

State Seal

LOCAL REPORT #\* **2012010459**

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: **N**

NCIC #\* **08304**

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

# UNITS: **2**

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

DATE OF CRASH\* **05182012**

TIME OF CRASH: **08:05**

DAY OF WEEK: **Fri**

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

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

COUNTY #\* **83**

LATITUDE LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION TYPE LOC 1 TYPE LOCATION POINT USED LOCAL INFORMATION

**East Main Street** 1 NAMED STREET 3 NUMBERED ROUTE **East Main Street**

2 NUMBERED STREET

CRASH AT / REFERENCE

DIST REFERENCE DR PREFIX REFERENCE REF POINT

**Mason Montgomery Road** **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) **Faux, Nadine M.**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **175 Summit Street, Lebanon OH, 45036**

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

**06301987** **24** **F** **(513) 850-9307**

DL STATE DL # 29158271 IP STATE IP # FFV6574 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

**PA** **PA**

OWNER'S NAME (IF SAME WRITE "SAME") **Faux, Nadine M.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

**2002** **MERC** **Sable** **GRE** **Geico** **513-850-9307(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

**B** UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Bailey, Donnelly G.**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **306 Virginia Court, Lebanon OH, 45036**

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

**04181948** **64** **M** **(513) 932-8407**

DL STATE DL # RQ559793 IP STATE IP # 487XZK INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

**OH** **OH**

OWNER'S NAME (IF SAME WRITE "SAME") **Bailey, Donnelly G.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

**2011** **FORD** **Escape** **BLU** **Nationwide** **513-932-8407(H)**

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 NON-INCAPACITATING INJURY
03 FRONT - RIGHT	03 LAP BELT ONLY	03 DEPLOYED SIDE	03 IN OFF POSITION	03 PARTIALLY EJECTED	03 MECHANICAL 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	05 UNKNOWN	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	NON-MOTORIST					
09 THIRD - RIGHT	08 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 #1 struck unit #2 from behind on US42 (East Main Street) and Mason Montgomery Road. Both vehicles sustained damage.

**MANNER OF COLLISION OR IMPACT**

**SCHOOL BUS RELATED**

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

1

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

**WORK ZONE RELATED**

1

01 NO  
 02 YES  
 03 UNKNOWN

**TYPE OF WORK ZONE**

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

**LOCATION OF CRASH IN WORK ZONE**

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

**WORKERS PRESENT**

01 NO  
 02 YES  
 03 UNKNOWN

**WEATHER**

01

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

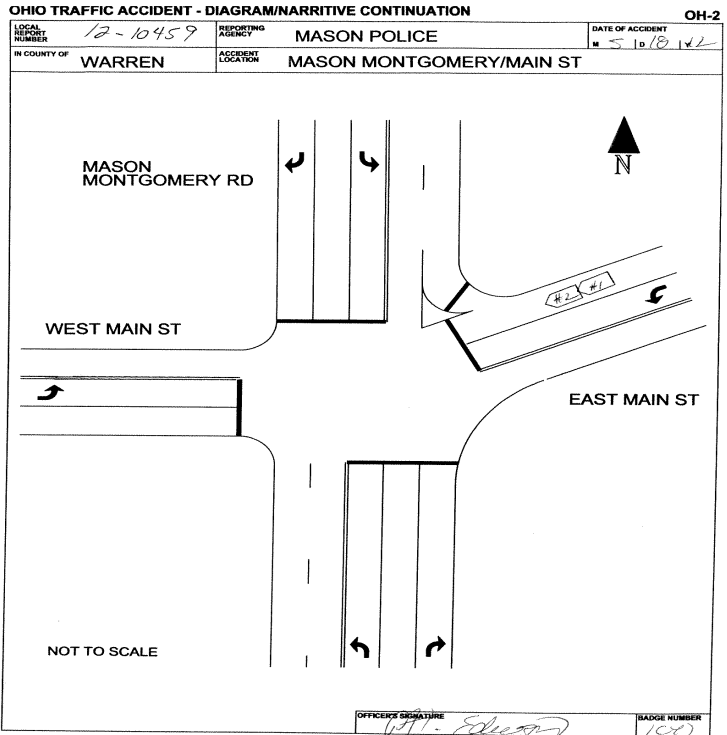
**LIGHT CONDITIONS**

PRIMARY SECONDARY

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.

**A  
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			
<input type="checkbox"/> 01 NOT APPLICABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN ENCLOSED BOX <input type="checkbox"/> 04 GRAIN CHIPS/ GRAVEL	<input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TAN <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	<input type="checkbox"/> 01 CLASS A <input type="checkbox"/> 02 CLASS B <input type="checkbox"/> 03 CLASS C <input type="checkbox"/> 04 CLASS M <input type="checkbox"/> 05 CLASS D	<input type="checkbox"/> 01 NO <input type="checkbox"/> 02 YES <input type="checkbox"/> 03 UNKNOWN	<input type="checkbox"/> 01 NO <input type="checkbox"/> 02 YES <input type="checkbox"/> 03 NOT APPLICABLE <input type="checkbox"/> 04 UNKNOWN			

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
05/18/2012	08:05	08:10	08:23	08:35	30.00	59.95
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Daniel R Edwards	1C47		05/21/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
<input type="checkbox"/> 1 01 POLICE AGENCY 02 MOTORIST	<input type="checkbox"/> 1 01 SCENE 02 STATION 03 OTHER		2012000010459			

<b>UNIT NUMBERS</b> <input type="text" value="1"/> <input type="text" value="2"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="11"/> <input type="text" value="11"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>20</td><td>20</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	20	20									<b>POSTED SPEED</b> <input type="text" value="25"/> <input type="text" value="25"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/>
20	20														
<b>NON-MOTORIST LOCATION</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>A</b>  <b>B</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-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>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 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 HIGHWAY TRAFFIC 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> <input type="text" value="04"/> <input type="text" value="04"/> 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  <b>DIIRECTION</b> 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  <b>CONDITION</b> <input type="text" value="1"/> <input type="text" value="1"/> 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>DRUG TEST TYPE</b> <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  <b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING										
<b>TYPE OF UNIT</b> <input type="text" value="03"/> <input type="text" value="06"/> <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 (BOBTAI) 14 TRACTOR/SEMI-TRAILER 15 TRACTOR/DOUBLE SHORT 16 TRACTOR/DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY TRACTOR/TRAILERS 18 MOTORCYCLE 19 MOTORCYCLE (BOBTAI) 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>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>MOST DAMAGED AREA</b> <input type="text" value="02"/> <input type="text" value="06"/> 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>POINT OF IMPACT</b> <input type="text" value="02"/> <input type="text" value="06"/> 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>POINT OF IMPACT</b> <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	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="08"/> <input type="text" value="01"/> <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/AGDA 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> <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	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) <b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS WHICH ONE IS THE MOST HARMFUL EVENT (1-4) <b>SPEED DETECTED</b> <input type="text" value="2"/> <input type="text" value="1"/> 01 STATED 02 ESTIMATED SPEED  <b>SPEED</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>ALCOHOL/DRUG SUSPECTED</b> <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  <b>ALCOHOL TEST STATUS</b> <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  <b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER  <b>ALCOHOL TEST RESULT</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="02"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDOABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY/ACCESS 11 RAILWAY GRADE CROSSING 12 SHRED-USE PATHS OR TRAILS 13 UNKNOWN  <b>OCCURRENCE</b> <input type="text" value="1"/> 01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFIC WAY 07 UNKNOWN  <b>ROAD CONTOUR</b> <input type="text" value="1"/> 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE  <b>ROAD CONDITIONS</b> PRIMARY SECONDARY <input type="text" value="01"/> <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 12 SECONDARY ROAD CONDITIONS ONLY										
<b>I/E EMERGENCY RESPONSE</b> <input type="text" value="A"/> <input type="text" value="B"/> 01 NO 02 YES 03 UNKNOWN  <b>DAMAGE SCALE</b> <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	<b>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</b> <input type="text" value="A"/> <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	<b>VEHICLE DEFECT CODE ONLY IF 19' SELECTED ABOVE</b> <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	<b>SUPPLEMENTS</b> <input type="text" value="X"/> *X IF YES	<b>LOCAL REPORT#</b> <input type="text" value="201200010459"/>	<b>201200010459</b>										

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000010459	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 12-10459	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 5 10 18 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Nadine Faux HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Ptl. Dan Edwards AT E.MAN/MAS-MONT.  
OFFICER'S NAME LOCATION

I was at the red light at the intersection of Mason-Montgomery Rd. and Main St. in Mason, I was on main St. I looked down to see what time it was on my phone to see if I was late and my foot slipped off the brake. I then heard my car hit the other cars back bumper. At that time I put the car in reverse and backed up, put on my 4 way blinkers and waited for the police to arrive.

Q. What was your speed at the time of the crash? A. coasting

Q. What was your direction of travel? A. \_\_\_\_\_

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 175 Summit St. Lebanon, OH 45036 PHONE 513-850-9307

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

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000010459	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 12-10459	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 5   D 18   Y 12
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

<input checked="" type="checkbox"/>	<u>DONNELLY BAILEY</u> PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<input checked="" type="checkbox"/>	Ptl. Dan Edwards OFFICER'S NAME	AT _____ LOCATION
	Sitting at red light <sup>MASON</sup> Monro Rd E 42 got hit in rear!	
	Q. What was your speed at the time of the crash?	A.
	Q. What was your direction of travel?	A.
	Q. Were you wearing a seatbelt? <u>yes</u>	A.
	Q. Were you talking on a cell phone at the time of the crash?	A.
	Q. Were you injured due to the crash?	A.
	<u>306 Virginia Ct Leeb, Ohio 45036</u> ADDRESS OF WITNESS	
		PHONE
	<u>Donnelly A Bailey</u> SIGNATURE OF WITNESS	<u>Dan Edwards</u> OFFICER'S SIGNATURE

HSY 7003 4/07

NATIONWIDE