

State Seal

LOCAL REPORT #* **2012000659**

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 **12:36** DAY OF WEEK **Wed** CITY* **X** VILLAGE* TWP*

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

CRASH OCCURRED ON PREFIX **State Route 741** CRASH LOCATI ON **State Route 741** TYPE LOC **1**

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

LOCAL INFORMATION

CRASH AT / REFERENCE DIST REFERENCE DR PREFIX REFERENCE **U.S.42** 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) **Whiting, Lisa A.**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **6686 Manila Road, Goshen OH, 45122**

SOCIAL SECURITY NUM DATE OF BIRTH **05131964** AGE **47** SEX **F** HOME PHONE # **(513) 625-3688** WORK PHONE #

DL STATE **OH** DL # **RR442057** IP STATE IP # **DDC4412** 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") **Whiting, Lisa A.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR **2000** MAKE **LEXS** MODEL **RX300** COLOR **TAN** INSURANCE COMPANY **Hamilton Mutual** TOWING SERVICE OWNER PHONE # **513-625-3688(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

B UNIT # **2** NAME (LAST, FIRST, MIDDLE) **McShane, Mary E.**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **4688 Homestretch Lane, Mason OH, 45040**

SOCIAL SECURITY NUM DATE OF BIRTH **12091993** AGE **18** SEX **F** HOME PHONE # **(513) 234-8086** WORK PHONE #

DL STATE **OH** DL # **TR208284** IP STATE **OH** IP # **EHG2920** 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") **McShane, John H** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR **2000** MAKE **VOLK** MODEL **Passat** COLOR **SIL** INSURANCE COMPANY **StateFarm** TOWING SERVICE OWNER PHONE # **513-234-8086(H)**

OFFENSE CHARGED **333.03** OFFENSE DESCRIPTION **Maximum Speed Limits; Assured Clear Distance Ahead** CITATION # **70472** 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-FATAL 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 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	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

Units #1 and #2 were northbound on SR741. Unit #1 stopped for an approaching ambulance with lights and siren activated. Unit #1 was struck from behind by #2.

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 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

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

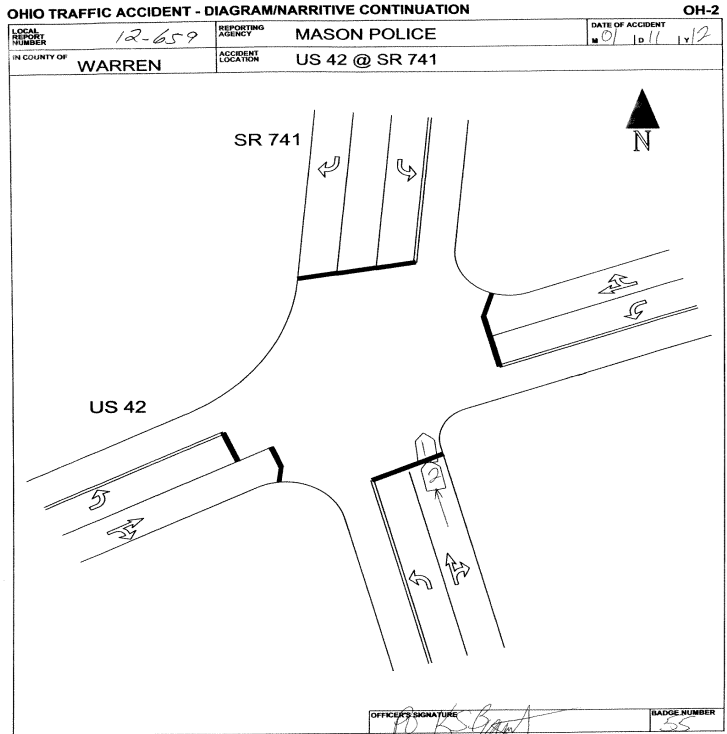
LIGHT CONDITIONS

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.

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
<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			
<input type="checkbox"/> 01 NOT APPLI CABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN ENCLOSED BOX <input type="checkbox"/> 04 GRAIN CHIPS/ GRAVEL	<input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TAN <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/ REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 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
01/11/2012	12:36	12:37	12:41	13:01	30.00	54.38
OFFICER'S NAME*	RADGE #*	CHECKED BY	DATE REPORT FILED*			
	1C55		01/19/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
<input type="checkbox"/> 1	<input type="checkbox"/> 1		201200000659			

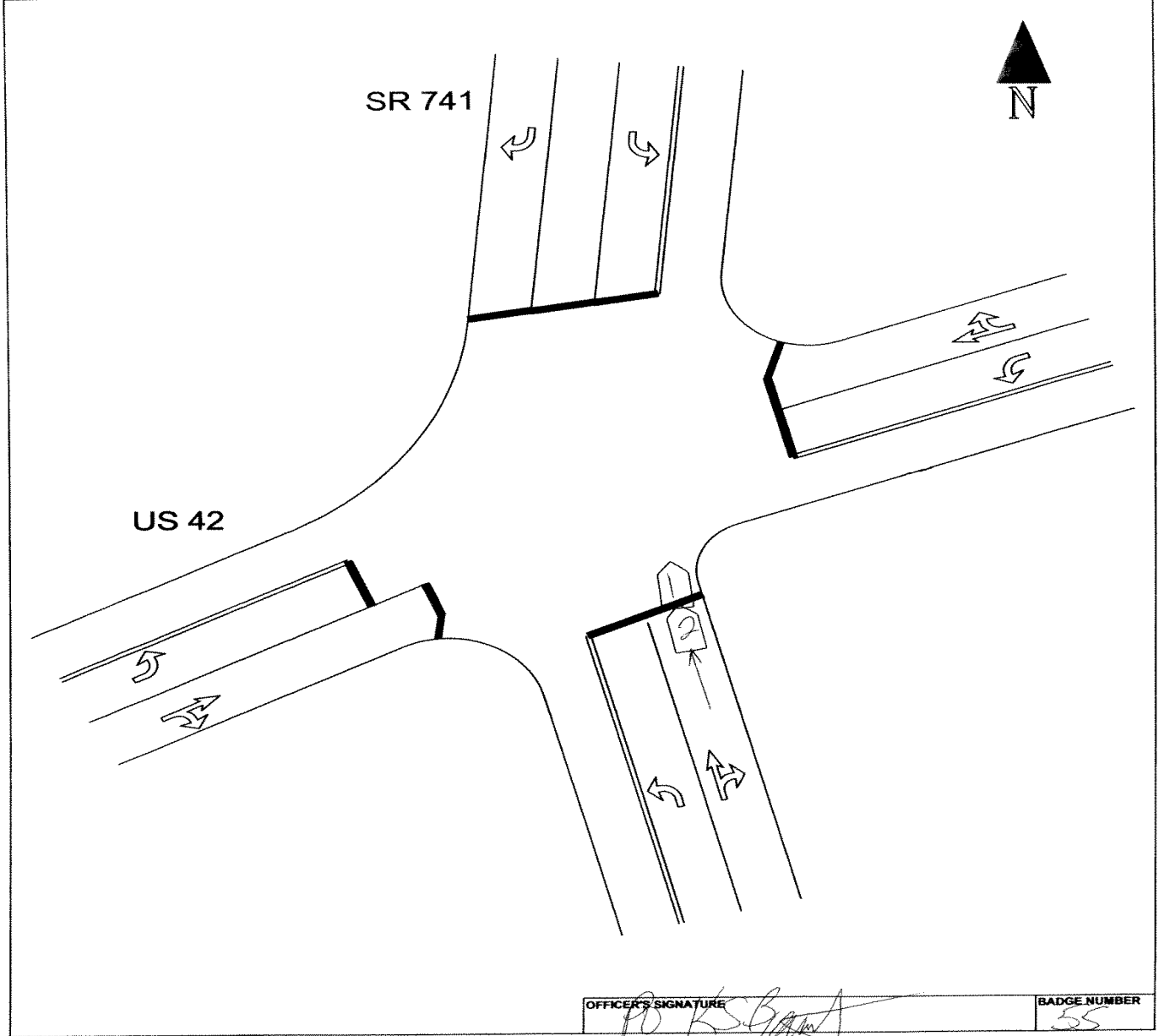
UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="11"/> <input type="text" value="11"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>20</td><td>20</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	20	20									POSTED SPEED <input type="text" value="50"/> <input type="text" value="50"/>	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/STOPPED 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 HIGHWAY TRAFFIC SIGN POST 35 LIGHT/LUMINARIES 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"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>										
TYPE OF UNIT <input type="text" value="06"/> <input type="text" value="06"/>	MOST DAMAGED AREA <input type="text" value="06"/> <input type="text" value="06"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="01"/> <input type="text" value="01"/>		DIIRECTION FROM TO FROM TO <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="02"/>										
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/ 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	POINT OF IMPACT <input type="text" value="06"/> <input type="text" value="06"/>	MOTORIST 01 NONE 02 FAILURE 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/ AHEAD 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD 10 IMPROPER PASSING 11 IMPROPER BACKING 12 IMPROPER START FROM PARKED POSITION 13 STOPPED OR PARKED ILLEGALLY 14 OPERATIONS ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 16 FAILURE TO CONTROL 17 VISION OBSTRUCTION 18 DRIVER INATTENTIVE 19 FATIGUE/ ASLEEP 20 OPERATIONS ON DEFECTIVE EQUIPMENT 21 LOAD SHIFTS/ FALLING / SPILLING 22 OTHER IMPROPER ACTION 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	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 HIGHWAY TRAFFIC SIGN POST 35 LIGHT/LUMINARIES 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	CONDITION <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL/ DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/>										
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="4"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>										
LINE EMERGENCY RESPONSE <input type="text" value="A"/> <input type="text" value="B"/>	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <input type="text" value="A"/> <input type="text" value="1"/>		MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="02"/> <input type="text" value=""/>										
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="2"/>	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 DETECTED <input type="text" value="1"/> <input type="text" value="1"/>	01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/>										
ACCIDENT NO: 2012000659			SPEED <input type="text" value="10"/> <input type="text" value="B"/>	SUPPLEMENTS <input type="checkbox"/> *X* IF YES	LOCAL REPORT#* 201200000659										

LOCAL REPORT NUMBER 2012000659	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 01 D 11 Y 2012
IN COUNTY OF 83	ACCIDENT LOCATION 4300 State Route 741	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER <i>12-659</i>	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 01 D 11 Y 12
IN COUNTY OF WARREN	ACCIDENT LOCATION US 42 @ SR 741	



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

LOCAL REPORT NUMBER 201200000659	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 72-659	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, Lisa A. Whiting PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. KEVIN S. BRYANT OFFICER'S NAME AT 741 N and 42 ST. RT. LOCATION

I was driving on 741 (Kingsmills Rd) A Ambulance was coming. I had ^{STOP} to go in hurry and was hit in rear of car

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

Q. WERE YOU WEARING YOUR SEAT BELT? YES

Q. WHAT DIRECTION WERE YOU GOING? 741 North

Q. WHAT WAS YOUR SPEED? Don't know

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

ADDRESS OF WITNESS 6486 manila Rd Goshen OH 45122 PHONE 513 7625-3688

SIGNATURE OF WITNESS X Lisa A. Whiting OFFICER'S SIGNATURE X P.O. K.S. Bryant

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200000659	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

UN-3

LOCAL REPORT NUMBER 12-659	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, Mary McShane HEREBY MAKE THIS VOLUNTARY STATEMENT TO

P.O. KEVIN S. BRYANT AT 741

PRINTED OFFICER'S NAME LOCATION

An ambulance was coming from the right and the car in front of mine stopped, I tried to stop and swerve to not hit the car in front of me, however there were wet roads and I rear-ended the car in front of mine.

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

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? forward

Q. WHAT WAS YOUR SPEED? 35 mph

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

ADDRESS OF WITNESS 4688 Homestretch Lane PHONE (513) 234-8086

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
Whiting, Lisa A.	6686 Manila Road Goshen OH 45122	Operator	47 05131964	F	01	04	1	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
McShane, Mary E.	4688 Homestretch Lane Mason OH 45040	Operator	18 12091993	F	01	04	1	1	1	1	1		

Non Motorist Type 14 Action 15 Location 16 Condition 1 17

Property Damage:

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