

State Seal

LOCAL REPORT #* **2012000652**

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: **N** OH-2 **X** OH-3 **X** OH-1P OTHER

NCIC #* **08304** REPORTING AGENCY* **City of Mason - City of Mason Police Depart** # UNITS **2**

UNIT ERROR: **02** 98=ANIMAL 99=UNKNOWN

DATE OF CRASH* **01112012**

TIME OF CRASH **09:24** DAY OF WEEK **Wed** CITY* **X** VILLAGE* TWP*

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

CRASH OCCURRED ON: PREFIX **Tylersville Road** TYPE LOC **1** TYPE LOCATION POINT USED: 1 NAMED STREET 3 NUMBERED ROUTE, 2 NUMBERED STREET LOCAL INFORMATION

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

A UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Muth, Kenneth M.**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **10665 Turcotte Court, Union KY, 41091**

SOCIAL SECURITY NUM DATE OF BIRTH **12151964** AGE **47** SEX **M** HOME PHONE # **(859) 760-0292** WORK PHONE #

DL STATE **KY** DL # **M02737128** IP STATE **OH** IP # **933JQC** INJURED TAKEN BY: 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN TRANSPORTED BY **Barnes Towing Service** INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") **Muth, Kenneth M.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR **2004** MAKE **HOND** MODEL **Accord** COLOR **TAN** INSURANCE COMPANY **USAA** TOWING SERVICE **Barnes Towing Service** OWNER PHONE # **859-760-0292(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

B UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Rohl, Whitney**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **6746 Birdsong Way, Maineville OH, 45039**

SOCIAL SECURITY NUM DATE OF BIRTH **09101986** AGE **25** SEX **F** HOME PHONE # **(740) 630-7027** WORK PHONE #

DL STATE **OH** DL # **SN001686** IP STATE **OH** IP # **EEH6637** 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 **2007** MAKE **LEXS** MODEL COLOR **BLK** INSURANCE COMPANY **StateFarm** TOWING SERVICE OWNER PHONE # **740-630-7027(H)**

OFFENSE CHARGED **313.01** OFFENSE DESCRIPTION **Obedience to Traffic Control Device** CITATION # **70471** LOCAL CODE? **X**

C 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

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 FREED BY NON-MECHANICAL 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 UNKNOWN	04 INCAPACITATING INJURY
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLICABLE	05 UNKNOWN	05 UNKNOWN	05 UNKNOWN	05 FATAL INJURY
06 SECOND - RIGHT	06 MC HELMET USED	06 UNKNOWN	06 UNKNOWN	06 UNKNOWN	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

SUPPLEMENT "X" IF YES

Narrative

Unit #1 was crossing Tylersville Road from Luxottica to Aero Drive. Unit #2 was eastbound on Tylersville Road. Unit #2 ran a red light and struck unit #1.

MANNER OF COLLISION OR IMPACT

SCHOOL BUS RELATED

- 6**
- 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

WEATHER

- 04**
- 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

- 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

WORK ZONE RELATED

- 1**
- 01 NO
 - 02 YES
 - 03 UNKNOWN

TYPE OF WORK ZONE

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

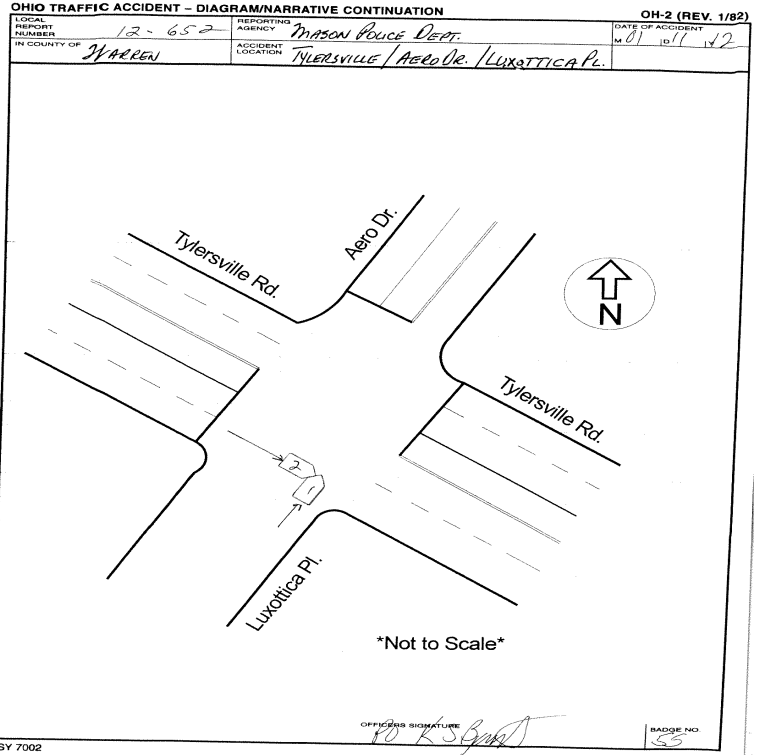
LOCATION OF CRASH IN WORK ZONE

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

WORKERS PRESENT

- 01**
- 01 NO
 - 02 YES
 - 03 UNKNOWN

Diagram



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
 A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

AND

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY; OR
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED
 INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit# []

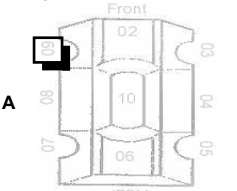
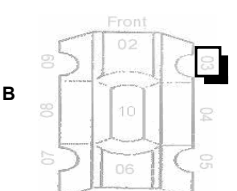
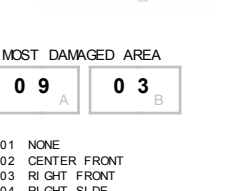
COMPANY (FROM SHIPPING PAPERS) [] COMPANY PHONE []

ADDRESS (STREET, CITY, ST, ZIP CODE) []

US DOT	ICC MC	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
01/11/2012	09:24	09:25	09:34	10:41	0.00	77.07
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55	[]	01/13/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1	[]	201200000652			

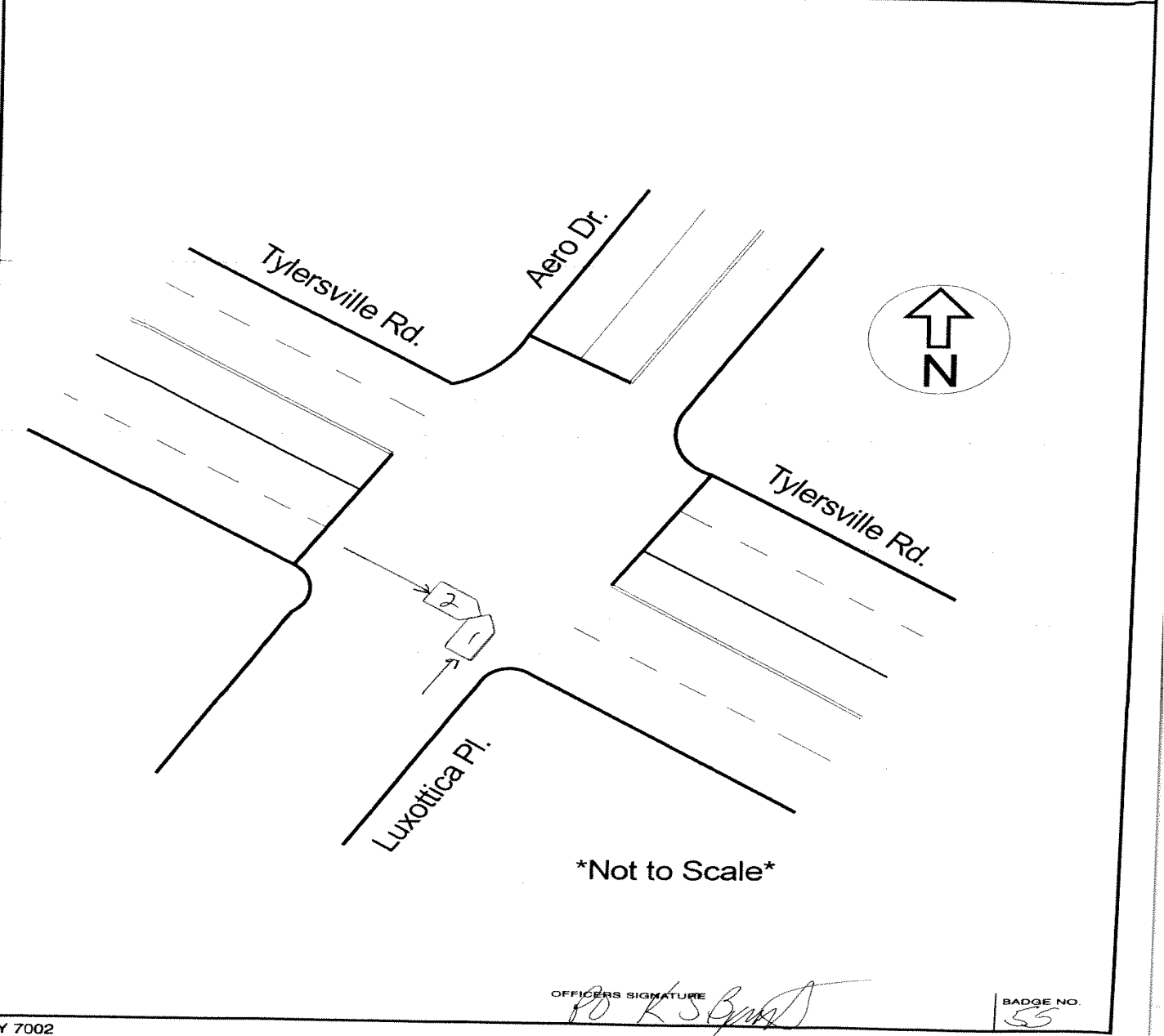
UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="01"/> <input type="text" value="01"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>20</td><td>20</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	20	20									POSTED SPEED <input type="text" value="35"/> <input type="text" value="35"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>
20	20														
NON-MOTORIST LOCATION <input type="text" value="A"/> <input type="text" value="B"/>	A  B 	MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPING IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING / CROSSING IN INTERSECTION 16 SPECIALIZED LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING LEAVING VEHICLE 21 PLAYING / WORKING ON VEHICLE 22 STANDING 23 OTHER 24 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 PEDALCYCLE 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/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	TRAFFIC CONTROL <input type="text" value="04"/> <input type="text" value="04"/> 01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE 16 OTHER	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 BLOOD 03 URINE 04 OTHER DRUG TEST 1&2 RESULT <table border="1"> <tr><td>1</td><td>1</td><td>1</td><td>1</td></tr> </table>	1	1	1	1						
1	1	1	1												
TYPE OF UNIT <input type="text" value="02"/> <input type="text" value="02"/>	MOST DAMAGED AREA <input type="text" value="09"/> <input type="text" value="03"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="01"/> <input type="text" value="03"/>	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/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	DIIRECTION FROM TO FROM TO <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="4"/> <input type="text" value="3"/> 01 NORTH 02 SOUTH 03 EAST 04 WEST 05 NORTHEAST 06 NORTHWEST 07 SOUTHEAST 08 SOUTHWEST 09 UNKNOWN	TYPE OF INTERSECTION <input type="text" value="02"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY/ACCESS 11 RAILROAD GRADE CROSSING 12 SHRED-USE PATHS OR TRAILS 13 UNKNOWN										
MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MIDSIZE 04 FULLSIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK; 10 2 AXLES, 6 TIRES 11 SINGLE UNIT TRUCK; 3+ AXLES 12 TRUCK/TRAILER 13 TRUCK TRACTOR (BOBTAIL) 14 TRACTOR/SEMI-TRAILER 15 TRACTOR/DOUBLE SHORT 16 TRACTOR/DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 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="09"/> <input type="text" value="03"/> 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	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 SHIFTS/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 SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	CONDITION <input type="text" value="1"/> <input type="text" value="1"/> 01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP/FATIGUED, FELL ASLEEP, ETC. 06 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 07 OTHER 08 UNKNOWN	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRED 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN										
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="4"/> <input type="text" value="3"/> 01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="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	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN	ROAD CONTOUR <input type="text" value="2"/> 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE										
IN-Emergency Response <input type="text" value="A"/> <input type="text" value="B"/> 01 NO 02 YES 03 UNKNOWN	STRIKING VEHICLE: OVERRIDEN/UNDERDRIVEN <input type="text" value="A"/> <input type="text" value="1"/>		SPEED DETECTED <input type="text" value="1"/> <input type="text" value="1"/> 01 STATED 02 ESTIMATED SPEED	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="02"/> <input type="text" value=""/> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DRY, OIL, GRAVEL 06 WATER/STANDING / MOVING 07 SLUSH 08 DEBRIS** 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN ** SECONDARY ROAD CONDITIONS ONLY										
DAMAGE SCALE <input type="text" value="3"/> <input type="text" value="3"/> 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	01 NO UNDERDRIVE OR OVERRIDE 02 UNDERDRIVE, COMPARTMENT INTRUSION 03 UNDERDRIVE, NO COMPARTMENT INTRUSION 04 UNDERDRIVE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN		SPEED <input type="text" value="10"/> <input type="text" value="35"/>	ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/>	SUPPLEMENTS <input type="checkbox"/> *X* IF YES LOCAL REPORT#* 201200000652										

LOCAL REPORT NUMBER 2012000652	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 01 D 11 Y 2012
IN COUNTY OF 83	ACCIDENT LOCATION 4100 Tylersville Road	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (REV. 1/82)

LOCAL REPORT NUMBER 12-652	REPORTING AGENCY MASON POLICE DEPT.	DATE OF ACCIDENT M 01 D 11 Y 12
IN COUNTY OF WARREN	ACCIDENT LOCATION TYLERSVILLE / AERO DR. / LUXOTTICA PL.	



ISY 7002

OFFICERS SIGNATURE

PO K S B...

BADGE NO.

55

OFFICER'S SIGNATURE

X

BADGE NUMBER

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200000652	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

CR-3

LOCAL REPORT NUMBER 12-652	REPORTING AGENCY MASON POLICE	DATE OF CRASH 01/11/12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Ken Muth PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. KEVIN S. BRYANT OFFICER'S NAME AT CRASH SCENE LOCATION

At approximately 9:20 on Jan 11th, I was proceeding through the intersection of Aero and Tylersville Rd when a Lexus IS25E ran a red light and hit my car in the left front just ahead of the wheel. Road conditions were wet in a light rain.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? I don't think so

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? across Aero from Luxottica

Q. WHAT WAS YOUR SPEED? just accelerating from a stop

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

ADDRESS OF WITNESS
10665 Turcotte Ct Union, KY 41091

PHONE
859-760-0292

SIGNATURE OF WITNESS
X [Signature]

OFFICER'S SIGNATURE
X [Signature]

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200000652	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

UN-3

LOCAL REPORT NUMBER 12-652	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 / D 11 / Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Whitney Rohl HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
P.O. KEVIN S. BRYANT AT Tylersville Rd
OFFICER'S NAME LOCATION

driving eastbound on Tylersville Rd. in Right lane. Approaching intersection at Luxxotica a gold car was pulling out into my lane. My light was green, traffic around me was moving forward, used my horn to alert other driver ~~was~~ of the upcoming impact. pulled alongside fodd spoke with other driver then moved to another location to avoid blocking traffic

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

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? EAST

Q. WHAT WAS YOUR SPEED? N/A

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

ADDRESS OF WITNESS
Whitney Rohl 6746 Birdsong Way PHONE 740-630-7027

SIGNATURE OF WITNESS X [Signature] OFFICER'S SIGNATURE X [Signature] PO K S Bryant

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200000652	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-652	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 D 11 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Erica Lee HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
PO. K. S. BRYANT AT LUXOTTICA
OFFICER'S NAME LOCATION

I witnessed a tan car in front of me attempting to exit the Luxottica parking lot at the intersection of Tylersville and go straight to the Penn Station parking lot across the street. On a green light, the tan car in front of me proceeded straight when a black/navy blue car coming down Tylersville from the left at a high speed impacted the front left side of the tan car. The cars immediately pulled over to the right side of Tylersville and I continued across the street to park and jumped out to offer a witness statement. I did not observe any injuries.

ADDRESS OF WITNESS 7052 Merlin Way, Hamilton OH 45011	PHONE (513) 765-6114
SIGNATURE OF WITNESS X <u>Erica Lee</u>	OFFICER'S SIGNATURE X <u>PO K S Bryant</u>

HSY 7003 4/07

DOB 5-17-76

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
Muth, Kenneth M.	10665 Turcotte Court Union KY 41091	Operator	47 12151964	M	01	04	1	1	1	1	1		

Non Motorist	Type	14	Action	15	Location	16	Condition	1	17
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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
Rohl, Whitney	6746 Birdsong Way Maineville OH 45039	Operator	25 09101986	F	01	04	1	1	1	1	1		

Non Motorist	Type	14	Action	15	Location	16	Condition	1	17
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Property Damage:

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