

State Seal

LOCAL REPORT #* 2012003065	CRASH SEVERITY 2 1 FATAL 3 PDO 2 Injury 4 Unknown	PRIVATE PROPERTY <input type="checkbox"/>	HIT / SKIP 1 1 NOT HIT / SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN Y	OH-2 X OH-3 X OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>
NCIC #* 08304	REPORTING AGENCY* City of Mason - City of Mason Police Depart	# UNITS 2	UNIT ERROR 99 98=ANIMAL 99=UNKNOWN	DATE OF CRASH* 01192012	

TIME OF CRASH 06:55	DAY OF WEEK Thu	CITY* X	VILLAGE* <input type="checkbox"/>	TWP* <input type="checkbox"/>	NAME (OF CITY, VILLAGE OR TOWNSHIP)* Mason	COUNTY #* 83	LATITUDE	LONGITUDE
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CRASH OCCURRED ON PREFIX Mason-Montgomery Road	CRASH LOCATION Mason-Montgomery Road	TYPE LOC 1	TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	LOCAL INFORMATION
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CRASH AT / REFERENCE DIST REFERENCE 200.00	DR PREFIX N	REFERENCE Tylersville 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
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UNIT # A	1	2	NAME (LAST, FIRST, MIDDLE) Mitchell, Veronica J.
ADDRESS (STREET, CITY, STATE, ZIP CODE) 6376 Socialville Foster, Mason OH, 45040			
SOCIAL SECURITY NUM	DATE OF BIRTH 12041994	AGE 17	SEX F
HOME PHONE # (513) 884-4419	WORK PHONE #		

DL STATE OH	DL # TU742610	IP STATE OH	IP # CKK9155	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, Lisa V.				ADDRESS (STREET, CITY, STATE, ZIP CODE) Same			
YEAR 1999	MAKE FORD	MODEL Taurus	COLOR MAR	INSURANCE COMPANY StateFarm	TOWING SERVICE	OWNER PHONE # -754-8396(H)	

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?

UNIT # B	2	1	NAME (LAST, FIRST, MIDDLE) Harms, Austin S.
ADDRESS (STREET, CITY, STATE, ZIP CODE) 8438 Bradford Pear Drive, Mason OH, 45040			
SOCIAL SECURITY NUM	DATE OF BIRTH 01191995	AGE 17	SEX M
HOME PHONE # (513) 405-9402	WORK PHONE #		

DL STATE OH	DL # TW154922	IP STATE OH	IP # U990166	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") Harms, Helene				ADDRESS (STREET, CITY, STATE, ZIP CODE) Same			
YEAR 1999	MAKE FORD	MODEL Mustang	COLOR BLU	INSURANCE COMPANY financial resp not shown	TOWING SERVICE	OWNER PHONE # 513-405-9402(H) 513-405-9402(W)	

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?

UNIT # C	1	NAME (LAST, FIRST, MIDDLE) Mitchell, Elizabeth	HOME PHONE # 513-884-4419	DATE OF BIRTH 08011997	AGE 14	SEX F
ADDRESS (STREET, CITY, STATE, ZIP CODE) 6376 Socialville Foster Road, Mason OH, 45040				<input type="checkbox"/>	INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE	4 OTHER 5 UNKNOWN
				TRANSPORTED BY	INJURED TAKEN TO	

UNIT # D	1	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)				<input type="checkbox"/>	INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE	4 OTHER 5 UNKNOWN
				TRANSPORTED BY	INJURED TAKEN TO	

SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 BLANK FOR WITNESS	SAFETY EQUIPMENT 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN 08 NON-MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 OTHER 15 UNKNOWN	AIR BAG 01 NOT DEPLOYED 02 DEPLOYED-FRONT 03 DEPLOYED-SIDE 04 DEPLOYED-BOTH 05 NOT APPLICABLE 06 UNKNOWN	AIR BAG SWITCH 01 NOT PRESENT 02 IN ON POSITION 03 IN OFF POSITION 04 UNKNOWN 05 POSITION	EJECTION 01 NOT EJECTED 02 TOTALLY EJECTED 03 PARTIALLY EJECTED 04 NOT APPLICABLE 05 UNKNOWN	TRAPPED 01 NOT TRAPPED 02 EXTRACTED BY MECHANICAL MEANS 03 FREED BY NON-MECHANICAL MEANS 04 UNKNOWN	INJURIES 01 NO INJURY 02 POSSIBLE 03 NON-INCAPACITATING 04 INCAPACITATING 05 FATAL INJURY 06 UNKNOWN
01	04	1	1	1	1	3
A	A	A	A	A	A	A
01	04	1	1	1	1	1
B	B	B	B	B	B	B
03	04	1	1	1	1	1
C	C	C	C	C	C	C
D	D	D	D	D	D	D

SUPPLEMENT "X" IF YES

Narrative

Units #1 and #2 were northbound on Mason Montgomery Road. Units #1 and #2 collided with each other. Unit #1 then struck the right curb.

<p>MANNER OF COLLISION OR IMPACT</p> <div style="border: 1px solid black; padding: 2px; width: 30px; margin: 5px auto;">7</div> <p>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</p>	<p>SCHOOL BUS RELATED</p> <div style="border: 1px solid black; padding: 2px; width: 30px; margin: 5px auto;">1</div> <p>01 NO 02 YES, DIRECTLY INVOLVED 03 YES, INDIRECTLY INVOLVED 04 UNKNOWN</p> <p>WORK ZONE RELATED</p> <div style="border: 1px solid black; padding: 2px; width: 30px; margin: 5px auto;">1</div> <p>01 NO 02 YES 03 UNKNOWN</p>	<p>Diagram</p>				
<p>WEATHER</p> <div style="border: 1px solid black; padding: 2px; width: 30px; margin: 5px auto;">01</div> <p>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</p>	<p>TYPE OF WORK ZONE</p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px auto;"></div> <p>01 LANE CLOSURE 02 LANE SHIFT/CROSSOVER 03 WORK ON SHOULDER OR MEDIAN 04 INTERMITTENT/MOVING WORK 05 OTHER</p>					
<p>LIGHT CONDITIONS</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">PRIMARY</td> <td style="width:50%; border-bottom: 1px solid black;">SECONDARY</td> </tr> <tr> <td style="border: 1px solid black; text-align: center; width: 30px;">4</td> <td style="border: 1px solid black; width: 30px;"></td> </tr> </table> <p>01 DAYLIGHT 02 DAWN 03 DUSK 04 DARK - LIGHTED ROADWAY 05 DARK - NOT LIGHTED 06 DARK - UNKNOWN LIGHTING 07 GLARE 08 OTHER 09 UNKNOWN</p>	PRIMARY	SECONDARY	4		<p>LOCATION OF CRASH IN WORK ZONE</p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px auto;"></div> <p>01 BEFORE FIRST WORK ZONE WARNING SIGN 02 ADVANCE WARNING AREA 03 TRANSITION AREA 04 ACTIVITY AREA</p>	
PRIMARY	SECONDARY					
4						
	<p>WORKERS PRESENT</p> <div style="border: 1px solid black; width: 30px; height: 30px; margin: 5px auto;"></div> <p>01 NO 02 YES 03 UNKNOWN</p>					

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	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA

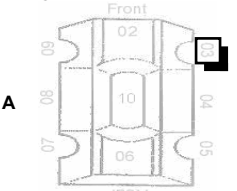
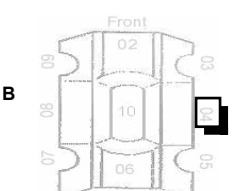
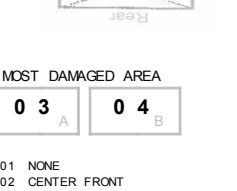
CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released
01 NOT APPLI CABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN ENCLOSED BOX 04 GRAIN CHIPS/ GRAVEL 05 POLE 06 CARGO TAN 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN	01 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 YES 03 NOT APPLI CABLE 04 UNKNOWN

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
01/19/2012	12:46	12:46	12:55	14:14	60.00	148.42

OFFICER'S NAME*	BADGE #*	CHECKED BY	DATE REPORT FILED*
Police Officer Kevin S Bryant	1C55		02/21/2012

REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #
1	1		201200003065

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>39</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	20	20	39						POSTED SPEED <input type="text" value="20"/> <input type="text" value="20"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>
20	20												
39													
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 DRIVING 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING / CROSSING IN SPECIAL FIELD LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING LEAVING VEHICLE 20 PLAYING / WORKING ON VEHICLE 21 STANDING 22 OTHER 23 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="06"/> <input type="text" value="06"/> 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></tr> <tr><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="03"/> <input type="text" value="04"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="22"/> <input type="text" value="22"/>		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="01"/>								
MOTORIST 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 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORCYCLE (BOBTAIL) 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS	POINT OF IMPACT <input type="text" value="03"/> <input type="text" value="04"/> 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 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/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 FAILURE 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 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN		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, ETC. 06 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 07 OTHER 08 UNKNOWN	TYPE OF INTERSECTION <input type="text" value="01"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOAT 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								
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="6"/> <input type="text" value="6"/> 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	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)	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	OCCURRENCE <input type="text" value="1"/> 01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFIC WAY 07 UNKNOWN								
IN-Emergency Response <input type="text" value="A"/> <input type="text" value="B"/> 01 NO 02 YES 03 UNKNOWN	STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <input type="text" value="A"/> <input type="text" value="B"/>		MOST HARMFUL EVENT <input type="text" value="2"/> <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="1"/> 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE								
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	NO UNDERRIDE OR OVERRIDE <input type="text" value="A"/> <input type="text" value="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		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="01"/> <input type="text" value=""/> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DRY, OIL, GRAVEL 06 WATER/STANDING / MOVED 07 SLUSH 08 DEBRIS** 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN ** SECONDARY ROAD CONDITIONS ONLY								
		ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/>	SUPPLEMENTS <input type="checkbox"/> *X* IF YES	LOCAL REPORT#* 201200003065									

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200003065	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 2012-3065	REPORTING AGENCY MASON POLICE	DATE OF CRASH 01/19/12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Elizabeth Mitchell HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

AT _____
OFFICER'S NAME LOCATION

My sister, Veronica Mitchell, was driving us to school on Jan. 19th and we got hit by Austin Harms when we were coming to school. Impact was made in front of the Mason Middle School around 6:55 am, we were in the right lane closest to the curb and Austin was ~~in the left lane~~ further back. He tried to come into the right lane and made impact at the back bumper. Due to the impact we were pushed into the curb and then ~~we~~ bounced back towards Austins car and we made a second impact and once again we were pushed into the curb and made a third impact. On the ~~last~~ last time we hit his car we hit tire to tire and we finally cleared eachother. Austin accelerated his vehicle at each point of impact. Once Austin was cleared of our car he fled the scene and Veronica put on her hazard lights. Once Veronica saw he did not stop she became unsure of what to do and told me to call my mom, Lisa Mitchell. We made about ten calls to her and could not get ahold of her. Once Veronica made it to her parking spot she called Austin and told him that he hit her car. At that point we went into school and Veronica

ADDRESS OF WITNESS 6376 Socialville-foster road Mason, OH 45340	PHONE 513-508-6167
SIGNATURE OF WITNESS X Elizabeth Mitchell	OFFICER'S SIGNATURE X [Signature]

HSY 7003 4/07 8/1/97 10F2

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000003065	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 2012 - 3065	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01/09/12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Elizabeth Mitchell HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

AT _____
OFFICER'S NAME LOCATION

contacted my mother as soon as she ~~could~~ could. We left the school and took pictures of both cars around 10 o'clock and took pictures of both vehicles before we ~~proceeded~~ proceeded to the hospital.

ADDRESS OF WITNESS 6376 Socialville-foster road Mason, OH 45040	PHONE 513-508-6167
SIGNATURE OF WITNESS X Elizabeth Mitchell	OFFICER'S SIGNATURE X [Signature]

HSY 7003 4/07

2 of 2

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000003065	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 2012-3065	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 D 19 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Veronica Mitchell PRINTED PO. K.S. BRYANT OFFICER'S NAME MASON P.D. LOCATION HEREBY MAKE THIS VOLUNTARY STATEMENT TO

it was on January 19, 2012 around 6:55 in the morning, I was driving to school with my little sister, Elizabeth Mitchell, we were in the right lane closest to the middle school, driving toward the high school on Mason Montgomery road while we were driving & all of a sudden we got hit from behind on my side of the car (driver side), my car went into the curb. ~~it came back~~ my car hit the curb and bounced back, and our cars hit again. I blacked out after that, when I got out of the "black out" I looked over saw Austin in his car, with his mirror shattered, no passenger in the car and saw him just leave the scene. After that I put my "hazzard" lights on & called him saying you hit my car. I went to school, called my mom at the nurses office told the nurses that I got into an accident, my mom came and got me, then we went to the hospital.

Q DID YOU MAKE CONTACT WITH THE OTHER CAR?
 A I CALLED HIS CELL PHONE AROUND 7:00 THAT MORNING AND SAID YOU HIT MY CAR. HE SAID "I'm sorry, DON'T CALL THE POLICE, I'm GETTING MY LICENSE BACK, TELL YOUR mom TO CALL MY mom SO THEY CAN TALK

ADDRESS OF WITNESS 6376 SOCIABLE - Foster Rd, Mason, OH, 45040	PHONE CELL # (513) 884-4919
SIGNATURE OF WITNESS X <u>Veronica Mitchell</u>	OFFICER'S SIGNATURE X <u>PO KSA</u>

HSY 7003 4/07