

State Seal

LOCAL REPORT #\* **2012002930**

CRASH SEVERITY: **2** 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\* **02112012**

TIME OF CRASH: **18:35**

DAY OF WEEK: **Sat**

CITY\* **X** VILLAGE\* TWP\*

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

COUNTY #\* **83**

LATITUDE LONGITUDE

CRASH OCCURRED ON

PREFIX **S** CRASH LOCATION **Reading Road** 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 **854** REF POINT **09**

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) **Schork, Gary L**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **12148 Mccauly Road, Cincinnati OH, 45241**

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

**04121955 56 M (513) 469-6050**

DL STATE DL # IP STATE IP # INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

**OH RQ660464 OH FCB5970 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN**

OWNER'S NAME (IF SAME WRITE "SAME") **Schork, Gary L** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

**2010 HOND CRV RED State Farm Jacobs Towing 513-469-6050(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

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

ADDRESS (STREET, CITY, STATE, ZIP CODE) **8230 Paddington Court, West Chester OH, 45069**

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

**03071995 16 F (513) 755-6653**

DL STATE DL # IP STATE IP # INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

**OH TX061978 OH DH99FT 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN**

OWNER'S NAME (IF SAME WRITE "SAME") **Cuevas, Tammy E** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

**2002 TOYT Camry SIL American Family Jacobs Towing 513-755-6653(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

**4511.42 Right of Way When Turning Left 70923 X**

**C** UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Howard, Madeline K**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **6498 Butterfly Way, West Chester OH, 45069**

HOME PHONE # DATE OF BIRTH AGE SEX

**513-777-9766 02241995 16 F**

INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

**1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN**

OWNER'S NAME (IF SAME WRITE "SAME") **Tooley, Richard C** ADDRESS (STREET, CITY, STATE, ZIP CODE) **8230 Paddington Court, West Chester OH, 45069**

HOME PHONE # DATE OF BIRTH AGE SEX

**513-755-6653 05141999 12 M**

INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

**1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN**

|   |                        |                             |                     |                      |                                  |                                       |
|---|------------------------|-----------------------------|---------------------|----------------------|----------------------------------|---------------------------------------|
| SEATING POSITION                        | SAFETY EQUIPMENT       | AIR BAG                     | AIR BAG SWITCH      | EJECTION             | TRAPPED                          | INJURIES                              |
| 01 FRONT - LEFT (MC DRIVER)             | 04 MOTORIST            | 2 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 FREED BY NON-MECHANICAL MEANS | 03 NON-INCAPACITATING INJURY          |
| 04 SECOND - LEFT (MC PASS)              | 03 LAP BELT ONLY       | 04 DEPLOYED BOTH FRONT SIDE | 04 UNKNOWN POSITION | 04 NOT APPLICABLE    | 04 UNKNOWN                       | 04 INCAPACITATING INJURY              |
| 05 SECOND - MIDDLE                      | 04 SHOULDER LAP BELT   | 05 NOT APPLICABLE           |                     |                      |                                  | 05 FATAL INJURY                       |
| 06 SECOND - RIGHT                       | 05 CHILD SAFETY SEAT   | 06 UNKNOWN                  |                     |                      |                                  | 06 UNKNOWN                            |
| 07 THIRD - LEFT (MC PASSENGER SIDE CAR) | 06 MC HELMET USED      |                             |                     |                      |                                  |                                       |
| 08 THIRD - MIDDLE                       | 07 USE UNKNOWN         |                             |                     |                      |                                  |                                       |
| 09 THIRD - RIGHT                        | 04 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 #02 was traveling northbound on Reading Rd. at the entrance to 854 Reading Rd. Unit #01 was southbound on Reading Rd. failed to yield the right of way to unit #02, turned left to enter the driveway to 854 Reading Rd., and was struck by unit #02

**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 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**

**02**

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 **5** SECONDARY

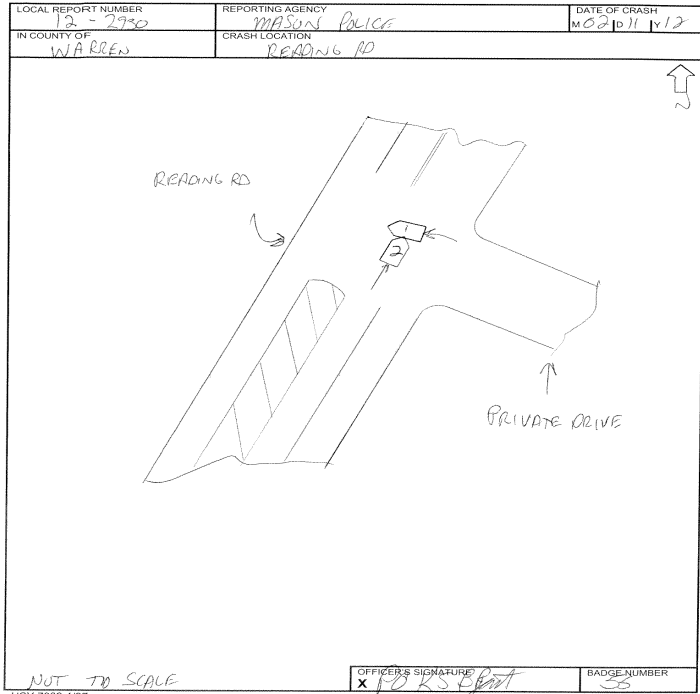
01 DAYLIGHT  
 02 DAWN  
 03 DUSK  
 04 DARK - LIGHTED ROADWAY  
 05 DARK - NOT LIGHTED  
 06 DARK - UNKNOWN LIGHTING  
 07 GLARE  
 08 OTHER  
 09 UNKNOWN

**Diagram**



OHIO TRAFFIC CRASH REPORT  
 DIAGRAM / NARRATIVE CONTINUATION

OH-2



**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#

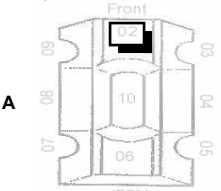
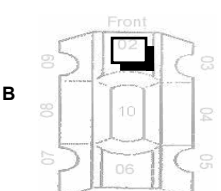
COMPANY (FROM SHIPPING PAPERS) \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_

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<br>02 BUS (9-15 INCLUDING DRIVER)<br>03 VAN ENCLOSED BOX<br>04 GRAIN CHIPS/ GRAVEL | 05 POLE<br>06 CARGO TAN<br>07 FLATBED<br>08 DUMP<br>09 CONCRETE MIXER<br>10 AUTO TRANSPORTER<br>11 GARBAGE/REFUSE<br>12 OTHER<br>13 UNKNOWN | 01 CLASS A<br>02 CLASS B<br>03 CLASS C<br>04 CLASS M<br>05 CLASS D | 01 NO<br>02 YES<br>03 UNKNOWN | 01 NO<br>02 YES<br>03 NOT APPLI CABLE<br>04 UNKNOWN |                          |                          |                          |

**Police Action**

|  |   |                            |   |                         |                       |                                |
|--|---|----------------------------|---|-------------------------|-----------------------|--------------------------------|
| DATE CRASH REPORTED<br><b>02/11/2012</b>                   | TIME REC CALL<br><b>18:41</b>                               | DISPATCH<br><b>18:37</b>   | ARRIVED<br><b>18:41</b>                 | CLEARED<br><b>19:54</b> | OTHER<br><b>60.00</b> | TOTAL MINUTES<br><b>132.90</b> |
| OFFICER'S NAME*<br><b>Police Officer Eric S Fitzgerald</b> | PAGE #*<br><b>1C37</b>                                      | CHECKED BY                 | DATE REPORT FILED*<br><b>02/14/2012</b> |                         |                       |                                |
| REPORT TAKEN BY <b>1</b> 01 POLICE AGENCY<br>02 MOTORIST   | REPORT TAKEN AT <b>1</b> 01 SCENE<br>02 STATION<br>03 OTHER | SUPPLEMENT *<br>"X" IF YES | LOCAL REPORT #<br><b>201200002930</b>   |                         |                       |                                |

|  |  |  |  |   |   |         |           |    |   |   |   |   |   |   |   |   |   |
|--|--|--|--|---|---|---------|-----------|----|---|---|---|---|---|---|---|---|---|
| <b>UNIT NUMBERS</b><br><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><br><br>  | <b>PRE-CRASH ACTIONS</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06</div> </div>   | <b>SEQUENCE OF EVENTS</b><br><table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 50px;">20</td><td style="width: 50px;">10</td></tr> <tr><td style="width: 50px;"> </td><td style="width: 50px;">20</td></tr> <tr><td style="width: 50px;"> </td><td style="width: 50px;"> </td></tr> <tr><td style="width: 50px;"> </td><td style="width: 50px;"> </td></tr> </table>   | 20  | 10  |         | 20        |    |   |   |   | <b>POSTED SPEED</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">40</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">40</div> </div> | <b>DRUG TEST STATUS</b><br><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   | 10   |  |  |   |   |         |           |    |   |   |   |   |   |   |   |   |   |
|  | 20   |  |  |   |   |         |           |    |   |   |   |   |   |   |   |   |   |
|  |  |  |  |   |   |         |           |    |   |   |   |   |   |   |   |   |   |
|  |  |  |  |   |   |         |           |    |   |   |   |   |   |   |   |   |   |
| <b>NON-MOTORIST LOCATION</b><br><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>A</b><br><b>B</b>   | <b>MOTORIST</b><br>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD<br>02 BACKING<br>03 CHANGING LANES<br>04 OVERTAKING/PASSING<br>05 TURNING RIGHT<br>06 TURNING LEFT<br>07 MAKING U-TURN<br>08 ENTERING TRAFFIC LANE<br>09 LEAVING TRAFFIC LANE<br>10 PARKED<br>11 SLOWING/STOPPING IN TRAFFIC<br>12 DRIVERLESS<br>13 OTHER<br>14 UNKNOWN | <b>NON-COLLISION</b><br>01 OVERTURN/ROLLOVER<br>02 FIRE/EXPLOSION<br>03 IMMERSION<br>04 JACKKNIFE<br>05 CARGO EQUIPMENT LOSS/SHIFT<br>06 EQUIPMENT FAILURE<br>07 SEPARATION OF UNITS<br>08 RAN OFF ROAD RIGHT<br>09 RAN OFF ROAD LEFT<br>10 CROSS MEDIAN/CENTERLINE<br>11 DOWNHILL RUNAWAY<br>12 OTHER NON-COLLISION<br>13 UNKNOWN NON-COLLISION   | <b>TRAFFIC CONTROL</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12</div> </div>                        | <b>DRUG TEST TYPE</b><br><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 MARKED CROSSWALK AT INTERSECTION<br>02 INTERSECTION/NO CROSSWALK<br>03 NON-INTERSECTION CROSSWALK<br>04 DRIVEWAY ACCESS CROSSWALK<br>05 IN ROADWAY<br>06 NOT IN ROADWAY<br>07 MEDIAN (BUT NOT SHOULDER)<br>08 ISLAND<br>09 SHOULDER<br>10 SIDEWALK<br>11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND)<br>12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY)<br>13 OUTSIDE TRAFFICWAY<br>14 SHARED USE PATHS OR TRAILS<br>15 UNKNOWN   | <b>MOST DAMAGED AREA</b><br><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>NON-MOTORIST</b><br>15 ENTERING/CROSSING IN INTERSECTION<br>16 ENTERING LOCATION<br>17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>18 WORKING<br>19 PUSHING VEHICLE<br>20 APPROACHING/LEAVING VEHICLE<br>21 PLAYING/WORKING ON VEHICLE<br>22 STANDING<br>23 OTHER<br>24 UNKNOWN  | <b>COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b><br>14 PEDESTRIAN<br>15 PEDICYCLE<br>16 RAILWAY VEHICLE<br>17 ANIMAL - FARM<br>18 ANIMAL - DEER<br>19 ANIMAL - OTHER<br>20 MOTOR VEHICLE IN TRANSPORT<br>21 PARKED MOTOR VEHICLE<br>22 WORK ZONE MAINTENANCE EQUIPMENT<br>23 OTHER MOVABLE OBJECT<br>24 UNKNOWN MOVABLE OBJECT   | <b>DIIRECTION</b><br><table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 25%;">FROM</td><td style="width: 25%;">TO</td><td style="width: 25%;">FROM</td><td style="width: 25%;">TO</td></tr> <tr><td>8</td><td>5</td><td>5</td><td>7</td></tr> </table> | FROM  | TO      | FROM      | TO | 8 | 5 | 5 | 7   | <b>DRUG TEST 1&amp;2 RESULT</b><br><table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 50px;">1</td><td style="width: 50px;">2</td><td style="width: 50px;">1</td><td style="width: 50px;">2</td></tr> </table>                 | 1 | 2 | 1 | 2 |
| FROM   | TO   | FROM   | TO   |   |   |         |           |    |   |   |   |   |   |   |   |   |   |
| 8  | 5  | 5  | 7  |   |   |         |           |    |   |   |   |   |   |   |   |   |   |
| 1  | 2  | 1  | 2  |   |   |         |           |    |   |   |   |   |   |   |   |   |   |
| <b>TYPE OF UNIT</b><br><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;">03</div> </div>  | <b>POINT OF IMPACT</b><br><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><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</div> </div>                                | <b>COLLISION WITH FIXED OBJECT</b><br>25 IMPACT ATTENUATOR/CRASH CUSHION<br>26 BRIDGE OVERHEAD STRUCTURE<br>27 BRIDGE PIER OR ABUTMENT<br>28 BRIDGE PARAPET<br>29 BRIDGE RAIL<br>30 GUARDRAIL FACE<br>31 GUARDRAIL END<br>32 MEDIAN BARRIER<br>33 HIGHWAY TRAFFIC SIGN POST<br>34 HIGHWAY TRAFFIC SIGN POST<br>35 LIGHT/LUMINARIES SUPPORT<br>36 UTILILITY POLE<br>37 OTHER POST, POLE OR SUPPORT<br>38 CULVERT<br>39 CURB<br>40 DITCH<br>41 EMBANKMENT<br>42 FENCE<br>43 MAILBOX<br>44 TREE<br>45 OTHER FIXED OBJECT<br>46 WORK ZONE MAINTENANCE EQUIPMENT<br>47 UNKNOWN FIXED OBJECT<br>48 OTHER<br>49 UNKNOWN | <b>CONDITON</b><br><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><br><div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div>  |         |           |    |   |   |   |   |   |   |   |   |   |
| <b>MOTORIST</b><br>01 SUB-COMPACT<br>02 COMPACT<br>03 MID SIZE<br>04 FULL SIZE<br>05 MINI VAN<br>06 SPORT UTILITY VEHICLE<br>07 PICKUP<br>08 PANEL VAN<br>09 SINGLE UNIT TRUCK;<br>10 2 AXLES, 6 TIRES<br>11 SINGLE UNIT TRUCK; 3+AXLES<br>12 TRUCK/TRAILER<br>13 TRUCK TRACTOR (BOBTAIL)<br>14 TRACTOR/SEMI-TRAILER<br>15 TRACTOR/DOUBLE SHORT<br>16 TRACTOR/DOUBLE LONG<br>17 FIFTH WHEEL OR CONVERTER DOLLY<br>18 TRACTOR/TRIPLES<br>19 MOTORCYCLE<br>20 MOTOR ZED BICYCLE<br>21 SCHOOL BUS<br>22 CHURCH BUS<br>23 PUBLIC BUS<br>24 OTHER BUS<br>25 POLICE VEHICLE<br>26 FIRE TRUCK<br>27 AMBULANCE/RESCUE<br>28 TAXI<br>29 MOTOR HOME<br>30 TRAIN<br>31 FARM VEHICLE<br>32 FARM EQUIPMENT<br>33 SNOWMOBILE<br>34 CONSTRUCTION EQUIPMENT<br>35 ALL OTHERS | <b>ACTIION</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4</div> </div>                                 | <b>MOTORIST</b><br>01 NONE<br>02 CENTER FRONT<br>03 RIGHT FRONT<br>04 RIGHT SIDE<br>05 RIGHT REAR<br>06 REAR CENTER<br>07 LEFT REAR<br>08 LEFT SIDE<br>09 LEFT FRONT<br>10 TOP AND WINDOWS<br>11 UNDERCARRIAGE<br>12 LOAD/TRAILER<br>13 TOTAL (ALL AREAS)<br>14 OTHER<br>15 UNKNOWN  | <b>VEHICLE DEFECT CODE ONLY IF 19' SELECTED ABOVE</b><br><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>ALCOHOL/DRUG SUSPECTED</b><br><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>OCCURENCE</b><br><div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>  |         |           |    |   |   |   |   |   |   |   |   |   |
| <b>NON-MOTORIST</b><br>35 ANIMAL W/ RIDER<br>36 ANIMAL W/ BUGGY<br>37 BICYCLE<br>38 PEDESTRIAN<br>39 PEDALCYCLIST<br>40 SKATER<br>41 OTHER-NON MOTORIST<br>42 UNKNOWN  | <b>STRIKING VEHICLE: OVERRIDEN/UNDERRIDDEN</b><br><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;">B</div> </div> | <b>NON-MOTORIST</b><br>01 NONE<br>02 CENTER FRONT<br>03 RIGHT FRONT<br>04 RIGHT SIDE<br>05 RIGHT REAR<br>06 REAR CENTER<br>07 LEFT REAR<br>08 LEFT SIDE<br>09 LEFT FRONT<br>10 TOP AND WINDOWS<br>11 UNDERCARRIAGE<br>12 LOAD/TRAILER<br>13 TOTAL (ALL AREAS)<br>14 OTHER<br>15 UNKNOWN  | <b>VEHICLE DEFECT CODE ONLY IF 19' SELECTED ABOVE</b><br><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>ALCOHOL TEST STATUS</b><br><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><br><div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2</div>   |         |           |    |   |   |   |   |   |   |   |   |   |
| <b>LINE EMERGENCY RESPONSE</b><br><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>DAMAGE SCALE</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4</div> </div>                            | <b>NON-MOTORIST</b><br>01 NO UNDERRIDE OR OVERRIDE<br>02 UNDERRIDE, COMPARTMENT INTRUSION<br>03 UNDERRIDE, NO COMPARTMENT INTRUSION<br>04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN<br>05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT<br>06 OVERRIDE, OTHER VEHICLE<br>07 UNKNOWN  | 01 TURN SIGNALS<br>02 HEAD LAMPS<br>03 TAIL LAMPS<br>04 BRAKES<br>05 STEERING<br>06 TIRE BLOWOUT<br>07 WORN OR SLICK TIRES<br>08 TRAILER EQUIPMENT DEFECTIVE<br>09 MOTOR TROUBLE<br>10 DISABLED FROM PRIOR CRASH<br>11 OTHER DEFECTS   | <b>ALCOHOL TEST TYPE</b><br><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 CONDTIONS</b><br><table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 50%;">PRIMARY</td><td style="width: 50%;">SECONDARY</td></tr> <tr><td style="width: 50%;">01</td><td style="width: 50%;"> </td></tr> </table>    | PRIMARY | SECONDARY | 01 |   |   |   |   |   |   |   |   |   |
| PRIMARY  | SECONDARY  |  |  |   |   |         |           |    |   |   |   |   |   |   |   |   |   |
| 01   |  |  |  |   |   |         |           |    |   |   |   |   |   |   |   |   |   |
| 01 NO<br>02 YES<br>03 UNKNOWN  | 01 NONE<br>02 NON-FUNCTIONAL DAMAGE<br>03 FUNCTIONAL DAMAGE<br>04 DISABLING DAMAGE<br>05 SEVERE<br>06 UNKNOWN  | 01 NONE<br>02 BLOOD<br>03 URINE<br>04 OTHER  | 01 NONE<br>02 BLOOD<br>03 URINE<br>04 OTHER  | 01 NONE<br>02 YES-ALCOHOL SUSPECTED<br>03 YES-HBD NOT IMPAIRED<br>04 YES-DRUGS SUSPECTED<br>05 YES-ALCOHOL / DRUGS SUSPECTED<br>06 UNKNOWN  | 01 NONE<br>02 TEST REFUSED<br>03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>04 TEST GIVEN, RESULTS KNOWN<br>05 TEST GIVEN, RESULTS UNKNOWN<br>06 UNKNOWN   |         |           |    |   |   |   |   |   |   |   |   |   |
| <b>SPEED DETECTED</b><br><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>SPEED</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">40</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">15</div> </div>                                 | <b>ALCOHOL TEST RESULT</b><br><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>ALCOHOL TEST RESULT</b><br><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>   | 01 NONE<br>02 BLOOD<br>03 URINE<br>04 BREATH<br>05 OTHER  | <b>SUPPLEMENTS</b><br><input type="checkbox"/> *X IF YES  |         |           |    |   |   |   |   |   |   |   |   |   |
| <b>LOCAL REPORT#*</b><br><div style="border: 1px solid black; padding: 5px; display: inline-block;">201200002930</div>   |  |  |  |   |   |         |           |    |   |   |   |   |   |   |   |   |   |

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

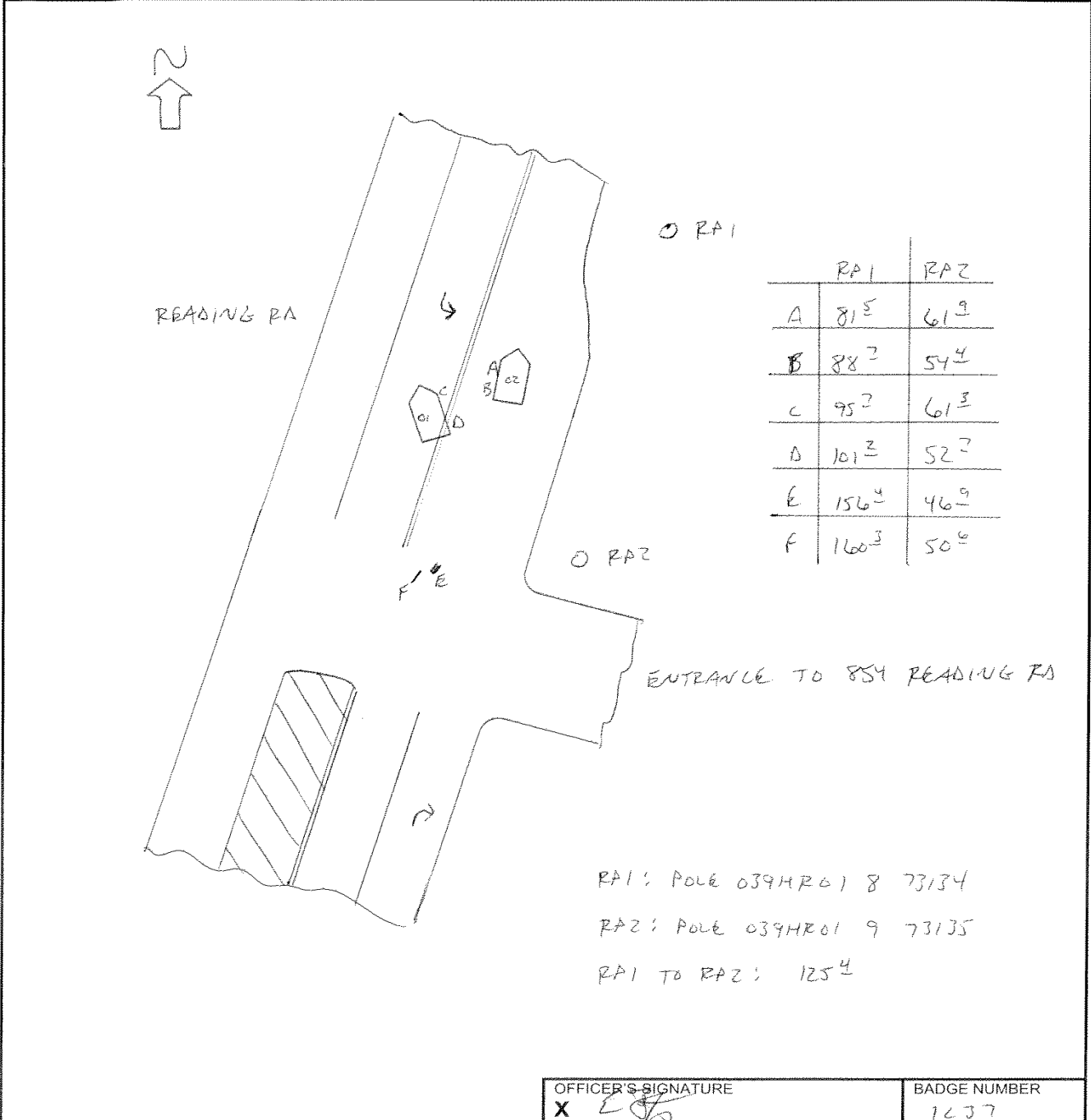
|                                     |   |
|-------------------------------------|---|
| LOCAL REPORT NUMBER<br>201200002930 | REPORTING AGENCY<br>Mason Police Department |
|-------------------------------------|---|



OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

OH-2

|                                |                                  |                                     |
|--------------------------------|----------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER<br>12-2930 | REPORTING AGENCY<br>MASON POLICE | DATE OF CRASH<br>M 02   D 11   Y 12 |
| IN COUNTY OF<br>WARREN         | CRASH LOCATION<br>854 READING RD |                                     |



HSY 7002 4/07

|   |                      |
|---|----------------------|
| OFFICER'S SIGNATURE<br>X <i>[Signature]</i> | BADGE NUMBER<br>1237 |
|---|----------------------|

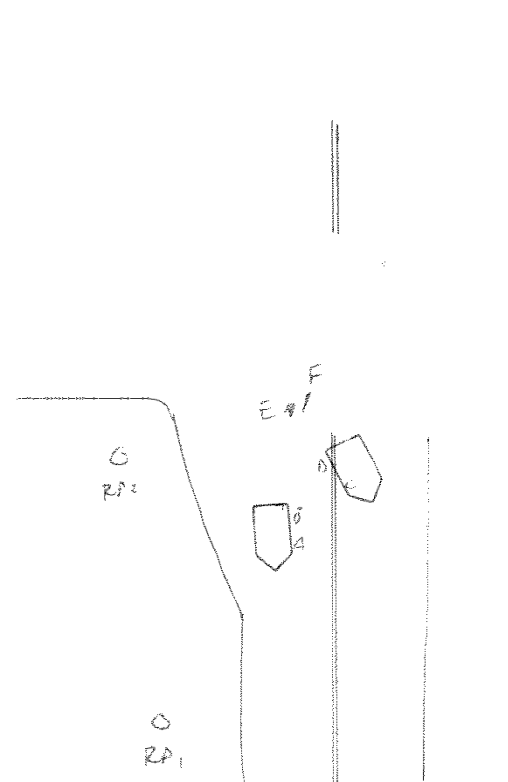
OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

|                                      |   |
|--------------------------------------|---|
| LOCAL REPORT NUMBER<br>2012000002930 | REPORTING AGENCY<br>Mason Police Department |
|--------------------------------------|---|

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION OH-2 (Rev. 1/82)

|                                |                                  |  |
|--------------------------------|----------------------------------|--|
| LOCAL REPORT NUMBER<br>12-2930 | REPORTING AGENCY<br>MASON POLICE | DATE OF ACCIDENT<br>M 02   D 11   Y 12 |
| IN COUNTY OF<br>WARREN         | ACCIDENT LOCATION<br>854 READING |  |

ROUGH FIELD SKETCH



|   | RP1              | RP2             |
|---|------------------|-----------------|
| A | 81 <sup>±</sup>  | 61 <sup>±</sup> |
| B | 88 <sup>±</sup>  | 54 <sup>±</sup> |
| C | 95 <sup>±</sup>  | 61 <sup>±</sup> |
| D | 101 <sup>±</sup> | 32 <sup>±</sup> |
| E | 156 <sup>±</sup> | 46 <sup>±</sup> |
| F | 160 <sup>±</sup> | 50 <sup>±</sup> |

↓  
N

RP1: Pole 079HR01 5 73134  
 RP2: Pole 079HR01 9 73135  
 RP1 TO RP2: 125<sup>±</sup>

OFFICER'S SIGNATURE  


BADGE NO.  
1237

HSY 7002

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

|                                      |   |
|--------------------------------------|---|
| LOCAL REPORT NUMBER<br>2012000002930 | REPORTING AGENCY<br>Mason Police Department |
|--------------------------------------|---|



OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

|                                |                                  |                                     |
|--------------------------------|----------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER<br>12-2930 | REPORTING AGENCY<br>MASON POLICE | DATE OF CRASH<br>M 02   D 11   Y 12 |
|--------------------------------|----------------------------------|-------------------------------------|

FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Natalia Tooley PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Eric F. Fitzgerald OFFICER'S NAME AT 854 Reading LOCATION

I was driving my car about to turn left and instead of yielding to the cars going straight I just drove left and hit someone going straight. The accident was completely my fault.

Q: How fast were you travelling?  
A: about the speed limit or a little over (like 30 or 4)  
Q: Were you wearing your seat belt?  
A: yes  
Q: Are you injured?  
A: no

F/R - Madeline K Howard 0224-95 6498 Butterfly way W. Chester 777-9704  
Z/L - Ricardo C Tooley 05-14-99

|   |   |
|---|---|
| ADDRESS OF WITNESS<br>2230 Paddington CT.       | PHONE<br>513-755-6655                       |
| SIGNATURE OF WITNESS<br>X <u>Natalia Tooley</u> | OFFICER'S SIGNATURE<br>X <u>[Signature]</u> |

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

|                                     |   |  |
|-------------------------------------|---|--|
| LOCAL REPORT NUMBER<br>201200002930 | REPORTING AGENCY<br>Mason Police Department |  |
|-------------------------------------|---|--|



TRAFFIC CRASH WITNESS STATEMENT

OH-3

|                                |                                  |                                    |
|--------------------------------|----------------------------------|------------------------------------|
| LOCAL REPORT NUMBER<br>12-2930 | REPORTING AGENCY<br>MASON POLICE | DATE OF CRASH<br>M 2   D 11   Y 12 |
|--------------------------------|----------------------------------|------------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Madeline Howard HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Eric Fitzgerald AT 854 Reading Rd  
OFFICER'S NAME LOCATION

I was in the passenger seat, driver of the car I was in was turning left into the parking lot and didn't see the other car coming, and proceeded to turn. Therefore was hit by the other car.

|  |                          |
|--|--------------------------|
| ADDRESS OF WITNESS<br>6498 Butterfly Way, West Chester OH, 45069 | PHONE<br>513-777-9766    |
| SIGNATURE OF WITNESS<br>X Madeline Howard                        | OFFICER'S SIGNATURE<br>X |

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

|                                      |   |
|--------------------------------------|---|
| LOCAL REPORT NUMBER<br>2012000002930 | REPORTING AGENCY<br>Mason Police Department |
|--------------------------------------|---|



OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

|                                |                                  |                                     |
|--------------------------------|----------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER<br>12-2930 | REPORTING AGENCY<br>MASON POLICE | DATE OF CRASH<br>M 02   D 11   Y 12 |
|--------------------------------|----------------------------------|-------------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, GARY SCHORE HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Eric Fitzgerald AT 854 Reading  
OFFICER'S NAME LOCATION

I WAS DRIVING N13 ON READING RD. DOING APPROX 40 MPH WHEN OTHER VEH INVOLVED TURNED LEFT IN FRONT OF ME. OTHER VEH WAS STB ON READING RD AND WAS TURNING INTO THE DRIVEWAY TO WALL TO WALL.

ADDRESS OF WITNESS  
12148 Mc Carvey Rd Cincinnati 45241 PHONE 513-469-6050

SIGNATURE OF WITNESS X Gary Schore OFFICER'S SIGNATURE X Eric Fitzgerald

HSY 7003 4/07