

State Seal

LOCAL REPORT #\* **2012008223**

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\* **04212012**

TIME OF CRASH: **12:33**

DAY OF WEEK: **Sat**

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

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

COUNTY #\* **83**

LATITUDE LONGITUDE

CRASH OCCURRED ON

PREFIX CRASH LOCATION TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE LOCAL INFORMATION

**Mason-Montgomery Road**

2 NUMBERED STREET

CRASH AT / REFERENCE

DIST REFERENCE DR PREFIX REFERENCE REF POINT 02

**East Main Street**

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

**A** UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Davis, Dawn R**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **1266 Anthony Lane, Mason OH, 45040**

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

**03111972 40 F (513) 336-7956**

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

**OH SQ983809 OH DW87BF 3 POLICE**

OWNER'S NAME (IF SAME WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)

**Davis, Dawn R Same**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

**2000 CHRY Voyager WHI State Farm 513-336-7956(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

**331.17 Right of Way When Turning Left 71357 X**

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

ADDRESS (STREET, CITY, STATE, ZIP CODE) **407 Keever Street, Lebanon OH, 45036**

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

**10211933 78 M (513) 932-5072**

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

**OH RG738675 OH CZ35LS 3 POLICE**

OWNER'S NAME (IF SAME WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)

**Same Same**

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

**2006 FORD Contour BLU Western Reserve 513-932-5072(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

**C** UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Davis, Alexis**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **1266 Anthony Lane, Mason OH, 45040**

HOME PHONE # DATE OF BIRTH AGE SEX

**513-336-7956 12221997 14 F**

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

**3 POLICE**

**D** UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Davis, Nina**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **1266 Anthony Lane, Mason OH, 45040**

HOME PHONE # DATE OF BIRTH AGE SEX

**513-336-7956 04132004 8 F**

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

**3 POLICE**

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	04 MOTORIST	1 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 MEANS	03 NON-FATAL 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 UNKNOWN						

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

**Narrative**

Unit #1 was traveling east bound on West Main St. at Mason-Montgomery. Unit #1 was making a left hand turn onto Mason-Montgomery. Unit #1 impeded the flow of traffic of unit #2 who was traveling west bound on Main St. The collision caused 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 SIDESWIRE, SAME DIRECTION  
 08 SIDESWIRE, OPPOSITE DIRECTION  
 09 UNKNOWN

**1**

01 NO  
 02 YES, DIRECTLY INVOLVED  
 03 YES, INDIRECTLY INVOLVED  
 04 UNKNOWN

**WEATHER**

**04**

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

**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**

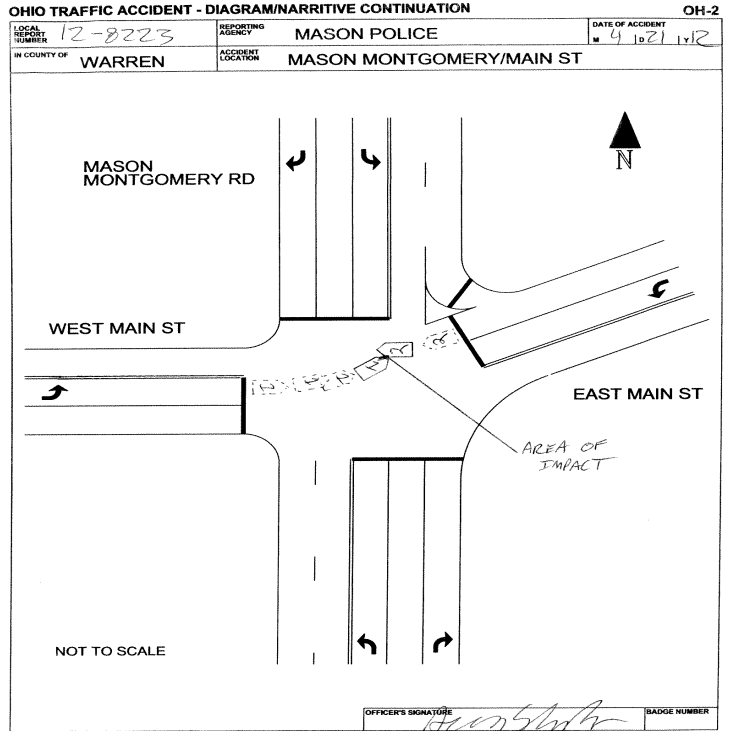
01 NO  
 02 YES  
 03 UNKNOWN

**LIGHT CONDITIONS**

PRIMARY **1** 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**



**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.

**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#

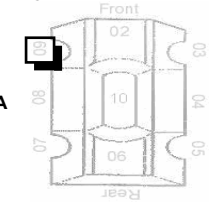
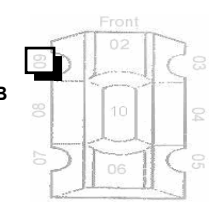
COMPANY (FROM SHIPPING PAPERS)  COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	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			
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
04/21/2012	12:33	12:30	12:33	13:05	60.00	92.40
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Aaron G Shaffer	1C22	<input type="text"/>	04/30/2012			
REPORT TAKEN BY <b>1</b>	REPORT TAKEN AT <b>1</b>	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
01 POLICE AGENCY 02 MOTORIST	01 SCENE 02 STATION 03 OTHER	<input type="checkbox"/>	201200008223			

<b>UNIT NUMBERS</b> 1 <input type="text"/> 2 <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> 06 <input type="text"/> 01 <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <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									<b>POSTED SPEED</b> 25 <input type="text"/> 25 <input type="text"/>	<b>DRUG TEST STATUS</b> 1 <input type="text"/> 1 <input type="text"/>
20	20														
<b>NON-MOTORIST LOCATION</b> A <input type="text"/> B <input type="text"/>	<b>A</b> 	<b>MOTORIST</b> 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 <b>NON-MOTORIST</b> 15 ENTERING / CROSSING IN INTERSECTION 16 SPECIAL 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	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS / SHIFTS 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION <b>COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 14 PEDESTRIAN 15 PEDICYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT <b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINAIRE SUPPORT 36 UTILILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	<b>TRAFFIC CONTROL</b> 04 <input type="text"/> 04 <input type="text"/>	<b>DRUG TEST TYPE</b> 1 <input type="text"/> 1 <input type="text"/>										
<b>TYPE OF UNIT</b> 05 <input type="text"/> 04 <input type="text"/>	<b>MOST DAMAGED AREA</b> 09 <input type="text"/> 09 <input type="text"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> 02 <input type="text"/> 01 <input type="text"/>		<b>DIIRECTION</b> FROM TO FROM TO 4 <input type="text"/> 1 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/>	<b>DRUG TEST 1&amp;2 RESULT</b> <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> </table>	1	2	1	2						
1	2	1	2												
<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINI VAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 09 SINGLE UNIT TRUCK 10 2 AXLES, 6 TIRES 11 SINGLE UNIT TRUCK; 3-AXLES 12 TRUCK/ TRAILER 13 TRUCK TRACTOR (BOBTAIL) 14 TRACTOR/ SEM - TRAILER 15 TRACTOR/ DOUBLE SHORT 16 TRACTOR/ DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/ TRAILERS 19 MOTORCYCLE 20 MOTOR ZED BICYCLE 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/ RESCUE 28 TAXI 29 MOTOR HOME 30 TRAILER 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	<b>POINT OF IMPACT</b> 09 <input type="text"/> 09 <input type="text"/>	<b>MOTORIST</b> 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 SHIFTING FALLING / SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 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 SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN		<b>CONDITION</b> 1 <input type="text"/> 1 <input type="text"/>	<b>TYPE OF INTERSECTION</b> 02 <input type="text"/>										
<b>NON-MOTORIST</b> 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>ACTION</b> 3 <input type="text"/> 4 <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> A <input type="text"/> B <input type="text"/>	<b>FIRST HARMFUL EVENT</b> 1 <input type="text"/> 1 <input type="text"/>	<b>ALCOHOL/ DRUG SUSPECTED</b> 1 <input type="text"/> 1 <input type="text"/>	<b>OCCURRENCE</b> 1 <input type="text"/>										
<b>LINE EMERGENCY RESPONSE</b> A <input type="text"/> B <input type="text"/>	<b>STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN</b> 1 <input type="text"/> B <input type="text"/>		<b>MOST HARMFUL EVENT</b> 1 <input type="text"/> 1 <input type="text"/>	<b>ALCOHOL TEST STATUS</b> 1 <input type="text"/> 1 <input type="text"/>	<b>ROAD CONTOUR</b> 1 <input type="text"/>										
<b>DAMAGE SCALE</b> 2 <input type="text"/> 2 <input type="text"/>	<b>NO UNDERRIDE OR OVERRIDE</b> 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	<b>TURN SIGNALS</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	<b>SPEED DETECTED</b> 1 <input type="text"/> 1 <input type="text"/>	<b>ALCOHOL TEST TYPE</b> 1 <input type="text"/> 1 <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY SECONDARY 02 <input type="text"/> <input type="text"/>										
<b>ACCIDENT NO: 2012008223</b>			<b>SPEED</b> 10 <input type="text"/> 25 <input type="text"/>	<b>ALCOHOL TEST RESULT</b> A <input type="text"/> B <input type="text"/>	<b>SUPPLEMENTS *X* IF YES</b> <b>LOCAL REPORT#*</b> 201200008223										

# TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

LOCAL REPORT # *	N.C.I.C. # *	REPORTING AGENCY *	DATE OF CRASH *
2012008223	08304	City of Mason - City of Mason Police Dep	04212012

<b>E</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
	2	Davis, Dolores L	513-932-5072	09081934	77	F
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
407 Keever St., Lebanon OH, 45036						

<b>F</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO

<b>G</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO

<b>H</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO

<b>I</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO

<b>J</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO

<b>K</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO

<b>03</b>	SEATING POSITION	<b>04</b>	SAFETY EQUIPMENT	<b>1</b>	AIR BAG	<b>1</b>	AIR BAG SWITCH	<b>1</b>	EJECTION	<b>1</b>	TRAPPED	<b>1</b>	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 SHOULDER 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 SHOULDER 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	05 UNKNOWN	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	K		K		K		K		K	
	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

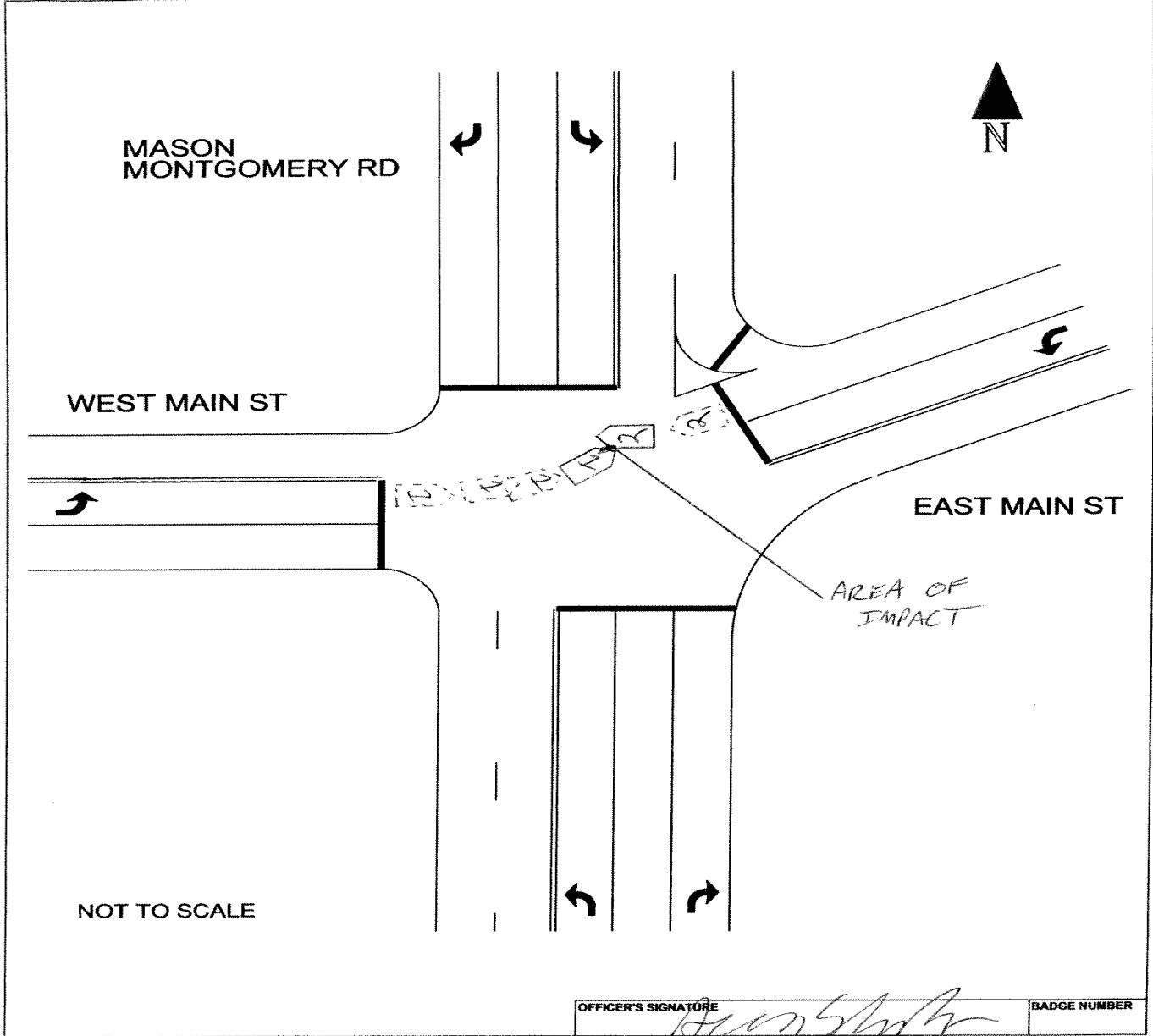
SUPPLEMENT "X" IF YES

LOCAL REPORT NUMBER 2012008223	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 04 D 21 Y 2012
IN COUNTY OF 83	ACCIDENT LOCATION 100 Mason-Montgomery Road	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 12-8223	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 4 D 21 Y 12
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONTGOMERY/MAIN ST	



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

LOCAL REPORT NUMBER 201200008223	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-8223	REPORTING AGENCY MASON P.D.	DATE OF CRASH M 4   D 21   Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, ERNEST DAVIS PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
A. SHAFER OFFICER'S NAME AT YOST'S PARKING LOT, MASON, OHIO. LOCATION 45040  
(GOING WEST)  
 I WAS TRAVELING ~~AWAY~~ ON MAIN ST APPROACHING INTERSECTION OF MAIN ST AND MASON-MONTGOMERY RD. I STARTED THROUGH THE INTERSECTION ON GREEN LIGHT WHEN OTHER VEHICLE, GOING OPPOSITE DIRECTION MAKE A LEFT TURN INTO THE LEFT FRONT CORNER OF MY VEHICLE. NO INJURIES IN MY VEHICLE.  
 PASSENGER WITH ME WAS MY WIFE, DOLORES L. DAVIS. DOB 9-8-34.

ADDRESS OF WITNESS  
407 Keever St., Leban, Oh. PHONE 932-5072  
 SIGNATURE OF WITNESS X [Signature] OFFICER'S SIGNATURE X [Signature]

HSY 7003 4/07