

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #* 2012003737

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 01 98=ANIMAL 99=UNKNOWN

DATE OF CRASH* 02232012

TIME OF CRASH 02:38 DAY OF WEEK Thu 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 Firethorne Drive 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

UNIT # A 1 2 NAME (LAST, FIRST, MIDDLE) Saylor, Cody D ADDRESS (STREET, CITY, STATE, ZIP CODE) 6335 Tracy Place, Mason OH, 45040 SOCIAL SECURITY NUM DATE OF BIRTH 08131989 AGE 22 SEX M HOME PHONE # (513) 518-1611 WORK PHONE #

DL STATE OH DL # SY271283 IP STATE OH IP # EGU6492 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") Saylor, Michael H ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR 1998 MAKE PONT MODEL Grand Prix COLOR WHI INSURANCE COMPANY StateFarm TOWING SERVICE Hammells Tow Yard OWNER PHONE # -398-5537(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # 70445 LOCAL CODE? X

UNIT # B 2 NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE) SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

DL STATE OH DL # ECA1009 IP STATE OH IP # ECA1009 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") Moore, Kathy L. ADDRESS (STREET, CITY, STATE, ZIP CODE) YEAR 2007 MAKE FORD MODEL Fusion COLOR BGE INSURANCE COMPANY American Family TOWING SERVICE OWNER PHONE # 513-336-6857(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

UNIT # C 1 NAME (LAST, FIRST, MIDDLE) Billings, Rashee Jamal HOME PHONE # 513-492-7861 DATE OF BIRTH 10111989 AGE 22 SEX M ADDRESS (STREET, CITY, STATE, ZIP CODE) 5491 Sterling Lakes Circle, 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-D for each occupant.

Narrative

Unit 1 was traveling west on Firethorne Drive. Unit 1 ran off left side of roadway striking a rock formed flower bed, telephone and cable boxes, and a no parking sign. When unit 1 struck the rocks in the front yard of 1366 Firethorne Drive, the flying rocks caused damage to the rear of unit 2.

MANNER OF COLLISION OR IMPACT

SCHOOL BUS RELATED

1

01 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 02 REAR-END
 03 HEAD-ON
 04 REAR-TO-REAR
 05 BACKING
 06 ANGLE
 07 SIDESWIRE, SAME DIRECTION
 08 SIDESWIRE, OPPOSITE DIRECTION
 09 UNKNOWN

1

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

WORK ZONE RELATED

1

01 NO
 02 YES
 03 UNKNOWN

TYPE OF WORK ZONE

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

LOCATION OF CRASH IN WORK ZONE

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

WORKERS PRESENT

01 NO
 02 YES
 03 UNKNOWN

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

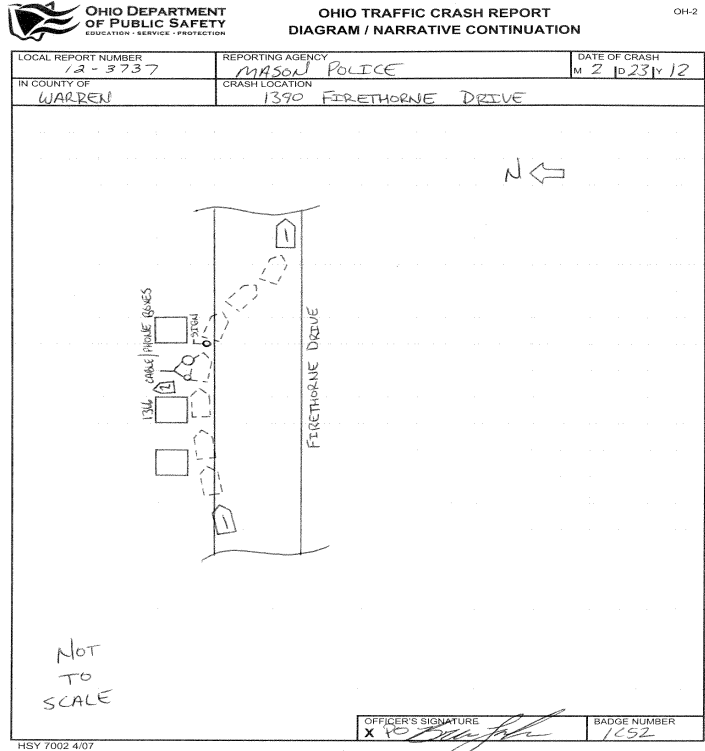
LIGHT CONDITIONS

PRIMARY SECONDARY

4

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	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
02/23/2012	02:38	02:39	02:43	03:46	10.00	77.93
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Joshua L Wells	1C52		02/24/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		201200003737			

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 <div style="text-align: center;"> A </div> <div style="text-align: center;"> B </div>	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;">10 <small>B</small></div> </div>	SEQUENCE OF EVENTS <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50px; height: 30px; text-align: center;">09 <small>1</small></td><td style="width: 50px; height: 30px; text-align: center;"> </td></tr> <tr><td style="text-align: center;">45 <small>2</small></td><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;">37 <small>3</small></td><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr> </table>	09 <small>1</small>		45 <small>2</small>		37 <small>3</small>				POSTED SPEED <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">25 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </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;"> </div> </div>					
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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;">07 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">06 <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 DRIVING 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 / SHIFTS 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 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 PILE 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/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	TRAFFIC CONTROL <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;"> </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;"> </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;">03 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">03 <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;">07 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">06 <small>B</small></div> </div>	CONTRIBUTING CIRCUMSTANCES <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">15 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01 <small>B</small></div> </div>	DIIRECTION <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="width: 25%;">FROM</th><th style="width: 25%;">TO</th><th style="width: 25%;">FROM</th><th style="width: 25%;">TO</th></tr> <tr><td style="text-align: center;">3 <small>A</small></td><td style="text-align: center;">4 <small>B</small></td><td style="text-align: center;"> </td><td style="text-align: center;"> </td></tr> </table>	FROM	TO	FROM	TO	3 <small>A</small>	4 <small>B</small>			DRUG TEST 1&2 RESULT <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50px; height: 30px; text-align: center;">1 <small>A</small></td><td style="width: 50px; height: 30px; text-align: center;">1 <small>B</small></td></tr> <tr><td style="width: 50px; height: 30px; text-align: center;"> </td><td style="width: 50px; height: 30px; text-align: center;"> </td></tr> </table>	1 <small>A</small>	1 <small>B</small>			CONDITON <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">6 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </div> </div>	TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01</div>
FROM	TO	FROM	TO															
3 <small>A</small>	4 <small>B</small>																	
1 <small>A</small>	1 <small>B</small>																	
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/ SEM - TRAILER 15 TRACTOR/ DOUBLE SHORT 16 TRACTOR/ DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/ TRAILERS 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	ACTIION <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">4 <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	FIRST HARMFUL EVENT <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;">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;">2 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </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;">4 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </div> </div>	ROAD CONTOUR <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1</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;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;"> </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>	MOST HARMFUL EVENT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3 <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 TYPE <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;"> </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>	ROAD CONDITIONS <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th style="width: 50%;">PRIMARY</th><th style="width: 50%;">SECONDARY</th></tr> <tr><td style="text-align: center;">01</td><td style="text-align: center;"> </td></tr> </table>	PRIMARY	SECONDARY	01									
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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>	DAMAGE SCALE <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;">2 <small>B</small></div> </div>	MOTORIST 01 NO UNDERDRIVE OR OVERRIDE 02 UNDERDRIVE, COMPARTMENT INTRUSION 03 UNDERDRIVE, NO COMPARTMENT INTRUSION 04 UNDERDRIVE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	SPEED DETECTED <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;">1 <small>B</small></div> </div>	ALCOHOL TEST TYPE <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width: 50%;">01 NONE</td><td style="width: 50%;">04 BREATH</td></tr> <tr><td>02 BLOOD</td><td>05 OTHER</td></tr> <tr><td>03 URINE</td><td> </td></tr> </table>	01 NONE	04 BREATH	02 BLOOD	05 OTHER	03 URINE		SUPPLEMENTS <input type="checkbox"/> *X* IF YES	LOCAL REPORT#* <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">201200003737</div>						
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OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #* 2012003737

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 01 98=ANIMAL 99=UNKNOWN

DATE OF CRASH* 02232012

TIME OF CRASH 02:38 DAY OF WEEK Thu 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 Firethorne Drive 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

UNIT # A 3 0 NAME (LAST, FIRST, MIDDLE) Moore, Kathy L. ADDRESS (STREET, CITY, STATE, ZIP CODE) 1366 Firethorne Drive, Mason OH, 45040

SOCIAL SECURITY NUM DATE OF BIRTH 12131964 AGE 47 SEX F HOME PHONE # (513) 336-6857 WORK PHONE #

DL STATE DL # RP749721 IP STATE IP # OH ECA1009 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") ADDRESS (STREET, CITY, STATE, ZIP CODE) YEAR 2007 MAKE FORD MODEL Fusion COLOR BGE INSURANCE COMPANY American Family TOWING SERVICE OWNER PHONE # 513-336-6857(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

UNIT # B 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 2 EMS 3 POLICE 4 OTHER 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?

UNIT # C 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

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Table with columns: SEATING POSITION, SAFETY EQUIPMENT, AIR BAG, AIR BAG SWITCH, EJECTION, TRAPPED, INJURIES. Rows A-D for each occupant.

Narrative

Unit 1 was traveling west on Firethorne Drive. Unit 1 ran off left side of roadway striking a rock formed flower bed, telephone and cable boxes, and a no parking sign. When unit 1 struck the rocks in the front yard of 1366 Firethorne Drive, the flying rocks caused damage to the rear of unit 2.

MANNER OF COLLISION OR IMPACT

SCHOOL BUS RELATED

1

01 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 02 REAR-END
 03 HEAD-ON
 04 REAR-TO-REAR
 05 BACKING
 06 ANGLE
 07 SIDESWIRE, SAME DIRECTION
 08 SIDESWIRE, OPPOSITE DIRECTION
 09 UNKNOWN

1

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

WORK ZONE RELATED

1

01 NO
 02 YES
 03 UNKNOWN

TYPE OF WORK ZONE

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

LOCATION OF CRASH IN WORK ZONE

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

WORKERS PRESENT

01 NO
 02 YES
 03 UNKNOWN

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

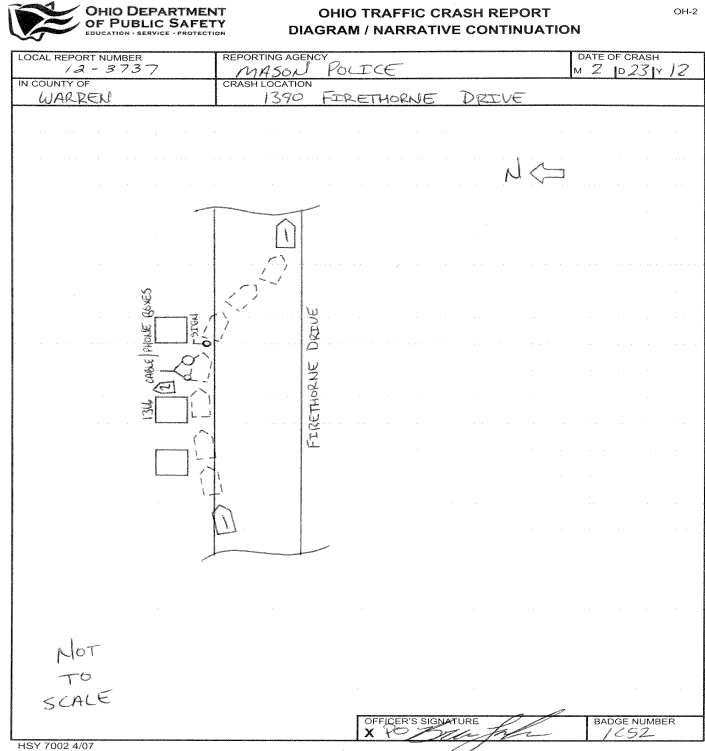
LIGHT CONDITIONS

PRIMARY SECONDARY

4

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.

**A
N
D**

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY; OR
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED
 INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit#

COMPANY (FROM SHIPPING PAPERS)

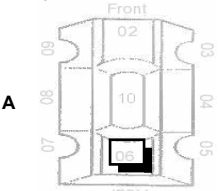
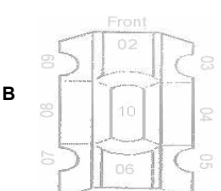
COMPANY PHONE

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			

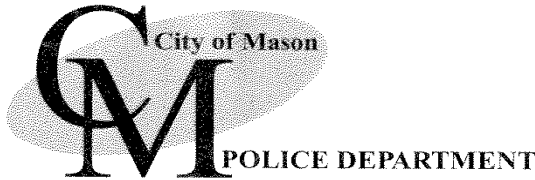
Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
02/23/2012	02:38	02:39	02:43	03:46	10.00	77.93
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Joshua L Wells	1C52		02/24/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		201200003737			

UNIT NUMBERS <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 15px;"></div>	DAMAGE AREA  	PRE-CRASH ACTIONS <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">22</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 15px;"></div> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 15 ENTERING / CROSSING IN INTERSECTION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING LEAVING VEHICLE 20 PLAYING / WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN 	SEQUENCE OF EVENTS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">1</td><td style="width: 50%; height: 20px;">1</td></tr> <tr><td style="height: 20px;">2</td><td style="height: 20px;">2</td></tr> <tr><td style="height: 20px;">3</td><td style="height: 20px;">3</td></tr> <tr><td style="height: 20px;">4</td><td style="height: 20px;">4</td></tr> </table> <p>NON-COLLISION</p> <ol style="list-style-type: none"> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS / SHIFTS 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION <p>COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED</p> <ol style="list-style-type: none"> 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT <p>COLLISION WITH FIXED OBJECT</p> <ol style="list-style-type: none"> 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 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 	1	1	2	2	3	3	4	4	POSTED SPEED <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 15px;"></div> <p>TRAFFIC CONTROL</p> <ol style="list-style-type: none"> 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, OBTUSCURED 16 OTHER <p>DIRECTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%;">FROM</td><td style="width: 25%;">TO</td><td style="width: 25%;">FROM</td><td style="width: 25%;">TO</td></tr> <tr><td style="border: 1px solid black; text-align: center;">A</td><td style="border: 1px solid black; text-align: center;">B</td><td style="border: 1px solid black; text-align: center;">C</td><td style="border: 1px solid black; text-align: center;">D</td></tr> </table> <p>CONDITION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">A</td><td style="width: 50%; height: 20px;">B</td></tr> </table> <ol style="list-style-type: none"> 01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP, FANTASIED, FALL GUED, ETC. 06 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 07 OTHER 08 UNKNOWN <p>ALCOHOL/DRUG SUSPECTED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">A</td><td style="width: 50%; height: 20px;">B</td></tr> </table> <ol style="list-style-type: none"> 01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRED 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN <p>ALCOHOL TEST STATUS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">A</td><td style="width: 50%; height: 20px;">B</td></tr> </table> <ol style="list-style-type: none"> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN <p>ALCOHOL TEST TYPE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">A</td><td style="width: 50%; height: 20px;">B</td></tr> </table> <ol style="list-style-type: none"> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER <p>ALCOHOL TEST RESULT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">A</td><td style="width: 50%; height: 20px;">B</td></tr> </table>	FROM	TO	FROM	TO	A	B	C	D	A	B	A	B	A	B	A	B	A	B	DRUG TEST STATUS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">A</td><td style="width: 50%; height: 20px;">B</td></tr> </table> <ol style="list-style-type: none"> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN <p>DRUG TEST TYPE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">A</td><td style="width: 50%; height: 20px;">B</td></tr> </table> <ol style="list-style-type: none"> 01 NONE 02 BLOOD 03 URINE 04 OTHER <p>DRUG TEST 1&2 RESULT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25%; height: 20px;">1</td><td style="width: 25%; height: 20px;">2</td><td style="width: 25%; height: 20px;">1</td><td style="width: 25%; height: 20px;">2</td></tr> </table> <p>TYPE OF INTERSECTION</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <ol style="list-style-type: none"> 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 <p>OCCURRENCE</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">6</div> <ol style="list-style-type: none"> 01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFIC WAY 07 UNKNOWN <p>ROAD CONTOUR</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <ol style="list-style-type: none"> 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE <p>ROAD CONDITIONS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">PRIMARY</td><td style="width: 50%; height: 20px;">SECONDARY</td></tr> </table> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <ol style="list-style-type: none"> 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 	A	B	A	B	1	2	1	2	PRIMARY	SECONDARY
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2	2																																								
3	3																																								
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FROM	TO	FROM	TO																																						
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NON-MOTORIST LOCATION <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">13</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 15px;"></div> <ol style="list-style-type: none"> 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 TRAFFIC WAY) 13 OUTSIDE TRAFFIC WAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN <p>TYPE OF UNIT</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">41</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 15px;"></div> <p>MOTORIST</p> <ol style="list-style-type: none"> 01 SUBCOMPACT 02 COMPACT 03 MEDIUM SIZE 04 FULL SIZE 05 MINI VAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRAILER 18 MOTORCYCLE 19 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN 	MOST DAMAGED AREA <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">06</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 15px;"></div> <ol style="list-style-type: none"> 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 <p>POINT OF IMPACT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">A</td><td style="width: 50%; height: 20px;">B</td></tr> </table> <ol style="list-style-type: none"> 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 <p>ACTION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">A</td><td style="width: 50%; height: 20px;">B</td></tr> </table> <ol style="list-style-type: none"> 01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN <p>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">A</td><td style="width: 50%; height: 20px;">B</td></tr> </table> <ol style="list-style-type: none"> 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 	A	B	A	B	A	B	<p>CONTRIBUTING CIRCUMSTANCES</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">23</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 30px; height: 15px;"></div> <p>MOTORIST</p> <ol style="list-style-type: none"> 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 <p>NON-MOTORIST</p> <ol style="list-style-type: none"> 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 <p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">A</td><td style="width: 50%; height: 20px;">B</td></tr> </table> <ol style="list-style-type: none"> 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 	A	B	<p>FIRST HARMFUL EVENT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">A</td><td style="width: 50%; height: 20px;">B</td></tr> </table> <p>OF THE SEQUENCE OF EVENTS-WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p>MOST HARMFUL EVENT</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">A</td><td style="width: 50%; height: 20px;">B</td></tr> </table> <p>OF THE SEQUENCE OF EVENTS-WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p> <p>SPEED DETECTED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">1</td><td style="width: 50%; height: 20px;">A</td><td style="width: 50%; height: 20px;">B</td></tr> </table> <ol style="list-style-type: none"> 01 STATED 02 ESTIMATED SPEED <p>SPEED</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;">A</td><td style="width: 50%; height: 20px;">B</td></tr> </table> <p>SUPPLEMENTS *X* IF YES</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%; height: 20px;"></td><td style="width: 50%; height: 20px;"></td></tr> </table> <p>LOCAL REPORT#*</p> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">201200003737</div>	A	B	A	B	1	A	B	A	B																					
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OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200003737	REPORTING AGENCY Mason Police Department	
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Incident # 12-3737

Statement of:

Name: Beverly Twaady	Address: 1360 Firethorne Dr, 45040
Telephone: 804-335-9238	SSN: [REDACTED] Date of Birth: 12-12-59

Had just gone to bed at approximately 2:15 am to be awakened to the sounds of bumper cars. I jumped out of bed to check the vehicles in my driveway, when I saw a white pontiac (which appeared to be backing out of a driveway) pulling off. The pontiac was riding on the rims (rear) and sparks were flying. What a dumb ass I thought this vehicle must be trying to flee an accident. How would anyone not know fire sparks are coming from their vehicle. I called 911 dispatch & explained what I saw prior to calling & what I was being witness to. While on the phone it appeared two males were walking away from the vehicle. One large male (white) with a baseball cap on & the other coming from the passenger side of the vehicle. The male with the baseball cap exited from the driver side. The two passengers exiting the vehicle was also witnessed by Van Harden also of the same residence. As I watched the two walk down the street, until 3 patrol cars came on the scene, it appeared they were being observed by other neighbors (3 houses down) coming out to see what was going on. From the initial accident sounds I heard to the time all was witnessed a police came was approximately 9-10 mins.

My signature below confirms that this statement is truthful and was given voluntarily.

Signature 	Date/Time Signed 2/23/12	Page# 1	of 1
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Form O-032.496