

State Seal

LOCAL REPORT #* **2012000403**

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: **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: **99** 98=ANIMAL 99=UNKNOWN

DATE OF CRASH* **01072012**

TIME OF CRASH **20:33** DAY OF WEEK **Sat** CITY* **X** VILLAGE* TWP*

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

CRASH OCCURRED ON PREFIX **Kings Mills Road** TYPE LOC **1** LOCAL INFORMATION

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

CRASH AT / REFERENCE DIST REFERENCE **Fairway Drive** 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

Motorist/Non-Motorist

A UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Bishop, Joan R.**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **5604 Maple Street, Kings Mills OH, 45034**

SOCIAL SECURITY NUM DATE OF BIRTH **05241942** AGE **69** SEX **F** HOME PHONE # **() 459-0647** WORK PHONE #

DL STATE **OH** DL # **RJ473895** IP STATE **OH** IP # **FCG1104** 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") **Bishop, Joan R.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR **2009** MAKE **HYUN** MODEL **Accent** COLOR **GRE** INSURANCE COMPANY **Erie** TOWING SERVICE OWNER PHONE # **-459-0647(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

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

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

DL STATE DL # IP STATE **OH** IP # **6276574** 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") **Millenium Towing and Recovery** ADDRESS (STREET, CITY, STATE, ZIP CODE) **611 Shepherd Drive, Cincinnati, OH 45215**

YEAR **2008** MAKE **FORD** MODEL **F150** COLOR **WHI** INSURANCE COMPANY **Westfield** TOWING SERVICE OWNER PHONE # **513-769-6626(W)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

Occupant

C UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Wilburne, Marsha** HOME PHONE # **513-459-0647** DATE OF BIRTH **11151946** AGE **65** SEX **F**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **5604 Maple Street, Kings Mills OH, 45034**

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
03 FRONT - RIGHT	03 LAP BELT ONLY	03 DEPLOYED SIDE	03 IN OFF POSITION	03 PARTIALLY EJECTED	03 MEANS	03 NON-INCAPACITATING
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
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	08 NONE USED					
09 THIRD - RIGHT	09 HELMET USED					
10 SLEEPER SECTION OF CAB	10 PROTECTIVE PADS					
11 ENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
12 UNENCLOSED CARGO AREA	12 LIGHTING					
13 TRAILING UNIT	13 OTHER					
14 EXTERIOR	14 UNKNOWN					
15 OTHER						
16 NON-MOTORIST						
17 BLANK FOR WITNESS						SUPPLEMENT "X" IF YES

Narrative

Unit #2 was parked on Fairway Drive at facing northbound in the southbound lane. Unit #2 was unoccupied. Unit #2 had a winch cable attached to V559854 (Ohio Temporary). Unit #1 was traveling eastbound on Kings Mills Road approaching Fairway Drive and struck the winch cable.

The winch was being operated by Nick Roberts, 5066 Bonnell Road Guilford Indiana 47022 dob 03281982, In OI# 0800308555. Phone 513 907-6811.

MANNER OF COLLISION OR IMPACT

SCHOOL BUS RELATED

1

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

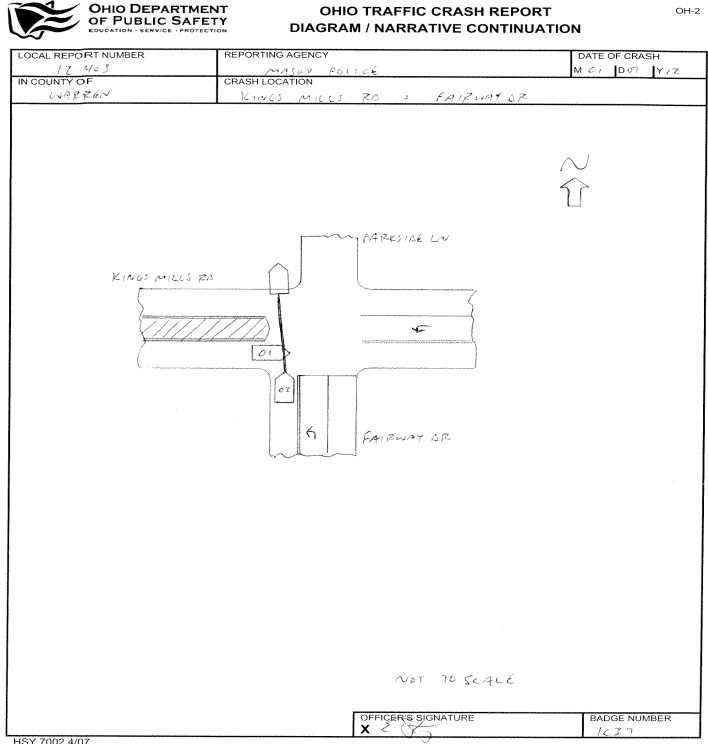
LIGHT CONDITIONS

PRIMARY SECONDARY

4

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)

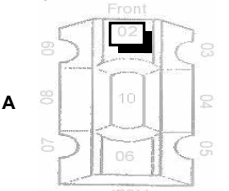
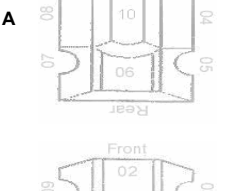
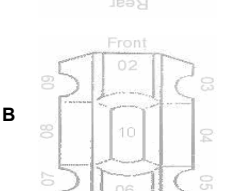
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	FUOO	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
01/07/2012	20:33	20:33	20:33	21:32	0.00	58.67
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Sergeant Jeremy Q Saylor	1C37		01/12/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1 01 POLICE AGENCY 02 MOTORIST	1 01 SCENE 02 STATION 03 OTHER		201200000403			

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="10"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>23</td><td>20</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	23	20									POSTED SPEED <input type="text" value="35"/> <input type="text" value="25"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value=""/>
23	20														
NON-MOTORIST LOCATION <input type="text" value="A"/> <input type="text" value="B"/>	A 	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-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS/SHIFT 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	TRAFFIC CONTROL <input type="text" value="12"/> <input type="text" value="01"/>	01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN										
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 	NON-MOTORIST 15 ENTERING/CROSSING IN INTERSECTION 16 SPECIALIZED 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	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	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=""/>										
TYPE OF UNIT <input type="text" value="02"/> <input type="text" value="07"/>	MOST DAMAGED AREA <input type="text" value="02"/> <input type="text" value="01"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="22"/> <input type="text" value="22"/>	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 HIGHWAY TRAFFIC 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	DIIRECTION FROM TO FROM TO <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="1"/>	DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="2"/>										
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/TRAILERS 19 MOTORCYCLE 20 MOTORCYCLE (BOBTAIL) 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	POINT OF IMPACT <input type="text" value="02"/> <input type="text" value="01"/>	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/ACCID 09 IMPROPER LANE CHANGE/ 10 DRIVE OFF ROAD/ 11 IMPROPER PASSING 12 IMPROPER BACKING 13 IMPROPER START FROM PARKED POSITION 14 STOPPED OR PARKED ILLEGALLY 15 OPERATIONS ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 16 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 17 FAILURE TO CONTROL 18 VISION OBSTRUCTION 19 DRIVER INATTENTIVE 20 FATIGUE/ASLEEP 21 OPERATIONS ON DEFECTIVE EQUIPMENT 22 LOAD SHIFTING/FALLING/SPILLING 23 OTHER IMPROPER ACTION 24 UNKNOWN	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 HIGHWAY TRAFFIC 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	CONDITION <input type="text" value="1"/> <input type="text" value=""/>	TYPE OF INTERSECTION <input type="text" value="03"/>										
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="3"/> <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL/ DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value=""/>	OCCURRENCE <input type="text" value="1"/>										
LINE EMERGENCY RESPONSE <input type="text" value="A"/> <input type="text" value="B"/>	STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <input type="text" value="1"/> <input type="text" value=""/>	TURN SIGNALS 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	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value=""/>	ROAD CONTOUR <input type="text" value="2"/>										
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="1"/>	NO UNDERRIDE OR OVERRIDE <input type="text" value="1"/> <input type="text" value=""/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/>	SPEED DETECTED <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value=""/>	ROAD CONDITIONS <input type="text" value="01"/> <input type="text" value=""/>										
01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	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	<input type="text" value=""/> <input type="text" value=""/>	SPEED <input type="text" value="5"/> <input type="text" value=""/>	01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	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 CONDITIONS ONLY										
			SUPPLEMENTS <input type="text" value=""/> *X* IF YES	LOCAL REPORT#* <input type="text" value=""/>	201200000403										

LOCAL REPORT NUMBER 2012000403	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 01 D 07 Y 12
IN COUNTY OF 83	ACCIDENT LOCATION 3600 Kings Mills Road	

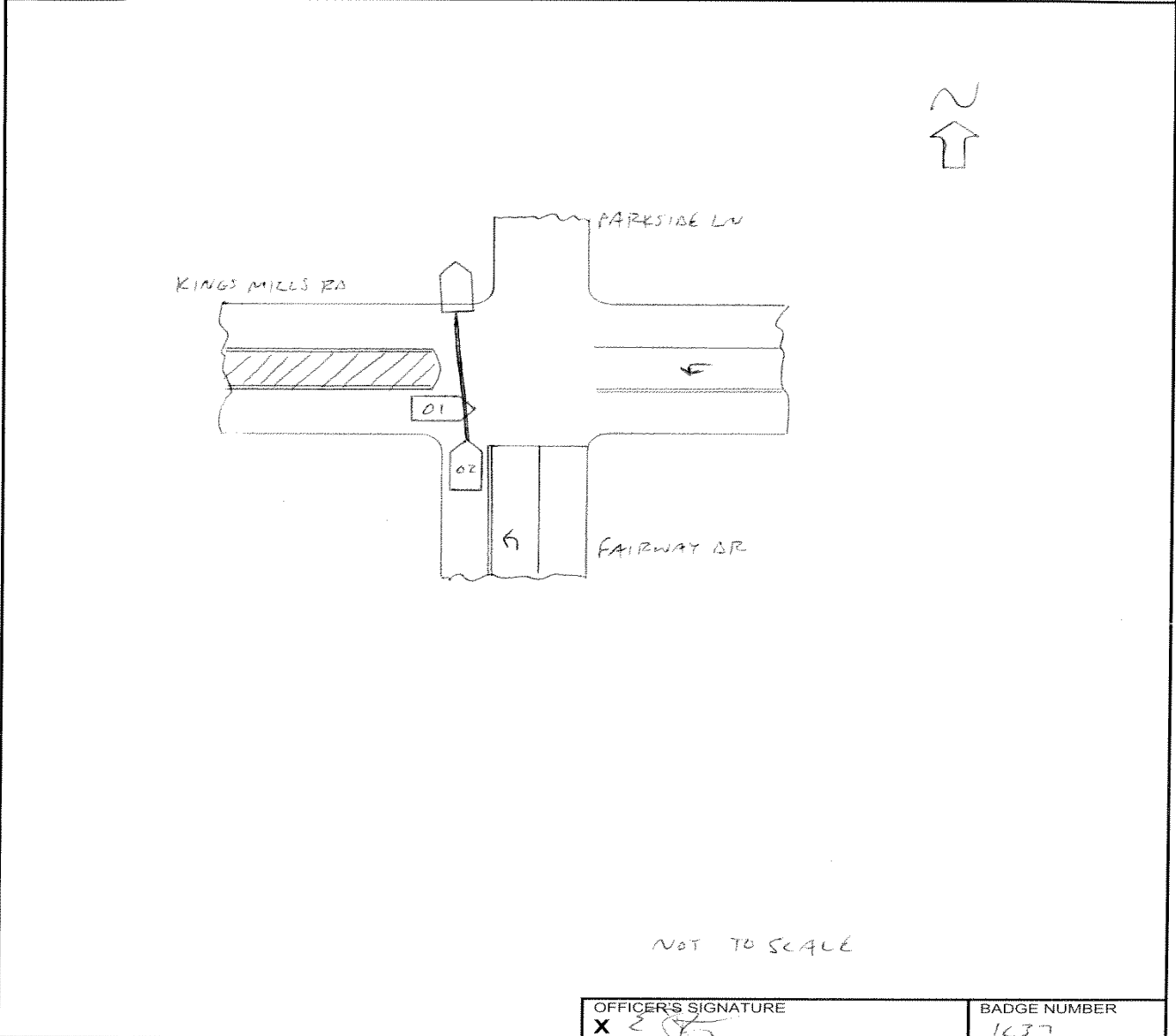


OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 12 403	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 D 07 Y 12
IN COUNTY OF WARREN	CRASH LOCATION KINGS MILLS RD + FAIRWAY DR	



HSY 7002 4/07

OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 1637
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OFFICER'S SIGNATURE X	BADGE NUMBER
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OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200000403	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12 - 403	REPORTING AGENCY MASON POLICE	DATE OF CRASH M / D 9 / 2012
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, JOAN R. Bishop PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Eric Fitzgerald OFFICER'S NAME AT Parkside Ln + Kings Mills LOCATION

we were coming slowly down Kings Mills Road around 8:30 p.m. and came up on lights in the road, stopped then realized there had been some sort of wreck. a guy was standing on side of road, we thought he motioned us to go on, so we went on, then all of a sudden my car hit a cable, so, I slammed on brakes. The guy said not to go on. There was no road blocks of any kind a police officer was there and came to car, had me pull over. He also said there should have been road blocks. no. I was hurt car has marks: Joan R. Bishop Maybe under car Marshall Miller don't know for sure

ADDRESS OF WITNESS: 5604 Maple St, Kings Mills, Ohio PHONE: 513-459-0649
 SIGNATURE OF WITNESS: X Joan R. Bishop OFFICER'S SIGNATURE: X [Signature]

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200000403	REPORTING AGENCY Mason Police Department
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OH-3



TRAFFIC CRASH WITNESS STATEMENT

LOCAL REPORT NUMBER 12-403	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 01 D 07 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Nick Roberts HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Eric Fitzgerald AT Parkside Ln + Kings Mills Rd
OFFICER'S NAME LOCATION

I Nick Roberts of Millinica Towing For AAA Was Assisting another Service operator in a winch out of a Blue Ford Focus. I was told to winch it out the coast was clear, I had My emergency Beacon Flasher on @ the Time The Car was Almost out when I noticed a car coming around the Bend unaware of the Thin Winch cable. I was Reversing the winch to let the cable down but the car slid Back into the Ditch keeping the cable taught about 1 1/2 to 2 Feet off the ground. The car struck the cable after I yelled Stop. The Lady then thought I said GO But I said NO she Hit the Gas again. Me & My other operator were Luckily un hurt. The Intersection Wasnt Being Fully Blocked or Traffic Held up For Sfty. I Believe the officer was Busy checking The Driver of the Ditched car For Alcohol + other + I think He needed More officers there to assist Him. I think He Had too much going on @ the Same Time For one Guy.

ADDRESS OF WITNESS 5046 Bonnell Rd Gwillford IN 47022 PHONE 513-907-6811

SIGNATURE OF WITNESS X [Signature] 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
Bishop, Joan R.	5604 Maple Street Kings Mills OH 45034	Operator	69 05241942	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
Wilburne, Marsha	5604 Maple Street Kings Mills OH 45034	Passenger	65 11151946	F	03	04	1	1	1	1	1		

Non Motorist Type 14 Action 15 Location 16 Condition 17

Property Damage:

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