

State Seal

LOCAL REPORT #* **2012002216**

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: **N** OH-2 **X** OH-3 **X** OH-1P OTHER

NCIC #* **08304** REPORTING AGENCY* **City of Mason - City of Mason Police Depart** # UNITS **2**

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

DATE OF CRASH* **02022012**

TIME OF CRASH **06:50** DAY OF WEEK **Thu** CITY* **X** VILLAGE* TWP*

NAME (OF CITY, VILLAGE OR TOWNSHIP)* **Mason** COUNTY #* **83** LATITUDE LONGITUDE

CRASH OCCURRED ON PREFIX **Mason-Montgomery Road** TYPE LOC **1** TYPE LOCATION POINT USED **1** 1 NAMED STREET 3 NUMBERED ROUTE, 2 NUMBERED STREET LOCAL INFORMATION

CRASH AT / REFERENCE DIST REFERENCE **Financial Way** REF POINT **02** REFERENCE POINT USED **01** 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) **Wang, Jun**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **8028 Winding Creek Court, Mason OH, 45040**

SOCIAL SECURITY NUM **04191963** DATE OF BIRTH **48** AGE **M** SEX **M** HOME PHONE # **(513) 503-9184** WORK PHONE #

DL STATE **OH** DL # **RE963709** IP STATE **OH** IP # **CKQ4521** INJURED TAKEN BY **3** 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY **3** INJURED TAKEN TO **3**

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

YEAR **2000** MAKE **MAZD** MODEL **Protege** COLOR **DBL** INSURANCE COMPANY **Geico** TOWING SERVICE **513-503-9184(H)** OWNER PHONE #

OFFENSE CHARGED **331.08** OFFENSE DESCRIPTION **Driving in Marked Lanes/Continuous Lines** CITATION # **71007** LOCAL CODE? **X**

B UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Wagner, Christopher D**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **8010 Birchwood Court, Mason OH, 45040**

SOCIAL SECURITY NUM **11091994** DATE OF BIRTH **17** AGE **M** SEX **M** HOME PHONE # WORK PHONE #

DL STATE **OH** DL # **TU283801** IP STATE **OH** IP # **188XWV** INJURED TAKEN BY **3** 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY **3** INJURED TAKEN TO **3**

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

YEAR **2008** MAKE **TOYT** MODEL **Nationwide** COLOR **WHI** INSURANCE COMPANY **Nationwide** TOWING SERVICE **513-503-9184(H)** OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

C UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Wang, David** HOME PHONE # **513-503-9184** DATE OF BIRTH **06111997** AGE **14** SEX **M**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **8028 Winding Creek Court, Mason OH, 45040**

INJURED TAKEN BY **3** 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY **3** INJURED TAKEN TO **3**

D UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Sporing, Mariah** HOME PHONE # **513-392-1813** DATE OF BIRTH **12241995** AGE **16** SEX **F**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **8029 Burchwood Court, Mason OH, 45040**

INJURED TAKEN BY **3** 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY **3** INJURED TAKEN TO **3**

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 B SHOULD BELT ONLY	02 B DEPLOYED FRONT	02 B IN ON POSITION	02 B TOTALLY EJECTED	02 B EXTRACTED BY MECHANICAL MEANS	02 B POSSIBLE NON-INCAPACITATING INJURY
03 FRONT - RIGHT	03 C LAP BELT ONLY	03 C DEPLOYED SIDE	03 C IN OFF POSITION	03 C PARTIALLY EJECTED	03 C MEANS	03 C NON-INCAPACITATING INJURY
04 SECOND - LEFT (MC PASS)	04 D SHOULD LAP BELT	04 D DEPLOYED BOTH FRONT SIDE	04 D UNKNOWN POSITION	04 D NOT APPLICABLE	04 D FREED BY MEANS	04 D INCAPACITATING INJURY
05 SECOND - MIDDLE	05 A CHILD SAFETY SEAT	05 A NOT APPLICABLE	05 A UNKNOWN POSITION	05 A UNKNOWN	05 A MEANS	05 A FATAL INJURY
06 SECOND - RIGHT	06 B MC HELMET USED	06 B UNKNOWN	06 B UNKNOWN POSITION	06 B UNKNOWN	06 B MEANS	06 B UNKNOWN
07 THIRD - LEFT (MC PASSENGER SIDE CAR)	07 C USE UNKNOWN				07 C UNKNOWN	
08 THIRD - MIDDLE	08 D NON-MOTORIST					
09 THIRD - RIGHT	08 A NONE USED					
10 SLEEPER SECTION OF CAB	09 B HELMET USED					
11 ENCLOSED CARGO AREA	10 C PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	11 D REFLECTIVE CLOTHING					
13 TRAILING UNIT	12 C LIGHTING					
14 EXTERIOR	13 D OTHER					
15 OTHER	14 A UNKNOWN					
16 NON-MOTORIST						
17 UNKNOWN						

Narrative

Unit #1 and unit #2 were traveling North on Mason-Montgomery Road when Unit #1 changed lanes, striking Unit #2's right front tire with the left rear.

MANNER OF COLLISION OR IMPACT

SCHOOL BUS RELATED

- 7**
- 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

WEATHER

- 01**
- 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 | 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 | |

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 MEDIUM
 - 04 INTERMITTENT/MOVING WORK
 - 05 OTHER

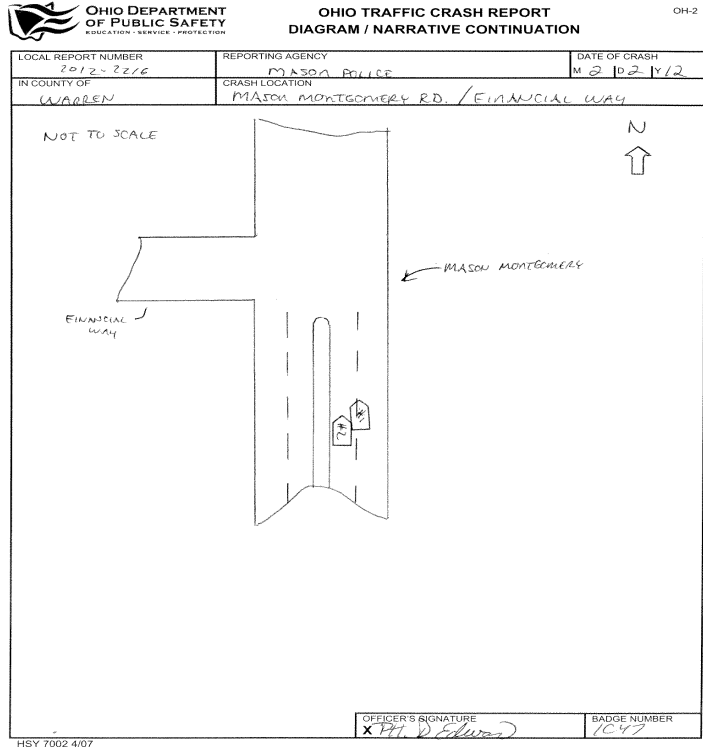
LOCATION OF CRASH IN WORK ZONE

-
- 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



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
A TRUCK (MOTOR VEHICLE) WITH A GVW 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.

AND

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)

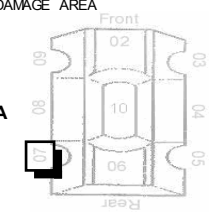
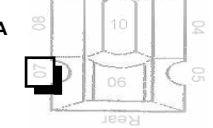
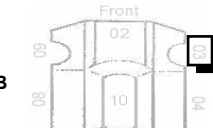
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	FUOO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
CARGO BODY TYPE	05 POLE	09 CONCRETE MIXER	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released	
01 NOT APPLI CABLE	06 CARGO TAN	10 AUTO TRANSPORTER	01 LESS/EQUAL 10,000	01 CLASS A	01 NO	01 NO	
02 BUS (9-15 INCLUDING DRIVER)	07 FLATBED	11 GARBAGE/REFUSE	02 10,001-26,000	02 CLASS B	02 YES	02 YES	
03 VAN ENCLOSED BOX	08 DUMP	12 OTHER	03 MORE THAN 26,000	03 CLASS C	03 UNKNOWN	03 NOT APPLI CABLE	
04 GRAIN CHIPS/ GRAVEL		13 UNKNOWN		04 CLASS M		04 UNKNOWN	
				05 CLASS D			

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
02/02/2012	07:00	06:50	07:00	07:30	20.00	49.25
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Daniel R Edwards	1C47		02/06/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		201200002216			

UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/> <small>A B</small>	DAMAGE AREA  <input type="text" value="02"/> <input type="text" value="06"/> <small>A</small>	PRE-CRASH ACTIONS <input type="text" value="03"/> <input type="text" value="01"/> <small>A B</small>	SEQUENCE OF EVENTS <table border="1"> <tr><td>20</td><td>20</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	20	2	2	3	3	4	4	POSTED SPEED <input type="text" value="45"/> <input type="text" value="45"/> <small>A B</small>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>
20	20												
2	2												
3	3												
4	4												
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <small>A B</small>	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 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 / SHIFTER 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/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	TRAFFIC CONTROL <input type="text" value="12"/> <input type="text" value="12"/> <small>A B</small>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> DRUG TEST 1&2 RESULT <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> </table>	1	2	1	2				
1	2	1	2										
TYPE OF UNIT <input type="text" value="02"/> <input type="text" value="06"/> <small>A B</small>	MOST DAMAGED AREA <input type="text" value="07"/> <input type="text" value="03"/> <small>A B</small>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="09"/> <input type="text" value="01"/> <small>A B</small>		DIIRECTION FROM TO FROM TO <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <small>A B</small>	DRUG TEST 1&2 RESULT <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> </table>	1	2	1	2				
1	2	1	2										
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 MOTOR ZED BICYCLE 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 TRAILER 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	POINT OF IMPACT <input type="text" value="07"/> <input type="text" value="03"/> <small>A B</small>	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/ACCID 09 IMPROPER LANE CHANGE/ DRIVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATED 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 OPERATED 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 SIGNS, 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 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	CONDITION <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	TYPE OF INTERSECTION <input type="text" value="01"/> <small>A</small>								
NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text" value="3"/> <input type="text" value="4"/> <small>A B</small>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> <small>A B</small>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ALCOHOL/ DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	OCCURRENCE <input type="text" value="1"/> <small>A</small>								
IN-EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <small>A B</small>	STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <input type="text" value="1"/> <input type="text"/> <small>A B</small>		MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ROAD CONTOUR <input type="text" value="1"/> <small>A</small>								
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="2"/> <small>A B</small>	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	SPEED DETECTED <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="01"/> <input type="text"/> <small>A B</small>								
DAMAGE SCALE 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <input type="text" value="1"/> <input type="text"/> <small>A B</small>		SPEED <input type="text" value="45"/> <input type="text" value="45"/> <small>A B</small>	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <small>A B</small>	ROAD CONDITIONS 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								
Accident No: 2012002216	SUPPLEMENTS *X* IF YES LOCAL REPORT#* <input type="text"/> <input type="text"/>				201200002216								

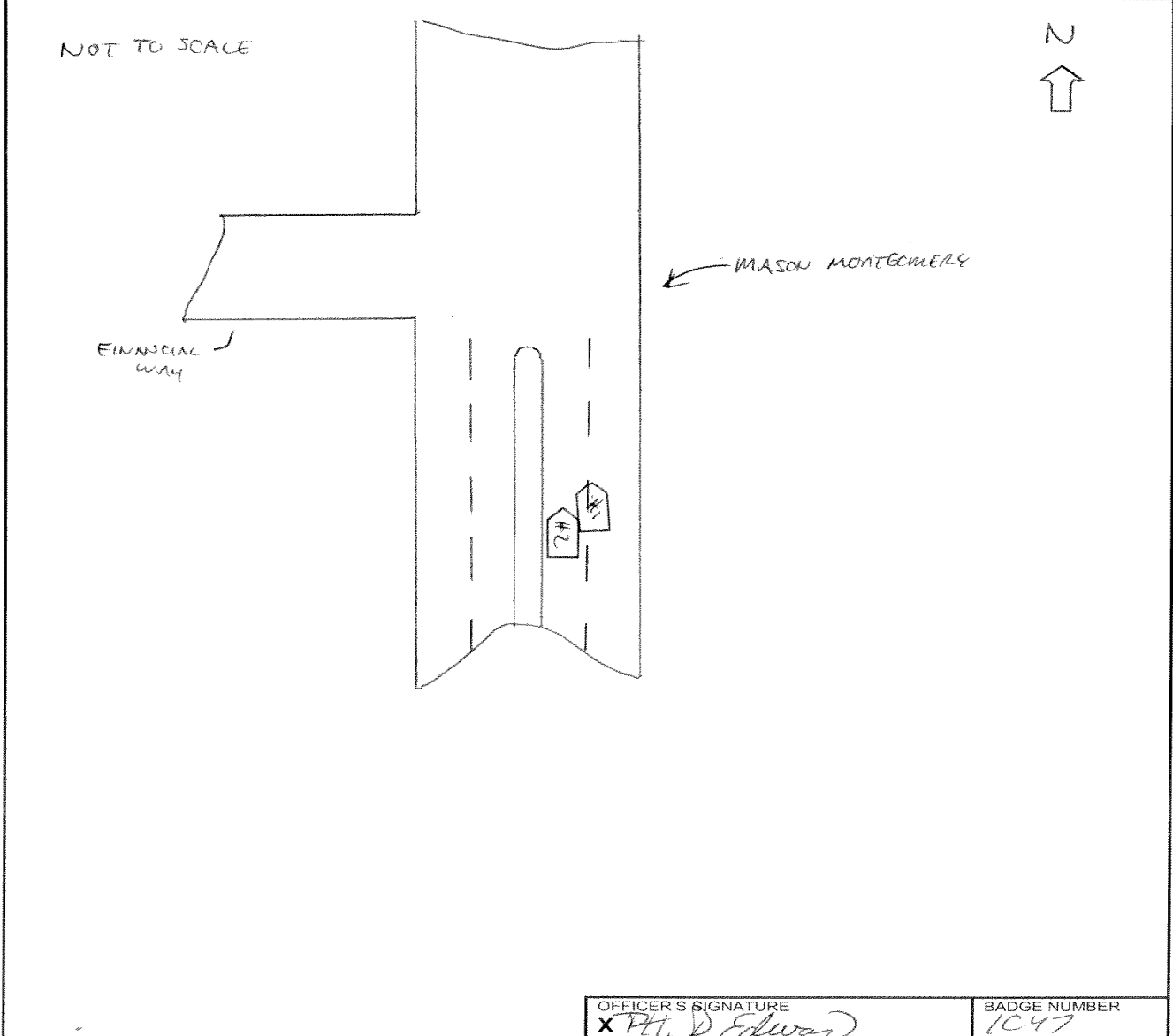
LOCAL REPORT NUMBER 2012002216	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 02 ID 02 TY 2012
IN COUNTY OF 83	ACCIDENT LOCATION 7200 Mason-Montgomery Road	



OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 2012-2216	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 2 D 2 Y 12
IN COUNTY OF WARREN	CRASH LOCATION MASON MONTGOMERY RD. / FINANCIAL WAY	



HSY 7002 4/07

OFFICER'S SIGNATURE X	BADGE NUMBER
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HSY 7002 1/82

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200002216	REPORTING AGENCY Mason Police Department
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DAVID WONG
D.O.B. AGE
6-11-97

HSY 7003 4/07

SIGNATURE OF WITNESS <i>Jim Wang</i>		OFFICER'S SIGNATURE <i>W. Edwards</i>
ADDRESS OF WITNESS 8028 Winding Creek Ct. Mason, OH 45040		PHONE 513-503-9184
Q. Were you injured due to the crash?	A. NO	
Q. Were you talking on a cell phone at the time of the crash?	A. NO	
Q. Were you wearing a seatbelt?	A. YES	
Q. What was your direction of travel?	A. North	
Q. What was your speed at the time of the crash?	A. 45 m/hr	
<p>I was driving on Mason Montpelier Rd. and changed lane from right to left, a fast approaching F5 cruiser hit in the back of my car after I changed more than half completed.</p>		
OFFICER'S NAME	AT	LOCATION
Ptl. Dan Edwards	m/m - FINANCIAL WING	
HEREBY MAKE THIS VOLUNTARY STATEMENT TO		
<p><i>Jim Wang</i> PRINTED</p>		

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

LOCAL REPORT NUMBER 2011-2216	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 2 D 2 Y 12
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TRAFFIC CRASH WITNESS STATEMENT



OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200002216	REPORTING AGENCY Mason Police Department
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NATIONWIDE 913 42 960 732
513-582-4234

HSY 7003 4/07

ADDRESS OF WITNESS 3010 Birchwood Ct	SIGNATURE OF WITNESS <i>[Signature]</i>
PHONE 513 582 4234	OFFICER'S SIGNATURE <i>[Signature]</i>
Q. What was your speed at the time of the crash?	A. 45
Q. What was your direction of travel?	A. North
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
HEREBY MAKE THIS VOLUNTARY STATEMENT TO PRINTED: <i>Chris Wagner</i> OFFICER'S NAME: Ptl. Dan Edwards AT: <i>M/M - FINANCIAL WAY</i> LOCATION: <i>Left</i> I was in left lane when a car switched lanes hitting my right side.	

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

LOCAL REPORT NUMBER 2011-2776	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 2 10 12
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TRAFFIC CRASH WITNESS STATEMENT

OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION



OH-3