

# OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #\*  
2012014166

CRASH SEVERITY  
2 1 FATAL 3 PDO  
2 Injury 4 Unknown

PRIVATE PROPERTY

HIT / SKIP  
1 NOT HIT / SKIP  
2 SOLVED  
3 UNSOLVED  
1

PHOTOS TAKEN  
Y

OH-2 OH-3 OH-1P OTHER  
X X

NCIC #\*  
08304

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

# UNITS  
1

UNIT ERROR  
01 88=ANIMAL  
89=UNKNOWN

DATE OF CRASH\*  
06262012

TIME OF CRASH 17:30 DAY OF WEEK Tue CITY\* X VILLAGE\* TWP\* NAME (OF CITY, VILLAGE OR TOWNSHIP)\* Mason COUNTY #\* 83 LATITUDE LONGITUDE

CRASH OCCURRED ON CRASH LOCATION Columbia Road TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION

CRASH AT / REFERENCE DIST REFERENCE DR PREFIX REFERENCE Catalina Isle 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

UNIT # A 1 NAME (LAST, FIRST, MIDDLE) Mathoney, Joel L. ADDRESS (STREET, CITY, STATE, ZIP CODE) 7426 Laurel Lane, Apt: C, Maineville OH, 45039

SOCIAL SECURITY NUM DATE OF BIRTH 01031973 AGE 39 SEX M HOME PHONE # (513) 459-9196 WORK PHONE #

IL STATE IL # KY M05366973 LP STATE LP # OH EZB3957 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") Mathoney, Joel L. ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR 2006 MAKE CHEV MODEL Equinox COLOR SIL INSURANCE COMPANY Geico TOWING SERVICE OWNER PHONE # 513-459-9196(H)

OFFENSE CHARGED 333.08 OFFENSE DESCRIPTION Operation Without Reasonable Control CITATION # 71591 LOCAL CODE? X

UNIT # B NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

IL STATE IL # LP STATE LP # 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 MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

UNIT # C 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

UNIT # D 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
03 FRONT - RIGHT	03 LAP BELT ONLY	03 DEPLOYED - SIDE	03 IN OFF POSITION	03 PARTIALLY EJECTED	03 FREED BY MEANS	03 NON-INCAPACITATED
04 SECOND - LEFT (MC PASS)	04 SHOULDER LAP BELT	04 DEPLOYED BOTH FRONT / SIDE	04 UNKNOWN POSITION	04 NOT APPLICABLE	04 NON-MECHANICAL MEANS	04 INCAPACITATED
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLICABLE		05 UNKNOWN	05 UNKNOWN	05 FATAL INJURY
06 SECOND - RIGHT	06 MC HELMET USED	06 UNKNOWN				06 UNKNOWN
07 THIRD - LEFT (MC PASSENGER SIDE CAR)	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

SUPPLEMENT "X" IF YES

**Narrative**

Unit #01 was travelling northbound on Columbia Rd., when at Catalina Isle. Unit #01 attempted to make a right turn failed to maintain reasonable control, ran off the roadway right, struck a curb, struck a tree.

**MANNER OF COLLISION OR IMPACT**

**SCHOOL BUS RELATED**

- 1**
- 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**

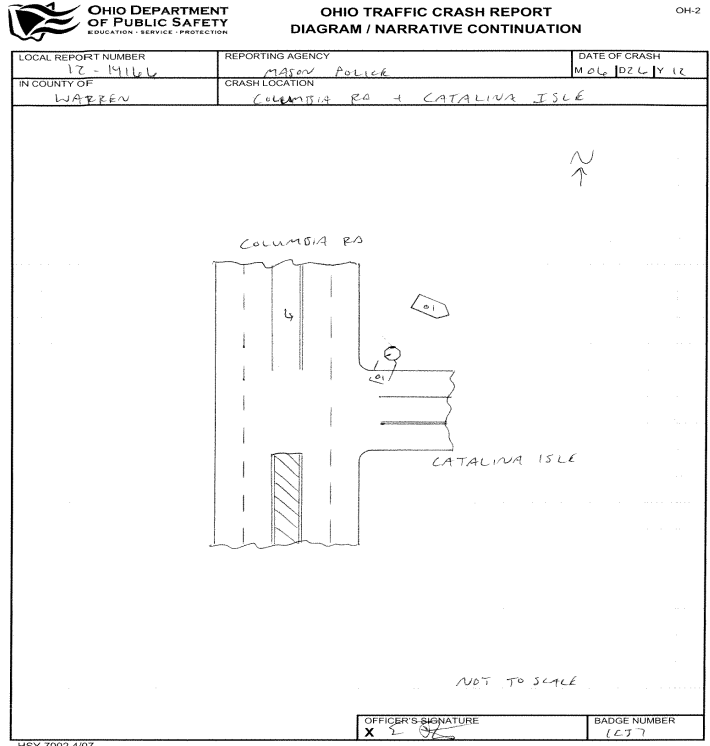
- 01**
- 01 CLEAR
  - 02 CLOUDY
  - 03 FOG, SMOG, SMOKE
  - 04 RAIN
  - 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
  - 06 SNOW
  - 07 SEVERE CROSSWINDS
  - 08 BLOWING SAND, SOIL, DIRT, SNOW
  - 09 OTHER
  - 10 UNKNOWN

**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**



**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#

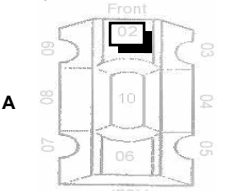
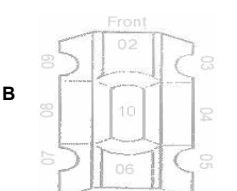
COMPANY (FROM SHIPPING PAPERS)  COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	FUOO	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 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
06/26/2012	17:36	17:30	17:36	18:58	30.00	111.87
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Eric S Fitzgerald	1C37		07/02/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1 01 POLICE AGENCY 02 MOTORIST	1 01 SCENE 02 STATION 03 OTHER		2012000014166			

<b>UNIT NUMBERS</b> <input type="text" value="1"/> <input type="text" value="2"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="05"/>	<b>SEQUENCE OF EVENTS</b> <input type="text" value="08"/> <input type="text" value="33"/> <input type="text" value="44"/> <input type="text" value="41"/>	<b>POSTED SPEED</b> <input type="text" value="45"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/>
<b>NON-MOTORIST LOCATION</b> <input type="text" value="A"/> <input type="text" value="B"/>	<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 SPECIALTY 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 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>TRAFFIC CONTROL</b> <input type="text" value="12"/>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/>
<b>TYPE OF UNIT</b> <input type="text" value="06"/>	<b>MOST DAMAGED AREA</b> <input type="text" value="02"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="15"/>		<b>DIIRECTION</b> FROM TO FROM TO <input type="text" value="2"/> <input type="text" value="3"/>	<b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1"/> <input type="text" value="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; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRAILERS 18 MOTORCYCLE 19 MOTORCYCLE (BOBTAIL) 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS	<b>POINT OF IMPACT</b> <input type="text" value="02"/>	<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/ACDA 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 THE ROAD 32 OTHER 33 UNKNOWN		<b>CONDITON</b> <input type="text" value="8"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="03"/>
<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="02"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>FIRST HARMFUL EVENT</b> <input type="text" value="2"/>	<b>ALCOHOL/ DRUG SUSPECTED</b> <input type="text" value="6"/>	<b>OCCURRENCE</b> <input type="text" value="1"/>
<b>LINE EMERGENCY RESPONSE</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>ACTION</b> <input type="text" value="3"/>		<b>MOST HARMFUL EVENT</b> <input type="text" value="3"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="2"/>
<b>DAMAGE SCALE</b> <input type="text" value="4"/>	<b>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</b> <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>SPEED DETECTED</b> <input type="text" value="1"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/>	<b>ROAD CONDITIONS</b> PRIMARY SECONDARY <input type="text" value="01"/>
<b>DAMAGE SCALE</b> 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	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</b> <input type="text" value="50"/>	<b>ALCOHOL TEST RESULT</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>SUPPLEMENTS</b> *X* IF YES <input type="text" value="A"/> <input type="text" value="B"/>

201200014166

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000014166	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 12-14166	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 06   D 26   Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, JOEL MOTWENEY HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Fitzgerald AT Columbia + Catalina Isle  
OFFICER'S NAME LOCATION

I WAS COMING DOWN COLUMBIA AT 45 MPH DROPPED MY CIGARETTE PICKED IT UP, TRIED TO TURN WHEELS DOWN GULLY INTO CREEK ON CATALINA ISLE.

Q: Were you wearing your seat belt?

A: YES

ADDRESS OF WITNESS 7406 LOWELL LN. PPT. C MAINEVILLE OH - 45039	PHONE 606-515-0111
SIGNATURE OF WITNESS X	OFFICER'S SIGNATURE X

HSY 7003 4/07

4710