

State Seal

LOCAL REPORT #\* **201200804**

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**

NCIC #\* **08304**

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

# UNITS: **2**

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

DATE OF CRASH\* **01132012**

TIME OF CRASH: **12:19**

DAY OF WEEK: **Fri**

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

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

COUNTY #\* **83**

LATITUDE LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION TYPE LOC TYPE LOCATION POINT USED LOCAL INFORMATION

**State Route 741** **3** **1 NAMED STREET 3 NUMBERED ROUTE**

CRASH AT / REFERENCE

DIST REFERENCE DR PREFIX REFERENCE REF POINT REFERENCE POINT USED

**Cox Smith Road** **02** **01 STATE LINE 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE**

**A** UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Neiding, Matthew D.**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **8009 Kinsman Road, Novely OH, 44072**

SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

**12201978** **33** **M** **(330) 931-2347**

DL STATE DL # IP STATE IP # INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

**OH** **RJ530904** **OH** **FLJ4082** **3 POLICE** **5 UNKNOWN**

OWNER'S NAME (IF SAME WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)

**Neiding, Matthew D.** **Same**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

**2006** **HOND** **SIL** **Progressive** **330-931-2347(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

**B** UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Hill, Faren M**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **3747 Woodburne Drive, Mason OH, 45040**

SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

**03281988** **23** **F** **(513) 545-9255**

DL STATE DL # IP STATE IP # INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

**OH** **SV886281** **OH** **FHT5738** **3 POLICE** **5 UNKNOWN**

OWNER'S NAME (IF SAME WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)

**Hill, Faren M** **Same**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

**2004** **TOYT** **Corolla** **BLU** **Liberty Mutual** **513-545-9255(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

**333.03** **Maximum Speed Limits; Assured Clear Distance Ahead** **70474** **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 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, turning right onto Cox Smith Road. Unit #2 struck #1.

**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**

02

- 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

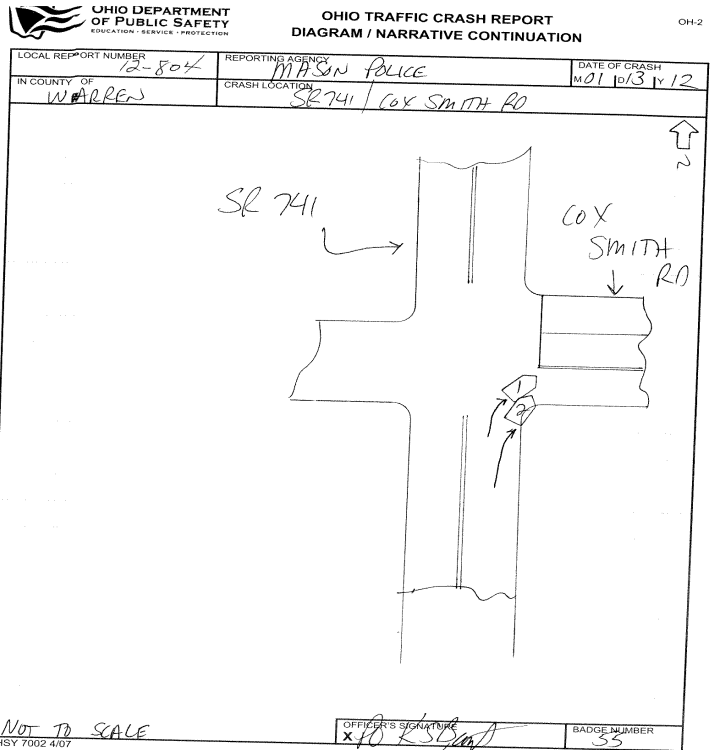
**LIGHT CONDITIONS**

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 GVW 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 DAMAGING DAMAGE OR REQUIRED  
INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit#

COMPANY (FROM SHIPPING PAPERS)

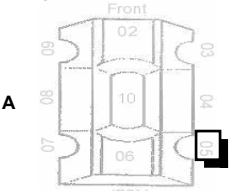
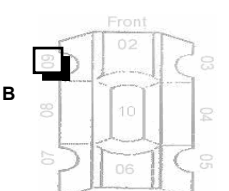
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
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
01/13/2012	12:19	12:20	12:29	13:22	30.00	93.72
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55		01/16/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		201200000804			

<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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2 <small>B</small></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;">05 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">05 <small>B</small></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 <small>1</small></td> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">20 <small>1</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>2</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>2</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">3 <small>3</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">3 <small>3</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">4 <small>4</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">4 <small>4</small></td> </tr> </table>	20 <small>1</small>	20 <small>1</small>	2 <small>2</small>	2 <small>2</small>	3 <small>3</small>	3 <small>3</small>	4 <small>4</small>	4 <small>4</small>	<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;">50 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">52 <small>B</small></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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	
20 <small>1</small>	20 <small>1</small>													
2 <small>2</small>	2 <small>2</small>													
3 <small>3</small>	3 <small>3</small>													
4 <small>4</small>	4 <small>4</small>													
<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;">05 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">09 <small>B</small></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 DRIVERLESS 13 OTHER 14 UNKNOWN  <b>NON-MOTORIST</b> 15 ENTERING / CROSSING IN INTERSECTION 16 SPECIAL 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	<b>NON-COLLISION</b> 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  <b>COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 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  <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 OVERHEAD SIGN POST 35 LIGHT/LUMINAIRE 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>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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12 <small>B</small></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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></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;">07 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02 <small>B</small></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;">05 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">09 <small>B</small></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;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">08 <small>B</small></div> </div>	<b>DIIRECTION</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">2 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">3 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">2 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">3 <small>B</small></td> </tr> </table>	2 <small>A</small>	3 <small>A</small>	2 <small>B</small>	3 <small>B</small>	<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: 20px; text-align: center;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 20px; text-align: center;">1 <small>B</small></td> </tr> </table>	1 <small>A</small>	1 <small>B</small>	1 <small>A</small>	1 <small>B</small>	<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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</div>
2 <small>A</small>	3 <small>A</small>	2 <small>B</small>	3 <small>B</small>											
1 <small>A</small>	1 <small>B</small>	1 <small>A</small>	1 <small>B</small>											
<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/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	<b>ACTIION</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>B</small></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>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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>OCURRENCE</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</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: OVERRIDE/ UNDERRIDE</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;">1 <small>B</small></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>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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>ROAD CONTOUR</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>B</small></div> </div>	<b>NO UNDERIDE OR OVERRIDE</b> 01 NO UNDERIDE OR OVERRIDE 02 UNDERIDE, COMPARTMENT INTRUSION 03 UNDERIDE, NO COMPARTMENT INTRUSION 04 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	<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>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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>ROAD CONDTIONS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</td> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"></td> </tr> </table>	02								
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<b>IN 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>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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">15 <small>B</small></div> </div>	<b>ALCOHOL TEST RESULT</b> <table style="width:100%; border-collapse: collapse;"> <tr> <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>	A	B	<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 CONDTIONS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</td> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"></td> </tr> </table>	02						
A	B													
02														
<b>TYPE OF INTERSECTION</b> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ ROUNDABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY/ACCESS 11 RAILWAY GRADE CROSSING 12 SHRED-USE PATHS OR TRAILS 13 UNKNOWN	<b>ALCOHOL TEST TYPE</b> 01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRED 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN	<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>ALCOHOL TEST TYPE</b> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	<b>ALCOHOL TEST RESULT</b> <table style="width:100%; border-collapse: collapse;"> <tr> <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>	A	B	<b>ALCOHOL TEST STATUS</b> 01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING							
A	B													
<b>SUPPLEMENTS *X* IF YES</b>						<b>LOCAL REPORT#*</b> <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">20120000804</div>								

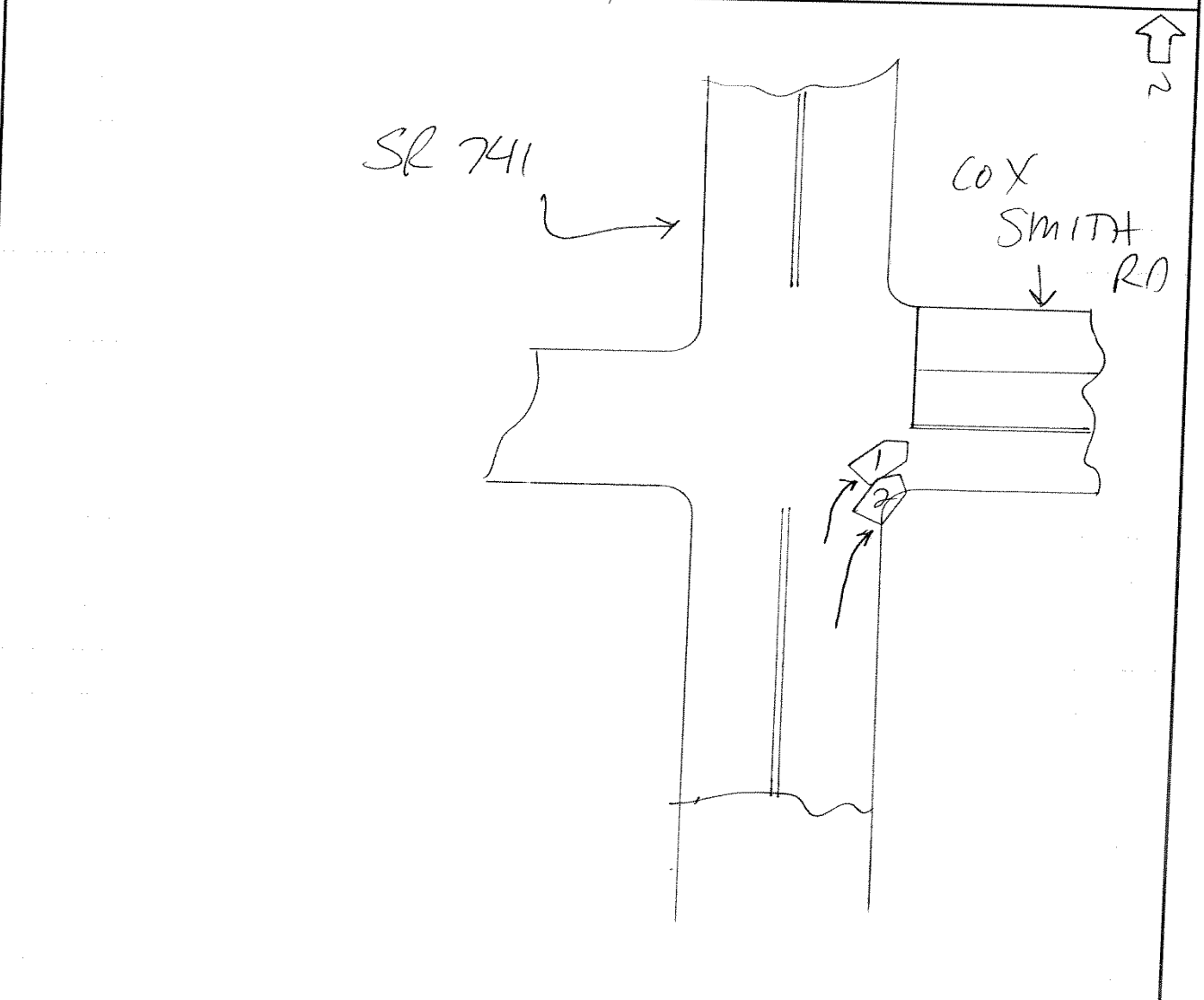
LOCAL REPORT NUMBER 2012000804	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 01 D 13 Y 2012
IN COUNTY OF 83	ACCIDENT LOCATION 5100 State Route 741	



OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 12-804	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 D 13 Y 12
IN COUNTY OF WARREN	CRASH LOCATION SR 741 / COX SMITH RD	



NOT TO SCALE HSY 7002 4/07	OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 35
	OFFICER'S SIGNATURE X	BADGE NUMBER

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200000804	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

UT-3

LOCAL REPORT NUMBER 12-804	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 / D 13 / Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, MATTHEW NEIDING PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
P.O. KEVIN S. BRYANT AT CORNER OF 741 AND COX-SMITH RD  
OFFICER'S NAME LOCATION

I WAS COMING FROM CLEVELAND TO VISIT WIFE'S FAMILY IN MASON, ON COX-SMITH. I EXITED 71 S ONTO KINGS-MILLS (RIGHT) AND THEN ONTO 741 (RIGHT). THE OTHER DRIVER CAME UP BEHIND ME AT THE INTERSECTION OF KINGS-MILLS AND 741. I SIGNALLED WITH MY RIGHT INDICATOR THAT I WAS GOING TO MAKE THE RIGHT ONTO COX-SMITH RD. JUST AS I BEGAN TO TURN INTO THE CORNER, THE OTHER DRIVER HIT ME FROM BEHIND ( I HEARD THE TIRE SCRECH JUST BEFORE), PUSHING ME UP ONTO THE CURB. MY VEHICLE WAS DAMAGED ON THE RIGHT REAR. HER VEHICLE WAS DAMAGED ON THE FRONT LEFT. JUST AFTER THE ACCIDENT, I ASKED IF SHE WAS ALRIGHT TO WHICH SHE RESPONDED THAT SHE WAS DIZZY. I'M NOT SURE IF THAT WAS A ~~CRASH~~ RESULT OF THE ACCIDENT OR SOMETHING PRIOR.

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

Q. WERE YOU WEARING YOUR SEAT BELT? YES

Q. WHAT DIRECTION WERE YOU GOING? NORTH TURNING EAST

Q. WHAT WAS YOUR SPEED? ~ 30 BEFORE TURN

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

ADDRESS OF WITNESS	PHONE
SIGNATURE OF WITNESS X <u>[Signature]</u> (530) 931-2347	OFFICER'S SIGNATURE X <u>[Signature: P.O. K.S. Bryant]</u>

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200000804	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-804	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01, D 13, Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

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

When traveling north on route 741, I was turning right into ~~a~~ a street. The car in front of me was also turning and did not have his turn signal. He made a wide right turn and my turn was closer to the curb. When I saw we were both turning I brake causing his car to clip the left front end of my car. He gave no indications he was going to turn.

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

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? North on 741

Q. WHAT WAS YOUR SPEED? 15mph

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

ADDRESS OF WITNESS: 3747 woodburne dr. Mason, OH PHONE: (513) 545-9255

SIGNATURE OF WITNESS: X Faren Hill OFFICER'S SIGNATURE: X P.O. K S Bryant

# 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
Neiding, Matthew D.	8009 Kinsman Road Novely OH 44072	Operator	33 12201978	M	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
Hill, Faren M	3747 Woodburne Drive Mason OH 45040	Operator	23 03281988	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