

State Seal: **OHIO**

LOCAL REPORT #\*: **2012022635**

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 **X** 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\*: **09232012**

TIME OF CRASH: **17:46** DAY OF WEEK: **Sun** CITY\*: **X** VILLAGE\*:  TWP\*:

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

CRASH OCCURRED ON: PREFIX:  CRASH LOCATION: **U.S. 42** TYPE LOC: **3** TYPE LOCATION POINT USED: 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION:

CRASH AT / REFERENCE: DIST REFERENCE:  DR:  PREFIX:  REFERENCE: **Hanover Drive** REF POINT: **02** REFERENCE POINT USED: 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 09 DRIVEWAY 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE 07 CORPORATION LIMIT REFERENCE

**A** UNIT #: **1** NAME (LAST, FIRST, MIDDLE): **Cowell, Alicia Margaret**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **5400 Dogwood Circle, Mason OH, 45040**

SOCIAL SECURITY NUM:  DATE OF BIRTH: **02051965** AGE: **47** SEX: **F** HOME PHONE #: **( ) 398-3369** WORK PHONE #:

IL STATE: **OH** IL #: **RQ610957** LP STATE: **OH** LP #: **EJN8083** 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"): **Cowell, Alicia Margaret** ADDRESS (STREET, CITY, STATE, ZIP CODE): **Same**

YEAR: **2008** MAKE: **HOND** MODEL: **CRV** COLOR: **BGE** INSURANCE COMPANY: **State Farm** TOWING SERVICE:  OWNER PHONE #: **-398-3369(H)**

OFFENSE CHARGED: **333.03** OFFENSE DESCRIPTION: **Maximum Speed Limits; Assured Clear Distance Ahead** CITATION #: **72530** LOCAL CODE?: **X**

**B** UNIT #: **2** NAME (LAST, FIRST, MIDDLE): **Savu, Nicu**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **7865 Golden Meadow, Mason OH, 45040**

SOCIAL SECURITY NUM:  DATE OF BIRTH: **08231967** AGE: **45** SEX: **M** HOME PHONE #: **(513) 226-8865** WORK PHONE #:

IL STATE: **OH** IL #: **RX918502** LP STATE: **OH** LP #: **BN89QD** 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: **2009** MAKE: **BMW** MODEL:  COLOR: **GRY** INSURANCE COMPANY: **All State** TOWING SERVICE:  OWNER PHONE #: **513-226-8865(H)**

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

**C** UNIT #: **1** NAME (LAST, FIRST, MIDDLE): **Cowell, Olivia G** HOME PHONE #: **513-260-1893** DATE OF BIRTH: **03121998** AGE: **14** SEX: **F**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **5400 Dogwood Circle, Mason OH, 45040**

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): **Oliver, Aarron J** HOME PHONE #: **513-884-8049** DATE OF BIRTH: **12081995** AGE: **16** SEX: **M**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **7307 Chattham Court, West Chester OH, 45069**

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)	04 A 01 NONE USED	1 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 A 03 FRONT - RIGHT	03 A 03 LAP BELT ONLY	03 A 03 DEPLOYED - SIDE	03 A 03 IN OFF POSITION	03 A 03 PARTIALLY EJECTED	03 A 03 FREED BY MEANS	03 A 03 NON-
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 APPLICABLE	04 B 04 INCAPACITATED BY MEANS	04 B 04 INCAPACITATED
05 B 05 SECOND - MIDDLE	05 B 05 CHILD SAFETY SEAT	05 B 05 NOT APPLICABLE				05 B 05 FATAL INJURY
06 B 06 SECOND - RIGHT	06 B 06 MC HELMET USED	06 B 06 UNKNOWN				06 B 06 UNKNOWN
07 C 07 THIRD - LEFT (MC PASSENGER SIDE CAR)	07 C 07 USE UNKNOWN					
08 C 08 THIRD - MIDDLE	08 C 08 NON-MOTORIST					
09 C 09 THIRD - RIGHT	09 C 09 NONE USED					
10 D 10 SLEEPER SECTION OF CAB	10 D 10 HELMET USED					
11 D 11 ENCLOSED CARGO AREA	11 D 11 PROTECTIVE PADS					
12 D 12 UNENCLOSED CARGO AREA	12 D 12 REFLECTIVE CLOTHING					
13 D 13 TRAILING UNIT	13 D 13 LI CHING					
14 D 14 EXTERIOR	14 D 14 OTHER					
15 D 15 OTHER	15 D 15 UNKNOWN					
16 D 16 NON-MOTORIST						
17 D 17 UNKNOWN						

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

**Narrative**

Unit #2 was stopped on US 42 at Hanover traveling north, when Unit #1 traveling north on US 42 failed to assure clear distance striking unit #2 in the rear.

**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 SIDESWIBE, SAME DIRECTION  
 08 SIDESWIBE, 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

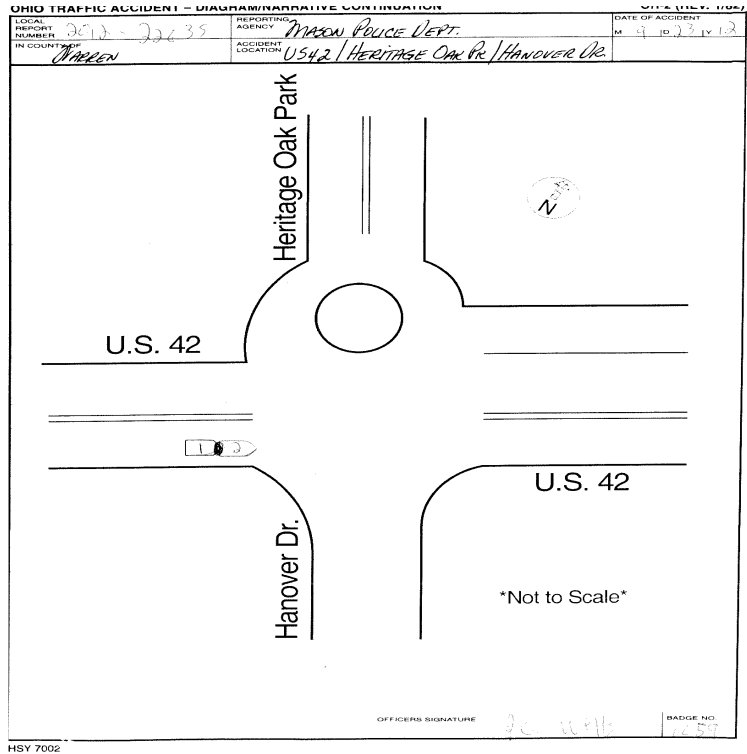
**LIGHT CONDITIONS**

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  
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)

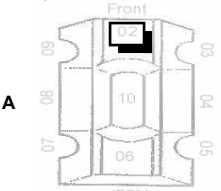
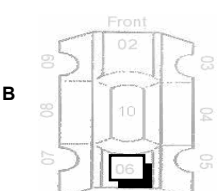
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	FUOO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
01 NOT APPLI CABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN ENCLOSED BOX 04 GRAIN CHIPS/ GRAVEL	05 POLE 06 CARGO TAN 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	01 CLASS A 02 CLASS B 03 CLASS C 04 CLASS M 05 CLASS D	01 NO 02 YES 03 UNKNOWN	01 NO 02 YES 03 NOT APPLI CABLE 04 UNKNOWN			

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
09/23/2012	17:56	17:48	17:56	18:12	34.00	49.70
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Joshua L Wells	1C59		09/27/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		201200022635			

<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;">01</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;">40</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">40</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;">06</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">03</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 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/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	<b>DIIRECTION</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>FROM</td> <td>TO</td> <td>FROM</td> <td>TO</td> </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> <td style="width:50%; text-align: center;">1</td> <td style="width:50%; text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </table>	1	1	1	2	1	2
FROM	TO	FROM	TO																
2	1	2	1																
1	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/ SEM-TRAILER 15 TRACTOR/ DOUBLE SHORT 16 TRACTOR/ DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/TRAILERS 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/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	<b>CONDITIION</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>OCCURENCE</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>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</div>	<b>ALCOHOL TEST TYPE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	<b>ROAD CONDIIONS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">PRIMARY</td> <td style="width:50%; text-align: center;">SECONDARY</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">B</td> </tr> </table>	PRIMARY	SECONDARY	01	B	<b>ALCOHOL TEST RESULT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	<b>ALCOHOL TEST STATUS</b> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/ UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN	<b>ROAD CONDIIONS</b> 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE										
PRIMARY	SECONDARY																		
01	B																		
<b>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</div>	<b>ALCOHOL TEST TYPE</b> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	<b>ROAD CONDIIONS</b> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DRY, OIL, GRAVEL 06 WATER/ STANDING / MOVI NG 07 SLUSH 08 DEBRIS 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN 12 SECONDARY ROAD CONDIIONS ONLY	<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>OTHER</b> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER														
<b>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</div>	<b>SPEED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">10</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> </div>	<b>OTHER</b> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	<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> 201200022635														

# TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

LOCAL REPORT # *	N.C.I.C. # *	REPORTING AGENCY *	DATE OF CRASH *
2012022635	08304	City of Mason - City of Mason Police Dep	09232012

<b>E</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
	2	Savu, Andrei N	513-260-1893	12211997	14	M
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
5356 Vista Point Drive, Maineville OH, 45039						

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

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

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

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

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

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

<b>03</b>	SEATING POSITION	<b>04</b>	SAFETY EQUIPMENT	<b>1</b>	AIR BAG	<b>1</b>	AIR BAG SWITCH	<b>1</b>	EJECTION	<b>1</b>	TRAPPED	<b>1</b>	INJURIES
E	01 FRONT - LEFT (MC DRIVER)	E	01 NONE USED	E	01 NOT DEPLOYED	E	01 NOT PRESENT	E	01 NOT EJECTED	E	01 NOT TRAPPED	E	01 NO INJURY
F	02 FRONT - MIDDLE	F	02 SHOULDER BELT ONLY	F	02 DEPLOYED - FRONT	F	02 IN ON POSITION	F	02 TOTALLY EJECTED	F	02 EXTRACTED BY MECHANICAL MEANS	F	02 POSSIBLE
G	03 FRONT - RIGHT	G	03 LAP BELT ONLY	G	03 DEPLOYED - SIDE	G	03 IN OFF POSITION	G	03 PARTIALLY EJECTED	G	03 FREED BY NON-MECHANICAL MEANS	G	03 NON-INCAPACITATION
H	04 SECOND - LEFT (MC PASS)	H	04 SHOULDER LAP BELT	H	04 DEPLOYED BOTH FRONT/ SIDE	H	04 UNKNOWN POSITION	H	04 NOT APPLICABLE	H	04 UNKNOWN	H	04 INCAPACITATION
I	05 SECOND - MIDDLE	I	05 CHILD SAFETY SEAT	I	05 NOT APPLICABLE	I		I	05 UNKNOWN	I		I	05 FATAL INJURY
J	06 SECOND - RIGHT	J	06 MC HELMET USED	J	06 UNKNOWN	J		J		J		J	06 UNKNOWN
K	07 THIRD - LEFT (MC PASSENGER SIDE CAR)	K	07 USE UNKNOWN	K		K		K		K		K	
	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

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000022635	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 2012 - 22635	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 9 10 23 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, NICU SAVU HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

P.O. LEVI WELLS AT Scene  
OFFICER'S NAME LOCATION

I was stopped @ the stop light ~~at~~ on R42 with Hanover Dr and I got hit in the back by a Honda CRV. The driver said that she started driving while turned green but did not realize that she had 2 cars ahead.

I was in a car with my son  
 Andrei Savu DOB 12/21/1997  
 Andrei N Savu

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

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? Home

Q. WHAT WAS YOUR SPEED? I was stopped

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

ADDRESS OF WITNESS 5356 VISTA POINT DR MAINEVILLE OH	PHONE 513 226 8865
SIGNATURE OF WITNESS X <u>[Signature]</u>	OFFICER'S SIGNATURE X <u>P.O. Wells</u>

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000022635	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

07-9

LOCAL REPORT NUMBER 2012-22635	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 9 10 23 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, <u>Alicia Cowell</u> <small>PRINTED</small>	HEREBY MAKE THIS VOLUNTARY STATEMENT TO
<u>P.O. LEVI WELLS</u> <small>OFFICER'S NAME</small>	AT <u>Rt. 42 and Hanover</u> <small>LOCATION</small>
<p>Stopped at light - thought it turned green                  moved forward &amp; rear ended the car                  in front of me.</p>	
<p>Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? <u>No</u></p>	
<p>Q. WERE YOU WEARING YOUR SEAT BELT? <u>Yes</u></p>	
<p>Q. WHAT DIRECTION WERE YOU GOING?</p>	
<p>Q. WHAT WAS YOUR SPEED? <u>10 miles</u></p>	
<p>Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? <u>No</u></p>	
<p>ADDRESS OF WITNESS  <u>5400 Dogwood Circle Mason, OH 45040</u> <small>PHONE</small> <u>513-260-1893</u></p>	
<p>SIGNATURE OF WITNESS                  X <u>Alicia Cowell</u></p>	<p>OFFICER'S SIGNATURE                  X <u>P.O. Wells</u></p>