

State Seal

LOCAL REPORT #* **2012002044**

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* **01302012**

TIME OF CRASH **16:48**

DAY OF WEEK **Mon**

CITY* **X** VILLAGE* TWP*

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

COUNTY #* **83**

LATITUDE LONGITUDE

CRASH OCCURRED ON

PREFIX **Mason-Montgomery Road**

CRASH LOC ON

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 REF POINT

Western Row Road **02**

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

A UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Koepnick, Patricia J.**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **1176 East Lower Springboro Road, Lebanon OH, 45036**

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

05071946 **65** **F** **(513) 855-4212**

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

OH **RJ471812** **OH** **CED6831** **3 POLICE** **Barrett's Towing**

OWNER'S NAME (IF SAME WRITE "SAME") **Koepnick, Patricia J.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

2001 **HOND** **Odyssey** **WHI** **Westfield** **Barrett's Towing** **513-855-4212(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

B UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Goret, Michelle F**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **7787 North Trail, Mason OH, 45040**

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

07211969 **42** **F** **(513) 754-0797**

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

OH **RT205476** **OH** **FFB8662** **3 POLICE** **Barrett's Towing**

OWNER'S NAME (IF SAME WRITE "SAME") **Goret, Michelle F** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

2010 **NISS** **Firemans Fund** **Barrett's Towing** **513-754-0797(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

313.01 **Obedience to Traffic Control Device** **70959** **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 4 OTHER 2 EMS 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 4 OTHER 2 EMS 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

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

Narrative

Unit #1 was northbound on Mason Montgomery Road. Unit #2 was westbound on Western Row Road. Unit #2 ran a red light and struck #1. Unit #1 then struck a curb.

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

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

01

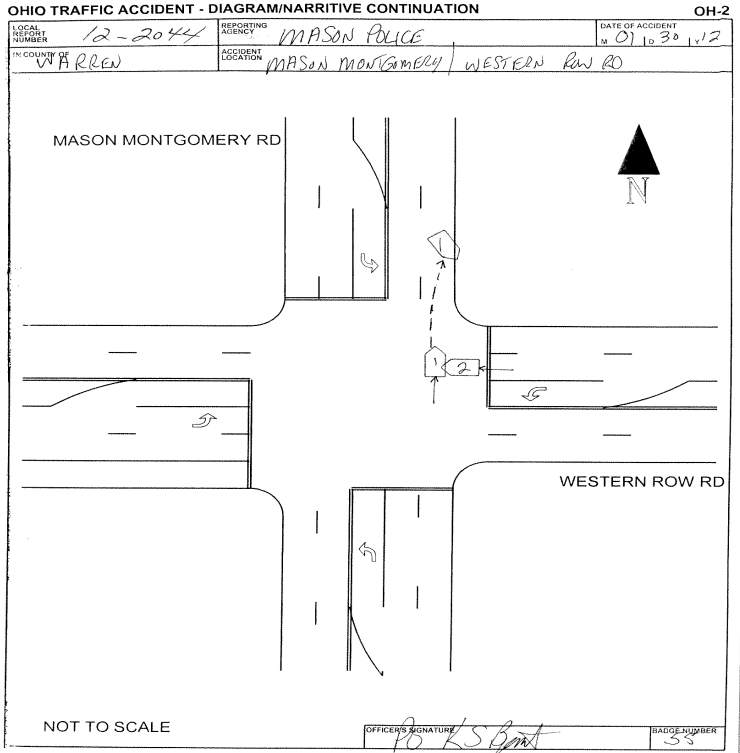
01 CLEAR
 02 CLOUDY
 03 FOG, SMOG, SMOKE
 04 RAIN
 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
 06 SNOW
 07 SEVERE CROSSWINDS
 08 BLOWING SAND, SOIL, DIRT, SNOW
 09 OTHER
 10 UNKNOWN

LIGHT CONDITIONS

PRIMARY **1** SECONDARY

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.

**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#

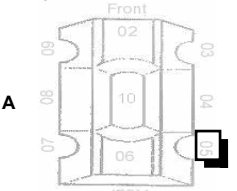
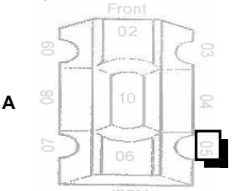
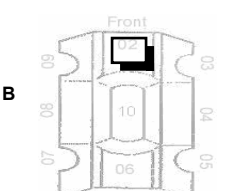
COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____

ADDRESS (STREET, CITY, ST, ZIP CODE) _____

US DOT	ICC MC	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
<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			
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
01/30/2012	16:48	16:49	16:54	17:53	40.00	105.05
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55		02/06/2012			
REPORT TAKEN BY 1	REPORT TAKEN AT 1	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
01 POLICE AGENCY 02 MOTORIST	01 SCENE 02 STATION 03 OTHER		201200002044			

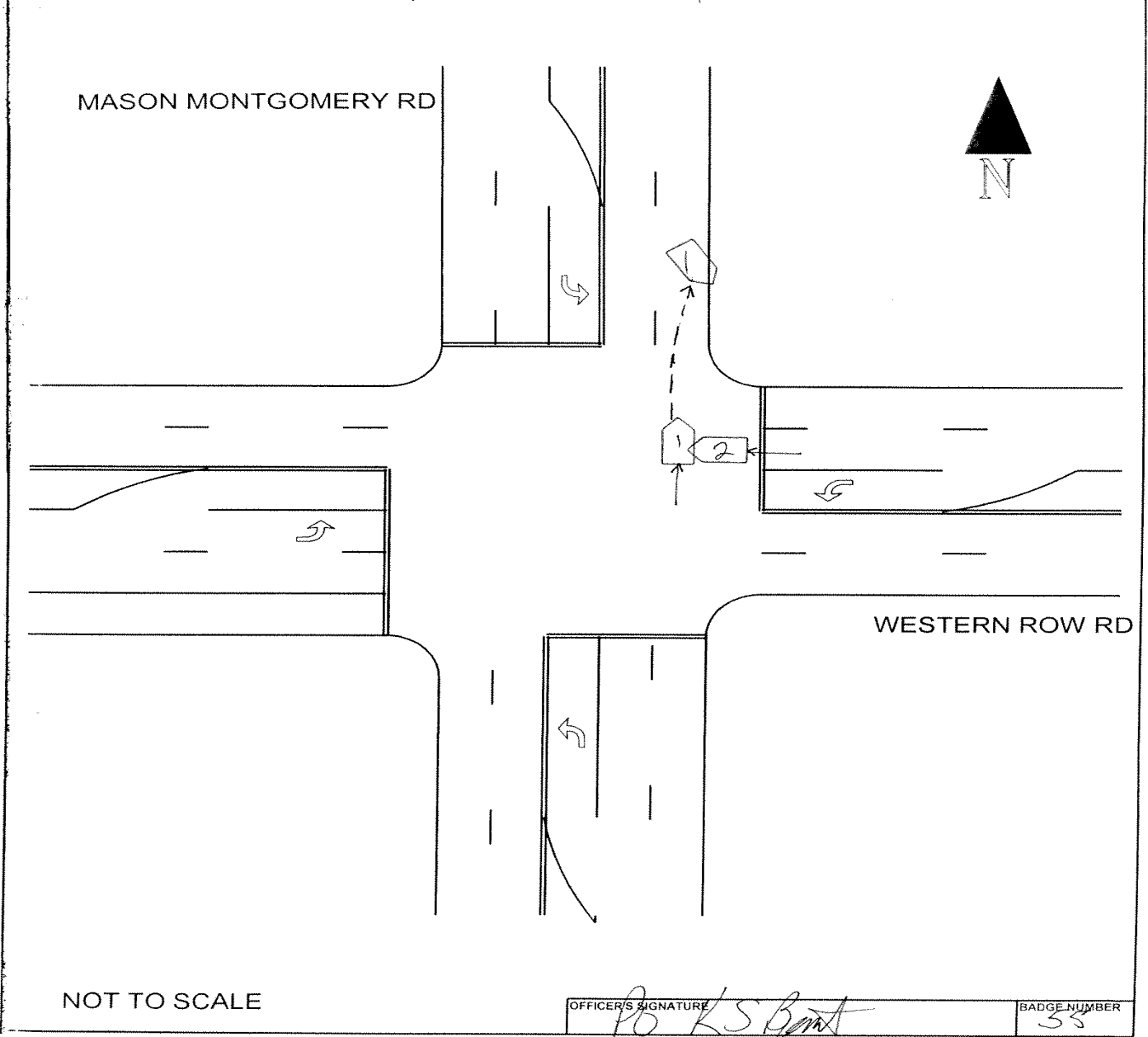
UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/> <small>A B</small>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="01"/> <input type="text" value="01"/> <small>A B</small>	SEQUENCE OF EVENTS <table border="1"> <tr><td>20</td><td>20</td></tr> <tr><td>39</td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	20	20	39						POSTED SPEED <input type="text" value="45"/> <input type="text" value="40"/> <small>A B</small>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>
20	20												
39													
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <small>A B</small> 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/ NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	A  B  MOST DAMAGED AREA <input type="text" value="05"/> <input type="text" value="02"/> <small>A B</small>	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 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	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENTLOSS/SHIFTEQUIPMENT 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 PEDICYCLE 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/LUMINARIES 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	TRAFFIC CONTROL <input type="text" value="04"/> <input type="text" value="04"/> <small>A B</small> 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 DIIRECTION FROM TO FROM TO <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="4"/> <small>A B C D</small> 01 NORTH 02 SOUTH 03 EAST 04 WEST 05 NORTHEAST 06 NORTHWEST 07 SOUTHEAST 08 SOUTHWEST 09 UNKNOWN CONDITION <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 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	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN 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"/> <small>A B C D</small> 01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING 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/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								
TYPE OF UNIT <input type="text" value="05"/> <input type="text" value="02"/> <small>A B</small> 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/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 NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT <input type="text" value="05"/> <input type="text" value="02"/> <small>A B</small> 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 POINT OF IMPACT <input type="text" value="05"/> <input type="text" value="02"/> <small>A B</small> 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	CONTRIBUTING CIRCUMSTANCES <input type="text" value="01"/> <input type="text" value="03"/> <small>A B</small> 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 SHIFTING/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	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> OF THE SEQUENCE OF EVENTS WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 01 STATED 02 ESTIMATED SPEED SPEED <input type="text" value="35"/> <input type="text" value="10"/> <small>A B</small>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRED 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	OCURRENCE <input type="text" value="1"/> 01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFICWAY 07 UNKNOWN ROAD CONTOUR <input type="text" value="1"/> 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="01"/> <input type="text"/> 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								
IN EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <small>A B</small> 01 NO 02 YES 03 UNKNOWN	ACTION <input type="text" value="4"/> <input type="text" value="3"/> <small>A B</small> 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"/> <input type="text"/> <small>A B</small> 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	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <input type="text"/> <input type="text" value="1"/> <small>A B</small> 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	ALCOHOL TEST RESULT <input type="text"/> <input type="text"/> <small>A B</small> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER SUPPLEMENTS <input type="checkbox"/> *X* IF YES LOCAL REPORT#* 201200002044	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN								

LOCAL REPORT NUMBER 2012002044	REPORTING AGENCY City of Mason - City of Mason P	DATE OF ACCIDENT M 01 D 30 Y 2012
IN COUNTY OF 83	ACCIDENT LOCATION 7000 Mason-Montgomery Road	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 12-2044	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 01 D 30 Y 12
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONTGOMERY WESTERN ROW RD	



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

LOCAL REPORT NUMBER 201200002044	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER <i>12-2044</i>	REPORTING AGENCY MASON POLICE	DATE OF CRASH <i>M 01/30/12</i>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, PATRICIA KOPNICK PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. KEVIN S. BRYANT OFFICER'S NAME AT Mason/Montgomery & Western Row LOCATION

I was headed north on Mason-Montgomery. The light was green and as I started going through the intersection, a gray car ran the red light. I swerved to avoid a collision and thought I had cleared the car, but it kept coming and hit me towards the back of my front passenger door. My car spun around, jumping the curb until it came to a rest facing south with the front drivers tire up on the curb. My back passenger side tire is flat so that I can't drive the car.

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? *NORTH*

Q. WHAT WAS YOUR SPEED? *35*

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

ADDRESS OF WITNESS <i>1176 E Lower Springboro Rd, Lebanon OH 45036</i>	PHONE <i>513/855-4212</i>
SIGNATURE OF WITNESS <i>X Patricia Albert Kopnick</i>	OFFICER'S SIGNATURE <i>X [Signature]</i>

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000002044	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-2044	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 30 12
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I, Michelle Goret HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

P.O. KEVIN S. BRYANT AT Western Row/Mason-Mertry
OFFICER'S NAME pick up LOCATION

I was in a hurry to get my daughter ^{from} home for Lacrosse practice. I remember looking at the clock very worried that I was going to be late because I left work late & as I looked from clock I hit the white van.

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

Q. WERE YOU WEARING YOUR SEAT BELT? Y/ES

Q. WHAT DIRECTION WERE YOU GOING? NORTH ON Western Row

Q. WHAT WAS YOUR SPEED? 7 At Stop light

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH?

ADDRESS OF WITNESS 7787 North trail Mason, OH 45040 PHONE 513-754-0777

SIGNATURE OF WITNESS X Michelle Goret OFFICER'S SIGNATURE X P.O. K. S. Bryant

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000002044	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-2044	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 D 30 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, MICHAEL C. MANN HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
PO. K. S. BRYANT AT CRASH SCENE
OFFICER'S NAME LOCATION

I WAS STOPPED IN THE RIGHT HAND LANE MOVING WEST BOUND ON WESTERN ROW, THE LADY NEXT TO (CENTER LANE) ME WAS STOPPED AND THEN PULLED INTO THE MIDDLE OF THE INTERSECTION AND WAS HIT BY A VEHICLE GOING NORTHBOUND ON MASON MONTGOMERY.

I GOT OUT TO MAKE SURE BOTH LADIES WERE OKAY AND CALLED 911.

MICHAEL C. MANN
 6480 ~~BL~~ GLEN COURT
 MASON, 45040
 513-708-4154
 62-66

ADDRESS OF WITNESS: _____ PHONE: _____

SIGNATURE OF WITNESS: [Signature] OFFICER'S SIGNATURE: [Signature]
 X X

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000002044	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-2044	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 / D 30 / Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Debbie Quackenbush PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PO. K. S. BRYANT OFFICER'S NAME AT Mason - Montgomery to Western Row LOCATION

I was driving a little behind the white ^{van} at its back right side maybe 2 car lengths behind and a car going towards Tylersville Road and I noticed a car coming from my right side on Western Row and she just went straight into the intersection and hit the lady in the white van she stopped for a second she backed her car up a little and she stopped and turned her car off. The light was green light

ADDRESS OF WITNESS 5062 Sweetbay Dr # 204 Mason OH 45020	DOB: 3/10/66
SIGNATURE OF WITNESS X <u>Debbie Quackenbush</u>	PHONE 513-544-0506
	OFFICER'S SIGNATURE X <u>PO K S Bryant</u>

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
Koepnick, Patricia J.	1176 East Lower Springboro Road Lebanon OH	Operator	65 05071946	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
Goret, Michelle F	7787 North Trail Mason OH 45040	Operator	42 07211969	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