

State Seal: **OHIO**

LOCAL REPORT #*: **2012015050**

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:

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

UNITS: **2** UNIT ERROR: **01** 88=ANIMAL 89=UNKNOWN

DATE OF CRASH*: **07052012**

TIME OF CRASH: **18:36** DAY OF WEEK: **Thu** CITY*: **X** VILLAGE*: TWP*:

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

CRASH OCCURRED ON: PREFIX: **Tylersville Road** TYPE LOC 1

TYPE LOCATION POINT USED: 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET

LOCAL INFORMATION:

CRASH AT / REFERENCE: DIST REFERENCE: **Tower** 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): **Bowman, Wayne D.**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **330 Elm Street, Cincinnati OH, 45215**

SOCIAL SECURITY NUM: DATE OF BIRTH: **06081980** AGE: **32** SEX: **M** HOME PHONE #: **(513) 777-5207** WORK PHONE #:

IL STATE: **OH** IL #: **RQ611789** LP STATE: **OH** LP #: **DFY3457** 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"): **Bowman, Wayne L.** ADDRESS (STREET, CITY, STATE, ZIP CODE): **7160 Floral Avenue, West Chester OH,**

YEAR: **2004** MAKE: **CHEV** MODEL: **Venture** COLOR: **RED** INSURANCE COMPANY: **StateFarm** TOWING SERVICE: OWNER PHONE #:

OFFENSE CHARGED: OFFENSE DESCRIPTION: CITATION #: **70750** LOCAL CODE?:

B UNIT #: **2** NAME (LAST, FIRST, MIDDLE): **Wong, Arthur**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **7379 Cinnamon Woods, West Chester OH, 45069**

SOCIAL SECURITY NUM: DATE OF BIRTH: **05131957** AGE: **55** SEX: **M** HOME PHONE #: **(513) 779-2316** WORK PHONE #:

IL STATE: **OH** IL #: **RR483644** LP STATE: **OH** LP #: **EX34BQ** 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"): **Same** ADDRESS (STREET, CITY, STATE, ZIP CODE): **Same**

YEAR: **2001** MAKE: **SAAB** MODEL: **93 & 93B** COLOR: **DBL** INSURANCE COMPANY: **Erie Insurance** TOWING SERVICE: OWNER PHONE #: **513-779-2316(H)**

OFFENSE CHARGED: OFFENSE DESCRIPTION: CITATION #: LOCAL CODE?:

C UNIT #: **1** NAME (LAST, FIRST, MIDDLE): **Bowman, Curtis D.** HOME PHONE #: **513-777-5207** DATE OF BIRTH: **05042005** AGE: **7** SEX: **M**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **330 Elm Street, Reading OH, 45215**

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

D UNIT #: **1** NAME (LAST, FIRST, MIDDLE): **Bowman, Micah Thomas** HOME PHONE #: **513-777-5207** DATE OF BIRTH: **12052003** AGE: **8** SEX: **M**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **330 Elm Street, Reading OH, 45215**

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	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
03 FRONT - RIGHT	03 LAP BELT ONLY	03 DEPLOYED - SIDE	03 IN OFF POSITION	03 PARTIALLY EJECTED	03 FREED BY MEANS	03 NON-
04 SECOND - LEFT (MC PASS)	04 SHOULDER LAP BELT	04 DEPLOYED BOTH FRONT / SIDE	04 UNKNOWN POSITION	04 NOT APPLIED	04 INCAPACITATED BY MEANS	04 INCAPACITATED
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLIED		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	5 C	1 C	1 C	1 C	1 C
09 THIRD - RIGHT	09 NONE USED					
10 SLEEPER SECTION OF CAB	10 HELMET USED					
11 ENCLOSED CARGO AREA	11 PROTECTIVE PADS	5 D	1 D	1 D	1 D	1 D
12 UNENCLOSED CARGO AREA	12 REFLECTIVE PADS					
13 TRAILING UNIT	13 REFLECTIVE CLOTHING					
14 EXTERIOR	14 LIQUID					
15 OTHER	13 OTHER					
16 NON-MOTORIST	14 UNKNOWN					
17 BLANK FOR WITNESS						SUPPLEMENT "X" IF YES

Narrative

Unit #2 was stopped in traffic on Tylersville Road at Tower Drive, Unit #1 failed to assure clear distance and struck unit #2 in the rear.

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 SIDESWIBE, SAME DIRECTION
- 08 SIDESWIBE, 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

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

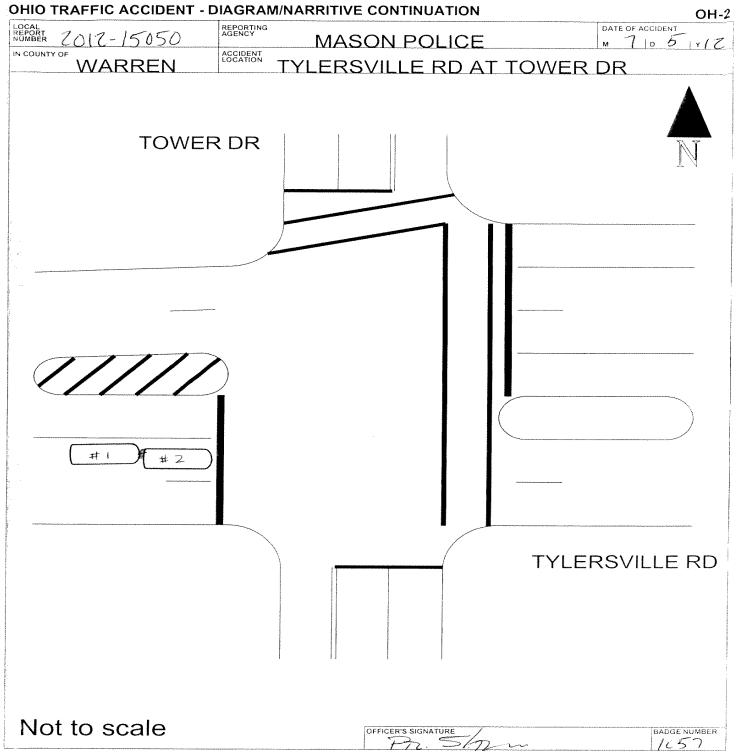
LIGHT CONDITIONS

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)

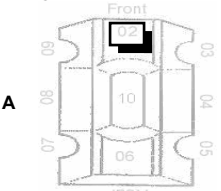
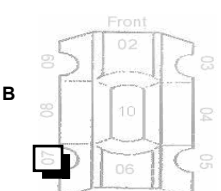
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
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
07/05/2012	18:36	18:37	18:45	20:15	30.00	128.83
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Shawn A Ayers	1C57		07/06/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		2012000015050			

UNIT NUMBERS <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>	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;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">11 <small>B</small></div> </div>	SEQUENCE OF EVENTS <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 50%; height: 20px;">20 <small>1</small></td><td style="width: 50%; height: 20px;">20 <small>1</small></td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> </table>	20 <small>1</small>	20 <small>1</small>							POSTED SPEED <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;">35 <small>B</small></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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> <small>B</small></div> </div>
20 <small>1</small>	20 <small>1</small>												
NON-MOTORIST LOCATION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> <small>B</small></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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">07 <small>B</small></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;">11 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">04 <small>B</small></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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> <small>B</small></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;">05 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">03 <small>B</small></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;">02 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">07 <small>B</small></div> </div>	NON-MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MIDSIZE 04 FULLSIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 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 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS	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/LUMINARIES 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	RECTIFICATION <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 25%;">4 <small>A</small></td><td style="width: 25%;">3 <small>B</small></td><td style="width: 25%;">4 <small>A</small></td><td style="width: 25%;">3 <small>B</small></td></tr> </table>	4 <small>A</small>	3 <small>B</small>	4 <small>A</small>	3 <small>B</small>	DRUG TEST 1&2 RESULT <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 25%;">1 <small>A</small></td><td style="width: 25%;">1 <small>B</small></td><td style="width: 25%;">1 <small>A</small></td><td style="width: 25%;">1 <small>B</small></td></tr> </table>	1 <small>A</small>	1 <small>B</small>	1 <small>A</small>	1 <small>B</small>
4 <small>A</small>	3 <small>B</small>	4 <small>A</small>	3 <small>B</small>										
1 <small>A</small>	1 <small>B</small>	1 <small>A</small>	1 <small>B</small>										
NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <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;">4 <small>B</small></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;"> <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> <small>B</small></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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	CONDITION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">6 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> <small>B</small></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;">2 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> <small>B</small></div> </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;"> <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> <small>B</small></div> </div>	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <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;"> <small>B</small></div> </div>	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 <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>	ALCOHOL TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> <small>B</small></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;">4 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> <small>B</small></div> </div>								
DAMAGE SCALE <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;">3 <small>B</small></div> </div>	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 NONE 02 BLOOD 03 URINE 04 OTHER	SPEED DETECTED <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>	01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN	ROAD CONTOUR <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;"> <small>B</small></div> </div>								
01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	ALCOHOL TEST RESULT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> <small>B</small></div> </div>	01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	SPEED <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;"> <small>B</small></div> </div>	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	ROAD CONDITIONS PRIMARY SECONDARY <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;"> <small>B</small></div> </div>								
				SUPPLEMENTS *X* IF YES LOCAL REPORT#* <div style="display: flex; justify-content: space-between; width: 100%;"> <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;"> </div> </div>									
201200015050													

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000015050	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 2012-15050	REPORTING AGENCY MASON POLICE DEPARTMENT	DATE OF CRASH M 7 D 5 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Wayne Bowman PRINTED _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. S. AYERS OFFICER'S NAME AT TYLERSVILLE RD. AT TOWER DR. LOCATION
 Was traveling at 35 mph checked on kids in rear view hooked up and man slams on brake on a green light. So did not have time stop not expecting someone to slam brakes at green light so should have been following 50 more feet back.

MIDDLE/3RD Micah Thomas Bowman 12-5-03
 MIDDLE/FRONT Curtis Deah Bowman 10-5-4-05
 Back seat in booster seats

ADDRESS OF WITNESS 7160 Elson Ave West Chester OH PHONE 513-777-5207
 SIGNATURE OF WITNESS X [Signature] OFFICER'S SIGNATURE X P.O. S. AYERS 1157

HSY 7003.4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000015050	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

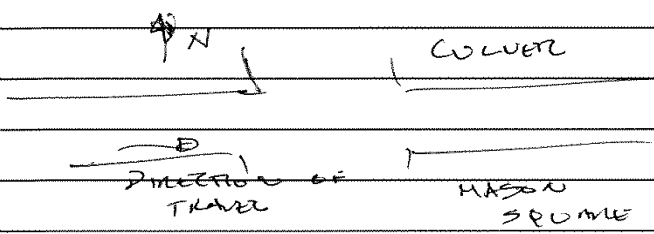
LOCAL REPORT NUMBER 2012-15050	REPORTING AGENCY MASON POLICE DEPARTMENT	DATE OF CRASH M 07 D 05 Y 2012
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, ARTHUR WONG HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

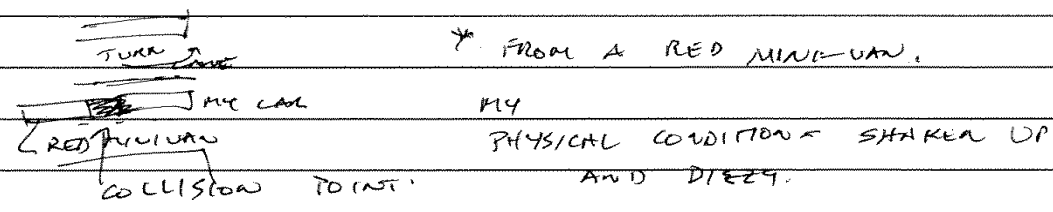
P.O. S. AYERS AT TYLERVILLE RD. AT TOWER DR.
OFFICER'S NAME LOCATION

TIME: ABOUT 6:30 PM I HAD SLOWED AND STOPPED
 AT A RED LIGHT ON TYLERVILLE ROAD
 DETAILS AS FOLLOWS:



- 1) I WAS TRAVELING EAST BOUND ON TYLERVILLE ROAD *
- 2) HAD SLOWED AND STOPPED AT A RED LIGHT ILLUSTRATED ABOVE
- 3) AFTER STOPPING AND ABOUT 5-10 SECONDS LATER I WAS HIT FROM BEHIND. *

* I WAS IN THE 2ND LANE AS SHOWN BELOW



ADDRESS OF WITNESS 7379 CINNAMON WOODS DRIVE, WEST CRESTON OH 45065	PHONE 513-779-2316
SIGNATURE OF WITNESS X <u>Arthur Wong</u>	OFFICER'S SIGNATURE X <u>P.O. S. Ayers 1157</u>

HSY 7003 4/07