SECOND - MIDDLE | 05 CHILD SAFETY SEAT | 05 NOT APPLICABLE | | 05 UNKNOWN | 05 MEANS | 05 FATAL INJURY |
| 06 SECOND - RIGHT | 06 MC HELMET USED | 06 UNKNOWN | | | 06 UNKNOWN | 06 UNKNOWN |
| 07 THIRD - LEFT (MC PASSENGER SIDE CAR) | 07 USE UNKNOWN | | | | | |
| 08 THIRD - MIDDLE | NON-MOTORIST | | | | | |
| 09 THIRD - RIGHT | 08 NONE USED | | | | | |
| 10 SLEEPER SECTION OF CAB | 09 HELMET USED | | | | | |
| 11 ENCLOSED CARGO AREA | 10 PROTECTIVE PADS | | | | | |
| 12 UNENCLOSED CARGO AREA | 11 REFLECTIVE CLOTHING | | | | | |
| 13 TRAILING UNIT | 12 LIGHTING | | | | | |
| 14 EXTERIOR | 13 OTHER | | | | | |
| 15 OTHER | 14 UNKNOWN | | | | | |
| 16 NON-MOTORIST | | | | | | |
| 17 UNKNOWN | | | | | | |

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

Narrative

unit #1 was traveling east on Castle Drive when unit #1 struck a utility pole on the north side of the roadway. Unit #1 sustained major damage.

MANNER OF COLLISION OR IMPACT

SCHOOL BUS RELATED

- 1**
- 01 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 - 02 REAR-END
 - 03 HEAD-ON
 - 04 REAR-TO-REAR
 - 05 BACKING
 - 06 ANGLE
 - 07 SIDESWIBE, SAME DIRECTION
 - 08 SIDESWIBE, OPPOSITE DIRECTION
 - 09 UNKNOWN

- 1**
- 01 NO
 - 02 YES, DIRECTLY INVOLVED
 - 03 YES, INDIRECTLY INVOLVED
 - 04 UNKNOWN

WORK ZONE RELATED

- 1**
- 01 NO
 - 02 YES
 - 03 UNKNOWN

TYPE OF WORK ZONE

-
- 01 LANE CLOSURE
 - 02 LANE SHIFT/CROSSOVER
 - 03 WORK ON SHOULDER OR MEDIAN
 - 04 INTERMITTENT/MOVING WORK
 - 05 OTHER

LOCATION OF CRASH IN WORK ZONE

-
- 01 BEFORE FIRST WORK ZONE WARNING SIGN
 - 02 ADVANCE WARNING AREA
 - 03 TRANSITION AREA
 - 04 ACTIVITY AREA

WORKERS PRESENT

-
- 01 NO
 - 02 YES
 - 03 UNKNOWN

WEATHER

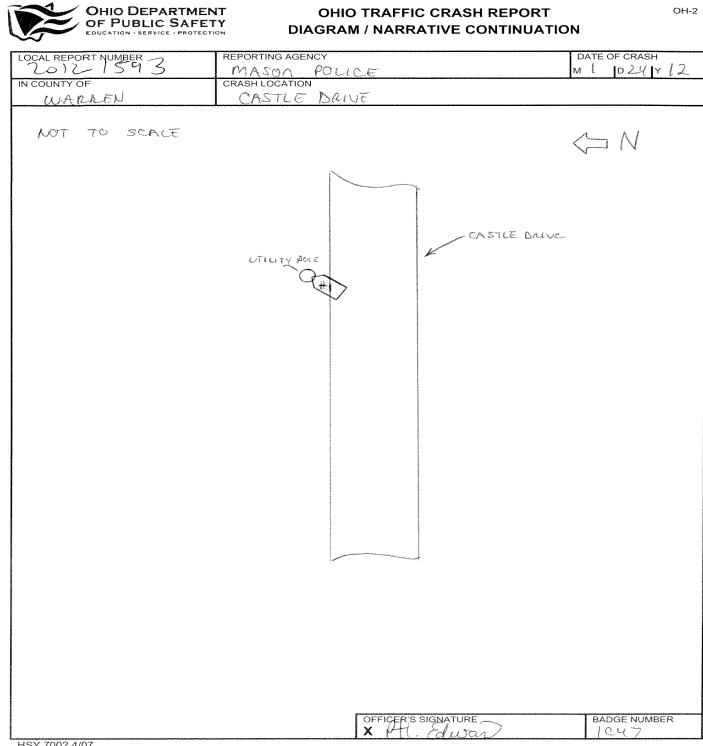
- 02**
- 01 CLEAR
 - 02 CLOUDY
 - 03 FOG, SMOG, SMOKE
 - 04 RAIN
 - 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
 - 06 SNOW
 - 07 SEVERE CROSSWINDS
 - 08 BLOWING SAND, SOIL, DIRT, SNOW
 - 09 OTHER
 - 10 UNKNOWN

LIGHT CONDITIONS

PRIMARY SECONDARY

- 4**
- 01 DAYLIGHT
 - 02 DAWN
 - 03 DUSK
 - 04 DARK - LIGHTED ROADWAY
 - 05 DARK - NOT LIGHTED
 - 06 DARK - UNKNOWN LIGHTING
 - 07 GLARE
 - 08 OTHER
 - 09 UNKNOWN

Diagram



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

**A
N
D**

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
A FATALITY; OR
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
AT LEAST ONE VEHICLE WAS TOWED DUE TO DAMAGING DAMAGE OR REQUIRED
INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit#

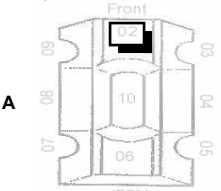
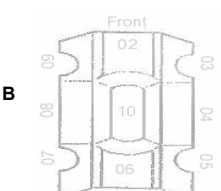
COMPANY (FROM SHIPPING PAPERS) COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

| | | | | | | | |
|-------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------|-----------------------------------------------------|----------------------|----------------------|----------------------|
| US DOT | ICC MC | EUCO | TRAILER LP ST. | TRAILER LP YEAR | TRAILER LP# | PLACARD # | # DIA |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CARGO BODY TYPE | WEIGHT (GVWR) | CDL Class | Hazardous Materials Placard | Hazardous Materials Released | | | |
| 01 NOT APPLI CABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN ENCLOSED BOX 04 GRAIN CHIPS/ GRAVEL | 05 POLE 06 CARGO TAN 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN | 01 CLASS A 02 CLASS B 03 CLASS C 04 CLASS M 05 CLASS D | 01 NO 02 YES 03 UNKNOWN | 01 NO 02 YES 03 NOT APPLI CABLE 04 UNKNOWN | | | |

Police Action

| | | | | | | |
|---------------------------------|-----------------|-------------------------|--------------------|---------|-------|---------------|
| DATE CRASH REPORTED | TIME REC CALL | DISPATCH | ARRIVED | CLEARED | OTHER | TOTAL MINUTES |
| 01/24/2012 | 06:39 | 06:27 | 06:39 | 07:25 | 30.00 | 75.10 |
| OFFICER'S NAME* | PAGE #* | CHECKED BY | DATE REPORT FILED* | | | |
| Police Officer Daniel R Edwards | 1C47 | | 01/27/2012 | | | |
| REPORT TAKEN BY | REPORT TAKEN AT | SUPPLEMENT * "X" IF YES | LOCAL REPORT # | | | |
| 1 | 1 | | 201200001593 | | | |

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| UNIT NUMBERS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 A B </div> | DAMAGE AREA  <p>A</p>  <p>B</p> | PRE-CRASH ACTIONS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 A B </div> | SEQUENCE OF EVENTS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 36 A B </div> | POSTED SPEED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 35 A B </div> | DRUG TEST STATUS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 A B </div> |
| NON-MOTORIST LOCATION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> A B </div> | MOST DAMAGED AREA <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 02 A B </div> | MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPING IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING / CROSSING IN INTERSECTION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING / WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN | NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS / SHIFTS 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDICYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN 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 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN | TRAFFIC CONTROL <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 A B </div> | DRUG TEST TYPE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 A B </div> |
| TYPE OF UNIT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 02 A B </div> | POINT OF IMPACT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 02 A B </div> | CONTRIBUTING CIRCUMSTANCES <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 05 A B </div> | 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 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN | DIIRECTION FROM TO FROM TO <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 4 3 A B </div> | TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 01 </div> |
| MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINI VAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 09 SINGLE UNIT TRUCK; 10 2 AXLES, 6 TIRES 11 SINGLE UNIT TRUCK; 3+AXLES 12 TRUCK/TRAILER 13 TRUCK TRACTOR (BOBTAIL) 14 TRACTOR/SEMI-TRAILER 15 TRACTOR/DOUBLE SHORT 16 TRACTOR/DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/TRIPLES 19 MOTORCYCLE 20 MOTORCYCLE (BOBTAIL) 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS | ACTIION <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 3 A B </div> | MOTORIST 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 15 UNKNOWN | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> A B </div> | CONDITON <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 A B </div> | DRUG TEST 1&2 RESULT <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 2 A B </div> |
| NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN | STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 A B </div> | NON-MOTORIST 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 15 UNKNOWN | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> A B </div> | ALCOHOL/ DRUG SUSPECTED <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 A B </div> | DRUG TEST TYPE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 A B </div> |
| IN-Emergency Response <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> A B </div> | DAMAGE SCALE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 5 A B </div> | ACTIION 01 NO UNDERRIDE OR OVERRIDE 02 UNDERRIDE, COMPARTMENT INTRUSION 03 UNDERRIDE, NO COMPARTMENT INTRUSION 04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> A B </div> | ALCOHOL TEST STATUS <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 A B </div> | DRUG TEST TYPE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 A B </div> |
| DAMAGE SCALE 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN | STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 A B </div> | ACTIION 01 NO UNDERRIDE OR OVERRIDE 02 UNDERRIDE, COMPARTMENT INTRUSION 03 UNDERRIDE, NO COMPARTMENT INTRUSION 04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> A B </div> | ALCOHOL TEST STATUS 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN | DRUG TEST TYPE 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DRY, OIL, GRAVEL 06 WATER / STANDING / MOVI NG 07 SLUSH 08 DEBRIS 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN 12 SECONDARY ROAD CONDITIONS ONLY |
| DAMAGE SCALE 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN | STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> 1 A B </div> | ACTIION 01 NO UNDERRIDE OR OVERRIDE 02 UNDERRIDE, COMPARTMENT INTRUSION 03 UNDERRIDE, NO COMPARTMENT INTRUSION 04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="border: 1px solid black; padding: 2px; display: flex; justify-content: space-between;"> A B </div> | ALCOHOL TEST STATUS 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN | DRUG TEST TYPE 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DRY, OIL, GRAVEL 06 WATER / STANDING / MOVI NG 07 SLUSH 08 DEBRIS 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN 12 SECONDARY ROAD CONDITIONS ONLY |
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|-----------------------------------|------------------------------------------------------|--------------------------------------|
| LOCAL REPORT NUMBER 2012001593 | REPORTING AGENCY City of Mason - City of Mason Pc | DATE OF ACCIDENT M 01 D 24 Y 2012 |
| IN COUNTY OF 83 | ACCIDENT LOCATION 1200 U.S. 42 | |

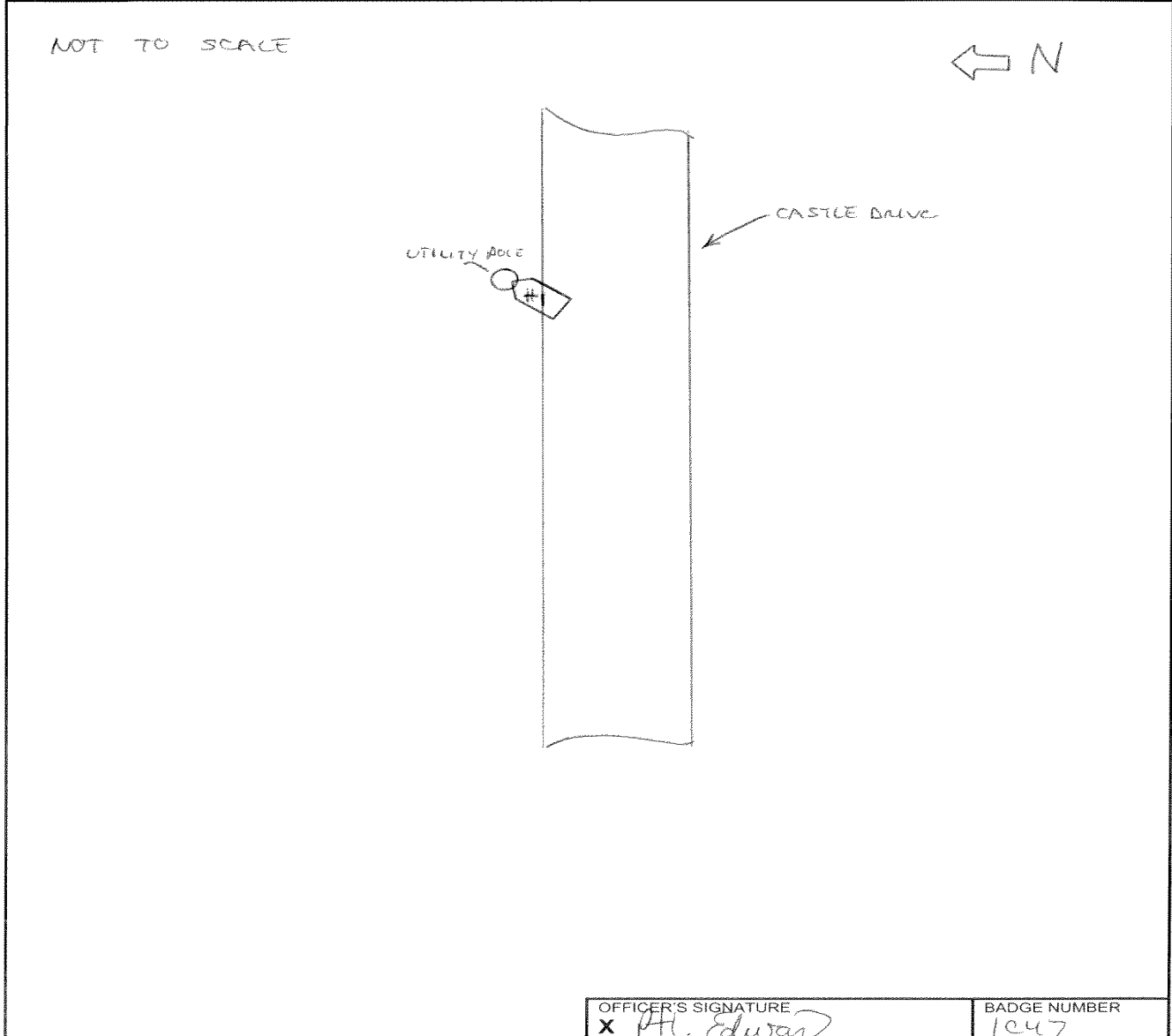


OHIO DEPARTMENT OF PUBLIC SAFETY
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OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

| | | |
|----------------------------------|----------------------------------|--------------------------------|
| LOCAL REPORT NUMBER 2012 1593 | REPORTING AGENCY MASON POLICE | DATE OF CRASH M 1 D 24 Y 12 |
| IN COUNTY OF WARREN | CRASH LOCATION CASTLE DRIVE | |



HSY 7002 4/07

| | |
|--------------------------|--------------|
| OFFICER'S SIGNATURE X | BADGE NUMBER |
|--------------------------|--------------|

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

| | |
|-------------------------------------|---------------------------------------------|
| LOCAL REPORT NUMBER 201200001593 | REPORTING AGENCY Mason Police Department |
|-------------------------------------|---------------------------------------------|



OHIO DEPARTMENT OF PUBLIC SAFETY
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

| | | |
|---------------------|---------------------------------------------|--------------------------------------|
| LOCAL REPORT NUMBER | REPORTING AGENCY Mason Police Department | DATE OF CRASH M 1 / 0 2 4 / Y 1 2 |
|---------------------|---------------------------------------------|--------------------------------------|

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

Paul Hyman HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Ptl. Dan Edwards AT Castle Drive
OFFICER'S NAME LOCATION

Driving down castle kinda dazed off for a second
 looked up thought I saw something come
 across road, swerved hit pole.

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

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

Q. Were you wearing a seatbelt? A. Yes

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

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

ADDRESS OF WITNESS
218 Quarry Dr Lawrenceburg IN PHONE (513) 520 2735

SIGNATURE OF WITNESS X Paul Hyman OFFICER'S SIGNATURE X Ptl. Edwards

HSY 7003 4/07 513 218 9035
 LISA M MALY
 2805 ROYAL GLEN DR
 CINC 45239