

State Seal

LOCAL REPORT #* **2012002369**

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**

NCIC #* **08304**

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

UNITS: **2**

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

DATE OF CRASH* **02042012**

TIME OF CRASH: **09:50**

DAY OF WEEK: **Sat**

CITY* **X** VILLAGE* TWP*

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

COUNTY #* **83**

LATITUDE LONGITUDE

CRASH OCCURRED ON

PREFIX: **Reading Road**

CRASH LOC ON

TYPE LOC: **3**

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

LOCAL INFORMATION

CRASH AT / REFERENCE

DIST REFERENCE DR PREFIX REFERENCE: **1065**

REF POINT: **04**

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) **Harpal, Kaur**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **8174 Desoto Drive, Apt: 101, West Chester OH, 45069**

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

02171950 61 F

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

OH EYF5368

OWNER'S NAME (IF SAME WRITE "SAME") **Kaur, Jaspreet** ADDRESS (STREET, CITY, STATE, ZIP CODE) **8248 Colonial Mill Mnr, West Chester OH, 45069**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

2001 TOYT Corolla WHI American Family

OFFENSE CHARGED **331.11** OFFENSE DESCRIPTION **Turning Into Private Driveway/Alley/Building** CITATION # **70778** LOCAL CODE? **X**

B UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Zech, William F Jr**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **1444 Black Horse Run, Lebanon OH, 45036**

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

08151942 69 M (513) 228-2326

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

OH RS411583 OH SA6

OWNER'S NAME (IF SAME WRITE "SAME") **Zech, Sharon A** ADDRESS (STREET, CITY, STATE, ZIP CODE) **1444 Black House Run, Lebanon OH, 45036**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

1998 TOYT Corolla BLK Central Mutual

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 3 POLICE 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 3 POLICE 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 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 SHOULDER 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	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 turned in front of unit #2 while entering private property. Unit #2 struck unit #1.

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 SIDESWIRE, SAME DIRECTION
 08 SIDESWIRE, OPPOSITE DIRECTION
 09 UNKNOWN

1

01 NO
 02 YES, DIRECTLY INVOLVED
 03 YES, INDIRECTLY INVOLVED
 04 UNKNOWN

WEATHER

WORK ZONE RELATED

04

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

1

01 NO
 02 YES
 03 UNKNOWN

LIGHT CONDITIONS

TYPE OF WORK ZONE

PRIMARY **1** SECONDARY

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

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

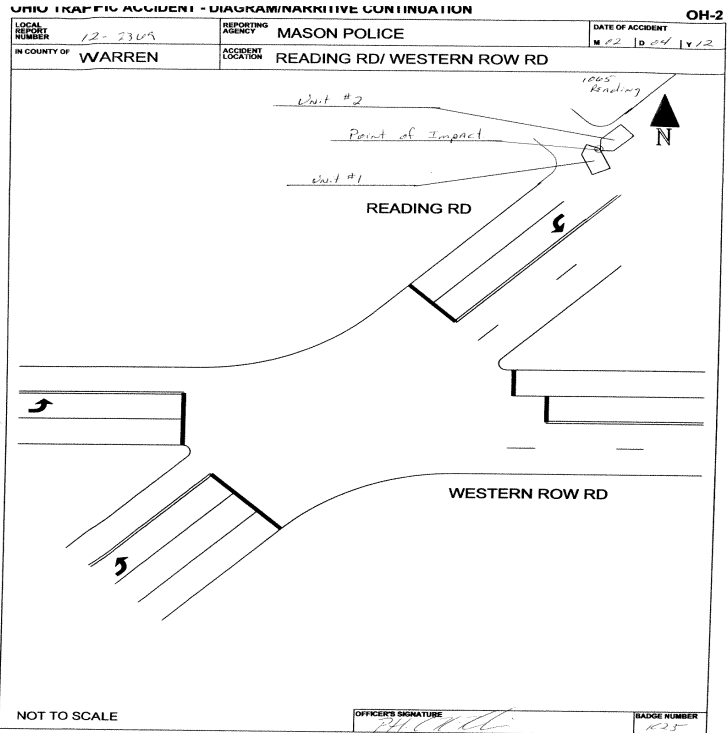
LOCATION OF CRASH IN WORK ZONE

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



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.

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 DISABLING 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="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
02/04/2012	10:14	09:51	10:14	11:04	6:00	55:33
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Craig K Kline	1C25		02/07/2012			
REPORT TAKEN BY 1	REPORT TAKEN AT 1	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
01 POLICE AGENCY 02 MOTORIST	01 SCENE 02 STATION 03 OTHER		201200002369			

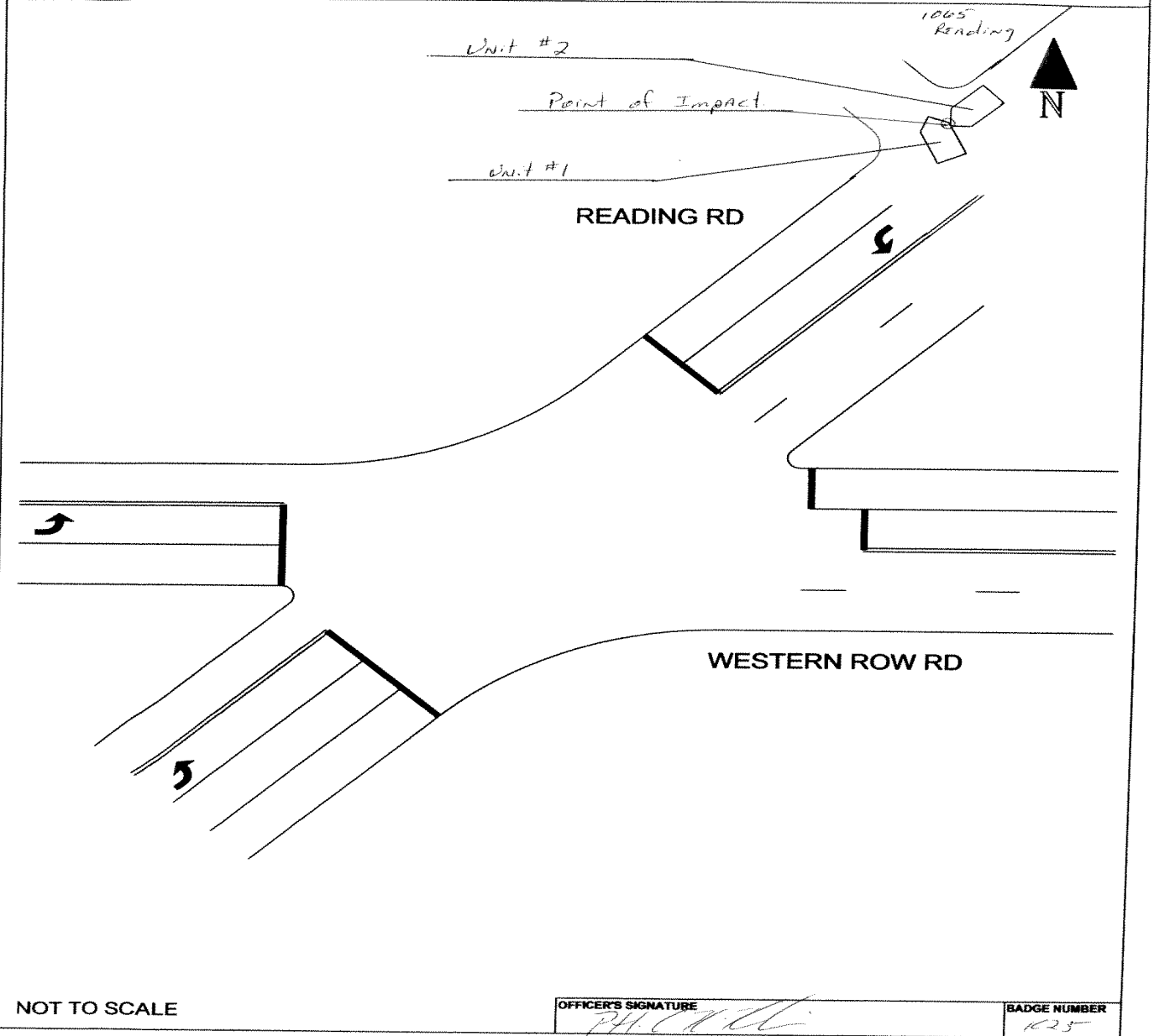
UNIT NUMBERS 1 2 A B	DAMAGE AREA 	PRE-CRASH ACTIONS 06 01 A B	SEQUENCE OF EVENTS <table border="1"> <tr><td>20</td><td>20</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	20	20									POSTED SPEED 35 35 A B	DRUG TEST STATUS 1 1 A B
20	20														
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 SI DEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SI DEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	A B MOST DAMAGED AREA 05 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	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 STOPPED IN TRAFFIC 12 DRIVELESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING / CROSSING IN INTERSECTION 16 SPECIALTY 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/SHIFTEQUIPMENT 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 PEDACYCLE 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 12 12 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 INOPERATIVE, MISSING, OBTURED 16 OTHER	DRUG TEST TYPE 1 1 A B 01 NONE 02 BLOOD 03 URINE 04 OTHER DRUG TEST 1&2 RESULT <table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>										
TYPE OF UNIT 02 02 A B MOTORIST 01 SUB-COMPACT 02 COMPACT 03 MIDSIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 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 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	POINT OF IMPACT 05 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 02 01 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/ACDADROVE OFF ROAD/IMPROPER PASSING 09 IMPROPER BACKING 10 IMPROPER START FROM PARKED POSITION 11 STOPPED OR PARKED ILLEGALLY 12 OPERATIONS ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENCE OR AGGRESSIVE MANNER 13 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 14 FAILURE TO CONTROL 15 VISION OBSTRUCTION 16 DRIVER INATTENTIVE 17 FATIGUE/ASLEEP 18 OPERATIONS ON DEFECTIVE EQUIPMENT 19 LOAD SHIFTING/FALLING/SPILLING 20 OTHER IMPROPER ACTION 21 UNKNOWN NON-MOTORIST 22 NONE 23 IMPROPER CROSSING 24 DARTING 25 LYING AND/OR ILLEGALLY IN ROADWAY 26 FAILURE TO YIELD RIGHT OF WAY 27 NOT VISIBLE (DARK CLOTHING) 28 INATTENTIVE 29 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 30 WRONG SIDE OF THE ROAD 31 OTHER 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/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 2 4 1 2 A B C D 01 NORTH 02 SOUTH 03 EAST 04 WEST 05 NORTHEAST 06 NORTHWEST 07 SOUTHEAST 08 SOUTHWEST 09 UNKNOWN	TYPE OF INTERSECTION 01 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 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	ACTION 4 3 A B 01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A 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 1 1 A B OF THE SEQUENCE OF EVENTS-WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT 1 1 A B OF THE SEQUENCE OF EVENTS-WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED 1 1 A B 01 STATED 02 ESTIMATED SPEED SPEED 10 15 A B	CONDITION 1 1 A 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	ALCOHOL/DRUG SUSPECTED 1 1 A B 01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRING 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN										
LINE EMERGENCY RESPONSE A B 01 NO 02 YES 03 UNKNOWN	STRIKING VEHICLE: OVERRIDDEN/ UNDERRIDDEN 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	ALCOHOL TEST STATUS 1 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	ALCOHOL TEST TYPE 1 1 A B 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	ALCOHOL TEST RESULT A B 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	ROAD CONTOUR 1 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE ROAD CONDITIONS PRIMARY SECONDARY 02 A 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 12 SECONDARY ROAD CONDITIONS ONLY										
SUPPLEMENTS *X* IF YES LOCAL REPORT#* 201200002369															

LOCAL REPORT NUMBER 2012002369	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 02 D 04 Y 2012
IN COUNTY OF 83	ACCIDENT LOCATION 1065 Reading Road	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 12-2309	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 02 D 04 Y 12
IN COUNTY OF WARREN	ACCIDENT LOCATION READING RD/ WESTERN ROW RD	



OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NUMBER 1025
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OFFICER'S SIGNATURE X	BADGE NUMBER
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OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER	REPORTING AGENCY Mason Police Department	
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