

State Seal

LOCAL REPORT #\* **2012005698**

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: **02** 98=ANIMAL, 99=UNKNOWN

DATE OF CRASH\* **03192012**

TIME OF CRASH: **15:15**

DAY OF WEEK: **Mon**

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

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

COUNTY #\* **83**

LATITUDE LONGITUDE

CRASH OCCURRED ON

PREFIX: **State Route 741**

CRASH LOC ON: **State Route 741**

TYPE LOC: **3**

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

**Bethany Rd** **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) **Smith, Kamilyn L**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **919 Whispering Pine, Lebanon OH, 45036**

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

**07131974** **37** **F** **(513) 292-2535**

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** **RK427517** **OH** **DOU6846** **3** **2** **5** **4** **5**

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

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

**2003** **HOND** **Odyssey** **BLK** **State Farm** **513-292-2535(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

**B** UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Strain, Kristi**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **6108 Ivywood Drive, Hamilton OH, 45011**

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

**10311950** **61** **F** **(513) 398-6682**

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** **RG744025** **OH** **84521** **3** **2** **5** **4** **5**

OWNER'S NAME (IF SAME WRITE "SAME") **Mason City Schools** ADDRESS (STREET, CITY, STATE, ZIP CODE) **211 North East Street, Mason, OH 45040**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

**1999** **INTE** **Netherlands** **513-398-0474(W)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

**331.34** **Fail to Control; Weaving; Full Time and Attention** **70999** **X**

**C** UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Smith, Samuel**

HOME PHONE # **513-292-2535**

DATE OF BIRTH **09262007** AGE **4** SEX **M**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **919 Whispering Pine, Lebanon OH, 45036**

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

**1** **4** **5**

**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

**1** **4** **5**

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	04 MOTORIST	1 01 NOT DEPLOYED	1 01 NOT PRESENT	1 01 NOT EJECTED	1 01 NOT TRAPPED	1 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 MEANS	04 INCAPACITATING INJURY
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLICABLE	05 UNKNOWN POSITION	05 UNKNOWN	05 NON-MECHANICAL 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**

Unit #1 was east bound on Bethany Rd. Unit #2 was northbound on SR741. The driver of unit #2 was distracted and entered the intersection. Unit #1 swerved to avoid #2 and struck a curb.

**MANNER OF COLLISION OR IMPACT**

**SCHOOL BUS RELATED**

- 1**
- 01 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
  - 02 REAR-END
  - 03 HEAD-ON
  - 04 REAR-TO-REAR
  - 05 BACKING
  - 06 ANGLE
  - 07 SIDESWIBE, SAME DIRECTION
  - 08 SIDESWIBE, OPPOSITE DIRECTION
  - 09 UNKNOWN

- 2**
- 01 NO
  - 02 YES, DIRECTLY INVOLVED
  - 03 YES, INDIRECTLY INVOLVED
  - 04 UNKNOWN

**WORK ZONE RELATED**

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

**TYPE OF WORK ZONE**

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

**LOCATION OF CRASH IN WORK ZONE**

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

**WORKERS PRESENT**

- 
- 01 NO
  - 02 YES
  - 03 UNKNOWN

**WEATHER**

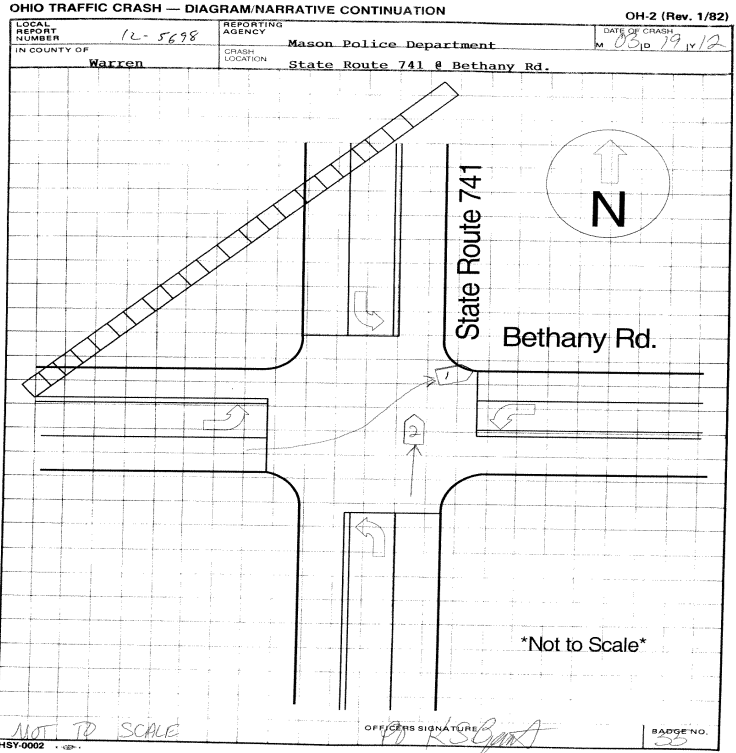
- 01**
- 01 CLEAR
  - 02 CLOUDY
  - 03 FOG, SMOG, SMOKE
  - 04 RAIN
  - 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
  - 06 SNOW
  - 07 SEVERE CROSSWINDS
  - 08 BLOWING SAND, SOIL, DIRT, SNOW
  - 09 OTHER
  - 10 UNKNOWN

**LIGHT CONDITIONS**

PRIMARY SECONDARY

- 1**
- 01 DAYLIGHT
  - 02 DAWN
  - 03 DUSK
  - 04 DARK - LIGHTED ROADWAY
  - 05 DARK - NOT LIGHTED
  - 06 DARK - UNKNOWN LIGHTING
  - 07 GLARE
  - 08 OTHER
  - 09 UNKNOWN

**Diagram**



**Truck/Bus**

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

**AND**

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

Unit#

COMPANY (FROM SHIPPING PAPERS)

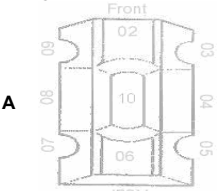
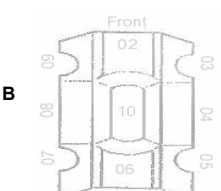
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
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
03/19/2012	15:22	15:15	15:22	15:46	30.00	53.98
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55		03/27/2012			
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		201200005698			

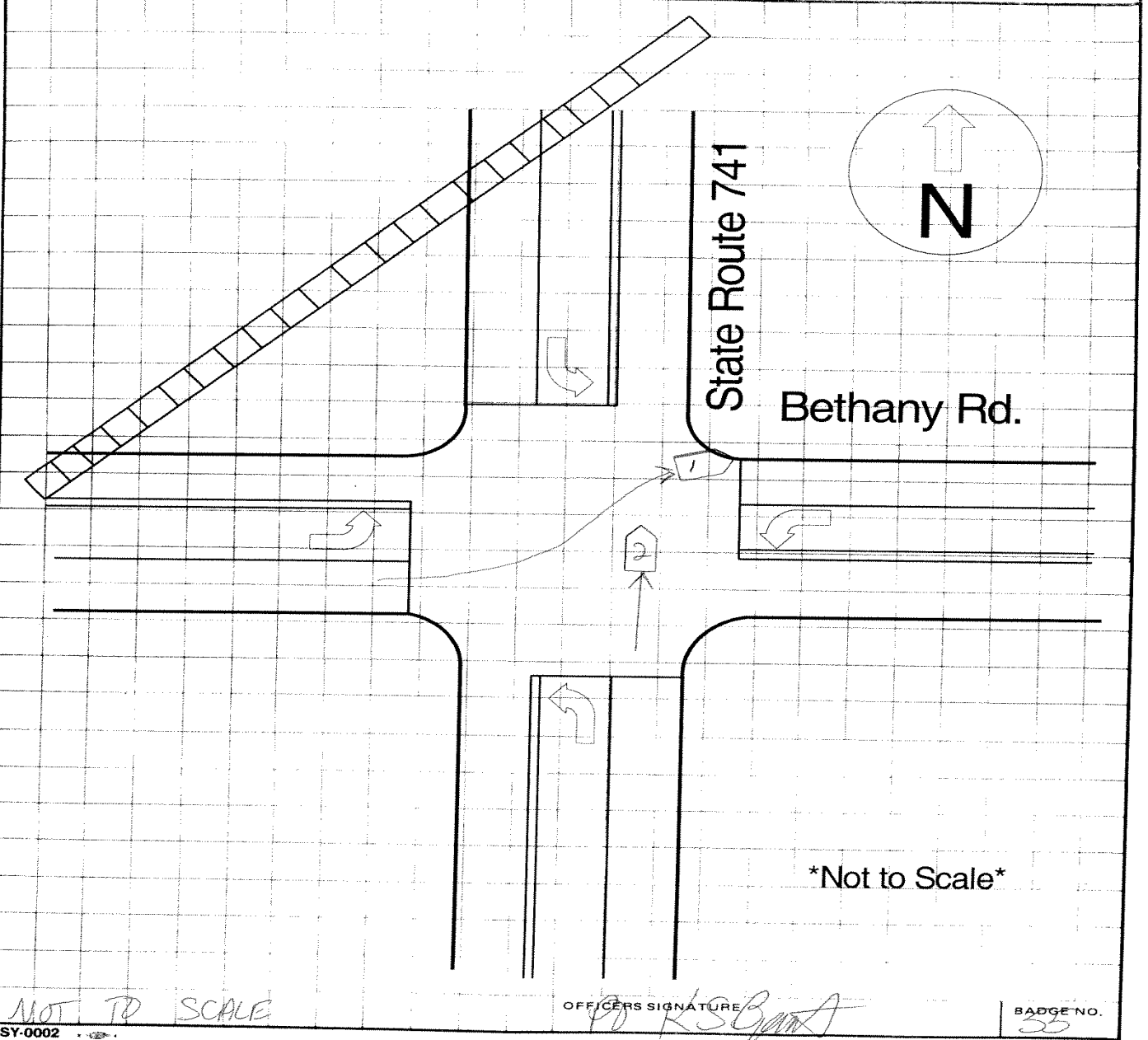
<b>UNIT NUMBERS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2 <small>B</small></div> </div>	<b>DAMAGE AREA</b> <div style="display: flex; justify-content: space-around;">   </div>	<b>PRE-CRASH ACTIONS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>B</small></div> </div>	<b>SEQUENCE OF EVENTS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">09 <small>1</small></td> <td style="border: 1px solid black; padding: 2px;">12 <small>1</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">39 <small>2</small></td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> </table>	09 <small>1</small>	12 <small>1</small>	39 <small>2</small>						<b>POSTED SPEED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">35 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">50 <small>B</small></div> </div>	<b>DRUG TEST STATUS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	
09 <small>1</small>	12 <small>1</small>													
39 <small>2</small>														
<b>NON-MOTORIST LOCATION</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	<b>MOST DAMAGED AREA</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">0 <small>B</small></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 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING / WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>NON-COLLISION</b> 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  <b>COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 14 PEDESTRIAN 15 PEDICYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT  <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>TRAFFIC CONTROL</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">04 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">04 <small>B</small></div> </div>	<b>DRUG TEST TYPE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>									
<b>TYPE OF UNIT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">05 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">20 <small>B</small></div> </div>	<b>POINT OF IMPACT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">11 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>B</small></div> </div>	<b>CONTRIBUTING CIRCUMSTANCES</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">17 <small>B</small></div> </div>	<b>DIIRECTION</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">4 <small>A</small></td> <td style="border: 1px solid black; padding: 2px;">3 <small>B</small></td> <td style="border: 1px solid black; padding: 2px;">2 <small>B</small></td> <td style="border: 1px solid black; padding: 2px;">1 <small>A</small></td> </tr> </table>	4 <small>A</small>	3 <small>B</small>	2 <small>B</small>	1 <small>A</small>	<b>DRUG TEST 1&amp;2 RESULT</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px;">2 <small>B</small></td> <td style="border: 1px solid black; padding: 2px;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px;">2 <small>B</small></td> </tr> </table>	1 <small>A</small>	2 <small>B</small>	1 <small>A</small>	2 <small>B</small>	<b>CONDITION</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</div>
4 <small>A</small>	3 <small>B</small>	2 <small>B</small>	1 <small>A</small>											
1 <small>A</small>	2 <small>B</small>	1 <small>A</small>	2 <small>B</small>											
<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; 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/TRIPLES 19 MOTORCYCLE 20 MOTOR ZED BI-CYCLE 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>ACTIION</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<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>FIRST HARMFUL EVENT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>ALCOHOL/DRUG SUSPECTED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>OCURRENCE</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>									
<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>STRIKING VEHICLE: OVERRIDE/ UNDERIDE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	<b>MOST HARMFUL EVENT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>ALCOHOL TEST STATUS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>ROAD CONTOUR</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>									
<b>LINE EMERGENCY RESPONSE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	<b>DAMAGE SCALE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>NO UNDERIDE OR OVERRIDE</b> 01 NO UNDERIDE OR OVERRIDE 02 UNDERIDE, COMPARTMENT INTRUSION 03 UNDERIDE, NO COMPARTMENT INTRUSION 04 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	<b>SPEED DETECTED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>ALCOHOL TEST TYPE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>ROAD CONDITIONS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">PRIMARY</td> <td style="border: 1px solid black; padding: 2px;">SECONDARY</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">01</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> </table>	PRIMARY	SECONDARY	01						
PRIMARY	SECONDARY													
01														
<b>TYPE OF INTERSECTION</b> 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	<b>OTHER</b> 01 NONE 02 BLOOD 03 URINE 04 OTHER	<b>OTHER</b> 01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING	<b>SPEED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">30 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">25 <small>B</small></div> </div>	<b>ALCOHOL TEST RESULT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	<b>ALCOHOL TEST STATUS</b> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN									
<b>OTHER</b> 01 NONE 02 BLOOD 03 URINE 04 OTHER	<b>OTHER</b> 01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING	<b>OTHER</b> 01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING	<b>SUPPLEMENTS</b> <input type="checkbox"/> *X* IF YES	<b>LOCAL REPORT#*</b> 201200005698										

LOCAL REPORT NUMBER 2012005698	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 03 ID 19 Y 2012
IN COUNTY OF 83	ACCIDENT LOCATION 4000 State Route 741	

OHIO TRAFFIC CRASH — DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 12-5698	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 03 ID 19 Y 12
IN COUNTY OF Warren	CRASH LOCATION State Route 741 @ Bethany Rd.	



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

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000005698	REPORTING AGENCY Mason Police Department
--------------------------------------	---



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-5698	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 03   D 19   Y 12
--------------------------------	----------------------------------	-------------------------------------

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

I, Kamilyn Smith PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
**P.O. KEVIN S. BRYANT** OFFICER'S NAME AT Bethany + 741 LOCATION

I crossed the train tracks on Bethany heading towards 741 + my light had just turned yellow - I decided to continue through the light when I saw a yellow school bus coming at me - I had to swerve left + brake - the bus slowed but never stopped - I went up + over the curb + back down + crossed back into my lane where I then called the police.

Yellow school mason bus #72 never stopped - The bus was heading north on 741 and ran their red light.

Q DID ANY OTHERS BLEW? A-NO

- Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? no
- Q. WERE YOU WEARING YOUR SEAT BELT? yes
- Q. WHAT DIRECTION WERE YOU GOING? East on Bethany
- Q. WHAT WAS YOUR SPEED? 35-40
- Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? no

ADDRESS OF WITNESS 919 whispering pine way, Lebanon OH	PHONE 513-270-2535
SIGNATURE OF WITNESS X Kamilyn J Smith	OFFICER'S SIGNATURE X P O K S B

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000005698	REPORTING AGENCY Mason Police Department
--------------------------------------	---



OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

UM-3

LOCAL REPORT NUMBER 12-5698	REPORTING AGENCY MASON POLICE	DATE OF CRASH 03/09/12
--------------------------------	----------------------------------	---------------------------

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

I, KRISTE STRAIN PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
P.O. KEVIN S. BRYANT OFFICER'S NAME AT MASON BUS GARAGE 3/9 1200 LOCATION

I was driving on 741 when all lights started going off. When I looked down as was crawling up my pant leg where my jeans it was trying to get wasp out of pants. Trying to figure out what buzzer going off trying to get wasp out. Went into intersection saw van didn't make contact, stopped at tracks + continued 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? NORTH

Q. WHAT WAS YOUR SPEED? 25-30

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

ADDRESS OF WITNESS  
6108 Elmwood Dr. MASON OH 45040 PHONE 513 896 1601

SIGNATURE OF WITNESS X Kriste Strain OFFICER'S SIGNATURE X P.O. K.S. Bryant