

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #\* 2012000354

CRASH SEVERITY 2 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\* 01062012

TIME OF CRASH 21:47 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 Western Row Road 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 Columbia 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

UNIT # A 1 1 NAME (LAST, FIRST, MIDDLE) Cherne, Grace A. ADDRESS (STREET, CITY, STATE, ZIP CODE) 7878 Saddleback Place, Maineville OH, 45039 SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE # 03261995 16 F (513) 833-1774

DL STATE DL # TA008313 IP STATE IP # OH DKV9995 INJURED TAKEN BY 2 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY West Chester Medical INJURED TAKEN TO OWNER'S NAME (IF SAME WRITE "SAME") Cherne, Marquita A. ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE # 2007 SAAB GRY StateFarm Barrett's Towing 513-833-1774(H)

OFFENSE CHARGED 4511.42 OFFENSE DESCRIPTION Right of Way When Turning Left CITATION # 70707 LOCAL CODE? X

UNIT # B 2 3 NAME (LAST, FIRST, MIDDLE) Keechle, Matthew W. ADDRESS (STREET, CITY, STATE, ZIP CODE) 111 Sandhurst Drive, Dayton OH, 45405 SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE # 06301978 33 M (937) 391-1030

DL STATE DL # RT267137 IP STATE IP # OH FIZ4975 INJURED TAKEN BY 2 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY Bethesda North INJURED TAKEN TO OWNER'S NAME (IF SAME WRITE "SAME") Keechle, Matthew W. ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE # 2008 FORD BLK Traveller's Barrett's Towing 937-391-1030(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

UNIT # C 2 NAME (LAST, FIRST, MIDDLE) Keechle, Amanda HOME PHONE # 937-371-1030 DATE OF BIRTH AGE SEX 09071979 32 M ADDRESS (STREET, CITY, STATE, ZIP CODE) 924 Bamburch Drive, Mainville OH, INJURED TAKEN BY 2 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY Bethesda North INJURED TAKEN TO

UNIT # D 2 NAME (LAST, FIRST, MIDDLE) Keechle, Allison HOME PHONE # 937-371-1030 DATE OF BIRTH AGE SEX 09192011 0 F ADDRESS (STREET, CITY, STATE, ZIP CODE) 924 Bamburch Drive, Maineville OH, 45039 INJURED TAKEN BY 2 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY Bethesda North INJURED TAKEN TO

Table with columns: SEATING POSITION, SAFETY EQUIPMENT, AIR BAG, AIR BAG SWITCH, EJECTION, TRAPPED, INJURIES. Rows A through D.

BLANK FOR WITNESS SUPPLEMENT "X" IF YES

**Narrative**

Unit #1 was traveling west on Western Row Road at Columbia Road. Unit #2 was traveling east on Western Row Road at Columbia Road. Unit #1 turned left, failing to yield, striking unit #2 head on.

**MANNER OF COLLISION OR IMPACT**

**SCHOOL BUS RELATED**

- 3**
- 01 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
  - 02 REAR-END
  - 03 HEAD-ON
  - 04 REAR-TO-REAR
  - 05 BACKING
  - 06 ANGLE
  - 07 SIDESWIBE, SAME DIRECTION
  - 08 SIDESWIBE, OPPOSITE DIRECTION
  - 09 UNKNOWN

- 1**
- 01 NO
  - 02 YES, DIRECTLY INVOLVED
  - 03 YES, INDIRECTLY INVOLVED
  - 04 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                    | SECONDARY |
|----------------------------|-----------|
| <b>4</b>                   |           |
| 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**
- 01 LANE CLOSURE
  - 02 LANE SHIFT/CROSSOVER
  - 03 WORK ON SHOULDER OR MEDIAN
  - 04 INTERMITTENT/MOVING WORK
  - 05 OTHER

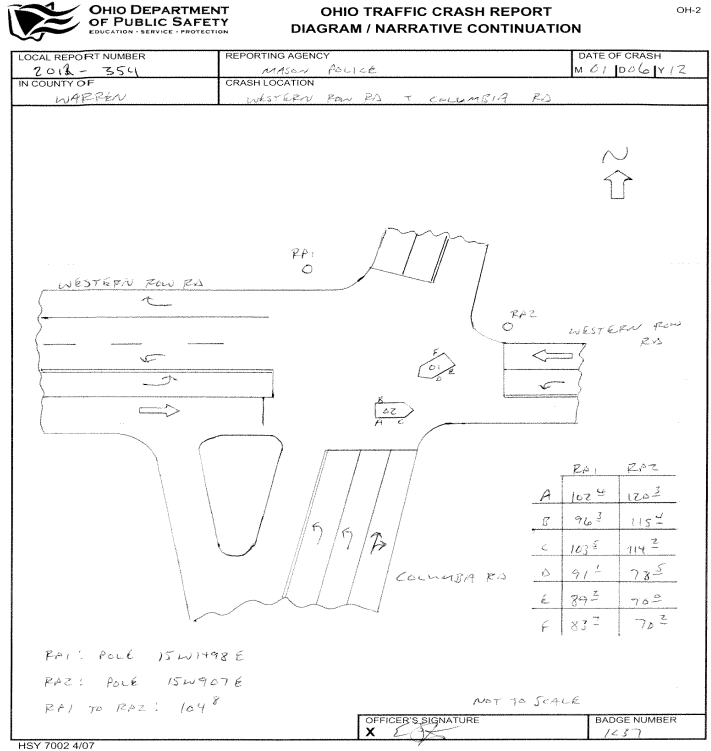
**LOCATION OF CRASH IN WORK ZONE**

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

**WORKERS PRESENT**

- 01**
- 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.

**AND**

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:  
A FATALITY; OR  
AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR  
AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED  
INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit #  
**4**

COMPANY (FROM SHIPPING PAPERS)

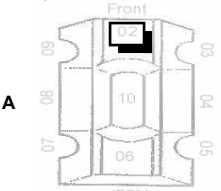
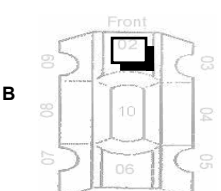
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	FUOO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
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 <b>01/06/2012</b>	TIME REC CALL <b>21:47</b>	DISPATCH <b>21:47</b>	ARRIVED <b>21:48</b>	CLEARED <b>22:54</b>	OTHER <b>60.00</b>	TOTAL MINUTES <b>127.18</b>
OFFICER'S NAME* <b>Police Officer Shawn A Ayers</b>	PAGE #* <b>1C57</b>	CHECKED BY	DATE REPORT FILED* <b>01/11/2012</b>			
REPORT TAKEN BY <b>1</b>	REPORT TAKEN AT <b>1</b>	SUPPLEMENT * "X" IF YES	LOCAL REPORT # <b>201200000354</b>			

<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</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2</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;">06</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div> </div>	<b>SEQUENCE OF EVENTS</b> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 50px;">20</td><td style="width: 50px;">20</td></tr> <tr><td style="width: 50px;">10</td><td style="width: 50px;">2</td></tr> <tr><td style="width: 50px;">3</td><td style="width: 50px;">3</td></tr> <tr><td style="width: 50px;">4</td><td style="width: 50px;">4</td></tr> </table>	20	20	10	2	3	3	4	4	<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;">35</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">35</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</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>
20	20												
10	2												
3	3												
4	4												
<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>TRAFFIC CONTROL</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">04</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">04</div> </div>	<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 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	<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</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	<b>DRUG TEST 1&amp;2 RESULT</b> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 50px;">1</td><td style="width: 50px;">1</td></tr> <tr><td style="width: 50px;">1</td><td style="width: 50px;">1</td></tr> </table>	1	1	1	1				
1	1												
1	1												
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	<b>DIIRECTION</b> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 50px;">3</td><td style="width: 50px;">2</td><td style="width: 50px;">4</td><td style="width: 50px;">3</td></tr> </table>	3	2	4	3	<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>CONDITION</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</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</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	<b>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</div>				
3	2	4	3										
<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;">03</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06</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;">02</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</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;">02</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div> </div>	<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</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</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</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	<b>OCURRENCE</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>								
<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/ SEM-TRAILER 15 TRACTOR/ DOUBLE SHORT 16 TRACTOR/ DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/TRAILERS 19 MOTORCYCLE 20 MOTOR ZED BICYCLE 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/ RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	<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;">02</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</div> </div>	<b>MOTORIST</b> 01 NONE 02 FAI LURE 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/ ACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ 10 IMPROPER PASSING 11 IMPROPER BACKING 12 IMPROPER START FROM PARKED POSITION 13 STOPPED OR PARKED ILLEGALLY 14 OPERATIONS ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 16 FAI LURE TO CONTROL 17 VISION OBSTRUCTION 18 DRIVER INATTENTIVE 19 FATI GUE/ ASLEEP 20 OPERATIONS ON DEFECTIVE EQUIPMENT 21 LOAD SHIFTS/ FALLING/ SPI LLING 22 OTHER IMPROPER ACTION 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAI LURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAI LURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	<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</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	<b>ROAD CONTOUR</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>ACTI ON</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">5</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">5</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</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</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;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	<b>ROAD CONDI TIONS</b> <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 50px;">PRIMARY</td><td style="width: 50px;">SECONDARY</td></tr> <tr><td style="width: 50px;">01</td><td style="width: 50px;"></td></tr> </table>	PRIMARY	SECONDARY	01					
PRIMARY	SECONDARY												
01													
<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>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;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	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</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</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</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div>	01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DRY, OIL, GRAVEL 06 WATER/ STANDING / MOVI NG 07 SLUSH 08 DEBRIS 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN 12 SECONDARY ROAD CONDI TIONS ONLY								
<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;">5</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">5</div> </div>	01 NO UNDERRIDE OR OVERRIDE 02 UNDERRIDE, COMPARTMENT INTRUSION 03 UNDERRIDE, NO COMPARTMENT INTRUSION 04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	<b>SPEED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">15</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">35</div> </div>	01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	<b>SUPPLEMENTS</b> <input type="checkbox"/> *X* IF YES								
<b>LOCAL REPORT#*</b> <div style="border: 1px solid black; padding: 5px; display: inline-block;">201200000354</div>													

LOCAL REPORT NUMBER 2012000354	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 01 ID 06 Y 2012
IN COUNTY OF 83	ACCIDENT LOCATION 3200 Western Row Road	

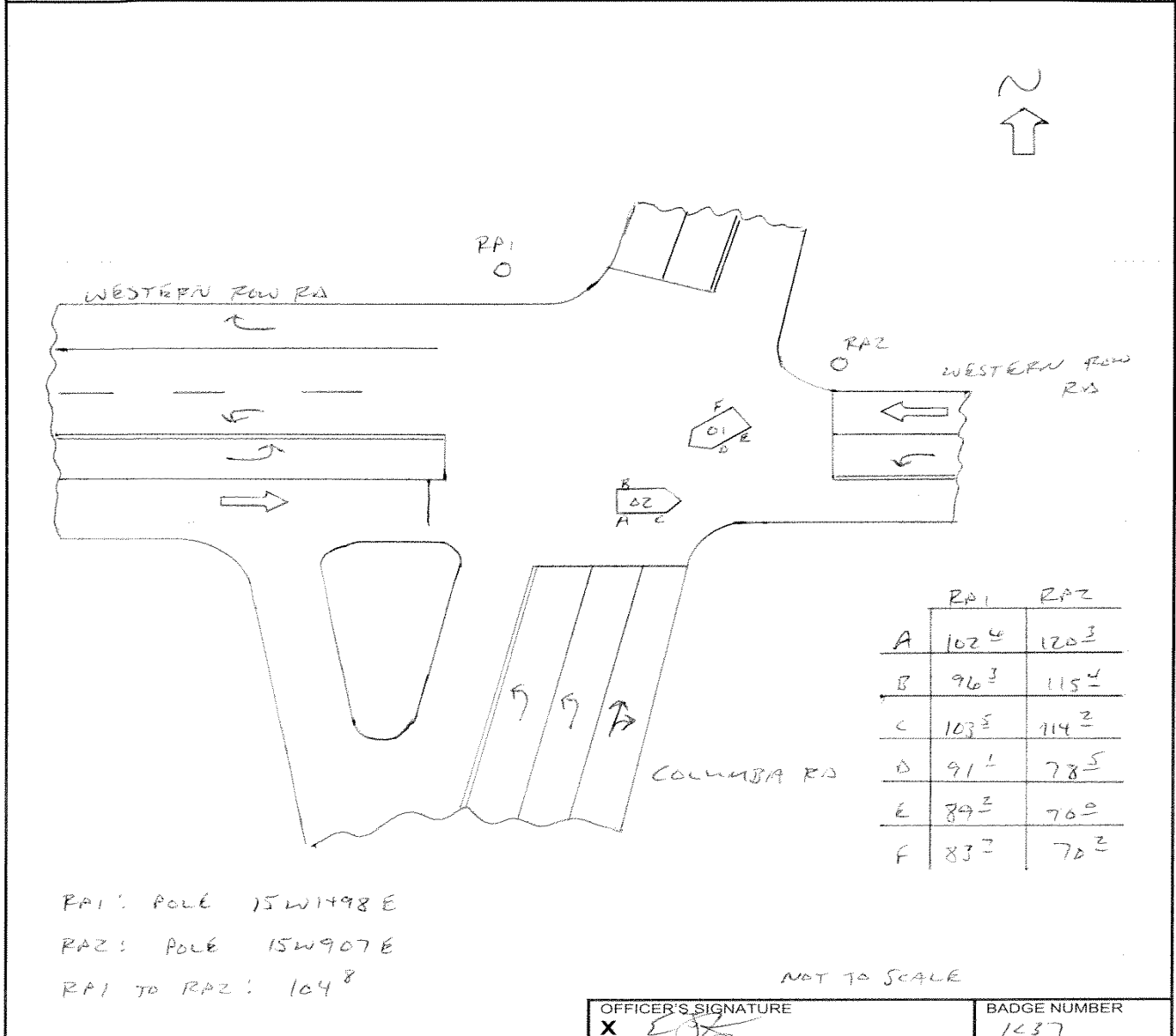


**OHIO DEPARTMENT OF PUBLIC SAFETY**  
EDUCATION • SERVICE • PROTECTION

**OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION**

OH-2

LOCAL REPORT NUMBER 2012-354	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01   06   Y 12
IN COUNTY OF WARREN	CRASH LOCATION WESTERN ROW RD T COLUMBIA RD	



HSY 7002 4/07

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

LOCAL REPORT NUMBER 201200000354	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 201200354	REPORTING AGENCY Mason Police	DATE OF CRASH M 1   D 6   Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, grace cherne HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Ayers AT Mason police Department  
OFFICER'S NAME LOCATION

I came out of MVPizza's after having pizza with my friend connor. I turned left out of the parking lot and went to turn left. Then ~~the~~ the last thing I remember was seeing head lights and then I woke up on the concrete.

How fast were you going?  
 I think around at least 10-15 miles an hour.

Are you injured?  
 No, just a little stiff and a few scratches.

Were you wearing a seat belt?  
 Yes.

ADDRESS OF WITNESS 7878 saddleback Pl maineville OH	PHONE 513-293-0724
SIGNATURE OF WITNESS X <u>[Signature]</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200000354	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 12-354	REPORTING AGENCY Mason Police	DATE OF CRASH M 1 0 6 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Matthew Keechle HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Ayers AT Mason P.D.  
OFFICER'S NAME LOCATION

I was east bound on Western Row Rd doing ~~approx 30~~ approximately 35 mph when a Saab went left of center, directly in front of me. (Saab was west bound on Western Row). I tried to veer right, but it was too late. We struck head-on. The time was approx. 2:45. East bound lights were green. In the car with me (2008 Ford Edge) were my wife and 3mo daughter. I jumped out of the car as soon as we stopped to check on my daughter in the back seat. My wife was screaming and crying hysterically, my daughter was also crying. I got my daughter out of the vehicle and set her off the road with a bystander and ran to check on my wife. I then ran to check on the other driver. She was laying on her back on the pavement. I asked if she was ok, but she was in shock and didn't respond. Police then arrived - (Appx 2:50).

Q: ARE YOU INSURED? Yes, left wrist/hand sprain/fracture, right knee bruise, left shoulder/hip bruise, tailbone bruise  
 Q: How FAST WERE YOU WEARING A SEAT BELT? Yes.

ADDRESS OF WITNESS 924 Bamburgh Dr. Marietta OH 45039	PHONE 937 371 1030
SIGNATURE OF WITNESS X <i>[Signature]</i>	OFFICER'S SIGNATURE X <i>[Signature]</i> 1057

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200000354	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 2012 - 354	REPORTING AGENCY Mason Police	DATE OF CRASH M 1 D 6 Y 2012
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Carrie Snow HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Ketterer / Ayers AT Western Row & Columbia Road  
OFFICER'S NAME LOCATION

I was sitting stopped at the red light in the right hand turn lane (center lane) traveling North ~~to~~ on Columbia. I was in the passenger seat of my boyfriend's car, and we were the second car back (behind another vehicle) our light was red, and I heard the impact of the vehicles that crashed head on traveling east ↔ west in front of us. Their light was green at the time of the impact.

ADDRESS OF WITNESS 4128 Spanish Bay PHONE 513.310.2381

SIGNATURE OF WITNESS X Carrie Snow OFFICER'S SIGNATURE X P.O. S. Ayers

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
Cherne, Grace A.	7878 Saddleback Place Maineville OH 45039	Operator	16 03261995	F	01	04	4	1	1	1	2	2	

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
Keechle, Matthew W.	111 Sandhurst Drive Dayton OH 45405	Operator	33 06301978	M	01	04	2	1	1	1	3	2	

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
Keechle, Amanda	924 Bamburgh Drive Mainville OH	Passenger	32 09071979	M	03	04	2	1	1	1	2	2	

Non Motorist      Type      14      Action      15      Location      16      Condition      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
Keechle, Allison	924 Bamburgh Drive Maineville OH 45039	Passenger	0 09192011	F	06	05	5	1	1	1	2	2	

Non Motorist      Type      14      Action      15      Location      16      Condition      17

## Property Damage:

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