

State Seal

LOCAL REPORT #* **2012009317**

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

DATE OF CRASH* **05042012**

TIME OF CRASH **16:48** DAY OF WEEK **Fri** CITY* **X** VILLAGE* TWP*

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

CRASH OCCURRED ON PREFIX **Mason-Montgomery Road** TYPE LOC **1** LOCAL INFORMATION

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

CRASH AT / REFERENCE DIST REFERENCE **450.00** DR PREFIX **S** REFERENCE **Cedar Village Drive** 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) **Borst, Eric Michael**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **206 Four Seasons Drive, Mason OH, 45040**

SOCIAL SECURITY NUM DATE OF BIRTH **06081983** AGE **28** SEX **M** HOME PHONE # **(513) 292-4657** WORK PHONE #

DL STATE **OH** DL # **TM379459** IP STATE **OH** IP # **EZS4450** 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") **Swearingin, Dawn M** ADDRESS (STREET, CITY, STATE, ZIP CODE) **336 Shadow Lake, Mason OH, 45040**

YEAR **1997** MAKE **FORD** MODEL **Taurus** COLOR **RED** INSURANCE COMPANY **Alfa Vision Ins. Corp** TOWING SERVICE OWNER PHONE # **513-292-4657(H)**

OFFENSE CHARGED **333.03** OFFENSE DESCRIPTION **Maximum Speed Limits; Assured Clear Distance Ahead** CITATION # **71134** LOCAL CODE? **X**

B UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Miller, Dustin W**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **1749 Parkamo Avenue, Hamilton OH, 45011**

SOCIAL SECURITY NUM DATE OF BIRTH **09201977** AGE **34** SEX **M** HOME PHONE # **(513) 678-8305** WORK PHONE #

DL STATE **OH** DL # **RD514182** IP STATE **OH** IP # **V778547** 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") **Miller, Dustin W** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR **2008** MAKE **CHEV** MODEL **Suburban** COLOR **BLK** INSURANCE COMPANY **Progressive** TOWING SERVICE OWNER PHONE # **513-678-8305(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

C UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

D UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

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

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

Narrative

Unit #2 was traveling northbound on Mason-Montgomery Road aprx. 450 feet south of Cedar Village Drive. Unit #1 was behind Unit #2, failed to stop for slowing traffic and rear ended unit #2.

MANNER OF COLLISION OR IMPACT

2

- 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

SCHOOL BUS RELATED

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

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

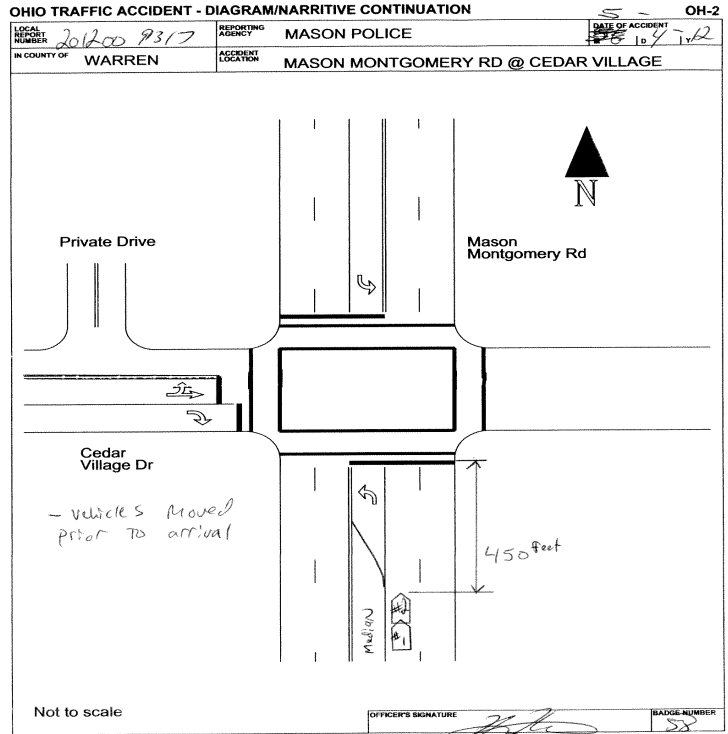
LIGHT CONDITIONS

PRIMARY SECONDARY

1

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

Diagram



Truck/Bus

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

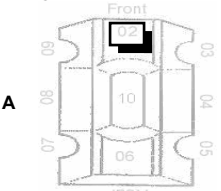
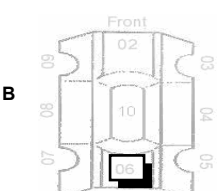
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
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
05/04/2012	17:10	16:51	17:10	17:47	20.00	57.12
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Nathan D Ketterer	1C58		05/14/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		201200009317			

UNIT NUMBERS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2 <small>B</small></div> </div>	DAMAGE AREA  <p style="text-align: center;">Front</p>  <p style="text-align: center;">Front</p>	PRE-CRASH ACTIONS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">11 <small>B</small></div> </div>	SEQUENCE OF EVENTS <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50%; padding: 2px;">20 <small>1</small></td> <td style="width: 50%; padding: 2px;">20 <small>1</small></td> </tr> <tr> <td style="padding: 2px;">2 <small>2</small></td> <td style="padding: 2px;">2 <small>2</small></td> </tr> <tr> <td style="padding: 2px;">3 <small>3</small></td> <td style="padding: 2px;">3 <small>3</small></td> </tr> <tr> <td style="padding: 2px;">4 <small>4</small></td> <td style="padding: 2px;">4 <small>4</small></td> </tr> </table>	20 <small>1</small>	20 <small>1</small>	2 <small>2</small>	2 <small>2</small>	3 <small>3</small>	3 <small>3</small>	4 <small>4</small>	4 <small>4</small>	POSTED SPEED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">45 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">20 <small>B</small></div> </div>	DRUG TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>				
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NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	MOTORIST 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		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 OVERHEAD 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	CONDITON <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div>												
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TYPE OF UNIT 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>		VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 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	ALCOHOL TEST TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	ROAD CONDITIONS <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50%; padding: 2px;">PRIMARY</td> <td style="width: 50%; padding: 2px;">SECONDARY</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">02</td> <td style="border: 1px solid black; padding: 2px;">B</td> </tr> </table>	PRIMARY	SECONDARY	02	B								
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LOCAL REPORT NUMBER 2012009317	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 05 ID 04 Y 2012
IN COUNTY OF 83	ACCIDENT LOCATION 7500 Mason-Montgomery Road	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER <i>2012009317</i>	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT <i>5 - 20</i> ID <i>4</i> Y <i>12</i>
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONTGOMERY RD @ CEDAR VILLAGE	

Private Drive

Mason Montgomery Rd

Cedar Village Dr

- vehicles moved prior to arrival

450 feet

Medison

Not to scale

OFFICER'S SIGNATURE *[Signature]* BADGE NUMBER *58*

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

LOCAL REPORT NUMBER 201200009317	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 2012009317	REPORTING AGENCY Mason Police	DATE OF CRASH M 5 D 4 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, DUSTIN MILLER PRINTED, HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Ketterer OFFICER'S NAME AT MASON MONTGOMERY RD. LOCATION
 I WAS TRAVELING NORTHBOUND ON MASON MONTGOMERY RD. AT APPROX. 150 YDS ~~FROM~~ SOUTH OF THE INTERSECTION OF CEDAR VILLAGE DR. AND MASON MONTGOMERY RD, TRAFFIC BEGAN TO STOP. I DECELERATED, STOPPED, AND WAS SUBSEQUENTLY STRUCK IN THE REAR BY ANOTHER VEHICLE.

ADDRESS OF WITNESS: _____ PHONE: _____

SIGNATURE OF WITNESS: X Dustin Miller 5-4-12 OFFICER'S SIGNATURE: X [Signature] 58

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200009317	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 201200 9317	REPORTING AGENCY Mason Police	DATE OF CRASH M 5 D 4 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Eric Borst HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Ketterer AT Cedar Village Dr.
OFFICER'S NAME LOCATION

Around 5pm on Mason Mont gomery at the intersection of Cedar Village I was traveling at the speed of about 30 mph to 35 mph and struck the vehicle in front of me. I was pretty about a car length behind and slid into him, sliding about 10 feet. The gentleman in front of me said the car in front of him slammed on his brakes causing him to stop quickly also.

ADDRESS OF WITNESS 206 four seasons driver	PHONE 513 292 4657
SIGNATURE OF WITNESS X <u>[Signature]</u>	OFFICER'S SIGNATURE X <u>[Signature]</u> 53

HSY 7003 4/07