

State Seal	LOCAL REPORT #*	CRASH SEVERITY	PRIVATE PROPERTY	HIT / SKIP	PHOTOS TAKEN	OH-2	OH-3	OH-1P	OTHER
	2012000065	3 1 FATAL 3 PDO 2 Injury 4 Unknown	<input type="checkbox"/>	1 1 NOT HIT / SKIP 2 SOLVED 3 UNSOLVED	Y	X	X		
NCIC #*	REPORTING AGENCY*	# UNITS	UNIT ERROR	DATE OF CRASH *					
08304	City of Mason - City of Mason Police Depart	1	01 98=ANIMAL 99=UNKNOWN	01022012					

TIME OF CRASH	DAY OF WEEK	CITY*	VILLAGE*	TWP*	NAME (OF CITY, VILLAGE OR TOWNSHIP)*	COUNTY #*	LATITUDE	LONGITUDE
10:08	Mon	X			Mason	83		

CRASH OCCURRED ON	CRASH LOCATION	TYPE LOC	TYPE LOCATION POINT USED	LOCAL INFORMATION
	Mason Road	1	1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	Roundabout

CRASH AT / REFERENCE	REFERENCE POINT USED	04 HOUSE NUMBER	08 PLACE NAME W/O REFERENCE
DIST REFERENCE DR PREFIX REFERENCE REF POINT	Hickory Woods 02	01 STATE LINE	05 TOWNSHIP BOUNDARY 09 DRIVEWAY
		02 INTERSECTION 2 STREETS	06 MILE POST 10 STREET OR ROUTE W/O
		03 COUNTY LINE	07 CORPORATION LIMIT REFERENCE

UNIT #	NAME (LAST, FIRST, MIDDLE)						
A 1	O'Connell, Shannon B						
ADDRESS (STREET, CITY, STATE, ZIP CODE)							
6005 Glenn Gate Court, West Chester OH, 45069							
SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #		
	10031993	18	F	(513) 777-3802			
DL STATE	DL #	IP STATE	IP #	INJURED TAKEN BY	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OH	TQ628454	OH	FAB9692				
OWNER'S NAME (IF SAME WRITE "SAME")				ADDRESS (STREET, CITY, STATE, ZIP CODE)			
O'Connell, Shannon B				Same			
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #	
1996	CHEV	Corsica	WHI	USAA		513-777-3802(H)	

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?
331.34	Fail to Control; Weaving; Full Time and Attention	70641	X

UNIT #	NAME (LAST, FIRST, MIDDLE)						
B							
ADDRESS (STREET, CITY, STATE, ZIP CODE)							
SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #		
DL STATE	DL #	IP STATE	IP #	INJURED TAKEN BY	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER'S NAME (IF SAME WRITE "SAME")				ADDRESS (STREET, CITY, STATE, ZIP CODE)			
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #	

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?

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

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

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	01 NONE USED	01 NOT DEPLOYED	01 NOT PRESENT	01 NOT EJECTED	01 NOT TRAPPED	01 NO INJURY
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	02 DEPLOYED FRONT	02 IN ON POSITION	02 TOTALLY EJECTED	02 EXTRACTED BY MECHANICAL MEANS	02 POSSIBLE
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-INCAPACITATED
04 SECOND - LEFT (MC PASS)	04 SHOULDER LAP BELT	04 DEPLOYED BOTH FRONT SIDE	04 UNKNOWN POSITION	04 NOT APPLICABLE	04 UNKNOWN	04 INCAPACITATED
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLICABLE		05 UNKNOWN		05 FATAL INJURY
06 SECOND - RIGHT	06 MC HELMET USED	06 UNKNOWN				06 UNKNOWN
07 THIRD - LEFT (MC PASSENGER SIDE CAR)	07 USE UNKNOWN					
08 THIRD - MIDDLE	08 NONE USED					
09 THIRD - RIGHT	09 HELMET USED					
10 SLEEPER SECTION OF CAB	10 PROTECTIVE PADS					
11 ENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
12 UNENCLOSED CARGO AREA	12 LIGHTING					
13 TRAILING UNIT	13 OTHER					
14 EXTERIOR	14 UNKNOWN					
15 OTHER						
16 NON-MOTORIST						
17 UNKNOWN						
BLANK FOR WITNESS						SUPPLEMENT "X" IF YES

Narrative

Unit #1 was attempting to turn right at the roundabout on Mason Road near Hickory Woods when unit #1 ran off road left up onto a landscape island striking and destroying several road signs. Unit #1 received front end damage.

The signs are property of: The City of Mason
 6000 Mason-Montgomery Road
 Mason, Ohio 45040
 513-229-8500

MANNER OF COLLISION OR IMPACT

SCHOOL BUS RELATED

1

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

1

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

WORK ZONE RELATED

1

01 NO
 02 YES
 03 UNKNOWN

TYPE OF WORK ZONE

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

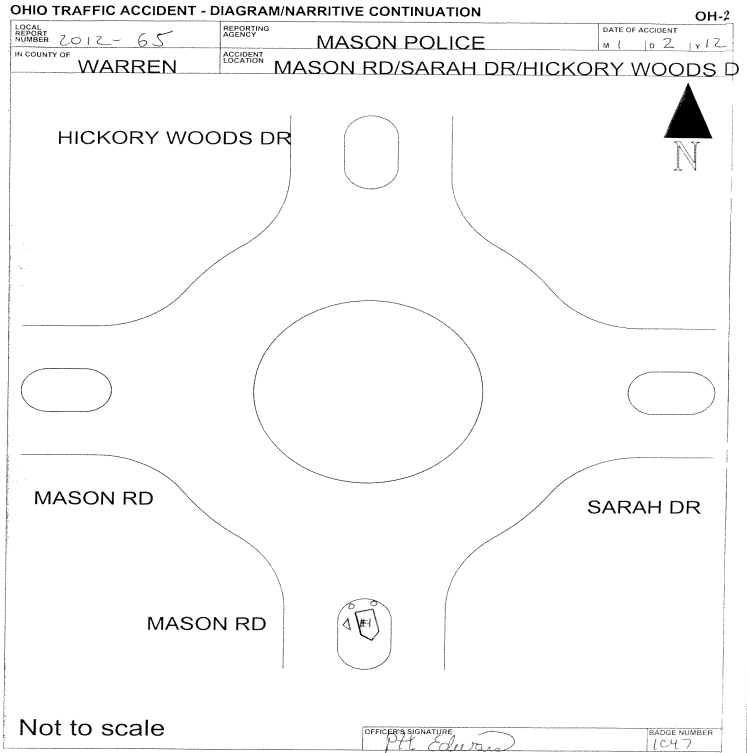
LOCATION OF CRASH IN WORK ZONE

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

WORKERS PRESENT

01 NO
 02 YES
 03 UNKNOWN

Diagram



WEATHER

06

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

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#

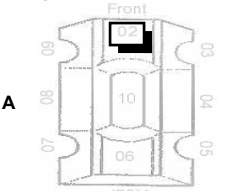
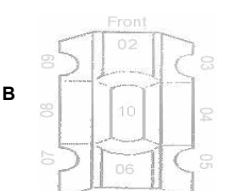
COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____

ADDRESS (STREET, CITY, ST, ZIP CODE) _____

US DOT	ICC MC	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
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	<input type="checkbox"/> 01 CLASS A <input type="checkbox"/> 02 CLASS B <input type="checkbox"/> 03 CLASS C <input type="checkbox"/> 04 CLASS M <input type="checkbox"/> 05 CLASS D	<input type="checkbox"/> 01 NO <input type="checkbox"/> 02 YES <input type="checkbox"/> 03 UNKNOWN	<input type="checkbox"/> 01 NO <input type="checkbox"/> 02 YES <input type="checkbox"/> 03 NOT APPLI CABLE <input type="checkbox"/> 04 UNKNOWN			

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
01/02/2012	10:12	10:08	10:12	10:50	18.00	55.38
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Daniel R Edwards	1C47		01/03/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1 01 POLICE AGENCY 02 MOTORIST	1 01 SCENE 02 STATION 03 OTHER		201200000065			

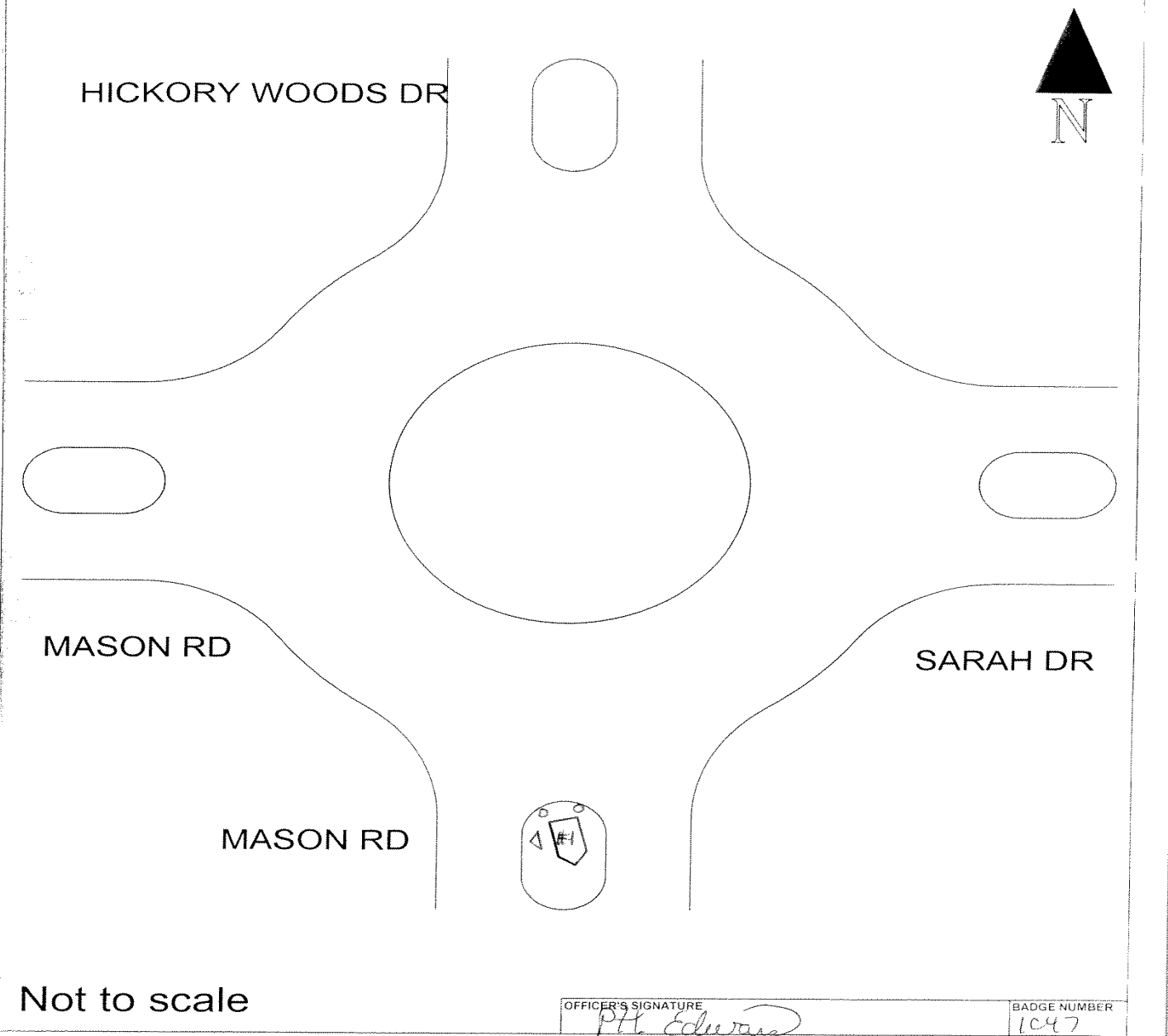
UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="05"/> <input type="text" value="A"/> <input type="text" value="B"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>09</td><td>1</td><td>1</td></tr> <tr><td>39</td><td>2</td><td>2</td></tr> <tr><td>37</td><td>3</td><td>3</td></tr> <tr><td>37</td><td>4</td><td>4</td></tr> </table>	09	1	1	39	2	2	37	3	3	37	4	4	POSTED SPEED <input type="text" value="25"/> <input type="text" value="A"/> <input type="text" value="B"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>
09	1	1															
39	2	2															
37	3	3															
37	4	4															
NON-MOTORIST LOCATION <input type="text" value="A"/> <input type="text" value="B"/>	A 	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 DRIVING 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING / CROSSING IN INTERSECTION 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	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS / SHIFTS 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 COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED 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 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	TRAFFIC CONTROL <input type="text" value="03"/> <input type="text" value="A"/> <input type="text" value="B"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>												
TYPE OF UNIT <input type="text" value="02"/> <input type="text" value="A"/> <input type="text" value="B"/>	MOST DAMAGED AREA <input type="text" value="02"/> <input type="text" value="A"/> <input type="text" value="B"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="05"/> <input type="text" value="A"/> <input type="text" value="B"/>		DIIRECTION FROM TO FROM TO <input type="text" value="4"/> <input type="text" value="A"/> <input type="text" value="2"/> <input type="text" value="B"/>	DRUG TEST 1&2 RESULT <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> </table>	1	2	1	2								
1	2	1	2														
MOTORIST 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	POINT OF IMPACT <input type="text" value="02"/> <input type="text" value="A"/> <input type="text" value="B"/>	MOTORIST 01 NONE 02 FAULURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACCIDENT 09 IMPROPER LANE CHANGE/DRIVE OFF ROAD/IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATIONS ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAULURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTIVE 18 FATIGUE/ASLEEP 19 OPERATIONS ON DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAULURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAULURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>	CONDITION <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>	TYPE OF INTERSECTION <input type="text" value="05"/>												
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 <input type="text" value="3"/> <input type="text" value="A"/> <input type="text" value="B"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	MOST HARMFUL EVENT <input type="text" value="2"/> <input type="text" value="A"/> <input type="text" value="B"/>	ALCOHOL/ DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>	OCCURRENCE <input type="text" value="6"/>												
IN-EMERGENCY RESPONSE <input type="text" value="A"/> <input type="text" value="B"/>	STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>		SPEED DETECTED <input type="text" value="2"/> <input type="text" value="A"/> <input type="text" value="B"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>	ROAD CONTOUR <input type="text" value="1"/>												
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="A"/> <input type="text" value="B"/>	01 NO UNDERRIDE OR OVERRIDE 02 UNDERRIDE, COMPARTMENT INTRUSION 03 UNDERRIDE, NO COMPARTMENT INTRUSION 04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	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	SPEED <input type="text" value="20"/> <input type="text" value="A"/> <input type="text" value="B"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="A"/> <input type="text" value="B"/>	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="03"/> <input type="text" value="A"/> <input type="text" value="04"/> <input type="text" value="B"/>												
				SUPPLEMENTS *X* IF YES <input type="text"/> LOCAL REPORT#* <input type="text"/> 20120000065													

LOCAL REPORT NUMBER 2012000065	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 01 D 02 Y 2012
IN COUNTY OF 83	ACCIDENT LOCATION 5600 Mason Road	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 2012-65	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 1 D 2 Y 12
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON RD/SARAH DR/HICKORY WOODS D	



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

LOCAL REPORT NUMBER	REPORTING AGENCY Mason Police Department	
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