

State Seal

LOCAL REPORT # * **2012003551**

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: **02** 98=ANIMAL 99=UNKNOWN

DATE OF CRASH * **02202012**

TIME OF CRASH **15:42** DAY OF WEEK **Mon** CITY * **X** VILLAGE * TWP *

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

CRASH OCCURRED ON PREFIX **Reading Road** TYPE LOC **1** TYPE LOCATION POINT USED **1** 1 NAMED STREET 3 NUMBERED ROUTE, 2 NUMBERED STREET LOCAL INFORMATION

CRASH AT / REFERENCE DIST REFERENCE **15.00** DR **out** PREFIX **Snider Road** REF POINT **02** REFERENCE POINT USED **01** 01 STATE LINE, 02 02 INTERSECTION 2 STREETS, 03 03 COUNTY LINE, 04 04 HOUSE NUMBER, 05 05 TOWNSHIP BOUNDARY, 06 06 MILE POST, 07 07 CORPORATION LIMIT, 08 08 PLACE NAME W/O REFERENCE, 09 09 DRIVEWAY, 10 10 STREET OR ROUTE W/O REFERENCE

A UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Naylor, Kimberly S** ADDRESS (STREET, CITY, STATE, ZIP CODE) **3584 Rydal Court, Mason OH, 45040**

SOCIAL SECURITY NUM DATE OF BIRTH **09021972** AGE **39** SEX **F** HOME PHONE # **(513) 889-7463** WORK PHONE #

DL STATE **OH** DL # **SQ147186** IP STATE **OH** IP # **DH95AC** INJURED TAKEN BY **1** 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 **2005** MAKE **NISS** MODEL **Quest** COLOR **WHI** INSURANCE COMPANY **State Farm** TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

B UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Demarcus, Rodney S** ADDRESS (STREET, CITY, STATE, ZIP CODE) **273 Franklin Road, Waynesville OH, 45068**

SOCIAL SECURITY NUM DATE OF BIRTH **12051968** AGE **43** SEX **M** HOME PHONE # **(513) 200-2079** WORK PHONE #

DL STATE **OH** DL # **RP282373** IP STATE **IN** IP # **471120** INJURED TAKEN BY **1** 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") **Industrial Air Center Inc.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **731 East Market Street, Jefferson, IN 47130**

YEAR **2005** MAKE **CHEV** MODEL COLOR **WHI** INSURANCE COMPANY **EMC** TOWING SERVICE OWNER PHONE # **513-200-2079(W)**

OFFENSE CHARGED **333.03** OFFENSE DESCRIPTION **Maximum Speed Limits; Assured Clear Distance Ahead** CITATION # **70572** LOCAL CODE? **X**

C UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Naylor, Jonathan W** HOME PHONE # **513-889-7463** DATE OF BIRTH **07242007** AGE **4** SEX **M**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **3584 Rydal Court, Mason OH, 45040** INJURED TAKEN BY **1** 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

D UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Naylor, Vivian** HOME PHONE # **513-889-7463** DATE OF BIRTH **04202005** AGE **6** SEX **F**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **3584 Rydal Court, Mason OH, 45040** INJURED TAKEN BY **1** 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 A	01 NONE USED 04 A	01 NOT DEPLOYED 1 A	01 NOT PRESENT 1 A	01 NOT EJECTED 1 A	01 NOT TRAPPED 1 A	01 NO INJURY 1 A
02 FRONT - MIDDLE 02 B	02 SHOULDER BELT ONLY 04 B	02 DEPLOYED FRONT 1 A	02 IN ON POSITION 1 A	02 TOTALLY EJECTED 1 A	02 EXTRACTED BY MECHANICAL MEANS 1 B	02 POSSIBLE NON-INCAPACITATING INJURY 1 B
03 FRONT - RIGHT 03 C	03 LAP BELT ONLY 04 B	03 DEPLOYED SIDE 1 A	03 IN OFF POSITION 1 B	03 PARTIALLY EJECTED 1 A	03 MEANS 1 B	03 NON-INCAPACITATING INJURY 1 B
04 SECOND - LEFT (MC PASS) 04 D	04 SHOULDER LAP BELT 05 C	04 DEPLOYED BOTH FRONT SIDE 1 B	04 UNKNOWN POSITION 1 B	04 NOT APPLICABLE 1 B	04 FREED BY MEANS 1 C	04 INCAPACITATING INJURY 1 C
05 SECOND - MIDDLE 05 A	05 CHILD SAFETY SEAT 05 D	05 NOT APPLICABLE 1 B		05 UNKNOWN 1 C	05 MEANS 1 D	05 FATAL INJURY 1 D
06 SECOND - RIGHT 06 B	06 MC HELMET USED 05 D	06 UNKNOWN 1 B			06 MEANS 1 D	06 UNKNOWN 1 D
07 THIRD - LEFT (MC PASSENGER SIDE CAR) 07 C	07 USE UNKNOWN 05 D				04 UNKNOWN 1 D	
08 THIRD - MIDDLE 08 A	08 NON-MOTORIST 08 A					
09 THIRD - RIGHT 09 B	08 NONE USED 08 B					
10 SLEEPER SECTION OF CAB 10 C	09 HELMET USED 09 C					
11 ENCLOSED CARGO AREA 11 D	10 PROTECTIVE PADS 10 D					
12 UNENCLOSED CARGO AREA 12 A	11 REFLECTIVE CLOTHING 11 A					
13 TRAILING UNIT 13 B	12 LIGHTING 12 B					
14 EXTERIOR 14 C	13 OTHER 13 C					
15 OTHER 15 D	14 UNKNOWN 14 D					
16 NON-MOTORIST 16 A						
17 UNKNOWN 17 B						

BLANK FOR WITNESS SUPPLEMENT "X" IF YES

Narrative

Unit 1 was stopped in traffic on Reading Road south of Snider Road. Unit 2 was behind unit 1, failed to stop for traffic and rear-ended unit 1.

MANNER OF COLLISION OR IMPACT

SCHOOL BUS RELATED

- 2**
- 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

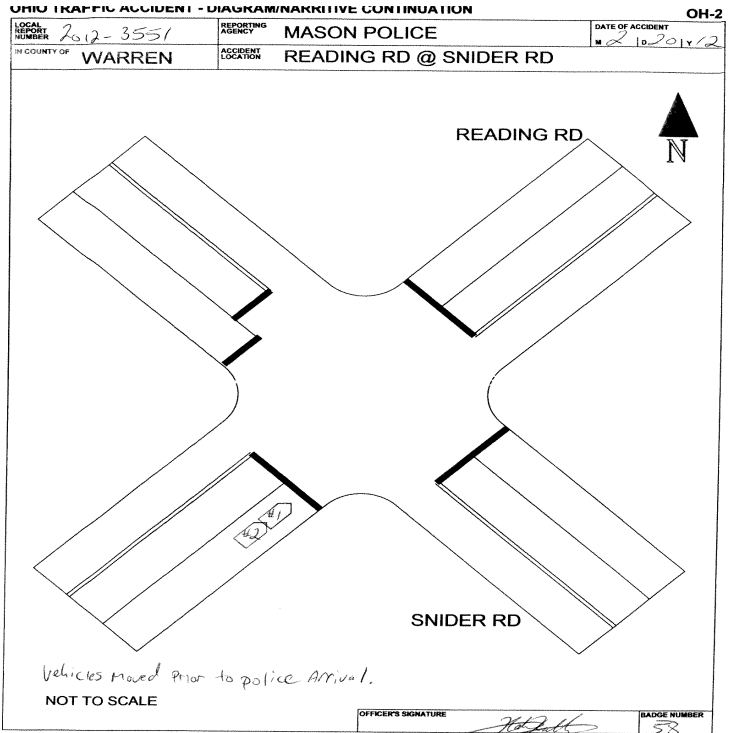
WEATHER

- 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 |
| 1 | <input type="checkbox"/> |
| 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.

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)

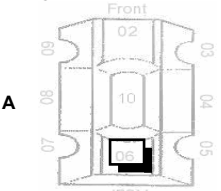
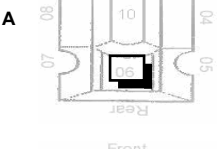
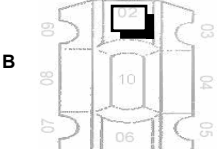
COMPANY PHONE

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

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
02/20/2012	15:42	15:45	15:59	16:33	20.00	70.82
OFFICER'S NAME*		BADGE #*	CHECKED BY		DATE REPORT FILED*	
Police Officer Nathan D Ketterer		1C58			02/29/2012	
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		201200003551			

UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="11"/> <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="40"/> <input type="text" value="40"/>	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"/>	A  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 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	TRAFFIC CONTROL <input type="text" value="04"/> <input type="text" value="04"/> 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="1"/> 01 NONE 02 BLOOD 03 URINE 04 OTHER DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>										
TYPE OF UNIT <input type="text" value="05"/> <input type="text" value="07"/>	MOST DAMAGED AREA <input type="text" value="06"/> <input type="text" value="02"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="01"/> <input type="text" value="08"/>		DIIRECTION FROM TO FROM TO <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="01"/>										
MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MIDSIZE 04 FULLSIZE 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/TRIPLES 19 MOTORCYCLE 20 MOTOR ZED BICYCLE 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/ RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	POINT OF IMPACT <input type="text" value="06"/> <input type="text" value="02"/> 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/ TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	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/ 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 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTIVE 18 FATIGUE/ ASLEEP 19 OPERATIONS ON DEFECTIVE EQUIPMENT 20 LOAD SHIFTS/ FALLING/ SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN		CONDITION <input type="text" value="1"/> <input type="text" value="1"/> 01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP/ FANTASIED, FALTERED, ETC. 06 UNDER THE INFLUENCE OF MEDICATIONS/ DRUGS/ ALCOHOL 07 OTHER 08 UNKNOWN	ALCOHOL/ DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRED 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN										
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="4"/> <input type="text" value="3"/> 01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/> 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	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/ UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN	ROAD CONTOUR <input type="text" value="1"/> 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE										
LINE EMERGENCY RESPONSE <input type="text" value="A"/> <input type="text" value="B"/>	STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <input type="text" value="A"/> <input type="text" value="1"/>		MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="01"/> <input type="text" value=""/> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DRY, OIL, GRAVEL 06 WATER/ STANDING / MOVED 07 SLUSH 08 DEBRIS 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN 12 SECONDARY ROAD CONDITIONS ONLY										
DAMAGE SCALE <input type="text" value="1"/> <input type="text" value="1"/> 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		SPEED DETECTED <input type="text" value="1"/> <input type="text" value="1"/> 01 STATED 02 ESTIMATED SPEED	ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/>	SUPPLEMENTS <input type="text" value="X"/> *X IF YES LOCAL REPORT# 201200003551										

TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

LOCAL REPORT # *	N.C.I.C. # *	REPORTING AGENCY *	DATE OF CRASH *
2012003551	08304	City of Mason - City of Mason Police Dep	02202012

E	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
	2	Naylor, Elizabeth	513-889-7463	12232003	8	F
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
3584 Rydal Court, Mason OH, 45040			<input checked="" type="checkbox"/> 1 NONE <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 POLICE			
			INJURED TAKEN TO			

F	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
			<input type="checkbox"/> 1 NONE <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 POLICE			
			INJURED TAKEN TO			

G	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
			<input type="checkbox"/> 1 NONE <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 POLICE			
			INJURED TAKEN TO			

H	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
			<input type="checkbox"/> 1 NONE <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 POLICE			
			INJURED TAKEN TO			

I	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
			<input type="checkbox"/> 1 NONE <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 POLICE			
			INJURED TAKEN TO			

J	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
			<input type="checkbox"/> 1 NONE <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 POLICE			
			INJURED TAKEN TO			

K	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
			<input type="checkbox"/> 1 NONE <input type="checkbox"/> 2 EMS <input type="checkbox"/> 3 POLICE			
			INJURED TAKEN TO			

06	SEATING POSITION	05	SAFETY EQUIPMENT	5	AIR BAG	1	AIR BAG SWITCH	1	EJECTION	1	TRAPPED	1	INJURIES
E	01 FRONT - LEFT (MC DRIVER)	E	01 NONE USED	E	01 NOT DEPLOYED	E	01 NOT PRESENT	E	01 NOT EJECTED	E	01 NOT TRAPPED	E	01 NO INJURY
F	02 FRONT - MIDDLE	F	02 SHOULD BELT ONLY	F	02 DEPLOYED - FRONT	F	02 IN ON POSITION	F	02 TOTALLY EJECTED	F	02 EXTRACTED BY MECHANICAL MEANS	F	02 POSSIBLE NON-INCAPACITATION
G	03 FRONT - RIGHT	G	03 LAP BELT ONLY	G	03 DEPLOYED - SIDE	G	03 IN OFF POSITION	G	03 PARTIALLY EJECTED	G	03 FREED BY NON-MECHANICAL MEANS	G	03 FATAL INJURY
H	04 SECOND - LEFT (MC PASS)	H	04 SHOULD LAP BELT	H	04 DEPLOYED BOTH FRONT/ SIDE	H	04 UNKNOWN POSITION	H	04 NOT APPLICABLE	H	04 UNKNOWN	H	04 UNKNOWN
I	05 SECOND - MIDDLE	I	05 CHILD SAFETY SEAT	I	05 NOT APPLICABLE	I		I		I		I	
J	06 SECOND - RIGHT	J	06 MC HELMET USED	J	06 UNKNOWN	J		J		J		J	
K	07 THIRD - LEFT (MC PASSENGER SIDE CAR)	K	07 USE UNKNOWN										
	08 THIRD - MIDDLE		NON-MOTORIST										
	09 THIRD - RIGHT		08 NONE USED										
	10 SLEEPER SECTION OF CAB		09 HELMET USED										
	11 ENCLOSED CARGO AREA		10 PROTECTIVE PADS										
	12 UNENCLOSED CARGO AREA		11 REFLECTIVE CLOTHING										
	13 TRAILING UNIT		12 LIGHTING										
	14 EXTERIOR		13 OTHER										
	15 OTHER		14 UNKNOWN										
	16 NON-MOTORIST												
	17 UNKNOWN												

BLANK FOR WITNESS

HSV 8355

TOP COPY - OPS BOTTOM COPY - AGENCY

SUPPLEMENT "X" IF YES

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200003551	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER <i>201200 3551</i>	REPORTING AGENCY <i>MASON Police</i>	DATE OF CRASH M <i>2</i> D <i>20</i> Y <i>12</i>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, *Rodney S Demarcus* HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Ketterer AT *Reading at Snieder*
OFFICER'S NAME LOCATION

Traveling North on State Rt. 42, approaching intersection of SR 42 and Snieder Rd. Slowing to stop and glanced away for SP117 second and bumped car in front of me! Pulled to side exchanged info. and got Police report.

ADDRESS OF WITNESS
273 Franklin Rd P.O. Box 943 Waynesville OH. 45068 PHONE *513-200-2079*

SIGNATURE OF WITNESS *Rodney S Demarcus* OFFICER'S SIGNATURE *[Signature]*

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200003551	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 201200 3551	REPORTING AGENCY MASON Police	DATE OF CRASH M 2 D 20 Y 12
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I, Kimberly S. Naylor PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Ketterer OFFICER'S NAME AT Reading at Snider LOCATION

I was stopped at a red light at the corner of Rte 42 and Snider heading northbound in my white Nissan Quest when I was rear ended by a service truck. I had my 3 children in the van. Elizabeth Naylor DOB 12/23/03 was in the 2nd row behind the passenger seat. Vivian Naylor DOB=4/20/05 was in the 3rd row behind driver. Jonathan Naylor was in the 3rd row passenger side.

ADDRESS OF WITNESS 3584 Rydal Lane, Mason Ohio 45040	PHONE (513) 889-7436
SIGNATURE OF WITNESS X <u>Kimberly Naylor</u>	OFFICER'S SIGNATURE X <u>[Signature]</u> 58

HSY 7003 4/07