

# OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #\*  
2012020306

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 Injury 4 Unknown

PRIVATE PROPERTY

HIT / SKIP  
1 NOT HIT / SKIP  
2 SOLVED  
3 UNSOLVED  
1

PHOTOS TAKEN  
Y

OH-2 OH-3 OH-1P OTHR  
X X

NCIC #\*  
08304

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

# UNITS  
2

UNIT ERROR  
01 88=ANIMAL  
89=UNKNOWN

DATE OF CRASH\*  
08282012

TIME OF CRASH 17:17 DAY OF WEEK Tue 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 Foxfield 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) Carskadden, Thomas ADDRESS (STREET, CITY, STATE, ZIP CODE) 3591 Wild Cherry Way, Mason OH, 45040

SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE # 09111963 48 M (513) 234-0636

IL STATE IL # TC816653 LP STATE LP # OH ROCK4 INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE) YEAR 2008 MAKE HARL MODEL COLOR BLK INSURANCE COMPANY State Farm TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

UNIT # B 2 NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

IL STATE IL # OH FMK3202 LP STATE LP # OH INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE) YEAR 2012 MAKE HOND MODEL CRV COLOR BRO INSURANCE COMPANY Cincinnati TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

UNIT # C 2 NAME (LAST, FIRST, MIDDLE) Telford, Laura HOME PHONE # -336-0011 DATE OF BIRTH 02171970 AGE 42 SEX F ADDRESS (STREET, CITY, STATE, ZIP CODE) 3597 Thorngate Drive, Mason OH, 45040 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

UNIT # D 1 NAME (LAST, FIRST, MIDDLE) Carskadden, Derek T HOME PHONE # 513-230-0636 DATE OF BIRTH 09191998 AGE 13 SEX M ADDRESS (STREET, CITY, STATE, ZIP CODE) 3591 Wild Cherry Way, Mason OH, 45040 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 A 01 FRONT - LEFT (MC DRIVER)	01 A 01 NONE USED	5 A 01 NOT DEPLOYED	1 A 01 NOT PRESENT	1 A 01 NOT EJECTED	1 A 01 NOT TRAPPED	1 A 01 NO INJURY
02 A 02 FRONT - MIDDLE	02 A 02 SHOULDER BELT ONLY	02 A 02 DEPLOYED - FRONT	02 A 02 IN ON POSITION	02 A 02 TOTALLY EJECTED	02 A 02 EXTRACTED BY MECHANICAL MEANS	02 A 02 POSSIBLE
03 B 03 FRONT - RIGHT (MC PASS)	03 B 03 LAP BELT ONLY	03 B 03 DEPLOYED - SIDE	03 B 03 IN OFF POSITION	03 B 03 PARTIALLY EJECTED	03 B 03 FREED BY MEANS	03 B 03 NON-INCAPACITATION
04 B 04 SECOND - LEFT (MC PASS)	04 B 04 SHOULDER LAP BELT	04 B 04 DEPLOYED BOTH FRONT / SIDE	04 B 04 UNKNOWN POSITION	04 B 04 NOT APPLIED	04 B 04 INCAPACITATION MEANS	04 B 04 INCAPACITATION
05 B 05 SECOND - MIDDLE	05 B 05 CHILD SAFETY SEAT	05 B 05 NOT APPLIED		05 B 05 UNKNOWN	05 B 05 NON-MECHANICAL MEANS	05 B 05 FATAL INJURY
06 B 06 SECOND - RIGHT	06 B 06 MC HELMET USED	06 B 06 UNKNOWN			06 B 06 UNKNOWN	06 B 06 UNKNOWN
07 B 07 THIRD - LEFT (MC PASSENGER SIDE CAR)	07 B 07 USE UNKNOWN					
08 C 08 THIRD - MIDDLE	08 C 08 NON-MOTORIST	1 C 08 NONE USED	1 C 08 NONE USED	1 C 08 NONE USED	1 C 08 NONE USED	1 C 08 NONE USED
09 C 09 THIRD - RIGHT	09 C 09 NONE USED	1 C 09 HELMET USED	1 C 09 HELMET USED	1 C 09 HELMET USED	1 C 09 HELMET USED	1 C 09 HELMET USED
10 D 10 SLEEPER SECTION OF CAB	10 D 10 PROTECTIVE PADS	5 D 10 PROTECTIVE PADS	5 D 10 PROTECTIVE PADS	5 D 10 PROTECTIVE PADS	5 D 10 PROTECTIVE PADS	5 D 10 PROTECTIVE PADS
11 D 11 ENCLOSED CARGO AREA	11 D 11 REFLECTIVE CLOTHING	11 D 11 REFLECTIVE CLOTHING	11 D 11 REFLECTIVE CLOTHING	11 D 11 REFLECTIVE CLOTHING	11 D 11 REFLECTIVE CLOTHING	11 D 11 REFLECTIVE CLOTHING
12 D 12 UNENCLOSED CARGO AREA	12 D 12 LIFTING	12 D 12 LIFTING	12 D 12 LIFTING	12 D 12 LIFTING	12 D 12 LIFTING	12 D 12 LIFTING
13 D 13 TRAILING UNIT	13 D 13 OTHER	13 D 13 OTHER	13 D 13 OTHER	13 D 13 OTHER	13 D 13 OTHER	13 D 13 OTHER
14 D 14 EXTERIOR	14 D 14 UNKNOWN	14 D 14 UNKNOWN	14 D 14 UNKNOWN	14 D 14 UNKNOWN	14 D 14 UNKNOWN	14 D 14 UNKNOWN
15 D 15 OTHER						
16 D 16 NON-MOTORIST						
17 D 17 UNKNOWN						

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

**Narrative**

**MANNER OF COLLISION OR IMPACT**

7

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

**SCHOOL BUS RELATED**

1

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

**WORK ZONE RELATED**

1

- 01 NO
- 02 YES
- 03 UNKNOWN

**TYPE OF WORK ZONE**

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

**LOCATION OF CRASH IN WORK ZONE**

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

**WORKERS PRESENT**

- 01 NO
- 02 YES
- 03 UNKNOWN

**WEATHER**

02

- 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**



**OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION**

OH-2

LOCAL REPORT NUMBER 17-20304	REPORTING AGENCY MASON POLICE	DATE OF CRASH MAY 08 2012
IN COUNTY OF WARREN	CRASH LOCATION MASON MONTGOMERY RD NEAR FOXFIELD DR.	

MASON MONTGOMERY RD

NOT TO SCALE

OFFICER'S SIGNATURE X S. Fitzgerald	BADGE NUMBER 1657
--	----------------------

HSY 7002 4/07

**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)

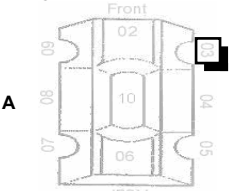
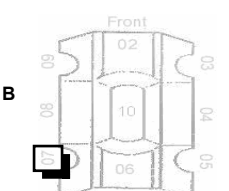
COMPANY PHONE

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	05 POLE	09 CONCRETE MIXER	01 LESS/EQUAL 10,000	01 CLASS A	01 NO	01 NO	
02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TAN	10 AUTO TRANSPORTER	02 10,001-26,000	02 CLASS B	02 YES	02 YES	
03 VAN ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE	03 MORE THAN 26,000	03 CLASS C	03 UNKNOWN	03 NOT APPLI CABLE	
04 GRAIN CHIPS/GRAVEL	08 DUMP	12 OTHER		04 CLASS M		04 UNKNOWN	
		13 UNKNOWN		05 CLASS D			

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
OFFICER'S NAME*		BADGE #*	CHECKED BY		DATE REPORT FILED*	
Police Officer Eric S Fitzgerald						
REPORT TAKEN BY	01 POLICE AGENCY 02 MOTORIST	REPORT TAKEN AT	01 SCENE 02 STATION 03 OTHER	SUPPLEMENT * "X" IF YES	LOCAL REPORT #	

<b>UNIT NUMBERS</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">2 <small>B</small></div> </div>	<b>DAMAGE AREA</b>  	<b>PRE-CRASH ACTIONS</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">11 <small>B</small></div> </div>	<b>SEQUENCE OF EVENTS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">20 <small>1</small></td> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">20 <small>1</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>2</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>2</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">3 <small>3</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">3 <small>3</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">4 <small>4</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">4 <small>4</small></td> </tr> </table>	20 <small>1</small>	20 <small>1</small>	2 <small>2</small>	2 <small>2</small>	3 <small>3</small>	3 <small>3</small>	4 <small>4</small>	4 <small>4</small>	<b>POSTED SPEED</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">35 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">35 <small>B</small></div> </div>	<b>DRUG TEST STATUS</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>					
20 <small>1</small>	20 <small>1</small>																	
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3 <small>3</small>	3 <small>3</small>																	
4 <small>4</small>	4 <small>4</small>																	
<b>NON-MOTORIST LOCATION</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">B</div> </div>	<b>MOST DAMAGED AREA</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">07 <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 SPECIAL FIELD LOCATION 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/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>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> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">12 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">12 <small>B</small></div> </div>	<b>DRUG TEST TYPE</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>													
<b>TYPE OF UNIT</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">18 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">06 <small>B</small></div> </div>	<b>POINT OF IMPACT</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">03 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">07 <small>B</small></div> </div>	<b>CONTRIBUTING CIRCUMSTANCES</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">17 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01 <small>B</small></div> </div>	<b>DIIRECTION</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 25%;">FROM</td> <td style="border: 1px solid black; padding: 2px; width: 25%;">TO</td> <td style="border: 1px solid black; padding: 2px; width: 25%;">FROM</td> <td style="border: 1px solid black; padding: 2px; width: 25%;">TO</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">1 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>B</small></td> </tr> </table>	FROM	TO	FROM	TO	1 <small>A</small>	2 <small>A</small>	1 <small>B</small>	2 <small>B</small>	<b>DRUG TEST 1&amp;2 RESULT</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 25%; text-align: center;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 25%; text-align: center;">1 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; width: 25%; text-align: center;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 25%; text-align: center;">1 <small>B</small></td> </tr> </table>	1 <small>A</small>	1 <small>B</small>	1 <small>A</small>	1 <small>B</small>	<b>CONDITON</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>	<b>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01</div>
FROM	TO	FROM	TO															
1 <small>A</small>	2 <small>A</small>	1 <small>B</small>	2 <small>B</small>															
1 <small>A</small>	1 <small>B</small>	1 <small>A</small>	1 <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 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-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">4 <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-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>	<b>ALCOHOL/DRUG SUSPECTED</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>	<b>OCURRENCE</b> <div style="border: 1px solid black; padding: 2px; width: 40px; 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: OVERRIDEN/ UNDERRIDDEN</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">B</div> </div>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">B</div> </div>	<b>MOST HARMFUL EVENT</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>	<b>ALCOHOL TEST STATUS</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>	<b>ROAD CONTOUR</b> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1</div>													
<b>LINE EMERGENCY RESPONSE</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">B</div> </div>	<b>DAMAGE SCALE</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">B</div> </div>	<b>VEHICLE DEFECT</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>SPEED DETECTED</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">2 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>	<b>ALCOHOL TEST TYPE</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>	<b>ROAD CONDTIONS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">01 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">B</td> </tr> </table>	01 <small>A</small>	B											
01 <small>A</small>	B																	
<b>TYPE OF UNIT</b> 01 NO 02 YES 03 UNKNOWN	<b>DAMAGE SCALE</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</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>SPEED</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">25 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">25 <small>B</small></div> </div>	<b>ALCOHOL TEST RESULT</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">B</div> </div>	<b>ROAD CONDTIONS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">01 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">B</td> </tr> </table>	01 <small>A</small>	B											
01 <small>A</small>	B																	
				<b>SUPPLEMENTS</b> <input type="checkbox"/> *X* IF YES		<b>LOCAL REPORT#*</b> 201200020306												

# TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

LOCAL REPORT # *	N.C.I.C. # *	REPORTING AGENCY *	DATE OF CRASH *
2012020306	08304	City of Mason - City of Mason Police Dep	08282012

<b>E</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
	2	Telford, Connor	513-482-9016	12182001	10	M
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
3597 Thorngate Drive, Mason OH, 45040			<input type="checkbox"/> 1 NONE 4 OTHER <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE			

<b>F</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
			<input type="checkbox"/> 1 NONE 4 OTHER <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE			

<b>G</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
			<input type="checkbox"/> 1 NONE 4 OTHER <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE			

<b>H</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
			<input type="checkbox"/> 1 NONE 4 OTHER <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE			

<b>I</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
			<input type="checkbox"/> 1 NONE 4 OTHER <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE			

<b>J</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
			<input type="checkbox"/> 1 NONE 4 OTHER <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE			

<b>K</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
			<input type="checkbox"/> 1 NONE 4 OTHER <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE			

<b>0</b>	<b>4</b>	SEATING POSITION	<b>0</b>	<b>4</b>	SAFETY EQUIPMENT	<b>5</b>	<b>E</b>	AIR BAG	<b>1</b>	<b>E</b>	AIR BAG SWITCH	<b>1</b>	<b>E</b>	EJECTION	<b>1</b>	<b>E</b>	TRAPPED	<b>1</b>	<b>E</b>	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-INCAPACITATION
		03 FRONT - RIGHT			03 LAP BELT ONLY			03 DEPLOYED - SIDE			03 IN OFF POSITION			03 PARTIALLY EJECTED			03 FREED BY NON-MECHANICAL MEANS			03 NON-INCAPACITATION
		04 SECOND - LEFT (MC PASS)			04 SHOULDER LAP BELT			04 DEPLOYED BOTH FRONT/ SIDE			04 UNKNOWN POSITION			04 NOT APPLICABLE			04 UNKNOWN			04 FATAL INJURY
		05 SECOND - MIDDLE			05 CHILD SAFETY SEAT			05 NOT APPLICABLE						05 UNKNOWN						05 UNKNOWN
		06 SECOND - RIGHT			06 MC HELMET USED			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

HSV 8355

TOP COPY - OPS BOTTOM COPY - AGENCY

SUPPLEMENT "X" IF YES

# TRAFFIC CRASH REPORT - Narrative Addendum

OH-1-P(Rev. 11/99)

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Accident No:

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OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000020306	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

Un-3

LOCAL REPORT NUMBER 12-70306	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 08   D 28   Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Thomas Carskadden PRINTED Fitzgerald PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
**P.O. KEVIN S. BRYANT** OFFICER'S NAME AT Laurelwood + Mason Montgomery LOCATION

Honda CR-V stopped in front of me on Mason Montgomery Rd. while I was adjusting radio and I swerved to the left to avoid rear ending her and clipped to left rear plastic molding on vehicle.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? No

Q. WERE YOU WEARING YOUR SEAT BELT? No motorcycle

Q. WHAT DIRECTION WERE YOU GOING?

Q. WHAT WAS YOUR SPEED?

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

ADDRESS OF WITNESS 3591 Wild Cherry Way Mason, Ohio 45046 PHONE 513-274-0636

SIGNATURE OF WITNESS [Signature] OFFICER'S SIGNATURE [Signature]

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000020306	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 12-20306	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 08   D 28   Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, LAURA TELFORD PRINTED Fiteycall Fiteycall HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
P.O. KEVIN S. BRYANT OFFICER'S NAME AT Laurelwood + Mason Montgomery LOCATION

I was driving on Mason-Montgomery Road near the High School/Community Center in traffic. I applied my breaks & I was hit by a motorcyclist on the left side of my vehicle. His son was on the back of his bike. My son was in the back seat of my vehicle. No one appears to be injured.

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 on Mason Mont.

Q. WHAT WAS YOUR SPEED? 25 mph?

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

ADDRESS OF WITNESS 3597 Thorngate Dr. Mason OH PHONE 513-482-9016

SIGNATURE OF WITNESS [Signature] OFFICER'S SIGNATURE X [Signature] 45040