

State Seal

LOCAL REPORT #* **2012001008**

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

PRIVATE PROPERTY:

HIT / SKIP: 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: **01** 98=ANIMAL 99=UNKNOWN

DATE OF CRASH* **01162012**

TIME OF CRASH **09:43** DAY OF WEEK **Mon** CITY* **X** VILLAGE* TWP*

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

CRASH OCCURRED ON PREFIX **Socialville Foster Road** TYPE LOC **1** LOCAL INFORMATION

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

CRASH AT / REFERENCE DIST REFERENCE **Mason-Montgomery Road** 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) **Puchta, Karen R.**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **3772 Nantucket Circle, Apt: B, Loveland OH, 45140**

SOCIAL SECURITY NUM **01141965** DATE OF BIRTH **47** AGE **F** SEX **(513) 683-8383** HOME PHONE # WORK PHONE #

DL STATE **OH** DL # **RQ528681** IP STATE **OH** IP # **FFB8605** 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") **Puchta, Karen R.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR **2006** MAKE **JEEP** MODEL **Liberty** COLOR **GLD** INSURANCE COMPANY **StateFarm** TOWING SERVICE OWNER PHONE # **513-683-8383(H)**

OFFENSE CHARGED **331.08** OFFENSE DESCRIPTION **Driving in Marked Lanes/Continuous Lines** CITATION # **69873** LOCAL CODE? **X**

B UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Mitchell, Mark A.**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **6556 Sherman Terrace Drive, Mason OH, 45040**

SOCIAL SECURITY NUM **03281961** DATE OF BIRTH **50** AGE **M** SEX **() 398-7365** HOME PHONE # WORK PHONE # **(513) 229-8550**

DL STATE **OH** DL # **RJ472396** IP STATE **OH** IP # **unk121008** 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") **Mitchell, Mark A.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR **2006** MAKE **FORD** MODEL **F150** COLOR **GRY** INSURANCE COMPANY **Allstate** TOWING SERVICE OWNER PHONE # **398-7365(H) 513-229-8550(W)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

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 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 NON-MECHANICAL MEANS	04 INCAPACITATING INJURY
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLICABLE		05 UNKNOWN	05 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	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 stopped in right hand turn only lane, westbound, Socialville Foster Road. At the intersection of Mason-Montgomery Road unit #2 also westbound on Socialville Foster Road at same intersection, in the straight lane. Light changed and driver of unit #1 continued straight, not turning right, from westbound Socialville Foster Road and side swiped unit #2 in the intersection causing minor damage to both vehicles.

MANNER OF COLLISION OR IMPACT

SCHOOL BUS RELATED

- 7**
- 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

- 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

WORK ZONE RELATED

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

TYPE OF WORK ZONE

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

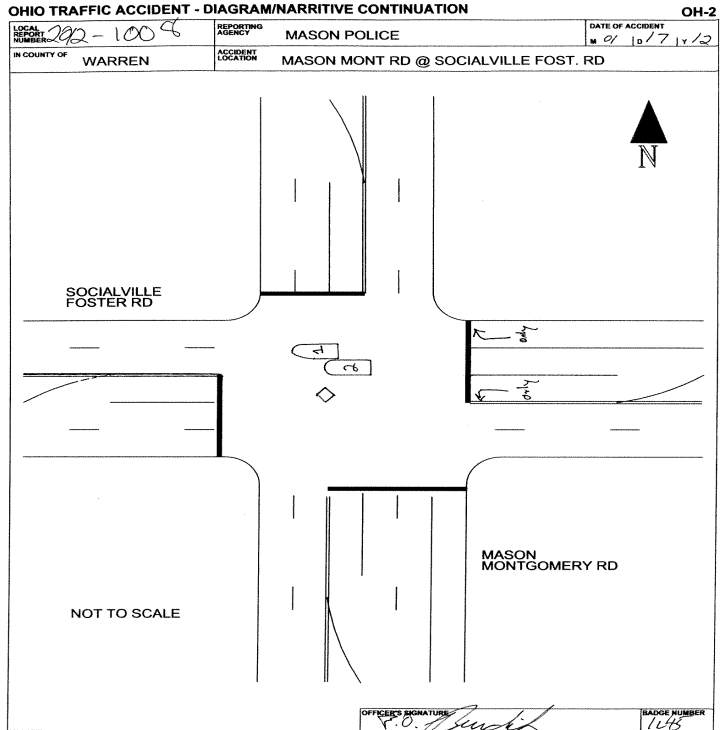
LOCATION OF CRASH IN WORK ZONE

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

WORKERS PRESENT

-
- 01 NO
 - 02 YES
 - 03 UNKNOWN

Diagram



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

Unit#

COMPANY (FROM SHIPPING PAPERS)

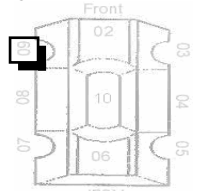
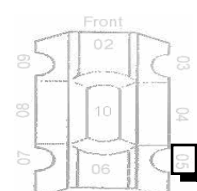
COMPANY PHONE

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	05 POLE	09 CONCRETE MIXER	01 LESS/EQUAL 10,000 02 10,001-26,000 03 MORE THAN 26,000	01 CLASS A 02 CLASS B 03 CLASS C 04 CLASS M 05 CLASS D	01 NO 02 YES 03 UNKNOWN	01 NO	
02 BUS (9-15 INCLUDING DRIVER)	06 CARGO TAN	10 AUTO TRANSPORTER				02 YES	
03 VAN ENCLOSED BOX	07 FLATBED	11 GARBAGE/REFUSE				03 NOT APPLI CABLE	
04 GRAIN CHIPS/ GRAVEL	08 DUMP	12 OTHER				04 UNKNOWN	
		13 UNKNOWN					

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
01/16/2012	09:43	09:44	09:56	10:27	30.00	74.58
OFFICER'S NAME*		PAGE #*	CHECKED BY		DATE REPORT FILED*	
Police Officer Scott R Burdick		1C45			01/20/2012	
REPORT TAKEN BY	01 POLICE AGENCY 02 MOTORIST	REPORT TAKEN AT	01 SCENE 02 STATION 03 OTHER	SUPPLEMENT * "X" IF YES	LOCAL REPORT # 201200001008	
1		1				

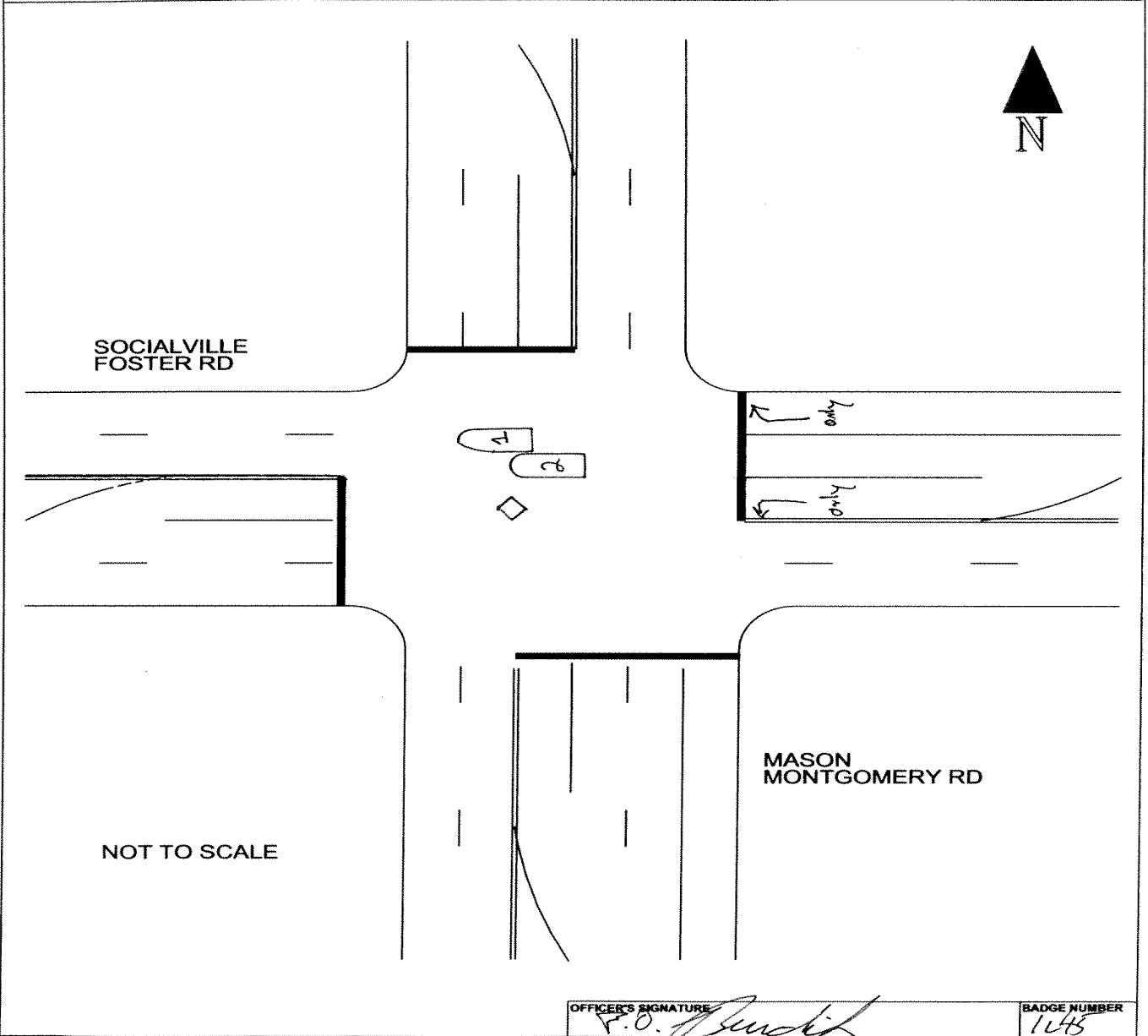
UNIT NUMBERS <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">2 <small>B</small></div> </div>	DAMAGE AREA  	PRE-CRASH ACTIONS <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01 <small>B</small></div> </div>	SEQUENCE OF EVENTS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">20 <small>1</small></td> <td style="border: 1px solid black; padding: 2px; width: 50%; 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>	POSTED SPEED <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">35 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">35 <small>B</small></div> </div>	DRUG TEST STATUS <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>
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2 <small>2</small>	2 <small>2</small>												
3 <small>3</small>	3 <small>3</small>												
4 <small>4</small>	4 <small>4</small>												
NON-MOTORIST LOCATION <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">B</div> </div>	MOST DAMAGED AREA <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">09 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">05 <small>B</small></div> </div>	MOTORIST <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">09 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01 <small>B</small></div> </div>	COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">4 <small>B</small></div> </div>	TRAFFIC CONTROL <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">12 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">12 <small>B</small></div> </div>	DRUG TEST 1&2 RESULT <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 25%; text-align: center;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 25%; text-align: center;">1 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; width: 25%; text-align: center;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 25%; 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>				
1 <small>A</small>	1 <small>B</small>	1 <small>A</small>	1 <small>B</small>										
TYPE OF UNIT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">06 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">07 <small>B</small></div> </div>	POINT OF IMPACT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">09 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">05 <small>B</small></div> </div>	CONTRIBUTING CIRCUMSTANCES <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">09 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01 <small>B</small></div> </div>	RECTIFICATION <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 25%; text-align: center;">3 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 25%; text-align: center;">4 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; width: 25%; text-align: center;">3 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; width: 25%; text-align: center;">4 <small>A</small></td> </tr> </table>	3 <small>A</small>	4 <small>B</small>	3 <small>B</small>	4 <small>A</small>	DRUG TEST TYPE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>	TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">02</div>				
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LOCAL REPORT NUMBER 2012001008	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 01 D 16 Y 2012
IN COUNTY OF 83	ACCIDENT LOCATION 5000 Socialville Foster Road	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER <i>2012-1008</i>	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 01 D 17 Y 12
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONT RD @ SOCIALVILLE FOST. RD	



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

LOCAL REPORT NUMBER 201200001008	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 2012-1008	REPORTING AGENCY Mason Police Dept.	DATE OF CRASH M 11 D 16 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Karen R. Puchta PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. Buchlik OFFICER'S NAME AT Intersection Socialville Foster and Mason Montgomery LOCATION

I apparently was in the right turn lane (thought it was the straight lane) on Socialville Foster road going across Mason Montgomery road @ light. When the light turned green I went straight and so did the truck in the lane next to me. He hit my left bumper as we were going through the intersection. We both pulled over once we were thru the intersection and called police, no one was hurt.

ADDRESS OF WITNESS 3772 Nantucket Dr Apt. B, Loveland OH	PHONE (513) 683-8383
SIGNATURE OF WITNESS X Karen R Puchta	OFFICER'S SIGNATURE X P.O. Buchlik 445

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200001008	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 2012-1008	REPORTING AGENCY Mason Police Dept.	DATE OF CRASH M 1 D 16 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, MARK MITCHELL HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

PO. Buebick AT Socialville @ Mason-Montgomery
OFFICER'S NAME LOCATION

WAS SITTING AT A STOP LIGHT ~~waiting~~ ~~waiting~~
 WAITING FOR THE LIGHT TO TURN GREEN
 SO I COULD GO ACROSS MASON MONTGOMERY
 ROAD WHEN A LADY WAS IN THE RIGHT TURN
~~lane~~ ^{she} PROCEEDED TO GO ACROSS AT THE SAME
 TIME HITTING MY RIGHT SIDE OF MY 2005 F150
 PICK UP DOING DAMAGE TO MY BUMPER.

ADDRESS OF WITNESS
Mark Mitchell
 SIGNATURE OF WITNESS
 X 6555 SHERMAN TERR DR.
MASON OH, O 45040

PHONE
513-398-1365

OFFICER'S SIGNATURE
 X [Signature]

HSY 7003 4/07

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
Puchta, Karen R.	3772 Nantucket Circle , Apt#: B Loveland OH 45140	Operator	47 01141965	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
Mitchell, Mark A.	6556 Sherman Terrace Drive Mason OH 45040	Operator	50 03281961	M	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