

State Seal

LOCAL REPORT #* **2012002022**

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: **3**

UNIT ERROR: **03** 98=ANIMAL, 99=UNKNOWN

DATE OF CRASH* **01302012**

TIME OF CRASH: **11:19**

DAY OF WEEK: **Mon**

CITY* **X** VILLAGE* TWP*

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

COUNTY #* **83**

LATITUDE LONGITUDE

CRASH OCCURRED ON

PREFIX: **Butler-Warren Road**

CRASH LOCATI ON

TYPE LOC: **1**

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

LOCAL INFORMATION

CRASH AT / REFERENCE

DIST REFERENCE: **Western Row Rd.**

DR PREFIX REFERENCE 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) **Mayer, Laura L**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **3266 Mizzenmast St., Maineville OH, 45039**

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

03081950 61 F (513) 336-0093

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

OH RS997378 OH DA21JC 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

OWNER'S NAME (IF SAME WRITE "SAME") **Mayer, Laura L** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

2012 HOND Accord WHI Frankenmuth 513-336-0093(H)

B UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Skidmore, Frank S**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **6708 Spring Mist Court, Mason OH, 45040**

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

02021975 36 M (937) 478-1640

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

OH RQ553560 OH EW68KK 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

2011 FORD F150 WHI State Farm 937-478-1640(H)

C 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

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) | 04 A NONE USED | 1 A 01 NOT DEPLOYED | 1 A 01 NOT PRESENT | 1 A 01 NOT EJECTED | 1 A 01 NOT TRAPPED | 1 A 01 NO INJURY |
| 02 FRONT - MIDDLE | 02 SHOULD BELT ONLY | 02 DEPLOYED FRONT | 02 IN ON POSITION | 02 TOTALLY EJECTED | 02 EXTRACTED BY MECHANICAL MEANS | 02 POSSIBLE NON-INCAPACITATING INJURY |
| 03 FRONT - RIGHT | 03 LAP BELT ONLY | 03 DEPLOYED SIDE | 03 IN OFF POSITION | 03 PARTIALLY EJECTED | 03 MEANS | 03 NON-INCAPACITATING INJURY |
| 04 SECOND - LEFT (MC PASS) | 04 SHOULD LAP BELT | 04 DEPLOYED BOTH FRONT SIDE | 04 UNKNOWN POSITION | 04 NOT APPLICABLE | 04 FREED BY NON-MECHANICAL MEANS | 04 INCAPACITATING INJURY |
| 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 | C 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 BLANK FOR WITNESS | | | | | | SUPPLEMENT "X" IF YES |

Narrative

Unit #1 was southbound on Butler-Warren Rd. Unit #2 was north bound on Butler-Warren Rd. Unit #3 was eastbound and ran a stop sign and struck #2. Unit #2 then struck #1 and went off the roadway and struck a utility pole guy wire.

MANNER OF COLLISION OR IMPACT

SCHOOL BUS RELATED

- 6**
- 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

WEATHER

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

- 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

TYPE OF WORK ZONE

LIGHT CONDITIONS

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

- 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

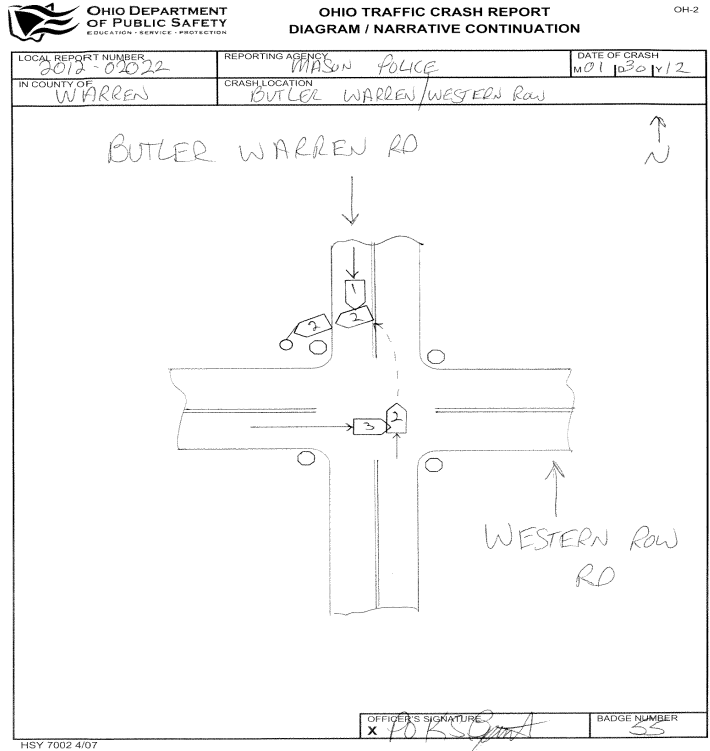
LOCATION OF CRASH IN WORK ZONE

-
- 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



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 REQUIRING
INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit#

COMPANY (FROM SHIPPING PAPERS)

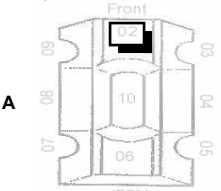
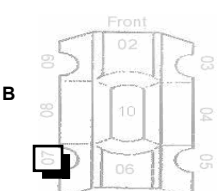
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

| | | | | | | | |
|---|---|--|-------------------------------|---|-------------|-----------|-------|
| US DOT | ICC MC | EUCO | TRAILER LP ST. | TRAILER LP YEAR | TRAILER LP# | PLACARD # | # DIA |
| | | | | | | | |
| 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 |
| 01/30/2012 | 11:29 | 11:22 | 11:29 | 12:12 | 40.00 | 82.98 |
| OFFICER'S NAME* | RADGE #* | CHECKED BY | DATE REPORT FILED* | | | |
| Police Officer Kevin S Bryant | 1C55 | | 02/02/2012 | | | |
| REPORT TAKEN BY | REPORT TAKEN AT | SUPPLEMENT * "X" IF YES | LOCAL REPORT # | | | |
| 1 | 1 | | 201200002022 | | | |

| | | | | | | | | | | | | | |
|--|---|---|---|---|--|---|--|-----------------------|---|--|------------------------|--|--|
| UNIT NUMBERS <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">2 <small>B</small></div> </div> | DAMAGE AREA   | PRE-CRASH ACTIONS <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01 <small>B</small></div> </div> | SEQUENCE OF EVENTS <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;">20 <small>1</small></td><td style="width: 20px; height: 20px;">20 <small>1</small></td></tr> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;">20 <small>2</small></td></tr> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;">09 <small>3</small></td></tr> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;">45 <small>4</small></td></tr> </table> | 20 <small>1</small> | 20 <small>1</small> | | 20 <small>2</small> | | 09 <small>3</small> | | 45 <small>4</small> | POSTED SPEED <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">35 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">35 <small>B</small></div> </div> | DRUG TEST STATUS <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div> |
| 20 <small>1</small> | 20 <small>1</small> | | | | | | | | | | | | |
| | 20 <small>2</small> | | | | | | | | | | | | |
| | 09 <small>3</small> | | | | | | | | | | | | |
| | 45 <small>4</small> | | | | | | | | | | | | |
| NON-MOTORIST LOCATION <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </div> </div> | MOST DAMAGED AREA <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">02 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">07 <small>B</small></div> </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-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS/SHIFT 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 | TRAFFIC CONTROL <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">02 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">02 <small>B</small></div> </div> | DRUG TEST TYPE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div> | | | | | | | | |
| TYPE OF UNIT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">02 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">07 <small>B</small></div> </div> | POINT OF IMPACT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">02 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">07 <small>B</small></div> </div> | NON-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 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 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORCYCLE (BOBTAIL) 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 | 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 MEDIAN BARRIER 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY 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 <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;">2 <small>A</small></td><td style="width: 20px; height: 20px;">1 <small>B</small></td><td style="width: 20px; height: 20px;">1 <small>B</small></td><td style="width: 20px; height: 20px;">2 <small>A</small></td></tr> </table> | 2 <small>A</small> | 1 <small>B</small> | 1 <small>B</small> | 2 <small>A</small> | DRUG TEST 1&2 RESULT <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table> | | | | |
| 2 <small>A</small> | 1 <small>B</small> | 1 <small>B</small> | 2 <small>A</small> | | | | | | | | | | |
| | | | | | | | | | | | | | |
| CONTRIBUTING CIRCUMSTANCES <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01 <small>B</small></div> </div> | ACTIION <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">4 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">5 <small>B</small></div> </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 | NON-MOTORIST 01 NONE 02 FAI LURE 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/ACCIDENT 09 IMPROPER LANE CHANGE/DRIVE 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 FAI LURE 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 | CONDITON <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div> | DRUG TEST 1&2 RESULT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </div> </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="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div> | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </div> </div> | FIRST HARMFUL EVENT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div> | ALCOHOL/DRUG SUSPECTED <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div> | OCURRENCE 1 01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFIC WAY 07 UNKNOWN | | | | | | | | |
| DAMAGE SCALE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">2 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">2 <small>B</small></div> </div> | NO UNDERRIDE OR OVERRIDE 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 | 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 | MOST HARMFUL EVENT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div> | ALCOHOL TEST STATUS <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div> | ROAD CONTOUR 1 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE | | | | | | | | |
| IN EMERGENCY RESPONSE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </div> </div> | ALCOHOL TEST TYPE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div> | ROAD CONDITIONS <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 20px; height: 20px;"> </td><td style="width: 20px; height: 20px;"> </td></tr> </table> | | | SPEED DETECTED <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div> | ALCOHOL TEST RESULT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </div> </div> | TYPE OF INTERSECTION 02 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 OFF RAMP 09 CROSSOVER 10 DRIVEWAY/ACCESS 11 RAILWAY GRADE CROSSING 12 SHRED-USE PATHS OR TRAILS 13 UNKNOWN | | | | | | |
| | | | | | | | | | | | | | |
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State Seal

LOCAL REPORT #* **2012002022**

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: **3**

UNIT ERROR: **03** 98=ANIMAL, 99=UNKNOWN

DATE OF CRASH* **01302012**

TIME OF CRASH: **11:19**

DAY OF WEEK: **Mon**

CITY* **X** VILLAGE* TWP*

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

COUNTY #* **83**

LATITUDE LONGITUDE

CRASH OCCURRED ON

PREFIX: **Butler-Warren Road**

CRASH LOC ON: **Butler-Warren Road**

TYPE LOC: **1**

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

LOCAL INFORMATION

CRASH AT / REFERENCE

DIST REFERENCE: **Western Row Rd.**

DR PREFIX REFERENCE: **Western Row Rd.**

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 # **3** NAME (LAST, FIRST, MIDDLE) **Nikolaenico, Valentin**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **6398 Liberty Fairfield Road, Hamilton OH, 45011**

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

05271938 73 M (513) 907-6725

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

OH OH EWT7727 3 POLICE

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

1999 DODG Caravan PLE Progressive 513-907-6725(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

331.18 Operation of Vehicle at Stop/Yield Signs 70958 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 #

DL STATE DL # IP STATE IP # INJURED TAKEN BY 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?

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ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

3 POLICE

| | | | | | | |
|---|------------------------|-----------------------------|---------------------|----------------------|----------------------------------|-----------------------|
| 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 southbound on Butler-Warren Rd. Unit #2 was north bound on Butler-Warren Rd. Unit #3 was eastbound and ran a stop sign and struck #2. Unit #2 then struck #1 and went off the roadway and struck a utility pole guy wire.

MANNER OF COLLISION OR IMPACT

SCHOOL BUS RELATED

- 6**
- 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

WEATHER

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

- 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

TYPE OF WORK ZONE

LIGHT CONDITIONS

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

- 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

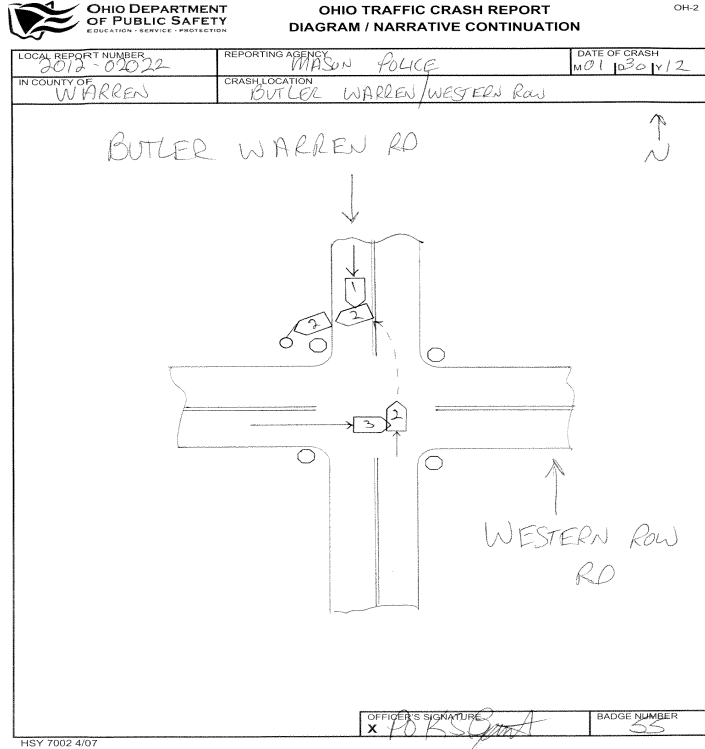
LOCATION OF CRASH IN WORK ZONE

-
- 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



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 REQUIRING
 INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit#

COMPANY (FROM SHIPPING PAPERS)

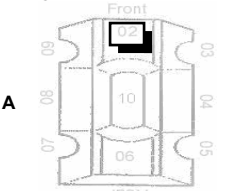
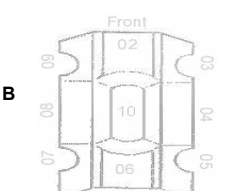
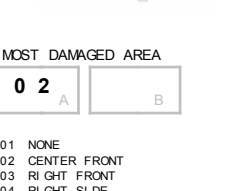
COMPANY PHONE

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 |
| 01/30/2012 | 11:29 | 11:22 | 11:29 | 12:12 | 40.00 | 82.98 |
| OFFICER'S NAME* | RADGE #* | CHECKED BY | DATE REPORT FILED* | | | |
| Police Officer Kevin S Bryant | 1C55 | | 02/02/2012 | | | |
| REPORT TAKEN BY | REPORT TAKEN AT | SUPPLEMENT * "X" IF YES | LOCAL REPORT # | | | |
| 1 | 1 | | 201200002022 | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| UNIT NUMBERS 3 A B | DAMAGE AREA  | PRE-CRASH ACTIONS 01 A B | SEQUENCE OF EVENTS <table border="1"> <tr><td>20</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> </table> | 20 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | POSTED SPEED 35 A B | DRUG TEST STATUS 1 A B | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20 | 1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NON-MOTORIST LOCATION A 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 | A  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 SPECIALIZED LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING LEAVING VEHICLE 21 PLAYING / WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN | NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENTLOSS/SHIFT 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 | TRAFFIC CONTROL 02 A 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 UNOPERATED, MISSING, OBTUSCURED 17 OTHER | DRUG TEST TYPE 1 A B 01 NONE 02 BLOOD 03 URINE 04 OTHER DRUG TEST 1&2 RESULT <table border="1"> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </table> | 1 | 2 | 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF UNIT 05 A B MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 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/TRIPLES 18 MOTORCYCLE 19 MOTORCYCLE (BOBTAIL) 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 | MOST DAMAGED AREA 02 A 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 | CONTRIBUTING CIRCUMSTANCES 03 A 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/ACCIDENT 09 IMPROPER LANE CHANGE/DRIVE 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 | 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 SIGNAL POST 34 OVERHEAD SIGNAL POST 35 LIGHT/LUMINAIRE SUPPORT 36 UTILITY 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 4 A 3 B 01 NORTH 02 SOUTH 03 EAST 04 WEST 05 NORTHEAST 06 NORTHWEST 07 SOUTHEAST 08 SOUTHWEST 09 UNKNOWN | TYPE OF INTERSECTION 02 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDOABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY ACCESS 11 RAILWAY GRADE CROSSING 12 SHRED-USE PATHS OR TRAILS 13 UNKNOWN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN | POINT OF IMPACT 02 A 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 <table border="1"> <tr><td>1</td><td>2</td></tr> <tr><td>3</td><td>4</td></tr> <tr><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td></tr> <tr><td>9</td><td>10</td></tr> <tr><td>11</td><td>12</td></tr> <tr><td>13</td><td>14</td></tr> <tr><td>15</td><td>16</td></tr> <tr><td>17</td><td>18</td></tr> <tr><td>19</td><td>20</td></tr> <tr><td>21</td><td>22</td></tr> <tr><td>23</td><td>24</td></tr> <tr><td>25</td><td>26</td></tr> <tr><td>27</td><td>28</td></tr> <tr><td>29</td><td>30</td></tr> <tr><td>31</td><td>32</td></tr> <tr><td>33</td><td>34</td></tr> <tr><td>35</td><td>36</td></tr> <tr><td>37</td><td>38</td></tr> <tr><td>39</td><td>40</td></tr> <tr><td>41</td><td>42</td></tr> <tr><td>43</td><td>44</td></tr> <tr><td>45</td><td>46</td></tr> <tr><td>47</td><td>48</td></tr> <tr><td>49</td><td>50</td></tr> </table> | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | 32 | 33 | 34 | 35 | 36 | 37 | 38 | 39 | 40 | 41 | 42 | 43 | 44 | 45 | 46 | 47 | 48 | 49 | 50 | FIRST HARMFUL EVENT 1 A B OF THE SEQUENCE OF EVENTS-WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) | CONDITON 1 A B 01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP/FATIGUED, ETC. 06 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 07 OTHER 08 UNKNOWN | ALCOHOL/DRUG SUSPECTED 1 A B 01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRED 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN |
| 1 | 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | 4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9 | 10 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 11 | 12 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 13 | 14 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 15 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17 | 18 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21 | 22 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23 | 24 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25 | 26 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 27 | 28 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29 | 30 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 31 | 32 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33 | 34 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 35 | 36 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 37 | 38 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 39 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 41 | 42 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 43 | 44 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 45 | 46 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 47 | 48 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 49 | 50 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LINE EMERGENCY RESPONSE A B 01 NO 02 YES 03 UNKNOWN | ACTION 3 A B 01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN | STRIKING VEHICLE: OVERRIDE/ UNDERRIDE 1 A 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 | MOST HARMFUL EVENT 1 A B OF THE SEQUENCE OF EVENTS-WHICH ONE IS THE MOST HARMFUL EVENT (1-4) | ALCOHOL TEST STATUS 1 A B 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN | ROAD CONTOUR 1 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DAMAGE SCALE 3 A B 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN | ALCOHOL TEST TYPE 1 A B 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER | SPEED DETECTED 1 A B 01 STATED 02 ESTIMATED SPEED | SPEED 25 A B SUPPLEMENTS *X* IF YES | ALCOHOL TEST RESULT A B LOCAL REPORT#* | ROAD CONDITIONS PRIMARY SECONDARY 01 A B 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DRY, OIL, GRAVEL 06 WATER/STANDING / MOVED 07 SLUSH 08 DEBRIS** 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN ** SECONDARY ROAD CONDITIONS ONLY | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

201200002022

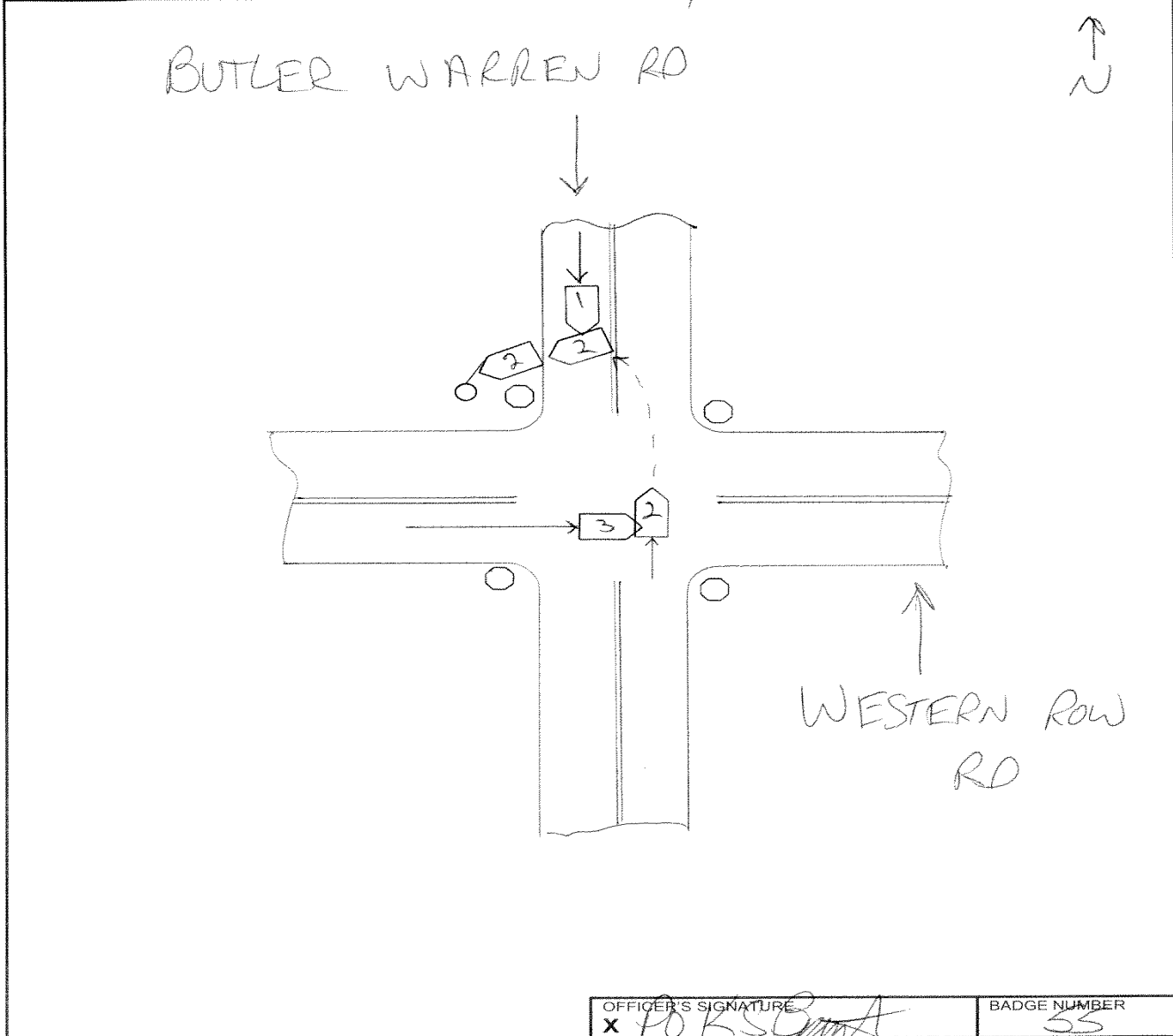
| | | |
|-----------------------------------|--|--------------------------------------|
| LOCAL REPORT NUMBER 2012002022 | REPORTING AGENCY City of Mason - City of Mason Pc | DATE OF ACCIDENT M 01 D 30 Y 2012 |
| IN COUNTY OF 83 | ACCIDENT LOCATION 7000 Butler-Warren Road | |



OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

| | | |
|-----------------------------------|---|---------------------------------|
| LOCAL REPORT NUMBER 2012-02022 | REPORTING AGENCY MASON POLICE | DATE OF CRASH M 01 D 30 Y 12 |
| IN COUNTY OF WARREN | CRASH LOCATION BUTLER WARREN / WESTERN Row | |



| | |
|--------------------------------------|--------------------|
| OFFICER'S SIGNATURE X [Signature] | BADGE NUMBER 55 |
|--------------------------------------|--------------------|

HSY 7002 4/07

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

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

| | |
|--------------------------------------|---|
| LOCAL REPORT NUMBER 2012000002022 | REPORTING AGENCY Mason Police Department |
|--------------------------------------|---|



OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

| | | |
|------------------------|---|-------------------------------------|
| LOCAL REPORT NUMBER | REPORTING AGENCY MASON POLICE | DATE OF CRASH M 01 D 30 Y 12 |
| IN COUNTY OF WARREN | CRASH LOCATION BUTLER WARREN RD / WESTERN ROW RD | |

THE DRIVER OF UNIT #3 IS A RUSSIAN CITIZEN WHO IS STAYING WITH HIS SON ON LIBERTY FAIRFIELD RD FOR SEVERAL MONTHS. HE HAD AN INTERNATIONAL DRIVER'S LICENSE ISSUED BY RUSSIA.

| | |
|--------------------------------------|--------------------|
| OFFICER'S SIGNATURE X [Signature] | BADGE NUMBER 55 |
|--------------------------------------|--------------------|

HSY 7002 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

| | |
|--------------------------------------|---|
| LOCAL REPORT NUMBER 2012000002022 | REPORTING AGENCY Mason Police Department |
|--------------------------------------|---|



OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

| | | |
|---------------------|---|------------------------------------|
| LOCAL REPORT NUMBER | REPORTING AGENCY MASON POLICE | DATE OF CRASH M 1 D 30 Y 12 |
|---------------------|---|------------------------------------|

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

I, LAURA MAYER PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. KEVIN S. BRYANT OFFICER'S NAME AT Butler Klannen & Western Row LOCATION
Barnett Rds

I was maintaining a safe distance approaching the stop sign on Butler Klannen & Western Row when the white truck came in front of me suddenly swerved, moving to the right, I braked & he smashed into me. White truck was hit by van crashing stop sign. Truck was travelling turning from West.

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

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? South

Q. WHAT WAS YOUR SPEED? 5 mph & braking

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

| | |
|---|--|
| ADDRESS OF WITNESS <u>3266 NIZZENFAST ST. Rainierville 45039</u> | PHONE <u>517-336-0093</u> |
| SIGNATURE OF WITNESS <u>X Laura Mayer</u> | OFFICER'S SIGNATURE <u>X P.O. KS Bryant</u> |

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

| | |
|--------------------------------------|---|
| LOCAL REPORT NUMBER 2012000002022 | REPORTING AGENCY Mason Police Department |
|--------------------------------------|---|



OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

| | | |
|---------------------|---|------------------------------------|
| LOCAL REPORT NUMBER | REPORTING AGENCY MASON POLICE | DATE OF CRASH M 01 D 30 Y 2 |
|---------------------|---|------------------------------------|

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

I, FRANK STANWICK SKIDMORE PRINTED
P.O. KEVIN S. BRYANT AT CRASH SCENE
OFFICER'S NAME LOCATION

I WAS LEAVING THE 4-WAY STOP AT BUTLER WARREN / BARRETT HEADING NORTH TOWARDS TYLERSVILLE. THE DRIVER WHO T-BOWED ME WAS TRAVELING EAST TOWARD BT RT 42 WHEN HE SAW THE 4 WAY STOP. A WITNESS WAS PRESENT TRAVELLING WEST ON BARRETT WHEN HE STRUCK ME AT THE DRIVER REAR OF THE TRUCK WHICH SENT ME SPINNING INTO A WOMAN'S CAR WHO WAS TRAVELLING SOUTH TOWARD ST RT 42. I ALSO MADE CONTACT WITH A PARKING GUARDRAIL WHICH CAUSED DAMAGE TO THE FRONT PASSENGER CORNER OF MY TRUCK AS WELL.

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

Q. WERE YOU WEARING YOUR SEAT BELT? YES

Q. WHAT DIRECTION WERE YOU GOING? NORTH TOWARD TYLERSVILLE RD

Q. WHAT WAS YOUR SPEED? 5 MPH

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

ADDRESS OF WITNESS 6708 SPRING MIST CT MASON, OH 45040 PHONE 937-478-1640

SIGNATURE OF WITNESS X *[Signature]* OFFICER'S SIGNATURE X *[Signature]*