

State Seal

LOCAL REPORT #* **2012001821**

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* **01272012**

TIME OF CRASH: **14:57**

DAY OF WEEK: **Fri**

CITY* **X** VILLAGE* TWP*

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

COUNTY #* **83**

LATITUDE LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE LOCAL INFORMATION

Western Row Road

CRASH AT / REFERENCE

DIST REFERENCE DR PREFIX REFERENCE REF POINT 02

Lenscrafters Lane

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

A UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Stone, Gerald A**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **1038 Benz Avenue, Cincinnati OH, 45238**

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

07271948 63 M (513) 365-9055

DL STATE DL # RR512816 IP STATE IP # OH DME8201 INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") **Queen City Transportation** ADDRESS (STREET, CITY, STATE, ZIP CODE) **1053 Ebenezer Road, Cincinnati, OH 45233**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

1993 MCI WHI Lancer Insurance

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

B UNIT # NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

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

OWNER'S NAME (IF SAME WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

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

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

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

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 BLANK FOR WITNESS	SAFETY EQUIPMENT 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN 08 NON-MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 UNKNOWN	AIR BAG 01 NOT DEPLOYED 02 DEPLOYED-FRONT 03 DEPLOYED-SIDE 04 DEPLOYED BOTH FRONT SIDE 05 NOT APPLICABLE 06 UNKNOWN	AIR BAG SWITCH 01 NOT PRESENT 02 IN ON POSITION 03 IN OFF POSITION 04 UNKNOWN POSITION	EJECTION 01 NOT EJECTED 02 TOTALLY EJECTED 03 PARTIALLY EJECTED 04 NOT APPLICABLE 05 UNKNOWN	TRAPPED 01 NOT TRAPPED 02 EXTRACTED BY MECHANICAL MEANS 03 FREED BY NON-MECHANICAL MEANS 04 UNKNOWN	INJURIES 01 NO INJURY 02 POSSIBLE 03 NON-INCAPACITATING 04 INCAPACITATING 05 FATAL INJURY 06 UNKNOWN SUPPLEMENT "X" IF YES							
							01 A	04 A	5 A	1 A	1 A	1 A	1 A

Narrative

Unit 1 was turning right from Western Row Road to Lenscrafters Lane. Unit 1 went off the right side of the road and struck a curb and street light owned by the City of Mason.

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 SIDESWIRE, SAME DIRECTION
 - 08 SIDESWIRE, 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

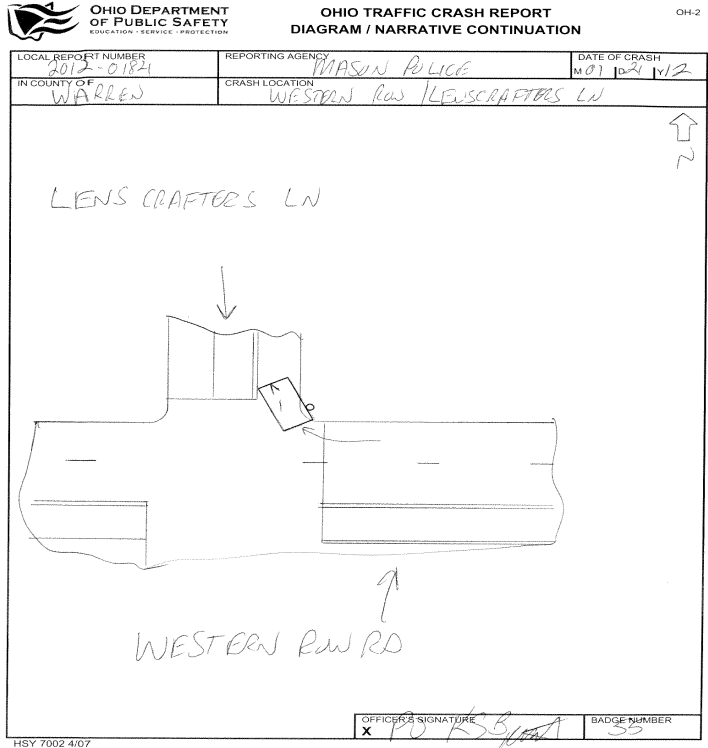
LOCATION OF CRASH IN WORK ZONE

-
- 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

Diagram



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

- 1**
- 01 DAYLIGHT
 - 02 DAWN
 - 03 DUSK
 - 04 DARK - LIGHTED ROADWAY
 - 05 DARK - NOT LIGHTED
 - 06 DARK - UNKNOWN LIGHTING
 - 07 GLARE
 - 08 OTHER
 - 09 UNKNOWN

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 DISABLING DAMAGE OR REQUIRED
 INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	FUOO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
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
01/27/2012	14:57	14:59	15:05	15:39	60.00	102.47
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55		02/08/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1 01 POLICE AGENCY 02 MOTORIST	1 01 SCENE 02 STATION 03 OTHER		201200001821			

UNIT NUMBERS <input type="text" value="1"/> A <input type="text" value=""/> B	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="05"/> A <input type="text" value=""/> B 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	SEQUENCE OF EVENTS <table border="1"> <tr><td>08</td><td>1</td><td>1</td></tr> <tr><td>39</td><td>2</td><td>2</td></tr> <tr><td>35</td><td>3</td><td>3</td></tr> <tr><td></td><td>4</td><td>4</td></tr> </table> 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 PEDALCYCLE 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/LUMINAIRE 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	08	1	1	39	2	2	35	3	3		4	4	POSTED SPEED <input type="text" value="40"/> A <input type="text" value=""/> B TRAFFIC CONTROL <input type="text" value="01"/> A <input type="text" value=""/> B 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE 16 OTHER	DRUG TEST STATUS <input type="text" value="1"/> A <input type="text" value=""/> B 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 <input type="text" value="1"/> A <input type="text" value=""/> B 01 NONE 02 BLOOD 03 URINE 04 OTHER DRUG TEST 1&2 RESULT <table border="1"> <tr><td>1</td><td>1</td><td>1</td><td>2</td></tr> </table>	1	1	1	2
08	1	1																			
39	2	2																			
35	3	3																			
	4	4																			
1	1	1	2																		
NON-MOTORIST LOCATION <input type="text" value=""/> A <input type="text" value=""/> B 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	TYPE OF UNIT <input type="text" value="23"/> A <input type="text" value=""/> B MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MIDSIZE 04 FULLSIZE 05 MINI VAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRAILER 18 MOTORCYCLE 19 MOTORZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	CONTRIBUTING CIRCUMSTANCES <input type="text" value="09"/> A <input type="text" value=""/> B MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACCELERATED 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATIONS ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTIVE 18 FATIGUE/ASLEEP 19 OPERATIONS ON DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	DI RECTION <table border="1"> <tr><td>4</td><td>1</td><td></td><td></td></tr> </table> 01 NORTH 02 SOUTH 03 EAST 04 WEST 05 NORTHEAST 06 NORTHWEST 07 SOUTHEAST 08 SOUTHWEST 09 UNKNOWN CONDIT ION <input type="text" value="1"/> A <input type="text" value=""/> B 01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP/FATIGUED, FELL ASLEEP, ETC. 06 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 07 OTHER 08 UNKNOWN	4	1			ALCOHOL/ DRUG SUSPECTED <input type="text" value="1"/> A <input type="text" value=""/> B 01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRMENT 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN	TYPE OF INTERSECTION <input type="text" value="10"/> A <input type="text" value=""/> B 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 ACCESS 11 RAILROAD GRADE CROSSING 12 SHRED-USE PATHS OR TRAILS 13 UNKNOWN OCCURRENCE <input type="text" value="4"/> A <input type="text" value=""/> B 01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFICWAY 07 UNKNOWN												
4	1																				
DAMAGE SCALE <input type="text" value="2"/> A <input type="text" value=""/> B 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	POINT OF IMPACT <input type="text" value="05"/> A <input type="text" value=""/> B 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> A <input type="text" value=""/> B 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	FIRST HARMFUL EVENT <input type="text" value="3"/> A <input type="text" value=""/> B OF THE SEQUENCE OF EVENTS-WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT <input type="text" value="3"/> A <input type="text" value=""/> B OF THE SEQUENCE OF EVENTS-WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED <input type="text" value="1"/> A <input type="text" value=""/> B 01 STATED 02 ESTIMATED SPEED SPEED <input type="text" value="5"/> A <input type="text" value=""/> B	ALCOHOL TEST STATUS <input type="text" value="1"/> A <input type="text" value=""/> B 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN ALCOHOL TEST TYPE <input type="text" value="1"/> A <input type="text" value=""/> B 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	ROAD CONTOUR <input type="text" value="1"/> A <input type="text" value=""/> B 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE ROAD CONDITIONS <table border="1"> <tr><td>PRI</td><td>MARY</td><td>SE</td><td>CONDARY</td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table> <input type="text" value="01"/> A <input type="text" value=""/> B 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DRY, OIL, GRAVEL 06 WATER/STANDING / MOVING 07 SLUSH 08 DEBRIS 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN ** SECONDARY ROAD CONDITIONS ONLY	PRI	MARY	SE	CONDARY												
PRI	MARY	SE	CONDARY																		
IN EMERGENCY RESPONSE <input type="text" value=""/> A <input type="text" value=""/> B 01 NO 02 YES 03 UNKNOWN	ACT ION <input type="text" value="3"/> A <input type="text" value=""/> B 01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN	STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <input type="text" value=""/> A <input type="text" value=""/> B 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	SUPPLEMENTS <input type="text" value=""/> A <input type="text" value=""/> B *X* IF YES	LOCAL REPORT# <input type="text" value=""/> A <input type="text" value=""/> B	201200001821																

LOCAL REPORT NUMBER 2012001821	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 01 D 27 Y 2012
IN COUNTY OF 83	ACCIDENT LOCATION 4500 Western Row Road	



OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

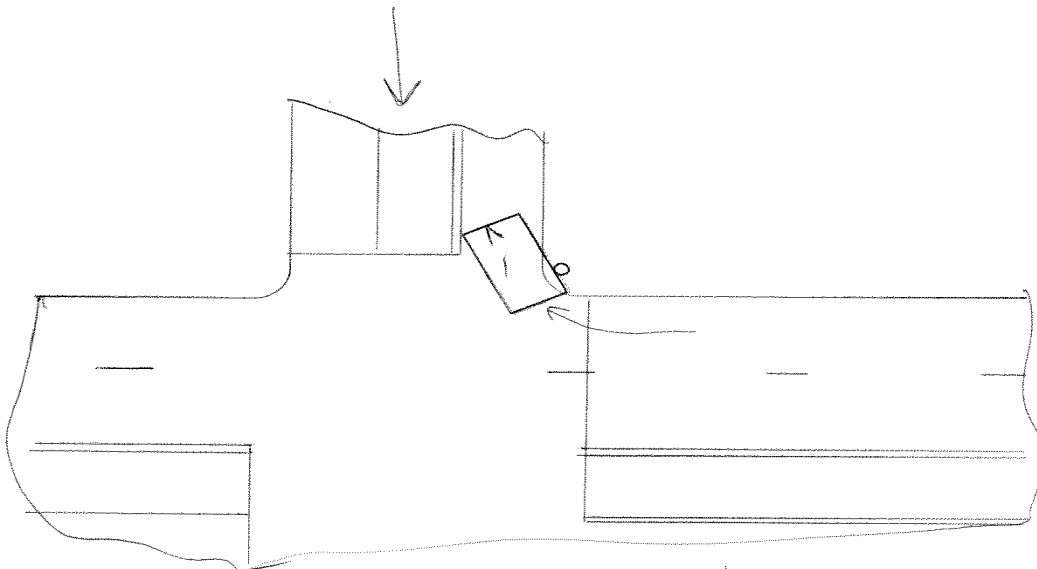
OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 2012-01821	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 D 27 Y 12
IN COUNTY OF WARREN	CRASH LOCATION WESTERN ROW / LENS CRAFTERS LN	



LENS CRAFTERS LN



WESTERN ROW RD

OFFICER'S SIGNATURE X PO KSB [Signature]	BADGE NUMBER 35
---	--------------------

HSY 7002 4/07

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

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

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