

State Seal

LOCAL REPORT #* **2012005103**

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**

OH-2 **X** OH-3 **X** OH-1P OTHER **X**

NCIC #* **08304** REPORTING AGENCY* **City of Mason - City of Mason Police Depart** # UNITS **3**

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

DATE OF CRASH* **03122012**

TIME OF CRASH **06:40** DAY OF WEEK **Mon** CITY* **X** VILLAGE* TWP*

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

CRASH OCCURRED ON PREFIX **Mason-Montgomery Road** TYPE LOC **1** TYPE LOCATION POINT USED **1** 1 NAMED STREET 3 NUMBERED ROUTE, 2 NUMBERED STREET

LOCAL INFORMATION

CRASH AT / REFERENCE DIST REFERENCE **Western Row Road** DR PREFIX REFERENCE **Western Row Road** REF POINT **02**

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

A UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Perkins, Samuel John**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **6646 Palmetto Street, Cincinnati OH, 45227**

SOCIAL SECURITY NUM DATE OF BIRTH **06081989** AGE **22** SEX **M** HOME PHONE # **(513) 638-7700** WORK PHONE #

DL STATE **OH** DL # **SY355012** IP STATE **KY** IP # **132367** INJURED TAKEN BY **1** 1 NONE 4 OTHER, 2 EMS 5 UNKNOWN, 3 POLICE

TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") **Ivey Mechanical Company** ADDRESS (STREET, CITY, STATE, ZIP CODE) **10634 Manchester Street, Lexington, KY 40508**

YEAR **2001** MAKE **CHEV** MODEL **Express** COLOR **WHI** INSURANCE COMPANY **ARCH** TOWING SERVICE OWNER PHONE # **859-254-8878(W)**

OFFENSE CHARGED **333.03** OFFENSE DESCRIPTION **Maximum Speed Limits; Assured Clear Distance Ahead** CITATION # **71036** LOCAL CODE? **X**

B UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Jaggers, Leslie F.**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **7784 Hunters Trail, mason OH, 45040**

SOCIAL SECURITY NUM DATE OF BIRTH **10091971** AGE **40** SEX **F** HOME PHONE # **(513) 398-6631** WORK PHONE #

DL STATE **OH** DL # **RS411930** IP STATE **OH** IP # **EW76KR** INJURED TAKEN BY **1** 1 NONE 4 OTHER, 2 EMS 5 UNKNOWN, 3 POLICE

TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") **Jaggers, Leslie F.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR **2008** MAKE **CHRY** MODEL **Town & Ctr** COLOR **BLU** INSURANCE COMPANY **Metropolitan** TOWING SERVICE OWNER PHONE # **513-398-6631(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

C UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Jaggers, Jaxson** HOME PHONE # **513-398-6631** DATE OF BIRTH **06281999** AGE **12** SEX **M**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **7784 Hunters Trail, Mason OH, 45040**

INJURED TAKEN BY **1** 1 NONE 4 OTHER, 2 EMS 5 UNKNOWN, 3 POLICE

TRANSPORTED BY INJURED TAKEN TO

D UNIT # **3** NAME (LAST, FIRST, MIDDLE) **Carter, Karen** HOME PHONE # **513-777-5325** DATE OF BIRTH **08141948** AGE **63** SEX **F**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **8591 Goldfinch Way, West Chester OH, 45069**

INJURED TAKEN BY **1** 1 NONE 4 OTHER, 2 EMS 5 UNKNOWN, 3 POLICE

TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	04 A NONE USED	1 A 01 NOT DEPLOYED	1 A 01 NOT PRESENT	1 A 01 NOT EJECTED	1 A 01 NOT TRAPPED	1 A 01 NO INJURY
02 FRONT - MIDDLE	02 B SHOULD BELT ONLY	02 B 02 DEPLOYED FRONT	02 B 02 IN ON POSITION	02 B 02 TOTALLY EJECTED	02 B 02 EXTRACTED BY MECHANICAL MEANS	02 B 02 POSSIBLE NON-INCAPACITATING INJURY
03 FRONT - RIGHT	03 C LAP BELT ONLY	03 C 03 DEPLOYED SIDE	03 C 03 IN OFF POSITION	03 C 03 PARTIALLY EJECTED	03 C 03 MEANS	03 C 03 NON-FATAL INJURY
04 SECOND - LEFT (MC PASS)	04 D SHldr LAP BELT	04 D 04 DEPLOYED BOTH FRONT SIDE	04 D 04 UNKNOWN POSITION	04 D 04 NOT APPLICABLE	04 D 04 UNKNOWN	04 D 04 INCAPACITATING INJURY
05 SECOND - MIDDLE	05 A CHILD SAFETY SEAT	05 A 05 NOT APPLICABLE	05 A 05 UNKNOWN	05 A 05 UNKNOWN	05 A 05 MEANS	05 A 05 FATAL INJURY
06 SECOND - RIGHT	06 B MC HELMET USED	06 B 06 UNKNOWN	06 B 06 UNKNOWN	06 B 06 UNKNOWN	06 B 06 UNKNOWN	06 B 06 UNKNOWN
07 THIRD - LEFT (MC PASSENGER SIDE CAR)	07 C USE UNKNOWN					
08 THIRD - MIDDLE	08 D NON-MOTORIST					
09 THIRD - RIGHT	09 A NONE USED					
10 SLEEPER SECTION OF CAB	09 B HELMET USED					
11 ENCLOSED CARGO AREA	10 C PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	11 D REFLECTIVE CLOTHING					
13 TRAILING UNIT	12 C LIGHTING					
14 EXTERIOR	13 D OTHER					
15 OTHER	14 A UNKNOWN					
16 NON-MOTORIST						
17 UNKNOWN						

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

Narrative

Unit 1 ran the red light striking unit 2 in the front end spinning unit 2 into unit 3. Unit 1 and unit 2 received heavy damage.

MANNER OF COLLISION OR IMPACT

6

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

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

04

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

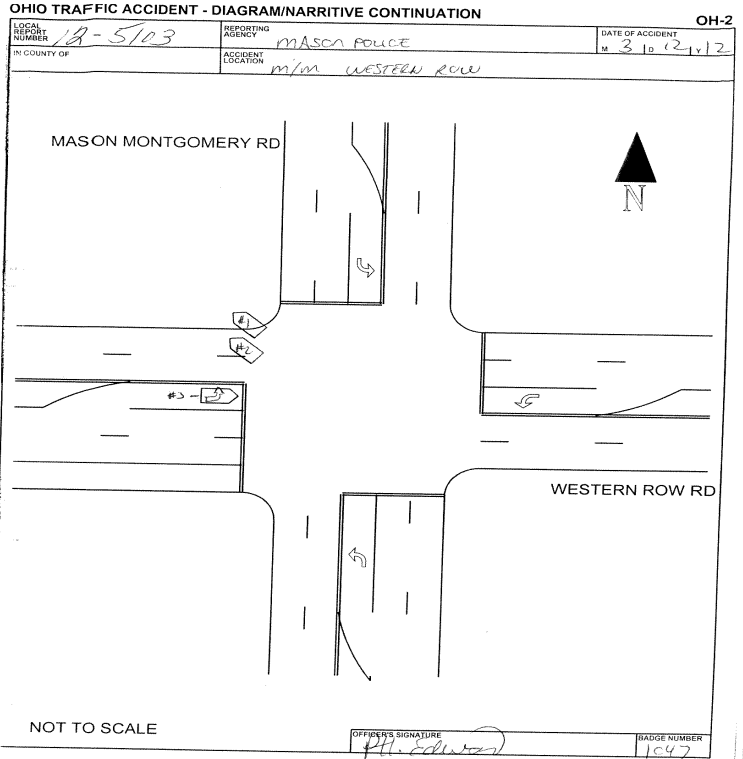
LIGHT CONDITIONS

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)

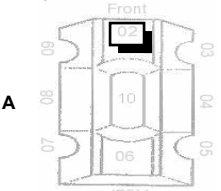
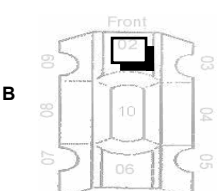
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
01 NOT APPLI CABLE	01 LESS/EQUAL 10,000	01 CLASS A	01 NO	01 NO			
02 BUS (9-15 INCLUDING DRIVER)	02 10,001-26,000	02 CLASS B	02 YES	02 YES			
03 VAN ENCLOSED BOX	03 MORE THAN 26,000	03 CLASS C	03 UNKNOWN	03 NOT APPLI CABLE			
04 GRAIN CHIPS/ GRAVEL		04 CLASS M		04 UNKNOWN			
05 POLE		05 CLASS D					
06 CARGO TAN							
07 FLATBED							
08 DUMP							
09 CONCRETE MIXER							
10 AUTO TRANSPORTER							
11 GARBAGE/REFUSE							
12 OTHER							
13 UNKNOWN							

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
03/12/2012	06:41	06:42	06:47	07:36	60.00	114.52
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Daniel R Edwards	1047		03/12/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		201200005103			

UNIT NUMBERS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2</div> </div>	DAMAGE AREA  	PRE-CRASH ACTIONS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">11</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06</div> </div>	SEQUENCE OF EVENTS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">20</td> <td style="width: 50%; text-align: center;">20</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> </tr> </table>	20	20	2	2	3	3	4	4	POSTED SPEED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">35</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">35</div> </div>	DRUG TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>				
20	20																
2	2																
3	3																
4	4																
NON-MOTORIST LOCATION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	MOST DAMAGED AREA <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</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 DRIVERLESS 13 OTHER 14 UNKNOWN	NON-COLLISION 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	TRAFFIC CONTROL <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">04</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">04</div> </div>	DRUG TEST TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>												
TYPE OF UNIT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">08</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">05</div> </div>	POINT OF IMPACT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">09</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">09</div> </div>	CONTRIBUTING CIRCUMSTANCES <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">03</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div> </div>	COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED 01 PEDESTRIAN 02 BICYCLE 03 RAILWAY VEHICLE 04 ANIMAL - FARM 05 ANIMAL - DEER 06 ANIMAL - OTHER 07 MOTOR VEHICLE IN TRANSPORT 08 PARKED MOTOR VEHICLE 09 WORK ZONE MAINTENANCE EQUIPMENT 10 OTHER MOVABLE OBJECT 11 UNKNOWN MOVABLE OBJECT	DIIRECTION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>FROM</td> <td>TO</td> <td>FROM</td> <td>TO</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> <td style="text-align: center;">1</td> </tr> </table>	FROM	TO	FROM	TO	3	4	4	1	DRUG TEST 1&2 RESULT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1</td> <td style="width: 50%; text-align: center;">1</td> </tr> <tr> <td style="width: 50%; text-align: center;">1</td> <td style="width: 50%; text-align: center;">1</td> </tr> </table>	1	1	1	1
FROM	TO	FROM	TO														
3	4	4	1														
1	1																
1	1																
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/TRIPLES 19 MOTORCYCLE 20 MOTOR ZED BICYCLE 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/ RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	POINT OF IMPACT 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/ TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	MOTORIST 01 NONE 02 FAI LURE 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/ ACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATED 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 FAI LURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTIVE 18 FATIGUE/ ASLEEP 19 OPERATED ON DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/ FALLING/ SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN	COLLISION WITH FIXED OBJECT 25 IMPACT ATTENUATOR/ CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC 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	CONDITION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</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	ACTIION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4</div> </div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	FIRST HARMFUL EVENT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	ALCOHOL/ DRUG SUSPECTED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	OCCURRENCE <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>												
LINE EMERGENCY RESPONSE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	MOST HARMFUL EVENT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	ALCOHOL TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	ROAD CONTOUR <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>												
DAMAGE SCALE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">5</div> </div>	NO UNDERRIDE OR OVERRIDE 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	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	SPEED DETECTED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	ALCOHOL TEST TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	ROAD CONDITIONS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">02</td> <td style="width: 50%; text-align: center;">B</td> </tr> </table>	02	B										
02	B																
SPEED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">30</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">10</div> </div>	ALCOHOL TEST RESULT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	ALCOHOL TEST STATUS 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 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	ALCOHOL TEST RESULT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	ROAD CONDITIONS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">02</td> <td style="width: 50%; text-align: center;">B</td> </tr> </table>	02	B										
02	B																
				SUPPLEMENTS *X* IF YES		LOCAL REPORT#*											
				201200005103													

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #* 2012005103

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 X OTHER X

NCIC #* 08304

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

UNITS 3

UNIT ERROR 01 98=ANIMAL 99=UNKNOWN

DATE OF CRASH* 03122012

TIME OF CRASH 06:40 DAY OF WEEK Mon CITY* X VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* Mason COUNTY #* 83 LATITUDE LONGITUDE

CRASH OCCURRED ON PREFIX CRASH LOCATION Mason-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 DR PREFIX REFERENCE Western Row Road REF POINT 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

UNIT # A 3 NAME (LAST, FIRST, MIDDLE) Carter, Ronald R. ADDRESS (STREET, CITY, STATE, ZIP CODE) 8591 Goldfinch Way, West Chester OH, 45069

SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE # 01221946 66 M

DL STATE DL # RC329446 IP STATE IP # EE14XU INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") Carter, Ronald R. ADDRESS (STREET, CITY, STATE, ZIP CODE) Same

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE # 2007 CHEV Trail Blazer SIL State Auto

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

Table with columns: SEATING POSITION, SAFETY EQUIPMENT, AIR BAG, AIR BAG SWITCH, EJECTION, TRAPPED, INJURIES. Includes sub-headers A, B, C, D for each column.

Narrative

Unit 1 ran the red light striking unit 2 in the front end spinning unit 2 into unit 3. Unit 1 and unit 2 received heavy damage.

MANNER OF COLLISION OR IMPACT

SCHOOL BUS RELATED

6

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

1

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

WORK ZONE RELATED

1

01 NO
 02 YES
 03 UNKNOWN

TYPE OF WORK ZONE

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

LOCATION OF CRASH IN WORK ZONE

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

WORKERS PRESENT

01 NO
 02 YES
 03 UNKNOWN

WEATHER

04

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

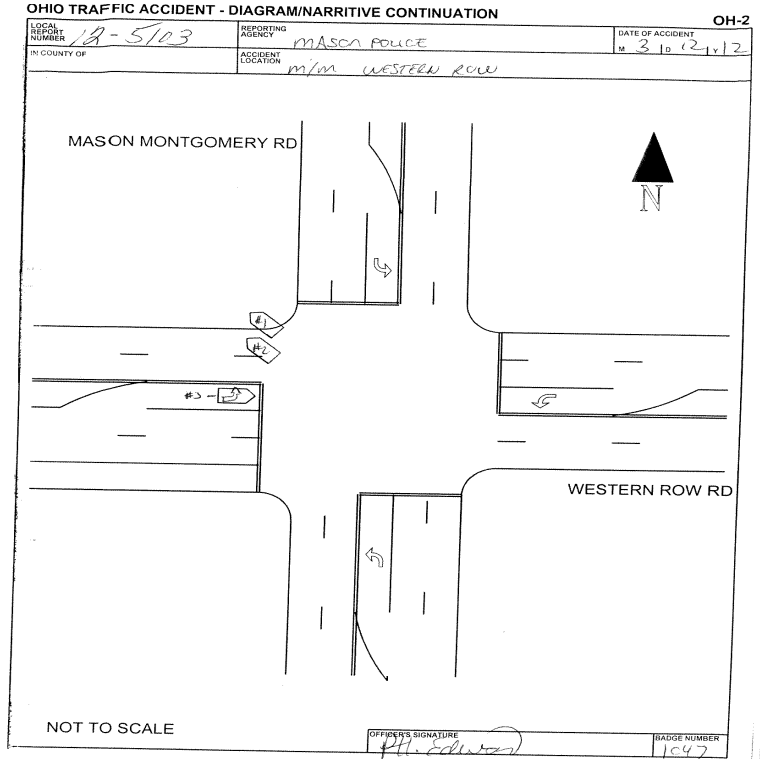
LIGHT CONDITIONS

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
03/12/2012	06:41	06:42	06:47	07:36	60.00	114.52
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Daniel R Edwards	1C47		03/12/2012			
REPORT TAKEN BY 1	REPORT TAKEN AT 1	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
01 POLICE AGENCY 02 MOTORIST	01 SCENE 02 STATION 03 OTHER		201200005103			

UNIT NUMBERS 3 A B	DAMAGE AREA 	PRE-CRASH ACTIONS 11 A B	SEQUENCE OF EVENTS 20 1 2 3 4	POSTED SPEED 35 A B	DRUG TEST STATUS 1 A B	
NON-MOTORIST LOCATION A B 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 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	DAMAGE AREA B 	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 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 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	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 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 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	TRAFFIC CONTROL 04 A B 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBTURED 16 OTHER	DRUG TEST TYPE 1 A B 01 NONE 02 BLOOD 03 URINE 04 OTHER DRUG TEST 1&2 RESULT 1 A 2 B	
TYPE OF UNIT 06 A B 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 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/ TRAILER 12 TRUCK TRACTOR (BOBTAI) 13 TRACTOR/ SEM-TRAILER 14 TRACTOR/ DOUBLE SHORT 15 TRACTOR/ DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRAILERS 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	MOST DAMAGED AREA 09 A B 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	CONTRIBUTING CIRCUMSTANCES 01 A B MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ ACCIDENT 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	FROM TO FROM TO 4 A 3 B 01 NORTH 02 SOUTH 03 EAST 04 WEST 05 NORTHEAST 06 NORTHWEST 07 SOUTHEAST 08 SOUTHWEST 09 UNKNOWN	DRUG TEST 1&2 RESULT 1 A 2 B TYPE OF INTERSECTION 02 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CONTROL/ ROUNDABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY ACCESS 11 RAILWAY GRADE CROSSING 12 SHRED-USE PATHS OR TRAILS 13 UNKNOWN		
NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT 09 A B 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN POINT OF IMPACT 4 A B 01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ ACCIDENT 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	CONDITON 1 A B 01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP/ FANTASIZED, FALTERED, ETC. 06 UNDER THE INFLUENCE OF MEDICATIONS/ DRUGS/ ALCOHOL 07 OTHER 08 UNKNOWN	OCURRENCE 1 01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFICWAY 07 UNKNOWN		
IN-Emergency Response A B 01 NO 02 YES 03 UNKNOWN	STRIKING VEHICLE: OVERRIDDEN/ UNDERRODE A B 01 NO UNDERRIDE OR OVERRIDE 02 UNDERRIDE, COMPARTMENT INTRUSION 03 UNDERRIDE, NO COMPARTMENT INTRUSION 04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A B 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	FIRST HARMFUL EVENT 1 A B OF THE SEQUENCE OF EVENTS-WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	ALCOHOL/ DRUG SUSPECTED 1 A B 01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRED 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN	ROAD CONTOUR 1 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE	
DAMAGE SCALE 2 A B 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	STRIKING VEHICLE: OVERRIDDEN/ UNDERRODE A B 01 NO UNDERRIDE OR OVERRIDE 02 UNDERRIDE, COMPARTMENT INTRUSION 03 UNDERRIDE, NO COMPARTMENT INTRUSION 04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A B 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	MOST HARMFUL EVENT 1 A B OF THE SEQUENCE OF EVENTS-WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL TEST STATUS 1 A B 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/ UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN	ROAD CONDITIONS PRIMARY SECONDARY 02 A B 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 ** SECONDARY ROAD CONDITIONS ONLY	
SPEED A B		SPEED A B		ALCOHOL TEST TYPE 1 A B 01 NONE 04 BREATH 02 BLOOD 05 OTHER 03 URINE		ALCOHOL TEST RESULT A B SUPPLEMENTS *X* IF YES LOCAL REPORT#* 201200005103

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200005103	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-5123	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 3 D 12 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

Samuel Perkins. HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Ptl. Dan Edwards AT mm/w/a
OFFICER'S NAME LOCATION

I was traveling down western Row crossing the intersection at Mason-montgomery. Green light. The mini van attempted to make a left turn without arrow in front of me. I tried to avoid her and Brake But there still was a collision.

Q. What was your speed at the time of the crash? A. 25-30 mph.

Q. What was your direction of travel? A. west.

Q. Were you wearing a seatbelt? A. Yes.

Q. Were you talking on a cell phone at the time of the crash? A. NO

Q. Were you injured due to the crash? A. NO.

6646 Palmetto St. Cincinnati, OH 45227
ADDRESS OF WITNESS

PHONE 513-638-7700

SIGNATURE OF WITNESS X [Signature]
 OFFICER'S SIGNATURE X Ptl. Edwards

HSY 7003 4/07

Arch Ins 859 254-8878

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200005103	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 12-5103	REPORTING AGENCY Mason Police Department	DATE OF CRASH MAY 10 2012
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, RON CARTER HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
 Ptl. Dan Edwards AT WESTER ROAD & W. 15th Street
OFFICER'S NAME LOCATION

I WAS IN THE LEFT TURN LANE, VAN IN FRONT OF ME WAS TURNING ON THE GREEN ARROW WHEN THE VAN IN FRONT WAS HIT BY ANOTHER VAN THAT TURNED IN FRONT OF HER AND HITTING HER, HER VAN SWAYED AROUND AND HIT MY TRAIL BLINDERS FROM LEFT AS SHE SWAYED AROUND I CHECKED TO SEE IF THERE WERE ANY INTRUSIONS & CALLED 911 VIA CR-STAR.

TRUCKS ROAD AND TURNS THERE 4 DAYS/WK

Q. What was your speed at the time of the crash? A. 0
 Q. What was your direction of travel? EAST A. EAST
 Q. Were you wearing a seatbelt? YES A. YES
 Q. Were you talking on a cell phone at the time of the crash? A. NO
 Q. Were you injured due to the crash? A. NO

ADDRESS OF WITNESS
 8591 GOODFRIEND WAY, WC 45009 PHONE 777-5325
 SIGNATURE OF WITNESS OFFICER'S SIGNATURE
 X Ronald A. Carter X Ptl. Edwards

HSY 7003 4/07

EF 14XU OR CHECK STATE AUTO POWER

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200005103	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 12-5103	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 3 / D 12 / Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Leslie F. Jagers HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Ptl. Dan Edwards AT M/M-W/R
OFFICER'S NAME LOCATION

In the turn lane on Western Row, turning Left, with turn arrow, on coming vehicle - I tried to turn back toward right and applied brakes. On coming vehicle impacted @ front drivers side of my mini-van. Spun my vehicle westward facing. ~~Car~~ Airbags deployed. Myself and my 12 year old son, sitting in middle row of my vehicle were unharmed - just shaken nerves.

TRAVELS AND TURNS THERE 5 DAYS/WK.

Q. What was your speed at the time of the crash? A. 5-10 mph

Q. What was your direction of travel? A. (turning) North

Q. Were you wearing a seatbelt? A. YES

Q. Were you talking on a cell phone at the time of the crash? A. NO

Q. Were you injured due to the crash? A. NO

ADDRESS OF WITNESS _____ PHONE 513 398-6631

SIGNATURE OF WITNESS X OFFICER'S SIGNATURE X Ptl. Edwards

HSY 7003 4/07