

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #\* 2012010456

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 OTHER

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 07:30 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 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 Tylersville 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

UNIT # A 1 NAME (LAST, FIRST, MIDDLE) Piezer, Katie Mae ADDRESS (STREET, CITY, STATE, ZIP CODE) 4984 Kenwood Drive, Mason OH, 45040

SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE # 10191993 18 F (513) 398-2972

DL STATE DL # TR001254 IP STATE IP # OH CRS8137 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") Piezer, Katie Mae ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR 1998 MAKE INFI MODEL I30 COLOR LBL INSURANCE COMPANY Nationwide TOWING SERVICE OWNER PHONE # 513-398-2972(H)

OFFENSE CHARGED 333.03 OFFENSE DESCRIPTION Maximum Speed Limits; Assured Clear Distance Ahead CITATION # 71483 LOCAL CODE? X

UNIT # B 2 NAME (LAST, FIRST, MIDDLE) Riley, Mark E ADDRESS (STREET, CITY, STATE, ZIP CODE) 228 S. Broadway, Lebanon OH, 45036

SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE # 10281948 63 M (513) 932-2566

DL STATE DL # RG738498 IP STATE IP # OH CPQ3634 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") Riley, Mark E ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR 1994 MAKE DODG MODEL Neon COLOR GRE INSURANCE COMPANY Pekin TOWING SERVICE OWNER PHONE # 513-932-2566(H)

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 2 EMS 3 POLICE 4 OTHER 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 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

Table with 8 columns: SEATING POSITION, SAFETY EQUIPMENT, AIR BAG, AIR BAG SWITCH, EJECTION, TRAPPED, INJURIES. Rows A-D for each occupant.

BLANK FOR WITNESS SUPPLEMENT "X" IF YES

**Narrative**

Unit #1 struck Unit #2 from behind while in traffic on Mason-Montgomery Road at Tylersville Rd. Minor damage resulted unit #2 had been previously struck and the bumper cover was already damaged prior to the crash.

**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**

**1**

- 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**

**1**

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

**WORKERS PRESENT**

**1**

- 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

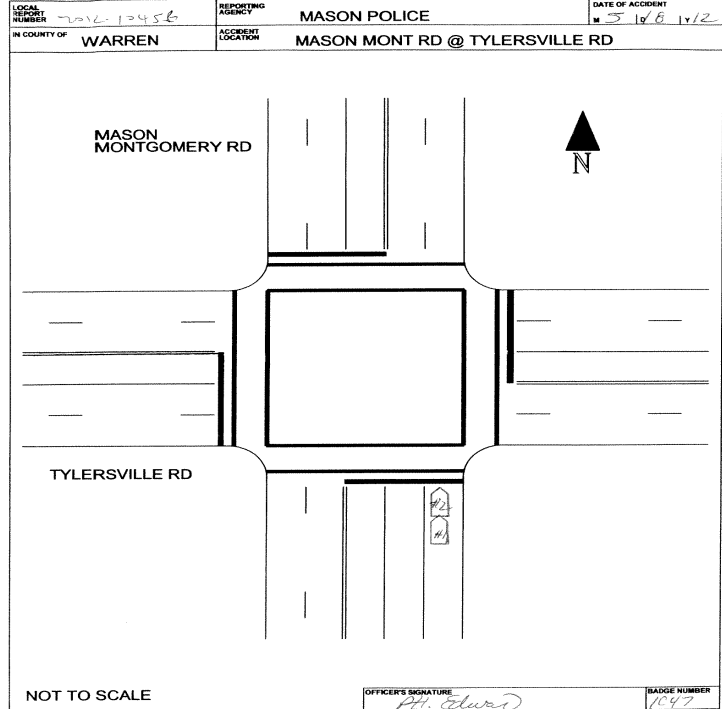
**1**

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

**Diagram**

**OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION**

OH-2



**Truck/Bus**

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:  
 A TRUCK (MOTOR VEHICLE) WITH A GVW 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)

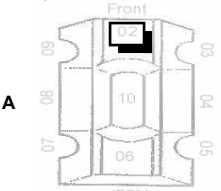
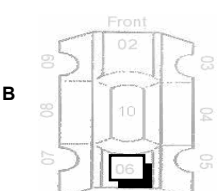
COMPANY PHONE

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 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 <b>05/18/2012</b>	TIME REC CALL <b>07:40</b>	DISPATCH <b>07:30</b>	ARRIVED <b>07:40</b>	CLEARED <b>08:10</b>	OTHER <b>20.00</b>	TOTAL MINUTES <b>49.88</b>
OFFICER'S NAME* <b>Police Officer Daniel R Edwards</b>	PAGE #* <b>1C47</b>	CHECKED BY	DATE REPORT FILED* <b>05/21/2012</b>			
REPORT TAKEN BY <b>1</b>	REPORT TAKEN AT <b>1</b>	SUPPLEMENT * "X" IF YES	LOCAL REPORT # <b>201200010456</b>			

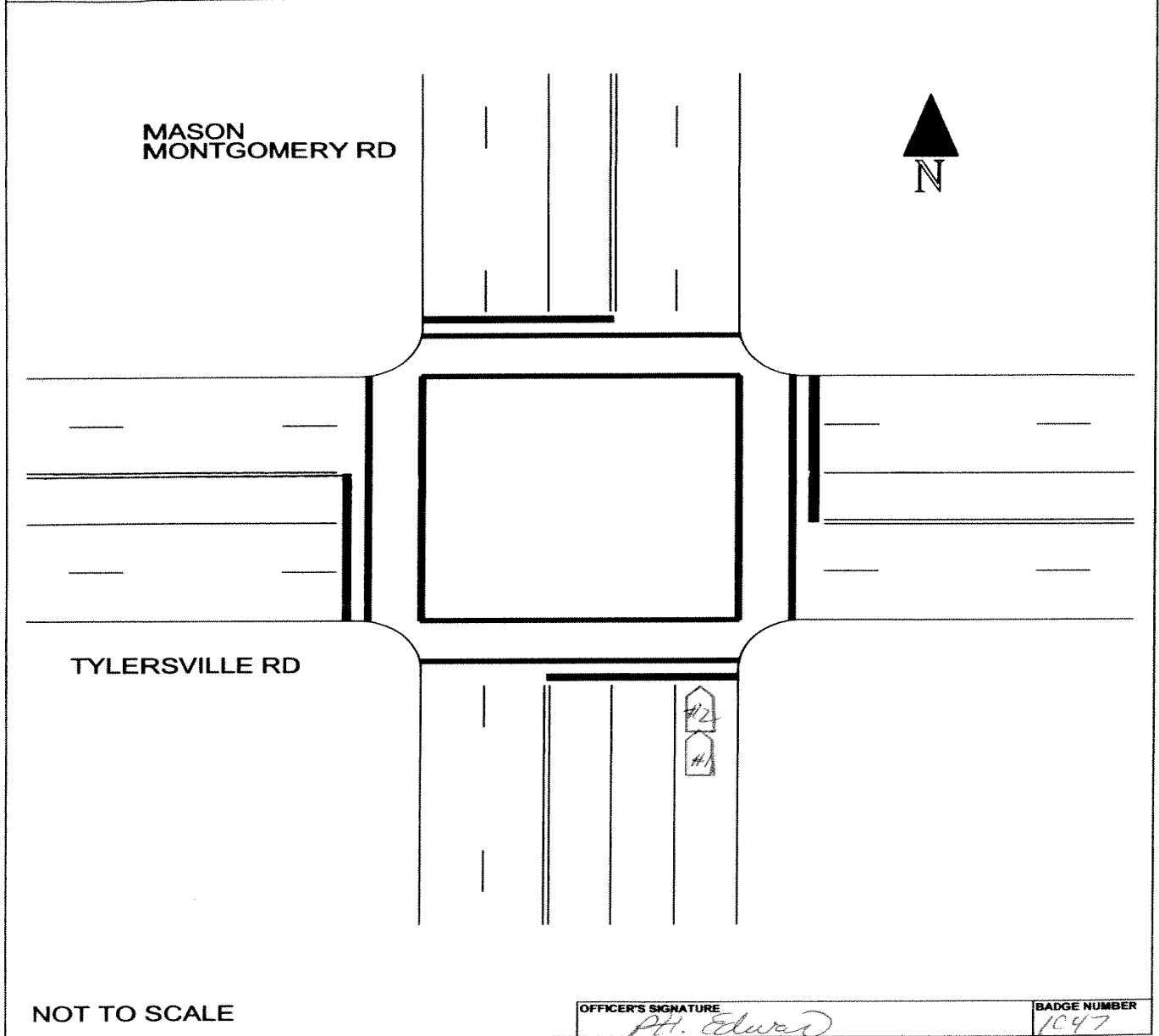
<b>UNIT NUMBERS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2</div> </div>	<b>DAMAGE AREA</b>  	<b>PRE-CRASH ACTIONS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">11</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">11</div> </div>	<b>SEQUENCE OF EVENTS</b> <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;">1</td><td style="text-align: center;">1</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	1	1	2	2	3	3	4	4	<b>POSTED SPEED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">35</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">35</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</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>						
20	20																				
1	1																				
2	2																				
3	3																				
4	4																				
<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;">02</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06</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 DRIVING 13 OTHER 14 UNKNOWN	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION	<b>TRAFFIC CONTROL</b> <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>	<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</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</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;">03</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</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;">02</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06</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;">08</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div> </div>	<b>COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 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	<b>DIIRECTION</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>FROM</th><th>TO</th><th>FROM</th><th>TO</th></tr> <tr><td style="text-align: center;">2</td><td style="text-align: center;">1</td><td style="text-align: center;">2</td><td style="text-align: center;">1</td></tr> </table>	FROM	TO	FROM	TO	2	1	2	1	<b>DRUG TEST 1&amp;2 RESULT</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>1</th><th>2</th><th>1</th><th>2</th></tr> <tr><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td><td style="width: 30px;"></td></tr> </table>	1	2	1	2				
FROM	TO	FROM	TO																		
2	1	2	1																		
1	2	1	2																		
<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINI VAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 09 SINGLE UNIT TRUCK 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 BICYCLE 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	<b>ACTIION</b> <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>	<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>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 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	<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</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	<b>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</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: OVERRIDEN/ UNDERRIDDEN</b> <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>	<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>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;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</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</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	<b>OCURRENCE</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;">2</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2</div> </div>	<b>TURN SIGNALS</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	<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;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</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</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	<b>ROAD CONTOUR</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>																
<b>NO UNDERDRIVE OR OVERRIDE</b> 01 NO UNDERDRIVE OR OVERRIDE 02 UNDERDRIVE, COMPARTMENT INTRUSION 03 UNDERDRIVE, NO COMPARTMENT INTRUSION 04 UNDERDRIVE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	<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</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	<b>ROAD CONDITIONS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr><th>PRI</th><th>SEC</th></tr> <tr><td style="text-align: center;">01</td><td style="text-align: center;">B</td></tr> </table>	PRI	SEC	01	B	<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</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</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>ROADWAY</b> 01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE OF TRAFFIC WAY 07 UNKNOWN												
PRI	SEC																				
01	B																				
<b>SPEED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">5</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</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>OTHER</b> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	<b>SUPPLEMENTS</b> <input type="checkbox"/> *X* IF YES	<b>LOCAL REPORT#*</b> 201200010456	<b>OTHER</b> 01 NONE 02 MARJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING																

LOCAL REPORT NUMBER 2012010456	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 05 ID 18 Y 2012
IN COUNTY OF 83	ACCIDENT LOCATION 6500 Mason-Montgomery Road	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 2012-10456	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 5 ID 18 Y 12
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONT RD @ TYLERSVILLE RD	



OFFICER'S SIGNATURE X	BADGE NUMBER
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OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000010456	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 2012-10456	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 5   D 10   Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

<input checked="" type="checkbox"/> Katie Piezer PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Ptl. Dan Edwards OFFICER'S NAME	AT Heritage Presb. Church LOCATION

Light had just turned green, traffic was proceeding through the light. The car in front of the green shadow stopped short and he stopped short and then I ran into the back of the green shadow

Q. What was your speed at the time of the crash?	A. 0-5 mph
Q. What was your direction of travel?	A. 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 4984 Kenwood Dr.	PHONE 7513-763-9511
SIGNATURE OF WITNESS <input checked="" type="checkbox"/> Katie Piezer	OFFICER'S SIGNATURE <input checked="" type="checkbox"/> Ptl. Edwards

HSY 7003 4/07

*Nationwide* / *UNIT 2*

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000010456	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 2012-10456	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"/> MARK E RILEY PRINTED	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Ptl. Dan Edwards OFFICER'S NAME	AT _____ LOCATION
<p>I WAS IN A SCHOOL ZONE FOLLOWING IN TRAFFIC A CAR STOPPED SHORT IN FRONT OF ME. I STOPPED QUICKLY. THE LADY BEHIND ME DID NOT STOP IN TIME HITTING ME IN THE REAR END</p>	
Q. What was your speed at the time of the crash?	A. 25 MPH
Q. What was your direction of travel?	A. 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. YES
ADDRESS OF WITNESS	PHONE 513 932 2566
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X

HSY 7003 4/07

Perkins Ins.

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