

State Seal

LOCAL REPORT #\* **2012008023**

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

DATE OF CRASH\* **04192012**

TIME OF CRASH **07:53** DAY OF WEEK **Thu** CITY\* **X** VILLAGE\*  TWP\*

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

CRASH OCCURRED ON PREFIX **Kings Island Drive** TYPE LOC **1** LOCAL INFORMATION

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

CRASH AT / REFERENCE DIST REFERENCE **250.00** DR PREFIX **N** REFERENCE **Western Row Road** 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) **Sershion, Terry A.**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **9641 Kelly Drive, Loveland OH, 45140**

SOCIAL SECURITY NUM  DATE OF BIRTH **08281957** AGE **54** SEX **M** HOME PHONE # **(513) 683-5686** WORK PHONE #

DL STATE **OH** DL # **RH870603** IP STATE **OH** IP # **EMZ2611** 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") **Sershion, Terry A.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR **2009** MAKE **TOYT** MODEL **Camry** COLOR **BLK** INSURANCE COMPANY **Central Mutual** TOWING SERVICE  OWNER PHONE # **513-683-5686(H)**

OFFENSE CHARGED  OFFENSE DESCRIPTION  CITATION #  LOCAL CODE?

**B** UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Hardewig, Leslie A.**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **7858 Columbia Road, Maineville OH, 45039**

SOCIAL SECURITY NUM  DATE OF BIRTH **04141970** AGE **42** SEX **F** HOME PHONE # **(513) 646-2172** WORK PHONE #

DL STATE **OH** DL # **RR495001** IP STATE **OH** IP # **DVA8364** 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") **Hardewig, Leslie A.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR **1996** MAKE **PONT** MODEL **Grand Prix** COLOR **RED** INSURANCE COMPANY **StateFarm** TOWING SERVICE  OWNER PHONE # **513-646-2172(H)**

OFFENSE CHARGED **331.12** OFFENSE DESCRIPTION **U Turns Restricted** CITATION # **71157** LOCAL CODE? **X**

**C** UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Sershion, Brett** HOME PHONE # **513-683-5686** DATE OF BIRTH **01231996** AGE **16** SEX **M**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **9641 Kelly Drive, Loveland OH, 45140**

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

**D** UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Sershion, Brandon** HOME PHONE #  DATE OF BIRTH **01231996** AGE **16** SEX **M**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **9641 Kelly Drive, Loveland OH, 45140**

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

SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 BLANK FOR WITNESS	SAFETY EQUIPMENT 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN 08 NON-MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 UNKNOWN	AIR BAG 01 NOT DEPLOYED 02 DEPLOYED FRONT 03 DEPLOYED SIDE 04 DEPLOYED BOTH FRONT SIDE 05 NOT APPLICABLE 06 UNKNOWN	AIR BAG SWITCH 01 NOT PRESENT 02 IN ON POSITION 03 IN OFF POSITION 04 UNKNOWN POSITION	EJECTION 01 NOT EJECTED 02 TOTALLY EJECTED 03 PARTIALLY EJECTED 04 NOT APPLICABLE 05 UNKNOWN	TRAPPED 01 NOT TRAPPED 02 EXTRACTED BY MECHANICAL MEANS 03 FREED BY NON-MECHANICAL MEANS 04 UNKNOWN	INJURIES 01 NO INJURY 02 POSSIBLE 03 NON-INCAPACITATING 04 INCAPACITATING 05 FATAL INJURY 06 UNKNOWN SUPPLEMENT "X" IF YES
01 A 01 B 01 C 04 D	04 A 04 B 04 C 04 D	1 A 1 B 1 C 5 D	1 A 1 B 1 C D	1 A 1 B 1 C 1 D	1 A 1 B 1 C 1 D	2 A 1 B 1 C 1 D

**Narrative**

Unit #1 and unit #2 were (nb) on Kings Island from Western Row. Unit #2 proceeded to make a u turn causing unit #1 to strike unit #2 on the left rear.

**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

**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**
- 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 DEPARTMENT OF PUBLIC SAFETY  
EDUCATION - SERVICE - PROTECTION

OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER: 12-8023  
IN COUNTY OF: WARREN  
REPORTING AGENCY: WARREN POLICE  
CRASH LOCATION: KINGS ISLAND DR  
DATE OF CRASH: 04/19/12

HSY 7002 4/07

OFFICER'S SIGNATURE: [Signature]  
BADGE NUMBER: 472

**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)

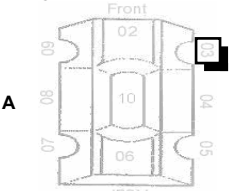
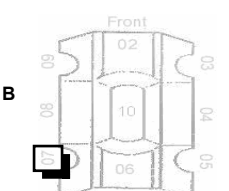
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	PUOC	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
<ul style="list-style-type: none"> <li>01 NOT APPLI CABLE</li> <li>02 BUS (9-15 INCLUDING DRIVER)</li> <li>03 VAN ENCLOSED BOX</li> <li>04 GRAIN CHIPS/ GRAVEL</li> <li>05 POLE</li> <li>06 CARGO TAN</li> <li>07 FLATBED</li> <li>08 DUMP</li> <li>09 CONCRETE MIXER</li> <li>10 AUTO TRANSPORTER</li> <li>11 GARBAGE/ REFUSE</li> <li>12 OTHER</li> <li>13 UNKNOWN</li> </ul>	<ul style="list-style-type: none"> <li>01 LESS/ EQUAL 10,000</li> <li>02 10,001- 26,000</li> <li>03 MORE THAN 26,000</li> </ul>	<ul style="list-style-type: none"> <li>01 CLASS A</li> <li>02 CLASS B</li> <li>03 CLASS C</li> <li>04 CLASS M</li> <li>05 CLASS D</li> </ul>	<ul style="list-style-type: none"> <li>01 NO</li> <li>02 YES</li> <li>03 UNKNOWN</li> </ul>	<ul style="list-style-type: none"> <li>01 NO</li> <li>02 YES</li> <li>03 NOT APPLI CABLE</li> <li>04 UNKNOWN</li> </ul>			

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
04/19/2012	07:53	07:54	08:09	09:02	10.00	79.02
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Andrew S Herrlinger	1C42		04/20/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		201200008023			

<b>UNIT NUMBERS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">2</div> </div>	<b>DAMAGE AREA</b>  	<b>PRE-CRASH ACTIONS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">07</div> </div>	<b>SEQUENCE OF EVENTS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">20</td> <td style="width:50%; text-align: center;">20</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> </tr> </table>	20	20	2	2	3	3	4	4	<b>POSTED SPEED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">45</div> <div style="border: 1px solid black; padding: 2px;">45</div> </div>	<b>DRUG TEST STATUS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>				
20	20																
2	2																
3	3																
4	4																
<b>NON-MOTORIST LOCATION</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>	<b>A</b> <b>B</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/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION	<b>TRAFFIC CONTROL</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">12</div> <div style="border: 1px solid black; padding: 2px;">12</div> </div>	<b>DRUG TEST TYPE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>												
01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	<b>MOST DAMAGED AREA</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">07</div> </div>	<b>NON-MOTORIST</b> 15 ENTERING/CROSSING IN SPECIALIZED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 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	<b>DIIRECTION</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>FROM</th> <th>TO</th> <th>FROM</th> <th>TO</th> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">2</td> <td style="border: 1px solid black; padding: 2px;">4</td> </tr> </table>	FROM	TO	FROM	TO	2	1	2	4	<b>DRUG TEST 1&amp;2 RESULT</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">1</td> <td style="border: 1px solid black; padding: 2px;">1</td> </tr> </table>	1	1	1	1
FROM	TO	FROM	TO														
2	1	2	4														
1	1	1	1														
<b>TYPE OF UNIT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">03</div> </div>	<b>POINT OF IMPACT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">03</div> <div style="border: 1px solid black; padding: 2px;">07</div> </div>	<b>CONTRIBUTING CIRCUMSTANCES</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">01</div> <div style="border: 1px solid black; padding: 2px;">06</div> </div>	<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 HIGHWAY TRAFFIC SIGN POST 35 LIGHT/LUMINAIRE 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	<b>CONDITION</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	<b>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">01</div>												
<b>MOTORIST</b> 01 SUBCOMPACT 02 COMPACT 03 MEDIUM SIZE 04 FULL SIZE 05 MINI VAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 09 SINGLE UNIT TRUCK; 10 2 AXLES, 6 TIRES 11 SINGLE UNIT TRUCK; 3 AXLES 12 TRUCK/TRAILER 13 TRUCK TRACTOR (BOBTAIL) 14 TRACTOR/SEMI-TRAILER 15 TRACTOR/DOUBLE SHORT 16 TRACTOR/DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/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	<b>ACTIION</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">3</div> <div style="border: 1px solid black; padding: 2px;">4</div> </div>	<b>MOTORIST</b> 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	<b>MOTORIST</b> 01 NONE 02 FAI LURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACCID 09 IMPROPER LANE CHANGE/DRIVE 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, NEGLIGENCE OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAI LURE 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>ALCOHOL/DRUG SUSPECTED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	<b>OCCURRENCE</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">1</div>												
<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>STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>	<b>FIRST HARMFUL EVENT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	<b>ALCOHOL TEST STATUS</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	<b>ROAD CONTOUR</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">1</div>												
<b>LINE EMERGENCY RESPONSE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>	<b>DAMAGE SCALE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">2</div> <div style="border: 1px solid black; padding: 2px;">2</div> </div>	<b>VEHICLE DEFECT</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>MOST HARMFUL EVENT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	<b>ALCOHOL TEST TYPE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	<b>ROAD CONDITIONS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>PRI MARY</th> <th>SECONDARY</th> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">01</td> <td style="border: 1px solid black; padding: 2px;"></td> </tr> </table>	PRI MARY	SECONDARY	01									
PRI MARY	SECONDARY																
01																	
01 NO 02 YES 03 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	01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	<b>OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN	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												
<b>SPEED DETECTED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">1</div> <div style="border: 1px solid black; padding: 2px;">1</div> </div>	<b>SPEED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">45</div> </div>	<b>ALCOHOL TEST RESULT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px;">A</div> <div style="border: 1px solid black; padding: 2px;">B</div> </div>	<b>SPEED</b> 01 STATED 02 ESTIMATED SPEED	01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	<b>SUPPLEMENTS</b> <input type="checkbox"/> *X* IF YES	<b>LOCAL REPORT#*</b> 201200008023											

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200008023	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OFF-3

LOCAL REPORT NUMBER <u>12-8023</u>	REPORTING AGENCY MASON POLICE	DATE OF CRASH M <u>4</u> D <u>19</u> Y <u>12</u>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Terry Serkisin HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

P.O. ANDREW HERRLINGER AT Kings Island Drive  
OFFICER'S NAME LOCATION

The Red Pontiac suddenly did a U-Turn in front of me causing a collision.

My passengers were Brett and Brandon Serkisin age 16

BRETT 1/23/96 F/R  
BRANDON R/R 1/23/96

I was going to schedule PT with Newacare in May but will speed this up now

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? my neck, shoulder + back were hurt Almanese

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? Northbound

Q. WHAT WAS YOUR SPEED? 25 mph

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? No

ADDRESS OF WITNESS  
4641 Kelly Drive Loveland, Ohio 45140

PHONE  
683-5686

SIGNATURE OF WITNESS  
X Terry Serkisin

OFFICER'S SIGNATURE  
X [Signature]

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000008023	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION - SERVICE - PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-8023	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 4/19/12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Leslie Hardewig PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
P.O. ANDREW HERRLINGER OFFICER'S NAME AT Kings Island Dr. LOCATION

was heading north on King Island Dr. realized I forgot something at home. I checked my mirrors, turned my head to check traffic, proceeded to make a U turn when a black Camry came flying up and hit me.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? NO

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? North

Q. WHAT WAS YOUR SPEED? 45

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? NO

ADDRESS OF WITNESS 7858 Columbia Rd. Maineville, OH. 45039	PHONE 513-646-0172
SIGNATURE OF WITNESS X <u>Leslie Hardewig</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>