

State Seal

LOCAL REPORT #\* **2012000606**

CRASH SEVERITY: **2** 1 FATAL 3 PDO, 2 Injury 4 Unknown

PRIVATE PROPERTY:

HIT / SKIP: **1** 1 NOT HIT / SKIP, 2 SOLVED, 3 UNSOLVED

PHOTOS TAKEN: **Y**

NCIC #\* **08304**

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

# UNITS: **2**

UNIT ERROR: **01** 98=ANIMAL, 99=UNKNOWN

DATE OF CRASH\* **01102012**

TIME OF CRASH: **15:58**

DAY OF WEEK: **Tue**

CITY\* **X** VILLAGE\* TWP\*

NAME (OF CITY, VILLAGE OR TOWNSHIP)\* **Mason**

COUNTY #\* **83**

LATITUDE LONGITUDE

CRASH OCCURRED ON

PREFIX: **Reading Road**

CRASH LOC ON: **Reading Road**

TYPE LOC: **1**

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

LOCAL INFORMATION: **Reading Road**

CRASH AT / REFERENCE

DIST REFERENCE: **1086 Reading Road**

DR PREFIX REFERENCE: **1086 Reading Road**

REF POINT: **09**

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) **Dunihue, Dillon W**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **989 Sheffield Drive, Mason OH, 45040**

SOCIAL SECURITY NUM: **06251994** DATE OF BIRTH: **17** AGE: **17** SEX: **M** HOME PHONE #: **(513) 573-0106** WORK PHONE #:

DL STATE: **OH** DL #: **TT664811** IP STATE: **OH** IP #: **DH34LD** 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") **Painter, Vickie J** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR: **1994** MAKE: **PONT** MODEL: **Bonneville** COLOR: **WHI** INSURANCE COMPANY: **State Farm** TOWING SERVICE: **Case Towing** OWNER PHONE #: **513-573-0106(H)**

OFFENSE CHARGED: **4511.44** OFFENSE DESCRIPTION: **Driving Onto Roadway From Place Other Than Roadway** CITATION #: **70896** LOCAL CODE?: **X**

**B** UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Davis, Joshua C.**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **1100 Lakeview Court, Lebanon OH, 45036**

SOCIAL SECURITY NUM: **02041984** DATE OF BIRTH: **27** AGE: **27** SEX: **M** HOME PHONE #: **(513) 444-5226** WORK PHONE #:

DL STATE: **OH** DL #: **SB013545** IP STATE: **OH** IP #: **DXQ6822** 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") **Davis, Joshua C.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR: **1997** MAKE: **FORD** MODEL: **Crown Victoria** COLOR: **WHI** INSURANCE COMPANY: **State Farm** TOWING SERVICE: OWNER PHONE #: **513-444-5226(H)**

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

**C** UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Lamping, Eric Charles**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **8339 Barret Road, West Chester OH, 45069**

HOME PHONE #: **513-520-9909** DATE OF BIRTH: **03171964** AGE: **47** SEX: **M**

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

**D** UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY: 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN, TRANSPORTED BY: INJURED TAKEN TO:

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 NON-INCAPACITATING INJURY
03 FRONT - RIGHT	03 LAP BELT ONLY	03 DEPLOYED SIDE	03 IN OFF POSITION	03 PARTIALLY EJECTED	03 MEANS	03 NON-INCAPACITATING INJURY
04 SECOND - LEFT (MC PASS)	04 SHOULDER LAP BELT	04 DEPLOYED BOTH FRONT SIDE	04 UNKNOWN POSITION	04 NOT APPLICABLE	04 FREED BY MEANS	04 INCAPACITATING INJURY
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLICABLE	05 UNKNOWN POSITION	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					
09 THIRD - RIGHT	09 NONE USED					
10 SLEEPER SECTION OF CAB	10 HELMET USED					
11 ENCLOSED CARGO AREA	11 PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	12 REFLECTIVE CLOTHING					
13 TRAILING UNIT	13 LIGHTING					
14 EXTERIOR	14 OTHER					
15 OTHER	14 UNKNOWN					
16 NON-MOTORIST						
17 UNKNOWN						

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

**Narrative**

Unit #2 was traveling northbound on Reading Rd approaching the driveway to 1086 Reading Road. Unit #1 was facing westbound in the driveway of 1086 Reading Rd, failed to yield the right of way to unit #2, proceeded into the roadway of turn left and struck unit #2.

**MANNER OF COLLISION OR IMPACT**

3

- 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

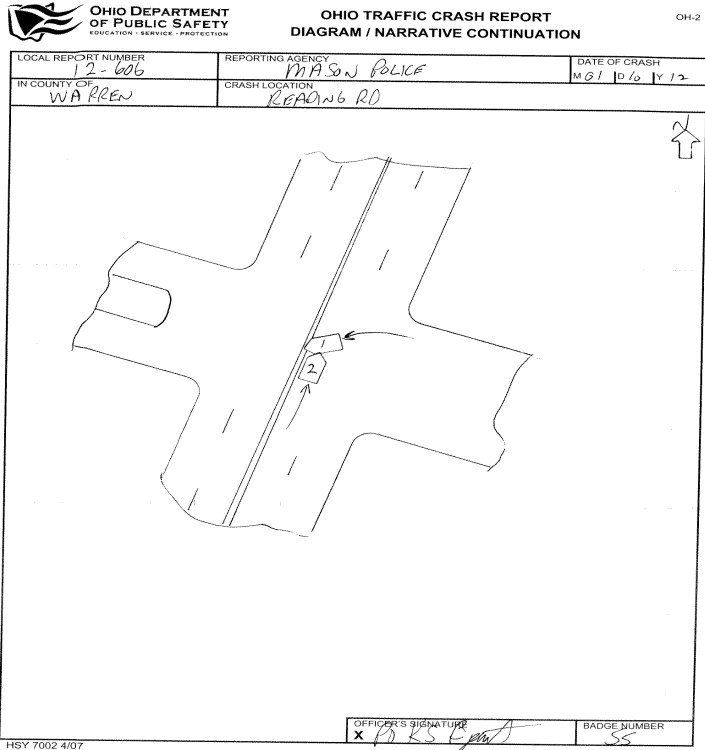
**LIGHT CONDITIONS**

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.

**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)

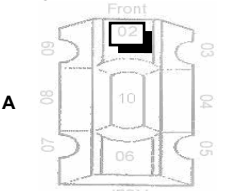
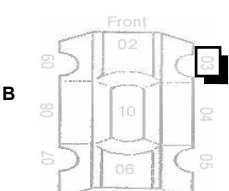
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	FUOO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
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
01/10/2012	15:58	15:59	16:01	17:08	0.00	70.05
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Eric S Fitzgerald	1C37		01/16/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		201200000606			

<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>  <p style="text-align: center;">Front</p>  <p style="text-align: center;">Front</p>	<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;">06</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div> </div>	<b>SEQUENCE OF EVENTS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">20</td> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">20</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">2</td> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">2</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">3</td> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">3</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">4</td> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">4</td> </tr> </table>	20	20	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												
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;">03</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/STOPPED IN TRAFFIC 12 DRIVERLESS 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;">12</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12</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>DRUG TEST 1&amp;2 RESULT</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</td> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</td> </tr> </table>	1	1	1	1			
1	1	1	1										
<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;">04</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">04</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;">03</div> </div>	<b>NON-MOTORIST</b> 01 SUBCOMPACT 02 COMPACT 03 MIDSIZE 04 FULLSIZE 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 MOTORCYCLE (BOBTAIL) 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>CONTRIBUTING CIRCUMSTANCES</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;">01</div> </div>	<b>DIIRECTION</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3</td> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2</td> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2</td> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</td> </tr> </table>	3	2	2	1	<b>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div>	<b>CONDITON</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>OCCURRENCE</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>	
3	2	2	1										
<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>ACTION</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>VEHICLE DEFECT</b> <b>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 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>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>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</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</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 TYPE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	<b>ROAD CONDITIONS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</td> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</td> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</td> </tr> </table>	01	A	B					
01	A	B											
<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;">4</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4</div> </div>	<b>NO UNDERRIDE OR OVERRIDE</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>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>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;">35</div> </div>	<b>SUPPLEMENTS</b> <input type="checkbox"/> *X* IF YES	<b>LOCAL REPORT#*</b> 201200000606							

LOCAL REPORT NUMBER 2012000606	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 01 D 10 Y 2012
IN COUNTY OF 83	ACCIDENT LOCATION 1086 Reading Road	

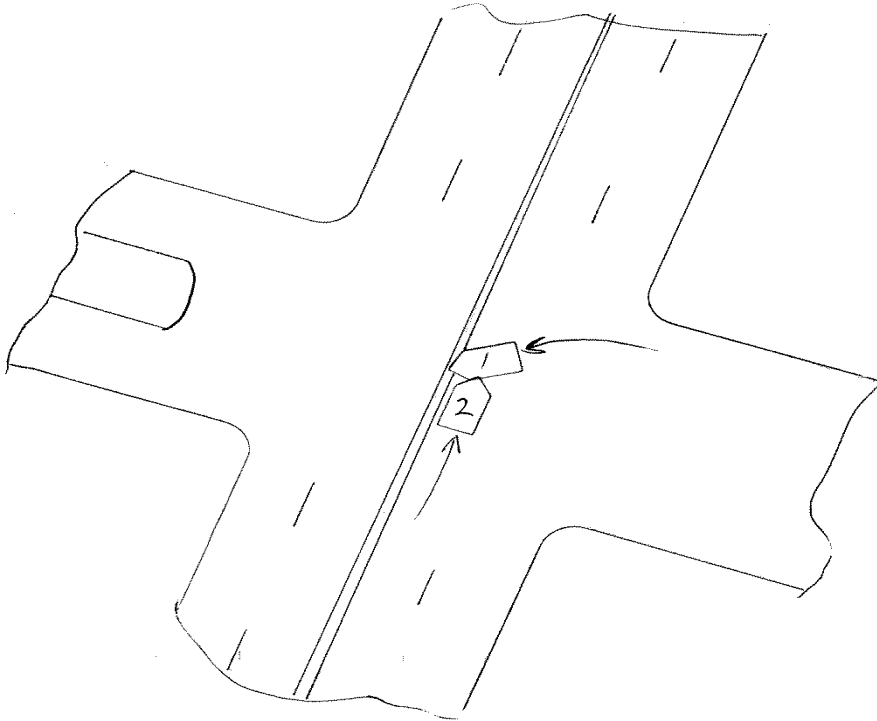


OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION • SERVICE • PROTECTION

OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 12-606	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 D 10 Y 12
IN COUNTY OF WARREN	CRASH LOCATION READING RD	



OFFICER'S SIGNATURE X <i>[Signature]</i>	BADGE NUMBER 55
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HSY 7002 4/07

OFFICER'S SIGNATURE X	BADGE NUMBER
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HSY 7002 1/82

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200000606	REPORTING AGENCY Mason Police Department
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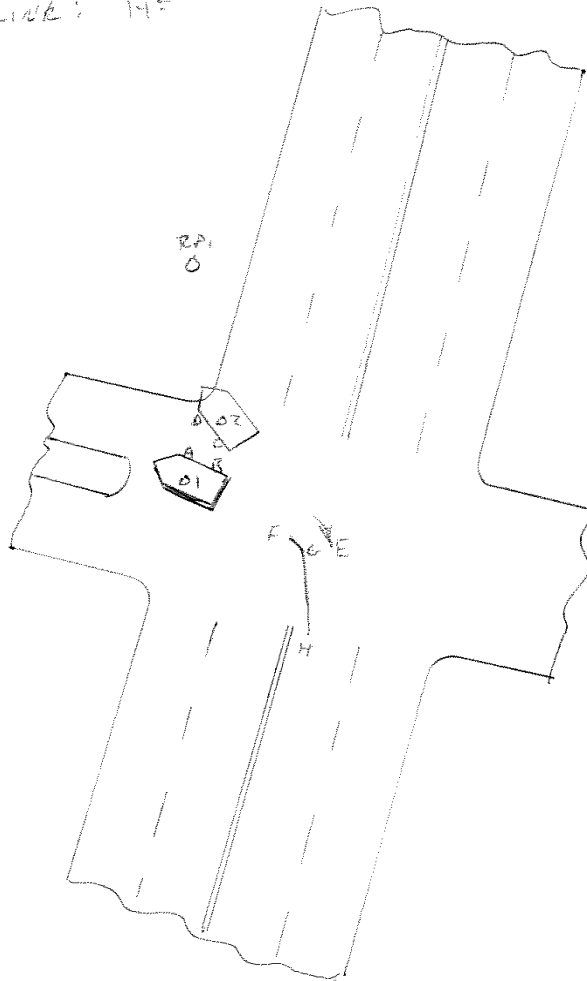
OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION • SERVICE • PROTECTION

OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 12-606	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01   D 10   Y 12
IN COUNTY OF WARREN	CRASH LOCATION 1086 READING RD	

RPI - Pole 401492508  
RAI TO BASELINE: 14<sup>5</sup>



S US 42  
(READING RD)

1086 READING RD

	Along	From
A	45 <sup>0</sup>	14 <sup>5</sup>
B	48 <sup>5</sup>	6 <sup>0</sup>
C	41 <sup>5</sup>	1 <sup>6</sup>
D	34 <sup>2</sup>	5 <sup>3</sup>
E	61 <sup>0</sup>	26 <sup>5</sup>
F	61 <sup>4</sup>	22 <sup>0</sup>
G	63 <sup>0</sup>	21 <sup>0</sup>
H	35 <sup>0</sup>	24 <sup>2</sup>

NOT TO SCALE

OFFICER'S SIGNATURE X <i>[Signature]</i>	BADGE NUMBER 1237
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HSY 7002 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200000606	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY  
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TRAFFIC CRASH WITNESS STATEMENT

UN-3

LOCAL REPORT NUMBER 12-606	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01   D 10   Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Dillon Dunihue PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
P.O. ERIC FITZGERALD OFFICER'S NAME AT Route 42 1086 READING LOCATION

was pulling out of the Walgreens parking lot onto route 42. At the same time there was a white van pulling into Walgreens. AS I was pulling out I couldn't see the other car coming because of the van and the other car and I collided with each other.

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

Q. WERE YOU WEARING YOUR SEAT BELT? Yes.

Q. WHAT DIRECTION WERE YOU GOING? Left onto route 42.

Q. WHAT WAS YOUR SPEED? 5-10 mph.

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

ADDRESS OF WITNESS 989 Sheffield dr. PHONE 513-573-0106

SIGNATURE OF WITNESS X Dillon Dunihue OFFICER'S SIGNATURE X [Signature]

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200000606	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

UM-3

LOCAL REPORT NUMBER <i>Josh Davis</i> 12-606	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01   D 10   Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Josh Davis PRINTED \_\_\_\_\_ HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
P.O. ERIC FITZGERALD OFFICER'S NAME AT 1086 PEARSON LOCATION

I was coming down north 42. There was a UPS Truck blocking Walgreens. The guy who hit me I don't think he saw me. Then my passenger said Josh slow down. I tried to slow down, but the brakes real hard, I wanted to try to have him miss me and he hit me on the passenger front fender.

Q: where was the other vehicle coming from?  
 A: from Walgreens

Q: Was the UPS truck parked or moving?  
 A: moving

Q: which direction?  
 A: northbound

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? Yes

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? Northbound

Q. WHAT WAS YOUR SPEED? 30-35

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

ADDRESS OF WITNESS: 1100 Labovian Ct Lebanon OH 45036 PHONE: 513-223-1293

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

# TRAFFIC CRASH REPORT - Involved Persons / Property Addendum

## Involved Persons

Name (last First Middle)	Address	Involvement Type	Age/DOB	Sex	26 seat Pos	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp Code	Medical Facility
Dunihue, Dillon W	989 Sheffield Drive Mason OH 45040	Operator	17 06251994	M	01	04	2	1	1	1	1		

Non Motorist      Type      14      Action      15      Location      16      Condition      1 17

Name (last First Middle)	Address	Involvement Type	Age/DOB	Sex	26 seat Pos	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp Code	Medical Facility
Davis, Joshua C.	1100 Lakeview Court Lebanon OH 45036	Operator	27 02041984	M	01	04	2	1	1	1	3		

Non Motorist      Type      14      Action      15      Location      16      Condition      1 17

Name (last First Middle)	Address	Involvement Type	Age/DOB	Sex	26 seat Pos	27 Safety System	28 Airbag Status	29 Airbag Switch	30 Eject Code	31 Trap Code	32 Injury Status	33 Transp Code	Medical Facility
Lamping, Eric Charles	8339 Barret Road West Chester OH 45069	Passenger	47 03171964	M	03	04	2	1	1	1	3		

Non Motorist      Type      14      Action      15      Location      16      Condition      17

## Property Damage:

Owner (Last, First, Middle)	Address	Phone	34-Type	Description of Damaged Property