

State Seal

LOCAL REPORT #* **2012000490**

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: **01** 98=ANIMAL, 99=UNKNOWN

DATE OF CRASH* **01092012**

TIME OF CRASH **07:09** DAY OF WEEK **Mon**

CITY* **X** VILLAGE* TWP*

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

LATITUDE LONGITUDE

CRASH OCCURRED ON

PREFIX **State Route 741** CRASH LOC ON TYPE LOC **3**

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

LOCAL INFORMATION

CRASH AT / REFERENCE

DIST REFERENCE DR PREFIX REFERENCE **I71 South Bound Entrance Ramp** REF POINT **02**

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

A UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Young, Thomas S**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **1650 Kings Court, Kings Mills OH, 45034**

SOCIAL SECURITY NUM DATE OF BIRTH **12241970** AGE **41** SEX **M** HOME PHONE # **(513) 398-7431** WORK PHONE #

DL STATE **OH** DL # **RG594873** IP STATE **OH** IP # **FIL9347** 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") **Young, Thomas S** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR **2011** MAKE **FORD** MODEL **Ranger** COLOR **TAN** INSURANCE COMPANY **State Farm** TOWING SERVICE OWNER PHONE # **513-398-7431(H)**

OFFENSE CHARGED **331.17** OFFENSE DESCRIPTION **Right of Way When Turning Left** CITATION # **70519** LOCAL CODE? **X**

B UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Hare, David T II**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **3244 Range Court, Mason OH, 45040**

SOCIAL SECURITY NUM DATE OF BIRTH **08131994** AGE **17** SEX **M** HOME PHONE # **(513) 398-9012** WORK PHONE #

DL STATE **OH** DL # **TT661981** IP STATE **OH** IP # **FFB8858** 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") ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR **1997** MAKE **HOND** MODEL **Accord** COLOR **RED** INSURANCE COMPANY **Ohio Mutual Ins** TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

C UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Hare, Olivia** HOME PHONE # **513-398-9012** DATE OF BIRTH **06111997** AGE **14** SEX **F**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **3244 Range Court, Mason OH, 45040**

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 POSITION	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 NON-MOTORIST					
09 THIRD - RIGHT	09 NONE USED					
10 SLEEPER SECTION OF CAB	10 HELMET USED					
11 ENCLOSED CARGO AREA	11 PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	12 REFLECTIVE CLOTHING					
13 TRAILING UNIT	13 LIGHTING					
14 EXTERIOR	14 OTHER					
15 OTHER	14 UNKNOWN					
16 NON-MOTORIST						
17 UNKNOWN						

Narrative

Unit #1 was stopped in the left hand turn lane at S.R. 741 at I71 South bound entrance ramp. Unit #2 was traveling east bound on S.R. 741 at I71 South bound entrance ramp. Unit #1 made a left hand turn impeding the flow of traffic of unit #2. Unit #1 collided with unit #2 causing non-functional damage to both vehicles.

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 SIDESWIBE, SAME DIRECTION
 - 08 SIDESWIBE, 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

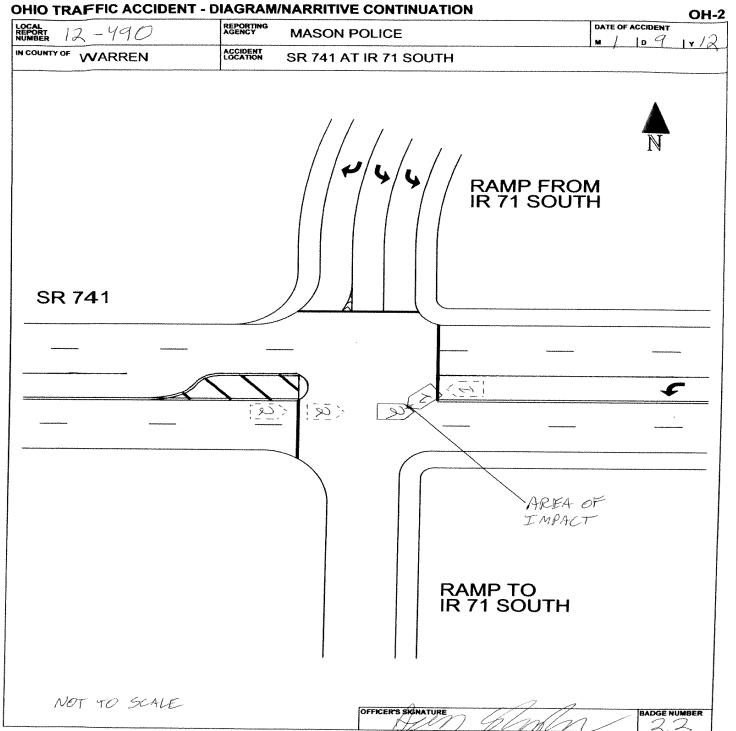
- 01**
- 01 CLEAR
 - 02 CLOUDY
 - 03 FOG, SMOG, SMOKE
 - 04 RAIN
 - 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
 - 06 SNOW
 - 07 SEVERE CROSSWINDS
 - 08 BLOWING SAND, SOIL, DIRT, SNOW
 - 09 OTHER
 - 10 UNKNOWN

LIGHT CONDITIONS

PRIMARY SECONDARY

- 2**
- 01 DAYLIGHT
 - 02 DAWN
 - 03 DUSK
 - 04 DARK - LIGHTED ROADWAY
 - 05 DARK - NOT LIGHTED
 - 06 DARK - UNKNOWN LIGHTING
 - 07 CLARE
 - 08 OTHER
 - 09 UNKNOWN

Diagram



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH A GVW 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#


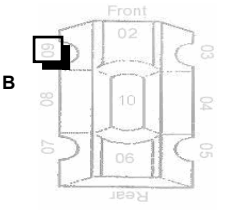
COMPANY (FROM SHIPPING PAPERS) COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 01 LESS/EQUAL 10,000 02 10,001-26,000 03 MORE THAN 26,000 	<ul style="list-style-type: none"> 01 CLASS A 02 CLASS B 03 CLASS C 04 CLASS M 05 CLASS D 	<ul style="list-style-type: none"> 01 NO 02 YES 03 UNKNOWN 	<ul style="list-style-type: none"> 01 NO 02 YES 03 NOT APPLI CABLE 04 UNKNOWN 			

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
01/09/2012	07:09	07:11	07:19	07:50	60.00	101.42
OFFICER'S NAME*	BADGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Aaron G Shaffer	1C22		01/11/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		201200000490			

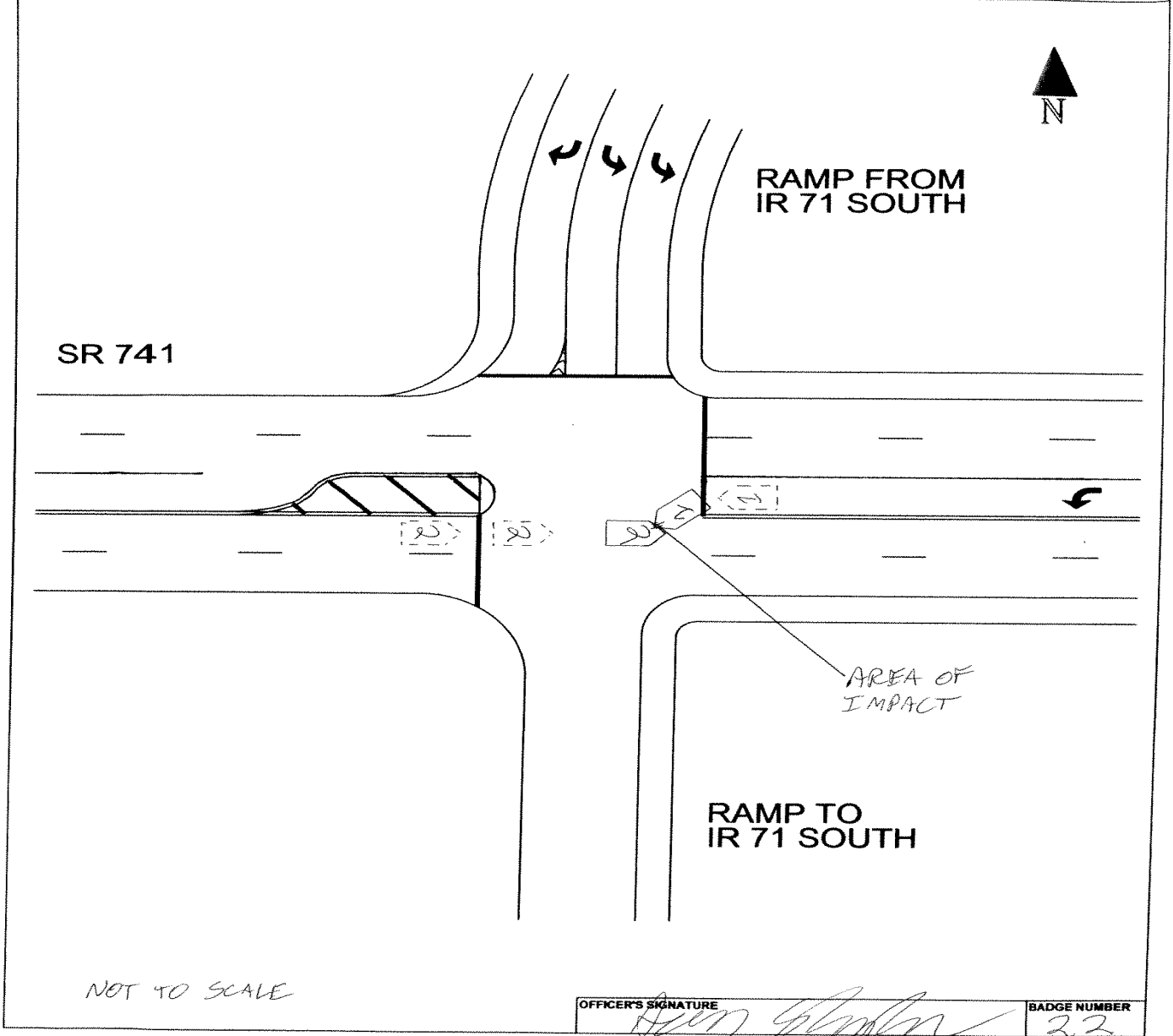
UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/>	DAMAGE AREA  A	PRE-CRASH ACTIONS <input type="text" value="06"/> <input type="text" value="01"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>20</td><td>20</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	20	20									POSTED SPEED <input type="text" value="45"/> <input type="text" value="45"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>
20	20														
NON-MOTORIST LOCATION <input type="text" value="A"/> <input type="text" value="B"/>	 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 DRIVERLESS 13 OTHER 14 UNKNOWN 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	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 LIght/LUMINARIES SUPPORT 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"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="2"/>										
TYPE OF UNIT <input type="text" value="07"/> <input type="text" value="02"/>	MOST DAMAGED AREA <input type="text" value="02"/> <input type="text" value="09"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="02"/> <input type="text" value="01"/>		DIIRECTION FROM TO FROM TO <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="3"/> <input type="text" value="2"/>	DRUG TEST 1&2 RESULT <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/ 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	POINT OF IMPACT <input type="text" value="02"/> <input type="text" value="09"/>	MOTORIST 01 NONE 02 FAULTURE 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/ AHEAD 09 IMPROPER LANE CHANGE/ DROVE 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 FAULTURE 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 FAULTURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAULTURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	CONDITION <input type="text" value="1"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="07"/>										
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="A"/> <input type="text" value="B"/>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL/ DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/>	OCCURRENCE <input type="text" value="1"/>										
IN-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="B"/>		OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>										
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="2"/>	NO UNDERRIDE OR OVERRIDE 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 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	OF THE SEQUENCE OF EVENTS WHICH ONE IS THE MOST HARMFUL EVENT (1-4) <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="01"/> <input type="text" value=""/>										
DAMAGE SCALE 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN			SPEED DETECTED <input type="text" value="2"/> <input type="text" value="2"/>	ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/>	ROAD CONDITIONS 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 12 SECONDARY ROAD CONDITIONS ONLY										
Accident No: 2012000490			SPEED <input type="text" value="25"/> <input type="text" value="15"/>	SUPPLEMENTS *X* IF YES <input type="text"/>	LOCAL REPORT#* 201200000490										

LOCAL REPORT NUMBER 2012000490	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 01 D 09 Y 2012
IN COUNTY OF 83	ACCIDENT LOCATION 5600 State Route 741	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 12-490	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 1 D 9 Y 12
IN COUNTY OF WARREN	ACCIDENT LOCATION SR 741 AT IR 71 SOUTH	

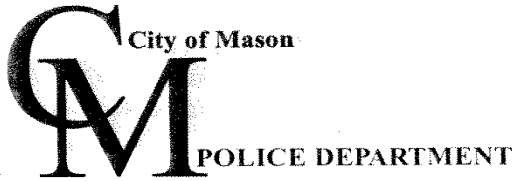


OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NUMBER 22
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OFFICER'S SIGNATURE X	BADGE NUMBER
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OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200000490	REPORTING AGENCY Mason Police Department
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Incident # 12-490

Statement of:

Name: Olivia Hare	Address: 3244 Range Ct.
Telephone: 513-398-9012	SSN: Date of Birth: 6/11/97

We were about 20 yards away from the line and the light was still green. It turned yellow when we were at the line.

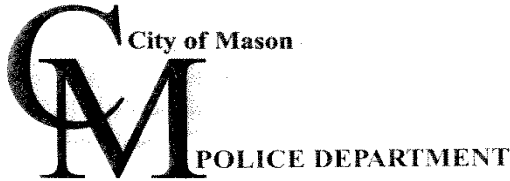
My signature below confirms that this statement is truthful and was given voluntarily.

Signature Olivia Hare	Date/Time Signed 1/9/11	Page# of
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Form O-032.496

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200000490	REPORTING AGENCY Mason Police Department	
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Incident # 12-490

Statement of:

Name: David T. Hare II	Address: 3244 Range Ct.	
Telephone: (513) 395-9012	SSN:	Date of Birth: 5/13/1994

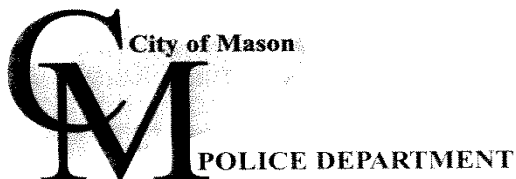
I was heading to school on January 9th 2012. I was crossing through intersection of 741 and the I-71 south entrance. As I approached the intersection the light turned yellow where I would normally stop, and I kept going because I felt that trying to stop would leave me in the middle of the intersection. The light turned red right before clearing the intersection. The lane turning left to enter I-71 was with me I had the accident. He turned left so I braked and hit the front of his car with my left front side.

My signature below confirms that this statement is truthful and was given voluntarily.

Signature	Date/Time Signed	Page#	of
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OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200000490	REPORTING AGENCY Mason Police Department
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Incident # 12-490

Statement of:

Name: <u>TOM YOUNG</u>	Address: <u>1650 KINGS COURT KINGS MILLS OHIO 45034</u>
Telephone: <u>513-398-7431</u>	SSN: _____ Date of Birth: <u>12-24-70</u>

- TRAVELING WEST KINGS MILLS RD
 - SOUTHBOUND RAMP TO I-71
 - ENTERED INTERSECTION UNDER GREEN
 WAITING FOR TRAFFIC TO STOP, LIGHT
 TURNED RED. I THOUGHT INTERSECTION
 WAS CLEAR. STARTED MY TURN
 AND WAS STRUCK HEAD ON BY SECOND
 VEHICLE, LIGHT WAS WITHOUT ANY
 DOUBT RED.

[Signature]

My signature below confirms that this statement is truthful and was given voluntarily.

Signature <i>[Signature]</i>	Date/Time Signed <u>1-9-12</u>	Page# <u>1</u> of <u>1</u>
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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
Young, Thomas S	1650 Kings Court OH 45034 Kings Mills	Operator	41 12241970	M	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
Hare, David T II	3244 Range Court OH 45040 Mason	Operator	17 08131994	M	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
Hare, Olivia	3244 Range Court OH 45040 Mason	Passenger	14 06111997	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