

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #\* 2012002989

CRASH SEVERITY 3 1 FATAL 3 PDO 2 Injury 4 Unknown

PRIVATE PROPERTY

HIT / SKIP 1 NOT HIT / SKIP 2 SOLVED 3 UNSOLVED

PHOTOS TAKEN Y 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 02 98=ANIMAL 99=UNKNOWN

DATE OF CRASH\* 02122012

TIME OF CRASH 14:19 DAY OF WEEK Sun CITY\* X VILLAGE\* TWP\* NAME (OF CITY, VILLAGE OR TOWNSHIP)\* Mason COUNTY #\* 83 LATITUDE LONGITUDE

CRASH OCCURRED ON PREFIX CRASH LOCATION Firethorne Drive TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION

CRASH AT / REFERENCE DIST REFERENCE DR PREFIX REFERENCE Shay Drive 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

UNIT # A 1 1 NAME (LAST, FIRST, MIDDLE) Finley, Brian W. ADDRESS (STREET, CITY, STATE, ZIP CODE) 6221 Fireside Drive, Mason OH, 45040

SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE # 03261959 52 M (513) 398-5882

DL STATE DL # RV181784 IP STATE IP # OH 610YIT INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") Finley, Brian W. ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR 2002 MAKE CHEV MODEL S10 COLOR RED INSURANCE COMPANY Mears Insurance TOWING SERVICE OWNER PHONE # 513-398-5882(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? 331.18 Operation of Vehicle at Stop/Yield Signs 70968 X

UNIT # B 2 2 NAME (LAST, FIRST, MIDDLE) Kuykendoll, Jennifer L. ADDRESS (STREET, CITY, STATE, ZIP CODE) 1012 Western Row Road, Mason OH, 45040

SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE # 10181986 25 F (513) 673-6695

DL STATE DL # SN127217 IP STATE IP # OH FBV4960 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") Kuykendoll, Jennifer L. ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR 2007 MAKE JEP MODEL COLOR MAR INSURANCE COMPANY Allstate TOWING SERVICE OWNER PHONE # 513-673-6695(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE? 331.18 Operation of Vehicle at Stop/Yield Signs 70968 X

UNIT # C 2 NAME (LAST, FIRST, MIDDLE) Marshall, Landen HOME PHONE # 513-673-6695 DATE OF BIRTH 11172006 AGE 5 SEX M

ADDRESS (STREET, CITY, STATE, ZIP CODE) 1012 Western Row Road, Mason OH, 45040 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

UNIT # D 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

Table with columns: SEATING POSITION, SAFETY EQUIPMENT, AIR BAG, AIR BAG SWITCH, EJECTION, TRAPPED, INJURIES. Rows A through D.

**Narrative**

Unit #1 was westbound on Firethorne Drive. Unit #2 was northbound on Shay Drive. Unit #2 failed to yield and struck #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

**WORK ZONE RELATED**

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

**TYPE OF WORK ZONE**

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

**LOCATION OF CRASH IN WORK ZONE**

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

**WORKERS PRESENT**

- 
- 01 NO
  - 02 YES
  - 03 UNKNOWN

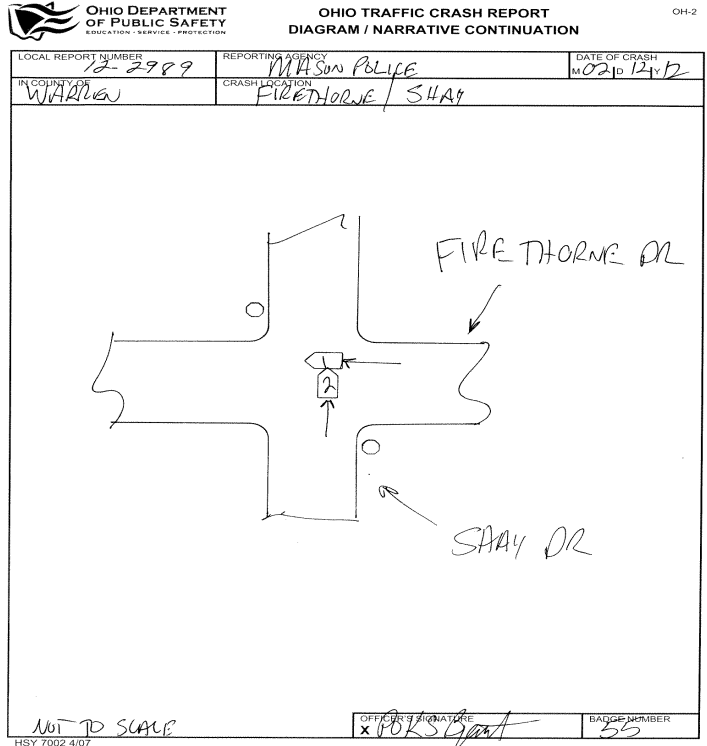
**WEATHER**

- 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                |
|----------------------------|--------------------------|
| <b>1</b>                   | <input type="checkbox"/> |
| 01 DAYLIGHT                |                          |
| 02 DAWN                    |                          |
| 03 DUSK                    |                          |
| 04 DARK - LIGHTED ROADWAY  |                          |
| 05 DARK - NOT LIGHTED      |                          |
| 06 DARK - UNKNOWN LIGHTING |                          |
| 07 GLARE                   |                          |
| 08 OTHER                   |                          |
| 09 UNKNOWN                 |                          |

**Diagram**



**Truck/Bus**

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

**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)

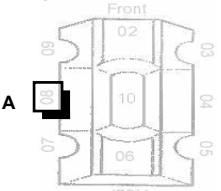
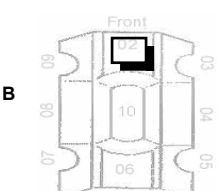
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	FUOO	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			
<ul style="list-style-type: none"> <li>01 NOT APPLI CABLE</li> <li>02 BUS (9-15 INCLUDING DRIVER)</li> <li>03 VAN ENCLOSED BOX</li> <li>04 GRAIN CHIPS/ GRAVEL</li> <li>05 POLE</li> <li>06 CARGO TAN</li> <li>07 FLATBED</li> <li>08 DUMP</li> <li>09 CONCRETE MIXER</li> <li>10 AUTO TRANSPORTER</li> <li>11 GARBAGE/REFUSE</li> <li>12 OTHER</li> <li>13 UNKNOWN</li> </ul>	<ul style="list-style-type: none"> <li>01 LESS/EQUAL 10,000</li> <li>02 10,001-26,000</li> <li>03 MORE THAN 26,000</li> </ul>	<ul style="list-style-type: none"> <li>01 CLASS A</li> <li>02 CLASS B</li> <li>03 CLASS C</li> <li>04 CLASS M</li> <li>05 CLASS D</li> </ul>	<ul style="list-style-type: none"> <li>01 NO</li> <li>02 YES</li> <li>03 UNKNOWN</li> </ul>	<ul style="list-style-type: none"> <li>01 NO</li> <li>02 YES</li> <li>03 NOT APPLI CABLE</li> <li>04 UNKNOWN</li> </ul>			

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
02/12/2012	14:19	14:31	14:36	15:07	30.00	77.32
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55		02/13/2012			
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		201200002989			

<b>UNIT NUMBERS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2 <small>B</small></div> </div>	<b>DAMAGE AREA</b>  	<b>PRE-CRASH ACTIONS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>B</small></div> </div>	<b>SEQUENCE OF EVENTS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">20 <small>1</small></td> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">20 <small>1</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>2</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>2</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">3 <small>3</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">3 <small>3</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">4 <small>4</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">4 <small>4</small></td> </tr> </table>	20 <small>1</small>	20 <small>1</small>	2 <small>2</small>	2 <small>2</small>	3 <small>3</small>	3 <small>3</small>	4 <small>4</small>	4 <small>4</small>	<b>POSTED SPEED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">25 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">20 <small>B</small></div> </div>	<b>DRUG TEST STATUS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>
20 <small>1</small>	20 <small>1</small>												
2 <small>2</small>	2 <small>2</small>												
3 <small>3</small>	3 <small>3</small>												
4 <small>4</small>	4 <small>4</small>												
<b>NON-MOTORIST LOCATION</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	<b>MOST DAMAGED AREA</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">08 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02 <small>B</small></div> </div>	<b>MOTORIST</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02 <small>B</small></div> </div>	<b>COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4 <small>B</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2 <small>B</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>TRAFFIC CONTROL</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02 <small>B</small></div> </div>	<b>DRUG TEST 1&amp;2 RESULT</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 25%; text-align: center;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 25%; text-align: center;">1 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; width: 25%; text-align: center;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 25%; text-align: center;">1 <small>B</small></td> </tr> </table>	1 <small>A</small>	1 <small>B</small>	1 <small>A</small>	1 <small>B</small>				
1 <small>A</small>	1 <small>B</small>	1 <small>A</small>	1 <small>B</small>										
<b>TYPE OF UNIT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">07 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06 <small>B</small></div> </div>	<b>POINT OF IMPACT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">08 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02 <small>B</small></div> </div>	<b>CONTRIBUTING CIRCUMSTANCES</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02 <small>B</small></div> </div>	<b>COLLISION WITH FIXED OBJECT</b> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">25 <small>IMPACT ATTENUATOR/ CRASH CUSHION</small></div>	<b>DIIRECTION</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 25%;">FROM</td> <td style="border: 1px solid black; padding: 2px; width: 25%;">TO</td> <td style="border: 1px solid black; padding: 2px; width: 25%;">FROM</td> <td style="border: 1px solid black; padding: 2px; width: 25%;">TO</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">3 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">4 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">1 <small>B</small></td> </tr> </table>	FROM	TO	FROM	TO	3 <small>A</small>	4 <small>B</small>	2 <small>B</small>	1 <small>B</small>	<b>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">02</div>
FROM	TO	FROM	TO										
3 <small>A</small>	4 <small>B</small>	2 <small>B</small>	1 <small>B</small>										
<b>MOTORIST</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <ul style="list-style-type: none"> <li>01 SUB-COMPACT</li> <li>02 COMPACT</li> <li>03 MID SIZE</li> <li>04 FULL SIZE</li> <li>05 MINI VAN</li> <li>06 SPORT UTILITY VEHICLE</li> <li>07 PICKUP</li> <li>08 PANEL VAN</li> <li>09 SINGLE UNIT TRUCK;</li> <li>10 2 AXLES, 6 TIRES</li> <li>11 SINGLE UNIT TRUCK; 3+AXLES</li> <li>12 TRUCK/ TRAILER</li> <li>13 TRUCK TRACTOR (BOBTAIL)</li> <li>14 TRACTOR/ SEM - TRAILER</li> <li>15 TRACTOR/ DOUBLE SHORT</li> <li>16 TRACTOR/ DOUBLE LONG</li> <li>17 FIFTH WHEEL OR CONVERTER DOLLY</li> <li>18 TRACTOR/ TRAILERS</li> <li>19 MOTORCYCLE</li> <li>20 MOTOR ZED BICYCLE</li> <li>21 SCHOOL BUS</li> <li>22 CHURCH BUS</li> <li>23 PUBLIC BUS</li> <li>24 OTHER BUS</li> <li>25 POLICE VEHICLE</li> <li>26 FIRE TRUCK</li> <li>27 AMBULANCE/ RESCUE</li> <li>28 TAXI</li> <li>29 MOTOR HOME</li> <li>30 TRAILER</li> <li>31 FARM VEHICLE</li> <li>32 FARM EQUIPMENT</li> <li>33 SNOWMOBILE</li> <li>34 CONSTRUCTION EQUIPMENT</li> <li>35 ALL OTHERS</li> </ul> </div> <div style="width: 45%;"> <ul style="list-style-type: none"> <li>01 NONE</li> <li>02 CENTER FRONT</li> <li>03 RIGHT FRONT</li> <li>04 RIGHT SIDE</li> <li>05 RIGHT REAR</li> <li>06 REAR CENTER</li> <li>07 LEFT REAR</li> <li>08 LEFT SIDE</li> <li>09 LEFT FRONT</li> <li>10 TOP AND WINDOWS</li> <li>11 UNDERCARRIAGE</li> <li>12 LOAD/ TRAILER</li> <li>13 TOTAL (ALL AREAS)</li> <li>14 OTHER</li> <li>15 UNKNOWN</li> </ul> </div> </div>	<b>ACTIION</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>B</small></div> </div>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	<b>FIRST HARMFUL EVENT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>CONDITON</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>ALCOHOL/ DRUG SUSPECTED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>OCCURENCE</b> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">1</div>							
<b>NON-MOTORIST</b> <ul style="list-style-type: none"> <li>35 ANIMAL W/ RIDER</li> <li>36 ANIMAL W/ BUGGY</li> <li>37 BICYCLE</li> <li>38 PEDESTRIAN</li> <li>39 PEDALCYCLIST</li> <li>40 SKATER</li> <li>41 OTHER-NON MOTORIST</li> <li>42 UNKNOWN</li> </ul>	<b>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	<b>MOST HARMFUL EVENT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>ALCOHOL TEST STATUS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>ROAD CONTOUR</b> <div style="border: 1px solid black; padding: 2px; width: 100%; text-align: center;">1</div>								
<b>DAMAGE SCALE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>B</small></div> </div>	<ul style="list-style-type: none"> <li>01 NO UNDERRIDE OR OVERRIDE</li> <li>02 UNDERRIDE, COMPARTMENT INTRUSION</li> <li>03 UNDERRIDE, NO COMPARTMENT INTRUSION</li> <li>04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN</li> <li>05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT</li> <li>06 OVERRIDE, OTHER VEHICLE</li> <li>07 UNKNOWN</li> </ul>	<ul style="list-style-type: none"> <li>01 TURN SIGNALS</li> <li>02 HEAD LAMPS</li> <li>03 TAIL LAMPS</li> <li>04 BRAKES</li> <li>05 STEERING</li> <li>06 TIRE BLOWOUT</li> <li>07 WORN OR SLICK TIRES</li> <li>08 TRAILER EQUIPMENT DEFECTIVE</li> <li>09 MOTOR TROUBLE</li> <li>10 DISABLED FROM PRIOR CRASH</li> <li>11 OTHER DEFECTS</li> </ul>	<b>SPEED DETECTED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>ALCOHOL TEST TYPE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>ROAD CONDTIONS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">PRIMARY</td> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">SECONDARY</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">01</td> <td style="border: 1px solid black; padding: 2px; text-align: center;"></td> </tr> </table>	PRIMARY	SECONDARY	01					
PRIMARY	SECONDARY												
01													
<ul style="list-style-type: none"> <li>01 NONE</li> <li>02 NON-FUNCTIONAL DAMAGE</li> <li>03 FUNCTIONAL DAMAGE</li> <li>04 DISABLING DAMAGE</li> <li>05 SEVERE</li> <li>06 UNKNOWN</li> </ul>	<ul style="list-style-type: none"> <li>01 NONE</li> <li>02 BLOOD</li> <li>03 URINE</li> <li>04 BREATH</li> <li>05 OTHER</li> </ul>	<ul style="list-style-type: none"> <li>01 NONE</li> <li>02 BLOOD</li> <li>03 URINE</li> <li>04 BREATH</li> <li>05 OTHER</li> </ul>	<b>SPEED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">25 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">10 <small>B</small></div> </div>	<b>ALCOHOL TEST RESULT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	<ul style="list-style-type: none"> <li>01 DRY</li> <li>02 WET</li> <li>03 SNOW</li> <li>04 ICE</li> <li>05 SAND, MUD, DRY, OIL, GRAVEL</li> <li>06 WATER / STANDING / MOVI NG</li> <li>07 SLUSH</li> <li>08 DEBRIS**</li> <li>09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT**</li> <li>10 OTHER</li> <li>11 UNKNOWN</li> <li>** SECONDARY ROAD CONDTIONS ONLY</li> </ul>								
				<b>SUPPLEMENTS *X* IF YES</b>		<b>LOCAL REPORT#*</b>							
				<b>201200002989</b>									

LOCAL REPORT NUMBER 2012002989	REPORTING AGENCY City of Mason - City of Mason P	DATE OF ACCIDENT M 02 ID 12 TY 2012
IN COUNTY OF 83	ACCIDENT LOCATION 1300 Firethorne Drive	

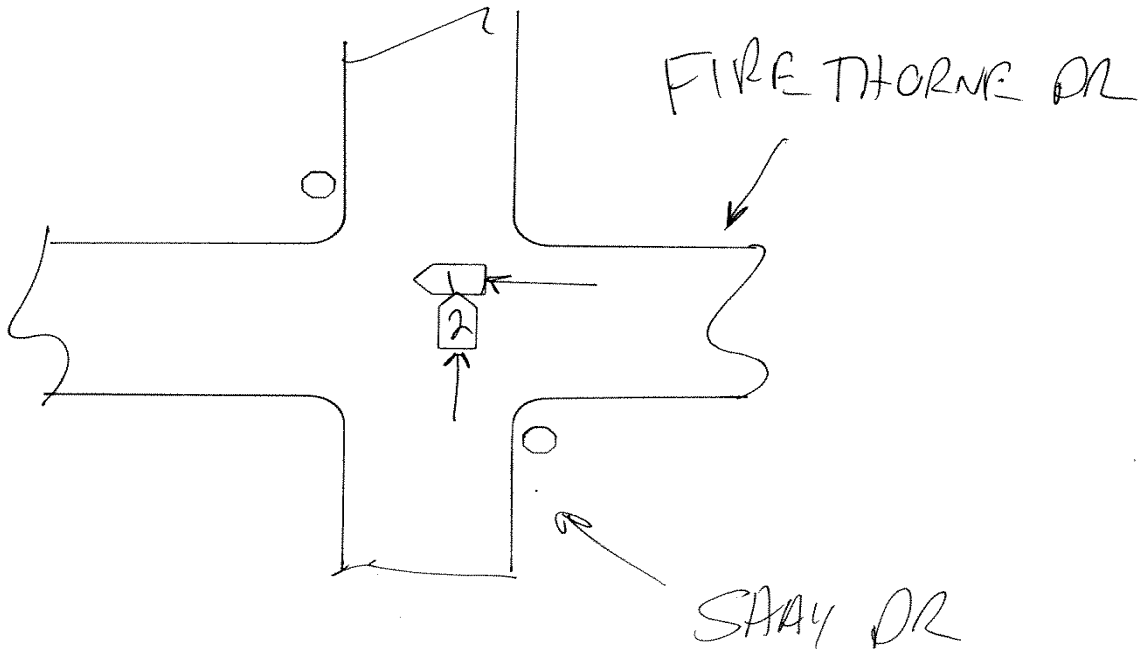


OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION · SERVICE · PROTECTION

OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 12-2989	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 02 ID 12 Y 12
IN COUNTY OF WARREN	CRASH LOCATION FIRETHORNE / SHAY	



NOT TO SCALE

HSY 7002 4/07

OFFICER'S SIGNATURE X POKS [Signature]	BADGE NUMBER 55
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OFFICER'S SIGNATURE X	BADGE NUMBER
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OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200002989	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OFF-3

LOCAL REPORT NUMBER 12-2989	REPORTING AGENCY MASON POLICE	DATE OF CRASH 02/02/12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Brian Finley HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

P.O. KEVIN S. BRYANT AT Shay & Firethorne MASON  
OFFICER'S NAME LOCATION

*I was traveling West Bound on Firethorne and was crossing the intersection at Shay when the other driver did not come to a stop and ran into me.*

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED?

Q. WERE YOU WEARING YOUR SEAT BELT?

Q. WHAT DIRECTION WERE YOU GOING?

Q. WHAT WAS YOUR SPEED?

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH?

ADDRESS OF WITNESS 6221 Fireside Dr. Mason OH 45044 PHONE 513-3985782

SIGNATURE OF WITNESS Brian Finley OFFICER'S SIGNATURE P.O. K.S. Bryant

X

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000002989	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-2989	REPORTING AGENCY MASON POLICE	DATE OF CRASH 02/01/12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jennifer Kay Kendall HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

P.O. KEVIN S. BRYANT AT Firethorne Dr Mason, OH  
OFFICER'S NAME LOCATION

I was stopped at the stop sign, not realizing it was a 2 way stop and not a 4-way stop. I continued straight when the car coming from the right honked his horn and we collided. My son Landen Marshall was also in the car. DOB 11-17-06

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

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? straight

Q. WHAT WAS YOUR SPEED? 10mph

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

ADDRESS OF WITNESS Jennifer Kendall 1012 Western Row Rd Mason, OH PHONE 513-673-6695

SIGNATURE OF WITNESS Jennifer Kendall OFFICER'S SIGNATURE P.O. K. S. Bryant

# TRAFFIC CRASH REPORT - Involved Persons / Property Addendum

## Involved Persons

Name (last First Middle)	Address	Involvement Type	Age/DOB	Sex	26 seat Pos	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp Code	Medical Facility
Finley, Brian W.	6221 Fireside Drive Mason OH 45040	Operator	52 03261959	M	01	04	1	1	1	1	1		

Non Motorist      Type      14      Action      15      Location      16      Condition      1 17

Name (last First Middle)	Address	Involvement Type	Age/DOB	Sex	26 seat Pos	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp Code	Medical Facility
Kuykendoll, Jennifer L.	1012 Western Row Road Mason OH 45040	Operator	25 10181986	F	01	04	1	1	1	1	1		

Non Motorist      Type      14      Action      15      Location      16      Condition      1 17

Name (last First Middle)	Address	Involvement Type	Age/DOB	Sex	26 seat Pos	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp Code	Medical Facility
Marshall, Landen	1012 Western Row Road Mason OH 45040	Passenger	5 11172006	M	06	04	5	1	1	1	1		

Non Motorist      Type      14      Action      15      Location      16      Condition      17

## Property Damage:

Owner (Last, First, Middle)	Address	Phone	34-Type	Description of Damaged Property