

State Seal

LOCAL REPORT #* **2012005400**

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: **2**

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

DATE OF CRASH* **03152012**

TIME OF CRASH: **21:13**

DAY OF WEEK: **Thu**

CITY* **X** VILLAGE* TWP*

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

COUNTY #* **83**

LATITUDE LONGITUDE

CRASH OCCURRED ON

PREFIX: **West Church Street**

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: **516**

REF POINT: **04**

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

A UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Siegrist, Ryan M.**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **4838 Isaac Lane, Mason OH, 45040**

SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
02211994 18 M (513) 234-0435

DL STATE DL # IP STATE IP # INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO
OH TT664900 OH EUT7302 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

OWNER'S NAME (IF SAME WRITE "SAME") **Siegrist, Jeffrey** ADDRESS (STREET, CITY, STATE, ZIP CODE) **3365 Linsan Drive, Cincinnati OH, 45239**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
1995 HOND Del Sol BLK Cincinnati

OFFENSE CHARGED **333.03** OFFENSE DESCRIPTION **Maximum Speed Limits; Assured Clear Distance Ahead** CITATION # **71102** LOCAL CODE? **X**

B UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Smith, James E Jr**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **516 West Church Street, Mason OH, 45040**

SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #
01281972 40 M (513) 557-0003

DL STATE DL # IP STATE IP # INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO
OH OH ETF2325 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #
FORD Taurus BGE State Farm 513-374-9414(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

C UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Smith, Devon** HOME PHONE # **513-557 ext. 03** DATE OF BIRTH **12081998** AGE **13** SEX **F**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **516 W. Church St., Mason OH, 45040**

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 NON-INCAPACITATING INJURY
03 FRONT - RIGHT	03 LAP BELT ONLY	03 DEPLOYED SIDE	03 IN OFF POSITION	03 PARTIALLY EJECTED	03 FREED BY 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 UNKNOWN	04 INCAPACITATING INJURY
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLICABLE				05 FATAL INJURY
06 SECOND - RIGHT	06 MC HELMET USED	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

Unit #02 was travelling westbound on W. Church St. slowing to pull into 516 W. Church St. Unit #01 was travelling westbound behind unit #02, failed to assure a clear distance ahead, and struck unit #02.

MANNER OF COLLISION OR IMPACT

2

- 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

SCHOOL BUS RELATED

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 SECONDARY

5

- 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



OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION - SERVICE - PROTECTION

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 12-5465	REPORTING AGENCY PROMISE ADVICE	DATE OF CRASH M 03 10 15 Y 12
IN COUNTY OF WARREN	CRASH LOCATION 516 W CHURCH ST	

OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 1237
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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	
CARGO BODY TYPE			WEIGHT (GVWR)		CDL Class		Hazardous Materials Placard Hazardous Materials Released	
01 NOT APPLI CABLE	05 POLE	09 CONCRETE MIXER	01 LESS/EQUAL 10,000	01 CLASS A	01 NO	01 NO	01 NO	
02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TAN	10 AUTO TRANSPORTER	02 10,001-26,000	02 CLASS B	02 YES	02 YES	02 YES	
03 VAN ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE	03 MORE THAN 26,000	03 CLASS C	03 UNKNOWN	03 NOT APPLI CABLE	03 NOT APPLI CABLE	
04 GRAIN CHIPS/ GRAVEL	08 DUMP	12 OTHER		04 CLASS M		04 UNKNOWN	04 UNKNOWN	
		13 UNKNOWN		05 CLASS D				

Police Action

DATE CRASH REPORTED 03/15/2012	TIME REC CALL 21:17	DISPATCH 21:13	ARRIVED 21:17	CLEARED 22:02	OTHER 25.00	TOTAL MINUTES 70.27
OFFICER'S NAME* Police Officer Eric S Fitzgerald	BADGE #* 1C37	CHECKED BY	DATE REPORT FILED* 03/20/2012	REPORT TAKEN BY 1	REPORT TAKEN AT 1	SUPPLEMENT * "X" IF YES LOCAL REPORT # 201200005400

UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/> NON-MOTORIST LOCATION <input type="text" value="A"/> <input type="text" value="B"/> 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/ NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 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 TYPE OF UNIT <input type="text" value="01"/> <input type="text" value="03"/> 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; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+AXLES 11 TRUCK/ TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/ SEM - TRAILER 14 TRACTOR/ DOUBLE SHORT 15 TRACTOR/ DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/ TRAILERS 18 MOTORCYCLE 19 MOTOR ZED BICYCLE 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 NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN IN-EMERGENCY RESPONSE <input type="text" value="A"/> <input type="text" value="B"/> 01 NO 02 YES 03 UNKNOWN DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="2"/> 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	DAMAGE AREA A B MOST DAMAGED AREA <input type="text" value="03"/> <input type="text" value="07"/> 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 POINT OF IMPACT <input type="text" value="03"/> <input type="text" value="07"/> 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 ACTION <input type="text" value="3"/> <input type="text" value="4"/> 01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN STRIKING VEHICLE: OVERRIDDEN/ UNDERRIDDEN <input type="text" value="1"/> <input type="text" value="B"/> 01 NO UNDERRIDE OR OVERRIDE 02 UNDERRIDE, COMPARTMENT INTRUSION 03 UNDERRIDE, NO COMPARTMENT INTRUSION 04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	PRE-CRASH ACTIONS <input type="text" value="01"/> <input type="text" value="11"/> MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/ PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING / CROSSING IN INTERSECTION 16 SPECIALTY LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING LEAVING VEHICLE 21 PLAYING / WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN CONTRIBUTING CIRCUMSTANCES <input type="text" value="08"/> <input type="text" value="01"/> MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ AHEAD 09 IMPROPER LANE CHANGE/ DROVE 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 NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/> 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	SEQUENCE OF EVENTS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><input type="text" value="20"/></td> <td style="width:50%;"><input type="text" value="20"/></td> </tr> <tr> <td><input type="text" value="2"/></td> <td><input type="text" value="2"/></td> </tr> <tr> <td><input type="text" value="3"/></td> <td><input type="text" value="3"/></td> </tr> <tr> <td><input type="text" value="4"/></td> <td><input type="text" value="4"/></td> </tr> </table> NON-COLLISION 01 OVERTURN/ ROLLOVER 02 FIRE/ EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS/ SHIFTER 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 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 COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/ CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 HIGHWAY TRAFFIC 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 FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED <input type="text" value="1"/> <input type="text" value="1"/> 01 STATED 02 ESTIMATED SPEED SPEED <input type="text" value="5"/> <input type="text" value="10"/> SUPPLEMENTS <input type="checkbox"/> *X* IF YES LOCAL REPORT#* <input type="text" value="201200005400"/>	<input type="text" value="20"/>	<input type="text" value="20"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="4"/>	POSTED SPEED <input type="text" value="25"/> <input type="text" value="25"/> TRAFFIC CONTROL <input type="text" value="01"/> <input type="text" value="01"/> 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 NOPELATIVE, MISSING, OBTURED 17 OTHER DIRECTION FROM TO FROM TO <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="4"/> 01 NORTH 02 SOUTH 03 EAST 04 WEST 05 NORTHEAST 06 NORTHWEST 07 SOUTHEAST 08 SOUTHWEST 09 UNKNOWN CONDITION <input type="text" value="1"/> <input type="text" value="1"/> 01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP, FANTASY, FATIGUE, ETC. 06 UNDER THE INFLUENCE OF MEDICATIONS/ DRUGS/ ALCOHOL 07 OTHER 08 UNKNOWN ALCOHOL/ DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRED 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/ UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/ UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 BLOOD 03 URINE 04 OTHER DRUG TEST 1&2 RESULT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;"><input type="text" value="1"/></td> <td style="width:50%;"><input type="text" value="1"/></td> </tr> <tr> <td><input type="text" value="2"/></td> <td><input type="text" value="2"/></td> </tr> </table> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ ROUNDABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY ACCESS 11 RAILWAY GRADE CROSSING 12 SHRED-USE PATHS OR TRAILS 13 UNKNOWN TYPE OF INTERSECTION <input type="text" value="01"/> OCCURRENCE <input type="text" value="1"/> 01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFICWAY 07 UNKNOWN ROAD CONTOUR <input type="text" value="1"/> 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="02"/> <input type="text" value=""/> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DRY, OIL, GRAVEL 06 WATER / STANDING / MOVING 07 SLUSH 08 DEBRIS** 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN ** SECONDARY ROAD CONDITIONS ONLY	<input type="text" value="1"/>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="2"/>
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LOCAL REPORT NUMBER 2012005400	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 03 D 15 Y 12
IN COUNTY OF 83	ACCIDENT LOCATION 516 West Church Street	

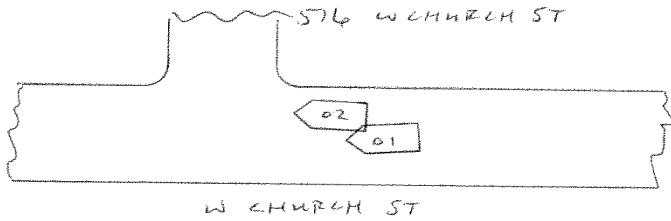


OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 12-5400	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 03 D 15 Y 12
IN COUNTY OF WARREN	CRASH LOCATION 516 W CHURCH ST	



OFFICER'S SIGNATURE X <i>[Signature]</i>	BADGE NUMBER 1237
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HSY 7002 4/07

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

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200005400	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 12-5400	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 08 D 15 Y 12
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, James Smith PRINTED, HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Eric Fitzgerald OFFICER'S NAME AT 516 W Church LOCATION

Coins west on CHUCK ST AS I WAS MAKING MY TURN IN MY driveway AS I WAS SLOWING A BLACK ^{car} STRUCK THE BACK OF MY VEHICLE APPROXIMATELY 30FT FROM MY DRIVEWAY. I GOT OUT THE DRIVER STATED THERE IN NO DUBIOUS ON MY CAR AND HE WAS TRYING TO CATCH UP WITH HIS FRIENDS AND HE NEEDED TO GET A NEW BUMPER ANYWAY I STATED THAT I WAS CALLING THE POLICE ANYWAY. I HAD MY 13 YEAR OLD SON IN THE PASSENGER SEAT HE BOTH WAS WEARING SEAT BELTS THERE ARE NO INJURIES.

Q: How fast were you travelling when the impact occurred?
 A: APPROX 5 TO 10 M.P.H
 Q: Were you brake checking the other vehicle or stopping at an angle in the roadway?
 A: NO I WAS ONLY TURNING IN MY DRIVEWAY

ADDRESS OF WITNESS <u>Devon Smith (Son) 12-08-98</u> <u>516 W CHURCH ST MASON OH 45040</u>		PHONE <u>513 557 0003</u>
SIGNATURE OF WITNESS X <u>[Signature]</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>	

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000005400	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 12-5400	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 03 D 15 Y 12
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Ryan Siegrist HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Eric Fitzgerald AT 516 W Church
OFFICER'S NAME LOCATION

I was Driving Down Church Street Handily West after letting a toway go at a stop sign we were Drive along at 25 mph He pulls way over to the left as if to pull into a drive way and stops at a 45° angle in the middle of the street I moved left to go around as he starts to pull in I look around him to start to go and all of a sudden he stops suddenly and I turned to avoid and hit

Q: How fast were you travelling when you struck the other vehicle?
 A: ~~25~~ 5mph

Q: were you wearing your seat belt?
 A: Yes

Coroner
Father
859-468-4633

ADDRESS OF WITNESS 4838 isagal Ln PHONE 859132340425

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

HSY 7003 4/07