

# OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #\*  
**2012012759**

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 OH-3 OH-1P OTHER  
**X**

NCIC #\*  
**08304**

REPORTING AGENCY\*  
**City of Mason - City of Mason Police Depart**

# UNITS  
**2**

UNIT ERROR  
**02** 88=ANIMAL  
89=UNKNOWN

DATE OF CRASH\*  
**06122012**

TIME OF CRASH **10:56** DAY OF WEEK **Tue** CITY\* **X** VILLAGE\*  TWP\*  NAME (OF CITY, VILLAGE OR TOWNSHIP)\* **Mason** COUNTY #\* **83** LATITUDE  LONGITUDE

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

CRASH AT / REFERENCE  
DIST REFERENCE **100.00** DR PREFIX **E** REFERENCE **Mason-Montgomery Road** REF POINT **02** REFERENCE POINT USED  
01 STATE LINE 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE  
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 09 DRIVEWAY  
03 COUNTY LINE 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE  
07 CORPORATION LIMIT REFERENCE

**A** UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Patterson, Teddy D.**  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
**4233 Oriole Street, Hamilton OH, 45014**

SOCIAL SECURITY NUM  DATE OF BIRTH **01191955** AGE **57** SEX **M** HOME PHONE # **(513) 738-5531** WORK PHONE #

DL STATE **OH** DL # **RG546358** LP STATE **OH** LP # **PGD8972** 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") **Rumpke** ADDRESS (STREET, CITY, STATE, ZIP CODE) **10795 Hughes Road, Cincinnati, OH 45251**  
YEAR **2008** MAKE  MODEL  COLOR **WHI** INSURANCE COMPANY **National Union** TOWING SERVICE  OWNER PHONE # **513-741-2619(W)**

OFFENSE CHARGED  OFFENSE DESCRIPTION  CITATION #  LOCAL CODE?

**B** UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Schechter, Susan M.**  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
**5605 Yankee Road, Liberty Township OH, 45044**

SOCIAL SECURITY NUM  DATE OF BIRTH **10311957** AGE **54** SEX **F** HOME PHONE # **(513) 777-3949** WORK PHONE #

DL STATE **OH** DL # **RT143815** LP STATE **OH** LP # **EPE1847** 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") **Schechter, Susan M.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**  
YEAR **2001** MAKE **DODG** MODEL **Caravan** COLOR **TAN** INSURANCE COMPANY **Frankenmuth** TOWING SERVICE  OWNER PHONE # **513-777-3949(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	1 01 NOT DEPLOYED	1 01 NOT PRESENT	1 01 NOT EJECTED	1 01 NOT TRAPPED	1 01 NO INJURY
A 02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	02 DEPLOYED - FRONT	02 IN ON POSITION	02 TOTALLY EJECTED	02 EXTRACTED BY MECHANICAL MEANS	02 POSSIBLE
03 FRONT - RIGHT	03 LAP BELT ONLY	03 DEPLOYED - SIDE	03 IN OFF POSITION	03 PARTIALLY EJECTED	03 FREED BY MEANS	03 NON-
04 SECOND - LEFT (MC PASS)	04 SHOULDER LAP BELT	04 DEPLOYED BOTH FRONT / SIDE	04 UNKNOWN POSITION	04 NOT APPLICABLE	04 INCAPACITATED	04 INCAPACITATED
B 05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLICABLE		05 UNKNOWN	05 NON-MECHANICAL 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					
C 08 THIRD - MIDDLE	NON-MOTORIST					
09 THIRD - RIGHT	08 NONE USED					
10 SLEEPER SECTION OF CAB	09 HELMET USED					
D 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						SUPPLEMENT "X" IF YES

Motorist/Non-Motorist

Occupant

**Narrative**

Unit #1 were eastbound on Socialville Foster Road when #2 changed lanes and struck #1.

**MANNER OF COLLISION OR IMPACT**

**SCHOOL BUS RELATED**

**7**

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**

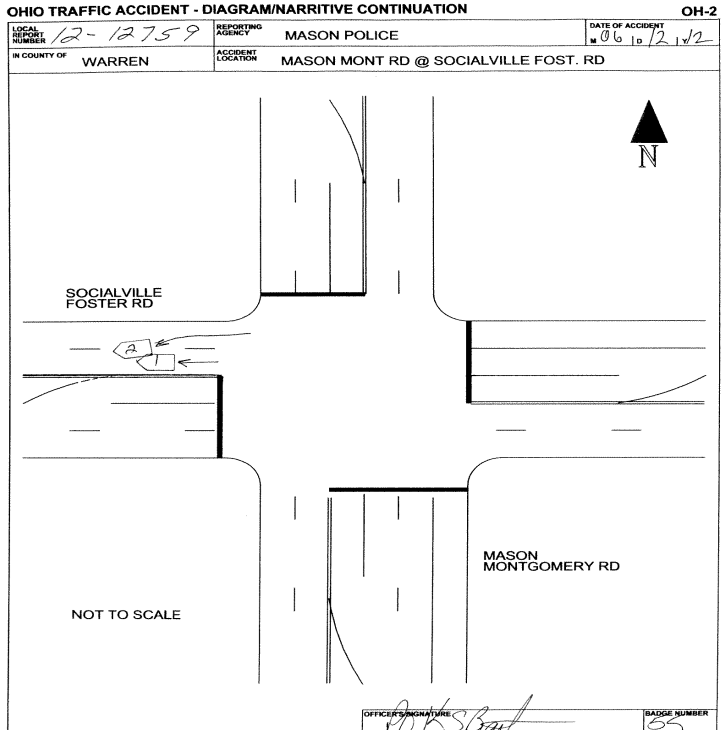
01 CLEAR  
 02 CLOUDY  
 03 FOG, SMOG, SMOKE  
 04 RAIN  
 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)  
 06 SNOW  
 07 SEVERE CROSSWINDS  
 08 BLOWING SAND, SOIL, DIRT, SNOW  
 09 OTHER  
 10 UNKNOWN

**LIGHT CONDITIONS**

PRIMARY **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 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 DAMAGE OR REQUIRED  
 INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit#

COMPANY (FROM SHIPPING PAPERS)

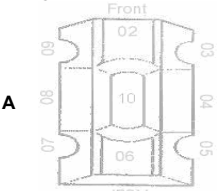
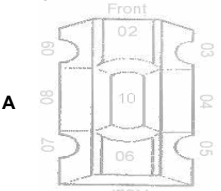
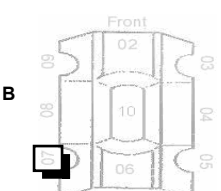
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
<input type="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 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 LESS/ EQUAL 10,000 02 10,001-26,000 03 MORE THAN 26,000	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
06/12/2012	10:56	10:58	11:03	11:59	30.00	92.88
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55		06/15/2012			
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		201200012759			

<b>UNIT NUMBERS</b> <input type="text" value="1"/> <input type="text" value="2"/> <small>A B</small>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="01"/> <input type="text" value="03"/> <small>A B</small>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>20</td><td>20</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> </table>	20	20	2	2	3	3	4	4	<b>POSTED SPEED</b> <input type="text" value="35"/> <input type="text" value="35"/> <small>A B</small>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>
20	20												
2	2												
3	3												
4	4												
<b>NON-MOTORIST LOCATION</b> <input type="text"/> <input type="text"/> <small>A B</small>  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>A</b>   <b>B</b>   <b>MOST DAMAGED AREA</b> <input type="text" value="01"/> <input type="text" value="07"/> <small>A B</small>	<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 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	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENTLOSS/SHIFTEQUIPMENT 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> <input type="text" value="12"/> <input type="text" value="12"/> <small>A B</small>  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  <b>DIIRECTION</b> FROM TO FROM TO <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/> <small>A B A B</small> 01 NORTH 02 SOUTH 03 EAST 04 WEST 05 NORTHEAST 06 NORTHWEST 07 SOUTHEAST 08 SOUTHWEST 09 UNKNOWN  <b>CONDITION</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP/FATIGUED, ETC. 06 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 07 OTHER 08 UNKNOWN	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN  <b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B A B</small> 01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING  <b>TYPE OF INTERSECTION</b> <input type="text" value="02"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDBOAT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY ACCESS 11 RAILROAD GRADE CROSSING 12 SHRED-USE PATHS OR TRAILS 13 UNKNOWN								
<b>TYPE OF UNIT</b> <input type="text" value="10"/> <input type="text" value="05"/> <small>A B</small>  <b>MOTORIST</b> 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/SEMI-TRAILER 15 TRACTOR/DOUBLE SHORT 16 TRACTOR/DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/TRIPLES 19 MOTORCYCLE 20 MOTORZED 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>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>POINT OF IMPACT</b> <input type="text" value="01"/> <input type="text" value="07"/> <small>A B</small>  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>POINT OF IMPACT</b> <input type="text" value="01"/> <input type="text" value="07"/> <small>A B</small> 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>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="01"/> <input type="text" value="09"/> <small>A B</small>  <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/AGDA 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, 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 SHIFTLING/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 SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> OF THE SEQUENCE OF EVENTS-WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)  <b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> OF THE SEQUENCE OF EVENTS-WHICH ONE IS THE MOST HARMFUL EVENT (1-4)  <b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 01 STATED 02 ESTIMATED SPEED  <b>SPEED</b> <input type="text" value="5"/> <input type="text" value="25"/> <small>A B</small>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRED 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN  <b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN  <b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	<b>OCURRENCE</b> <input type="text" value="1"/> 01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFICWAY 07 UNKNOWN  <b>ROAD CONTOUR</b> <input type="text" value="1"/> 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE  <b>ROAD CONDITIONS</b> PRIMARY SECONDARY <input type="text" value="01"/> <input type="text"/> 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>IN EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/> <small>A B</small> 01 NO 02 YES 03 UNKNOWN  <b>DAMAGE SCALE</b> <input type="text" value="1"/> <input type="text" value="3"/> <small>A B</small> 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	<b>ACTION</b> <input type="text" value="4"/> <input type="text" value="3"/> <small>A B</small> 01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN  <b>STRIKING VEHICLE:</b> OVERRIDE/ UNDERDRIVE <input type="text"/> <input type="text" value="1"/> <small>A B</small> 01 NO UNDERDRIVE OR OVERRIDE 02 UNDERDRIVE, COMPARTMENT INTRUSION 03 UNDERDRIVE, NO COMPARTMENT INTRUSION 04 UNDERDRIVE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	<b>VEHICLE DEFECT</b> CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> <small>A B</small> 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>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <small>A B</small> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER  <b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <small>A B</small> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER  <b>SUPPLEMENTS</b> <input type="text"/> *X* IF YES <b>LOCAL REPORT#*</b> <input type="text" value="201200012759"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <small>A B</small> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER  <b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <small>A B</small> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER  <b>SUPPLEMENTS</b> <input type="text"/> *X* IF YES <b>LOCAL REPORT#*</b> <input type="text" value="201200012759"/>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <small>A B</small> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER  <b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <small>A B</small> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER  <b>SUPPLEMENTS</b> <input type="text"/> *X* IF YES <b>LOCAL REPORT#*</b> <input type="text" value="201200012759"/>								

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000012759	REPORTING AGENCY Mason Police Department	
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LOCAL REPORT NUMBER 12-12759	REPORTING AGENCY Mason Police Department	DATE OF CRASH 10/12/12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

HEREBY MAKE THIS VOLUNTARY STATEMENT TO

(PRINTED)

P.O. ANDREW HERRINGER AT MASON MONT. SOCIALVILLE FOSTER  
(OFFICER'S NAME) (LOCATION)

I HAD STOP FOR RED LIGHT AT MASON MONTGOMERY & SOCIALVILLE FOSTER. WE WERE GOING EAST. LIGHT WENT TO GREEN I STARTED TO GO AS WE WENT THE CAR ON MY RT. PASS ME WHEN A GOLD MINE VAN CUT IN BETWEEN THE AND MY TRUCK AND HIT BT FRONT OF TRUCK I WAS IN LANE-2. SO I PULL OUT OF ROAD GOLD VAN WENT DOWN TO NEXT PARKING LOT.

Q. what was your speed at the time of the crash? A. 5 MPH

Q. What was your direction of travel? A. EAST

Q. Were you wearing a seat belt? A. YES

Q. Were you talking on a cell phone at time of Crash? A. NO

Q. Were you injured due to the crash? A. NO

ADDRESS OF WITNESS 4233 ORION ST TEDDY PATTERSON	PHONE 513-738-5531
SIGNATURE OF WITNESS	OFFICER'S SIGNATURE

HSY 7003 1 32

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000012759	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 12-12759	REPORTING AGENCY MASON POLICE	DATE OF CRASH 06/02/12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Susan Schechter HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
P.O. KEVIN S. BRYANT AT Mason, Ohio  
OFFICER'S NAME LOCATION

I pulled over in front of a Rumpke truck at the intersection of Socialville-Foster and Mason-Montgomery Roads, but did not have room to clear the front right corner of the truck. My rear bumper was pulled off. AS I did not anticipate any damage to the truck, I proceeded to my destination.

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

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? East

Q. WHAT WAS YOUR SPEED? at 25

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

ADDRESS OF WITNESS <u>5605 Yankee Rd, Liberty Twp OH 45094</u>	PHONE <u>513-777-3949</u>
SIGNATURE OF WITNESS <u>X Susan Schechter</u>	OFFICER'S SIGNATURE <u>X P.O. K. Bryant</u>