

State Seal

LOCAL REPORT #\* **2012004374**

CRASH SEVERITY: **3** 1 FATAL 3 PDO, 2 Injury 4 Unknown

PRIVATE PROPERTY:

HIT / SKIP: **1** 1 NOT HIT / SKIP, 2 SOLVED, 3 UNSOLVED

PHOTOS TAKEN: **Y**

NCIC #\* **08304**

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

# UNITS **3**

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

DATE OF CRASH\* **03022012**

TIME OF CRASH **14:58**

DAY OF WEEK **Fri**

CITY\* **X** VILLAGE\* TWP\*

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

COUNTY #\* **83**

LATITUDE LONGITUDE

CRASH OCCURRED ON

PREFIX **Mason-Montgomery Road**

CRASH LOCATION

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 REF POINT

**Tylersville Rd. 02**

REFERENCE POINT USED: 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE, 01 STATE LINE 05 TOWNSHIP BOUNDARY 09 DRIVEWAY, 02 INTERSECTION 2 STREETS 06 MILE POST 10 STREET OR ROUTE W/O, 03 COUNTY LINE 07 CORPORATION LIMIT REFERENCE

**A** UNIT # **1**

NAME (LAST, FIRST, MIDDLE) **Hillen, Elizabeth P**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **7914 Autumn Hill Court, Mason OH, 45040**

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

**11271995 16 F (513) 331-0637**

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 TY428913 OH DXY6435 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE**

OWNER'S NAME (IF SAME WRITE "SAME") **Warren, Colin R.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **7914 Autumn Hill, Mason OH, 45040**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

**2006 HOND Civic/crx WHI Grange Mutual 513-638-1492(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

**B** UNIT # **2**

NAME (LAST, FIRST, MIDDLE) **Hosterman, Jan L**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **8388 Dimmick Road, Cincinnati OH, 45241**

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

**07141953 58 F (513) 755-1794**

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 RH852948 OH FEN5820 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE**

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

**2007 AUDI A6 BLK FrankenMuth 513-755-1794(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

**C** UNIT # **3**

NAME (LAST, FIRST, MIDDLE) **Nelson, Alyse**

HOME PHONE # **513-204-5622**

DATE OF BIRTH **02191997** AGE **15** SEX **F**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **6560 Sunny Drive, Mason OH, 45040**

INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

**1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE**

**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

**1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE**

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	01 NONE USED	01 NOT DEPLOYED	01 NOT PRESENT	01 NOT EJECTED	01 NOT TRAPPED	01 NO INJURY
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	02 DEPLOYED FRONT	02 IN ON POSITION	02 TOTALLY EJECTED	02 EXTRACTED BY MECHANICAL MEANS	02 POSSIBLE 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 POSITION	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	08 NON-MOTORIST					
09 THIRD - RIGHT	09 NONE USED					
10 SLEEPER SECTION OF CAB	10 HELMET USED					
11 ENCLOSED CARGO AREA	11 PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	12 REFLECTIVE CLOTHING					
13 TRAILING UNIT	13 LIGHTING					
14 EXTERIOR	14 OTHER					
15 OTHER	14 UNKNOWN					
16 NON-MOTORIST						
17 UNKNOWN						

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

**Narrative**

Units #1 & #3 were turning left from Mason-Montgomery Rd. to westbound Tylersville Rd. Unit #2 was southbound on Mason-Montgomery Rd. Unit #2 struck #1 then struck #3.

**MANNER OF COLLISION OR IMPACT**

**SCHOOL BUS RELATED**

**6**

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

**1**

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

**WORK ZONE RELATED**

**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**

**02**

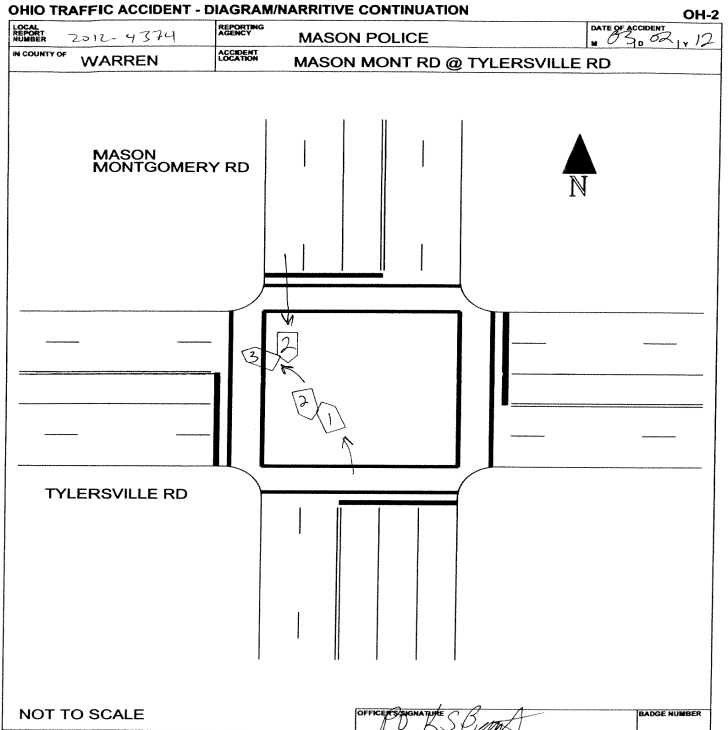
01 CLEAR  
 02 CLOUDY  
 03 FOG, SMOG, SMOKE  
 04 RAIN  
 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)  
 06 SNOW  
 07 SEVERE CROSSWINDS  
 08 BLOWING SAND, SOIL, DIRT, SNOW  
 09 OTHER  
 10 UNKNOWN

**LIGHT CONDITIONS**

PRIMARY **1** SECONDARY

01 DAYLIGHT  
 02 DAWN  
 03 DUSK  
 04 DARK - LIGHTED ROADWAY  
 05 DARK - NOT LIGHTED  
 06 DARK - UNKNOWN LIGHTING  
 07 CLARE  
 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	FUOO	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
03/02/2012	15:03	14:59	15:03	15:53	40.00	90.07
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55		03/05/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		201200004374			

<b>UNIT NUMBERS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">2</div> </div>	<b>DAMAGE AREA</b>  <b>A</b>  <b>B</b>	<b>PRE-CRASH ACTIONS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">06</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">01</div> </div> <b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 15 ENTERING / CROSSING IN INTERSECTION 16 SPECIALIZED LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING LEAVING VEHICLE 21 PLAYING / WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN	<b>SEQUENCE OF EVENTS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">20</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">20</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">3</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">3</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">4</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">4</td> </tr> </table> <b>NON-COLLISION</b> 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 <b>COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 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 <b>COLLISION WITH FIXED OBJECT</b> 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/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	20	20	2	2	3	3	4	4	<b>POSTED SPEED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">35</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">35</div> </div> <b>TRAFFIC CONTROL</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">04</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">04</div> </div> 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE 16 OTHER <b>DIIRECTION</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">4</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">2</td> </tr> </table> 01 NORTH 02 SOUTH 03 EAST 04 WEST 05 NORTHEAST 06 NORTHWEST 07 SOUTHEAST 08 SOUTHWEST 09 UNKNOWN <b>CONDITION</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> </div> 01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP/FATIGUED 06 FELL/GUED, ETC. 07 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 08 OTHER 09 UNKNOWN <b>ALCOHOL/DRUG SUSPECTED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> </div> 01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRED 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN <b>ALCOHOL TEST STATUS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> </div> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN <b>ALCOHOL TEST TYPE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> </div> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER <b>ALCOHOL TEST RESULT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">B</div> </div>	2	4	1	2	<b>DRUG TEST STATUS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> </div> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN <b>DRUG TEST TYPE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> </div> 01 NONE 02 BLOOD 03 URINE 04 OTHER <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: 20px; text-align: center;">1</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">2</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">2</td> </tr> </table> 01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING <b>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">02</div> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDOFF 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY/ACCESS 11 RAILROAD GRADE CROSSING 12 SHRED-USE PATHS OR TRAILS 13 UNKNOWN <b>OCCURRENCE</b> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> 01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFIC WAY 07 UNKNOWN <b>ROAD CONTOUR</b> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE <b>ROAD CONDITIONS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">02</td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;"></td> </tr> </table> 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	1	2	1	2	02	
20	20																						
2	2																						
3	3																						
4	4																						
2	4	1	2																				
1	2	1	2																				
02																							
<b>NON-MOTORIST LOCATION</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">B</div> </div> 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 <b>TYPE OF UNIT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">02</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">02</div> </div> <b>MOTORIST</b> 01 SUBCOMPACT 02 COMPACT 03 MEDIUM SIZE 04 FULL SIZE 05 MINIVAN 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/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 <b>NON-MOTORIST</b> 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN <b>IN-Emergency Response</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">B</div> </div> 01 NO 02 YES 03 UNKNOWN <b>DAMAGE SCALE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">2</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">2</div> </div> 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN <b>ACT OF IMPACT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">09</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">03</div> </div> 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 WINDSHIELD 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN <b>POINT OF IMPACT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">09</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">03</div> </div> 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 WINDSHIELD 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN <b>CONTRIBUTING CIRCUMSTANCES</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">22</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">22</div> </div> <b>MOTORIST</b> 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/ACCELERATED 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 <b>NON-MOTORIST</b> 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 <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: 20px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">B</div> </div> 01 TURN SIGNALS 02 HEADLAMPS 03 TAILLAMPS 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																							
		<b>SPEED DETECTED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1</div> </div> 01 STATED 02 ESTIMATED SPEED <b>SPEED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">15</div> <div style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">20</div> </div>		<b>SUPPLEMENTS</b> <input type="checkbox"/> *X* IF YES <b>LOCAL REPORT#</b> <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">201200004374</div>																			

State Seal

LOCAL REPORT #\* **2012004374**

CRASH SEVERITY: **3** 1 FATAL 3 PDO 2 Injury 4 Unknown

PRIVATE PROPERTY:

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

PHOTOS TAKEN: **Y**

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

# UNITS: **3** UNIT ERROR: **03** 98=ANIMAL 99=UNKNOWN

DATE OF CRASH\* **03022012**

TIME OF CRASH: **14:58** DAY OF WEEK: **Fri** CITY\* **X** VILLAGE\*  TWP\*

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

CRASH OCCURRED ON: PREFIX **Mason** CRASH LOCATION **Montgomery Road** TYPE LOC **1**

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

LOCAL INFORMATION

CRASH AT / REFERENCE: DIST REFERENCE **Tylersville Rd.** DR  PREFIX  REFERENCE **02**

REFERENCE POINT USED: 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

**A** UNIT # **3** NAME (LAST, FIRST, MIDDLE) **Hoffman, Marilee K**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **417 Silverwood Farms Dr, Lebanon OH, 45036**

SOCIAL SECURITY NUM  DATE OF BIRTH **04251960** AGE **51** SEX **F** HOME PHONE # **(513) 289-3115** WORK PHONE #

DL STATE **OH** DL # **RN163482** IP STATE **OH** IP # **CABLF** 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") **Hoffman, Marilee K** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR **2003** MAKE **FORD** MODEL **Escape** COLOR **BLK** INSURANCE COMPANY **Perkin INS** TOWING SERVICE  OWNER PHONE # **513-289-3115(H)**

OFFENSE CHARGED  OFFENSE DESCRIPTION  CITATION #  LOCAL CODE?

**B** UNIT #  NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

DL STATE  DL #  IP STATE  IP #  INJURED TAKEN BY  1 NONE 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?

**C** UNIT #  NAME (LAST, FIRST, MIDDLE)  HOME PHONE #  DATE OF BIRTH  AGE  SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY  1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY  INJURED TAKEN TO

**D** UNIT #  NAME (LAST, FIRST, MIDDLE)  HOME PHONE #  DATE OF BIRTH  AGE  SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

INJURED TAKEN BY  1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY  INJURED TAKEN TO

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	01 NONE USED	01 NOT DEPLOYED	01 NOT PRESENT	01 NOT EJECTED	01 NOT TRAPPED	01 NO INJURY
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	02 DEPLOYED FRONT	02 IN ON POSITION	02 TOTALLY EJECTED	02 EXTRACTED BY MECHANICAL MEANS	02 POSSIBLE
03 FRONT - RIGHT	03 LAP BELT ONLY	03 DEPLOYED SIDE	03 IN OFF POSITION	03 PARTIALLY EJECTED	03 MEANS	03 NON-INCAPACITATING
04 SECOND - LEFT (MC PASS)	04 SHOULDER LAP BELT	04 DEPLOYED BOTH FRONT SIDE	04 UNKNOWN POSITION	04 NOT APPLICABLE	04 FREED BY NON-MECHANICAL MEANS	04 INCAPACITATING
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLICABLE		05 UNKNOWN	05 MEANS	05 FATAL INJURY
06 SECOND - RIGHT	06 MC HELMET USED	06 UNKNOWN			06 UNKNOWN	06 UNKNOWN
07 THIRD - LEFT (MC PASSENGER SIDE CAR)	07 USE UNKNOWN					
08 THIRD - MIDDLE	08 NON-MOTORIST					
09 THIRD - RIGHT	09 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**

Units #1 & #3 were turning left from Mason-Montgomery Rd. to westbound Tylersville Rd. Unit #2 was southbound on Mason-Montgomery Rd. Unit #2 struck #1 then struck #3.

**MANNER OF COLLISION OR IMPACT**

**SCHOOL BUS RELATED**

**6**

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

**1**

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

**WORK ZONE RELATED**

**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**

**02**

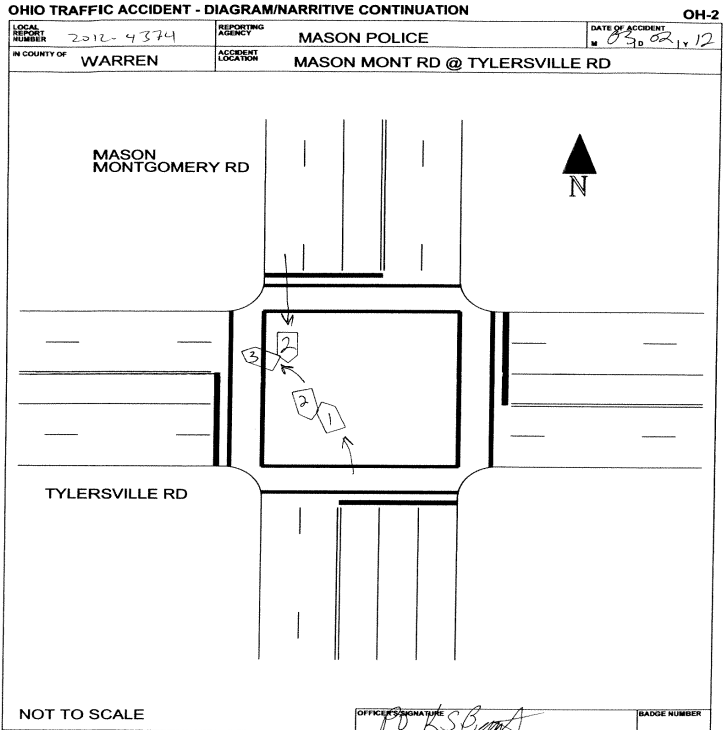
01 CLEAR  
 02 CLOUDY  
 03 FOG, SMOG, SMOKE  
 04 RAIN  
 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)  
 06 SNOW  
 07 SEVERE CROSSWINDS  
 08 BLOWING SAND, SOIL, DIRT, SNOW  
 09 OTHER  
 10 UNKNOWN

**LIGHT CONDITIONS**

PRIMARY **1** SECONDARY

01 DAYLIGHT  
 02 DAWN  
 03 DUSK  
 04 DARK - LIGHTED ROADWAY  
 05 DARK - NOT LIGHTED  
 06 DARK - UNKNOWN LIGHTING  
 07 CLARE  
 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
03/02/2012	15:03	14:59	15:03	15:53	40.00	90.07
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55		03/05/2012			
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		201200004374			

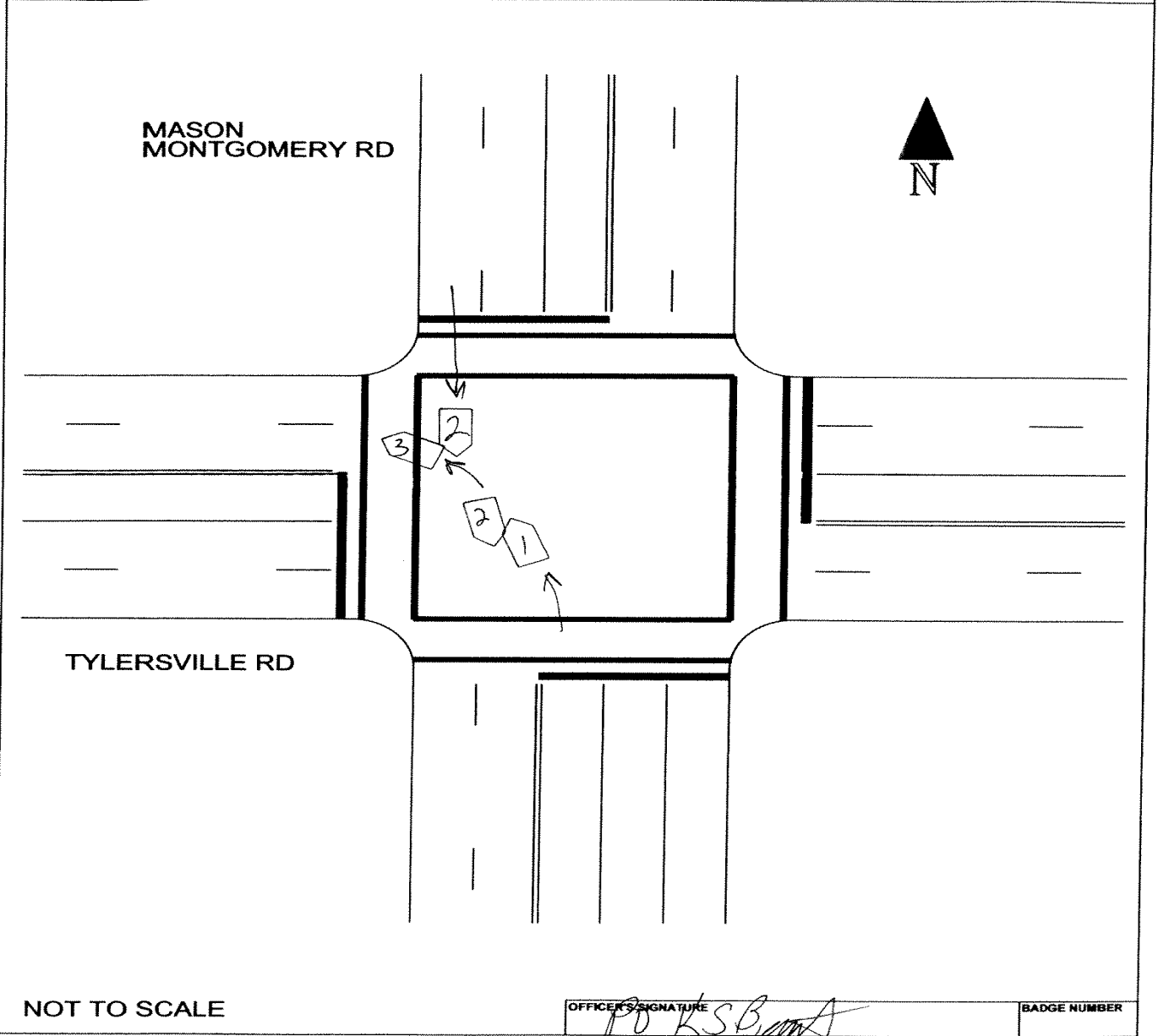
<b>UNIT NUMBERS</b> <input type="text" value="3"/> <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="06"/> <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> </table>	1	1	2	2	3	3	4	4	<b>POSTED SPEED</b> <input type="text" value="35"/> <input type="text"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text"/>	
1	1													
2	2													
3	3													
4	4													
<b>NON-MOTORIST LOCATION</b> <input type="text"/> <input type="text"/>	<b>A</b> 	<b>MOTORIST</b> 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	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION	<b>TRAFFIC CONTROL</b> <input type="text" value="04"/> <input type="text"/>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text"/>									
01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	<b>B</b> 	<b>NON-MOTORIST</b> 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	<b>COLLISION w/ PERSON, VEHICLE, OR OBJECT, NOT FIXED</b> 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	<b>DRUG TEST 1&amp;2 RESULT</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </table>	1	2	1	2	<b>TYPE OF UNIT</b> <input type="text" value="06"/> <input type="text"/>	<b>MOST DAMAGED AREA</b> <input type="text" value="05"/> <input type="text"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="22"/> <input type="text"/>	<b>COLLISION WITH FIXED OBJECT</b> 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	<b>RECTIFICATION</b> FROM TO FROM TO <input type="text" value="2"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="02"/>
1	2													
1	2													
<b>MOTORIST</b> 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; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORCYCLE (BOBTAIL) 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS	<b>POINT OF IMPACT</b> <input type="text" value="05"/> <input type="text"/>	<b>MOTORIST</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	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text"/> <input type="text"/>	<b>CONDITION</b> <input type="text" value="1"/> <input type="text"/>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text"/>									
<b>NON-MOTORIST</b> 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>ACTION</b> <input type="text" value="4"/> <input type="text"/>	<b>NON-MOTORIST</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	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>									
<b>IN-EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/>	<b>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</b> <input type="text"/> <input type="text"/>	<b>POINT OF IMPACT</b> <input type="text" value="05"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY SECONDARY <input type="text" value="02"/> <input type="text"/>									
<b>DAMAGE SCALE</b> <input type="text" value="2"/> <input type="text"/>	<b>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</b> <input type="text"/> <input type="text"/>	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	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text"/> <input type="text"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/>	01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DRY, OIL, GRAVEL 06 WATER/STANDING / MOVI NG 07 SLUSH 08 DEBRIS 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN 12 SECONDARY ROAD CONDITIONS ONLY									
<b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text"/>	<b>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</b> <input type="text"/> <input type="text"/>	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	<b>SPEED</b> <input type="text" value="15"/> <input type="text"/>	<b>SUPPLEMENTS *X* IF YES</b> <input type="text"/> <input type="text"/>	<b>LOCAL REPORT#*</b> <b>201200004374</b>									

LOCAL REPORT NUMBER 2012004374	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 03 D 02 Y 2012
IN COUNTY OF 83	ACCIDENT LOCATION 6500 Mason-Montgomery Road	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 2012-4374	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 03 D 02 Y 12
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONT RD @ TYLERSVILLE RD	



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

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200004374	REPORTING AGENCY Mason Police Department
-------------------------------------	---



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 2012-4374	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 03/02/12
----------------------------------	----------------------------------	-----------------------------

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

I, LIZ Hill PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
**P.O. KEVIN S. BRYANT** OFFICER'S NAME AT MASON Montgomery Rd. LOCATION

I was driving down Mason Montgomery Road in the rightmost lane with Alyssa as my passenger. We both had our seatbelts on. We were signaled to get into the left lane to turn left onto Tyler'sville Road by another car. As we drove I was starting the left turn and I didn't see a car, ~~and right~~ there was a green arrow to turn left and I had my signal on. I turned and I saw another car in front of me at the last second and slammed on my brakes. She was parked in the intersection. It was a head on just me moving and I backed up a little bit after the head on.

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

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? Left

Q. WHAT WAS YOUR SPEED? 15

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

ADDRESS OF WITNESS 1919 Autumn Hill Drive PHONE 513-331-0037

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



OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200004374	REPORTING AGENCY Mason Police Department
-------------------------------------	---



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 2012-4374	REPORTING AGENCY MASON POLICE	DATE OF CRASH 03/02/12
----------------------------------	----------------------------------	---------------------------

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

I, Jan Hesterman HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

P.O. KEVIN S. BRYANT AT \_\_\_\_\_  
OFFICER'S NAME LOCATION

---

*I was going thru intersection had full 3-4 green lights I proceeded forward and was hit by a white car. (my left drivers side)*

---

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

Q. WERE YOU WEARING YOUR SEAT BELT? *Yes*

Q. WHAT DIRECTION WERE YOU GOING? *South*

Q. WHAT WAS YOUR SPEED? *going to speed limit*

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

ADDRESS OF WITNESS 8388 Dimick Dr PHONE 755-1794

SIGNATURE OF WITNESS Jan Hesterman OFFICER'S SIGNATURE KS Bpt

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200004374	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

UN-3

LOCAL REPORT NUMBER 2012-4374	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 03   02   12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Marilee Hoffmann HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
**P.O. KEVIN S. BRYANT** AT \_\_\_\_\_  
OFFICER'S NAME LOCATION

I was turning left on green arrow at corner of Tylersville & Mason Mantg. Black car coming from straight ahead & clipped back of my car as I was turning. White car behind me turning also.

(I was on Mason Mantg & turning onto Tylersville)

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

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? turning left

Q. WHAT WAS YOUR SPEED? ? 10-15? just was stopped & started to move

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

ADDRESS OF WITNESS 419 Silverwood Farms Dr. Lebanon, OH 45036 PHONE 513-289-3115

SIGNATURE OF WITNESS X Marilee Hoffmann OFFICER'S SIGNATURE X P.O. K.S. Bryant