

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #*	CRASH SEVERITY	PRIVATE PROPERTY	HIT / SKIP	PHOTOS TAKEN	OH-2	OH-3	OH-1P	OTHR
2012014126	2 1 FATAL 3 PDO 2 Injury 4 Unknown	<input type="checkbox"/>	1 1 NOT HIT / SKIP 2 SOLVED 3 UNSOLVED	Y	X	X		
NCIC #*	REPORTING AGENCY*	# UNITS	UNIT ERROR	DATE OF CRASH*				
08304	City of Mason - City of Mason Police Depart	1	01 88=ANIMAL 89=UNKNOWN	06262012				

TIME OF CRASH	DAY OF WEEK	CITY*	VILLAGE*	TWP*	NAME (OF CITY, VILLAGE OR TOWNSHIP)*	COUNTY #*	LATITUDE	LONGITUDE
09:44	Tue	X			Mason	83		

CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
CRASH LOCATION Mason-Montgomery Road	1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	

CRASH AT / REFERENCE	REFERENCE POINT USED	04 HOUSE NUMBER	08 PLACE NAME W/O REFERENCE
DIST REFERENCE	REF POINT	05 TOWNSHIP BOUNDARY	09 DRIVEWAY
DR PREFIX	REFERENCE	06 MILE POST	10 STREET OR ROUTE W/O REFERENCE
	Mason-Montgomery	07 CORPORATION LIMIT	

UNIT #	NAME (LAST, FIRST, MIDDLE)
A 1	Pagenstecher, Collin J.
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
4530 Stepping Stone Drive, Mason OH, 45040	

SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
	08231991	20	M	(513) 508-0092	

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OH	TJ103206	OH	FAB9192				

OWNER'S NAME (IF SAME WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)					
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
1998	FORD	Taurus	RED			

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?
313.03	Traffic Control Signal Terms and Lights	71840	X

UNIT #	NAME (LAST, FIRST, MIDDLE)
B 2	Zhang, Jintao
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
7770 Hunt Club Drive, Mason OH, 45040	

SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
	06291997	14	M	(508) 353-4830	

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
				2		EMS	

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

ADDRESS (STREET, CITY, STATE, ZIP CODE)	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		

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

ADDRESS (STREET, CITY, STATE, ZIP CODE)	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		

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
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 APPLIED	04 NON-MECHANICAL MEANS	04 INCAPACITATED
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLIED		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 MC 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

Motorist/Non-Motorist

Occupant

Narrative

Unit #1 was stopped at the red light in the right hand turn lane on Western Row facing west bound at Mason-Montgomery. unit #2, bicyclist, was travelling south bound on the sidewalk parallel to Mason-Montgomery. Unit #2 entered the crosswalk at Western Row at Mason-Montgomery. Unit #1 turned right on red and struck unit #2.

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 SIDESWIBE, SAME DIRECTION
 - 08 SIDESWIBE, 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

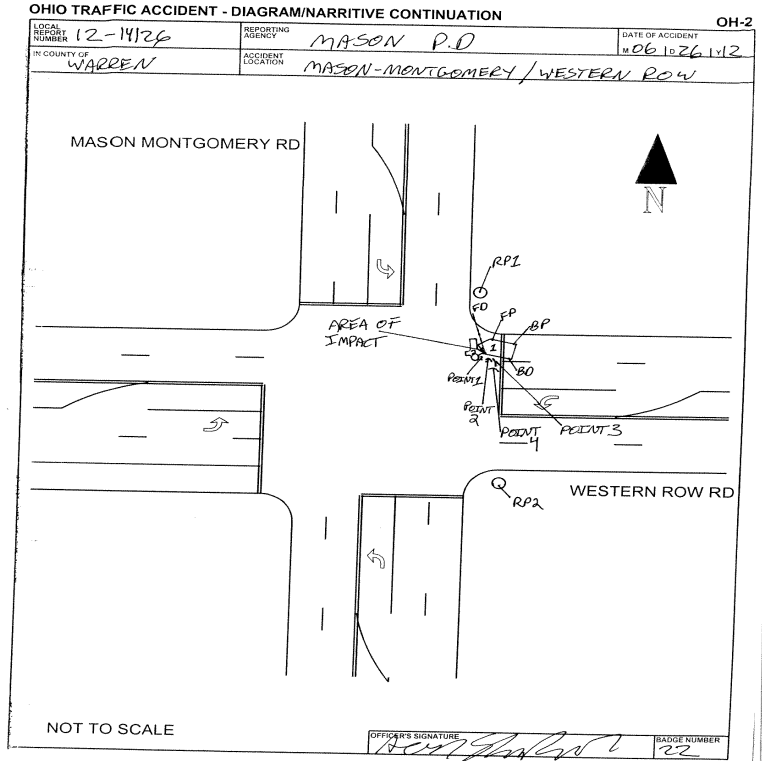
LOCATION OF CRASH IN WORK ZONE

-
- 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

Diagram



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

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.

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

Unit#

COMPANY (FROM SHIPPING PAPERS)

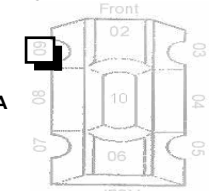
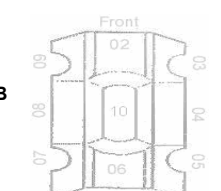
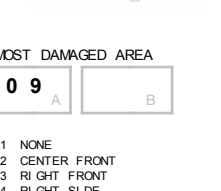
COMPANY PHONE

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			
<ul style="list-style-type: none"> 01 NOT APPLI CABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN ENCLOSED BOX 04 GRAIN CHIPS/ GRAVEL 	<ul style="list-style-type: none"> 05 POLE 06 CARGO TAN 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/REFUSE 12 OTHER 13 UNKNOWN 	<ul style="list-style-type: none"> 01 CLASS A 02 CLASS B 03 CLASS C 04 CLASS M 05 CLASS D 	<ul style="list-style-type: none"> 01 NO 02 YES 03 UNKNOWN 	<ul style="list-style-type: none"> 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	09:48	09:45	09:48	10:34	100.00	145.48
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Aaron G Shaffer	1C22		06/29/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		2012000014126			

UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="05"/> <input type="text" value="15"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>15</td><td>1</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>	15	1	2	2	3	3	4	4	POSTED SPEED <input type="text" value="40"/> <input type="text"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>
15	1												
2	2												
3	3												
4	4												
NON-MOTORIST LOCATION <input type="text" value="01"/>	A  B 	MOTORIST 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 NON-MOTORIST 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	NON-COLLISION 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 COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED 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 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/LUMINARIES 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	TRAFFIC CONTROL <input type="text" value="04"/> <input type="text" value="14"/> 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	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 BLOOD 03 URINE 04 OTHER DRUG TEST 1&2 RESULT <table border="1"> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </table>	1	2	1	2				
1	2												
1	2												
TYPE OF UNIT <input type="text" value="04"/> <input type="text" value="37"/>	MOST DAMAGED AREA <input type="text" value="09"/> <input type="text"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="03"/> <input type="text" value="24"/>		DIIRECTION FROM TO FROM TO <input type="text" value="3"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="02"/>								
MOTORIST 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/SEMI-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 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	POINT OF IMPACT <input type="text" value="09"/> <input type="text"/> 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	MOTORIST 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/ACCIDENT 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 SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 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	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/> OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	CONDITION <input type="text" value="1"/> <input type="text" value="1"/> 01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP/FATIGUED, FELL ASLEEP, ETC. 06 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 07 OTHER 08 UNKNOWN	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRED 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN								
NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text" value="3"/> <input type="text" value="4"/> 01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="1"/> <input type="text"/>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text"/> OF THE SEQUENCE OF EVENTS WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN	ROAD CONTOUR <input type="text" value="1"/> 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE								
LINE EMERGENCY RESPONSE <input type="text" value="2"/> <input type="text"/>	STRIKING VEHICLE: OVERRIDEN/UNDERRIDDEN <input type="text" value="1"/> <input type="text"/> 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	SPEED DETECTED <input type="text" value="1"/> <input type="text"/> 01 STATED 02 ESTIMATED SPEED	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	ROAD CONDITIONS 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 / MOVI NG 07 SLUSH 08 DEBRIS** 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN ** SECONDARY ROAD CONDITIONS ONLY								
DAMAGE SCALE <input type="text" value="2"/> <input type="text"/> 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN			SPEED <input type="text" value="5"/> <input type="text"/>	ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/>	SUPPLEMENTS <input type="checkbox"/> *X* IF YES LOCAL REPORT#* 201200014126								

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000014126	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION - SERVICE - PROTECTION

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 12-14126	REPORTING AGENCY MASON P.D	DATE OF CRASH M 6 10 26 Y 12
IN COUNTY OF WARREN	CRASH LOCATION MASON-MONTGOMERY / WESTERN ROW	

REFERENCE POINTS & MEASUREMENTS:

RP1 - UTILITY POLE - WRO11535E

FP - 23' 7"

FO - 49' 8"

BO - 32' 6"

BP - 27' 5"

POINT 1 - PIECE OF FOOT PEG - 30' 8"

POINT 2 - GOUGE & PIECE OF FOOT PEG - 31' 5"

POINT 3 - GOUGE - 30' 9"

POINT 4 - BIKE TIRE SKID - 33' 2"

RP1 - RP2 - 101' 7"

RP2 - UTILITY POLE - 2W18875

FP - 81' 3"

FO - 78'

BO - 70' 5"

BP - 74' 8"

POINT 1 - 77' 5"

POINT 2 - 75' 9"

POINT 3 - 75' 1"

POINT 4 - 71' 2"

OFFICER'S SIGNATURE X <i>[Signature]</i>	BADGE NUMBER 22
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HSY 7002 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000014126	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY
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TRAFFIC CRASH WITNESS STATEMENT

07-13

LOCAL REPORT NUMBER 12-14126	REPORTING AGENCY MASON POLICE	DATE OF CRASH JUN 26 2012
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, DENISE DELROSSO HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

P.O. C. K. Kline AT MASON-MONTGOMERY/WESTERN ROW
OFFICER'S NAME LOCATION

ABOUT 9:30 AM ON JUNE 26, 2012

PULLING UP TO LIGHT - SAW RED CAR RUN INTO KID
KID HE WAS HEADING SOUTH - HE HAD THE RIGHT OF WAY -
KID CAR JUST RAN INTO HIM - GOT HIT ON ~~PASSENGER~~ DRIVER
SIDE - LEFT CORNER FRONT OF CAR - CRUSHED ON TOP OF
BIKE - ENDED UP BY DRIVERS SIDE CAR DOOR
KID WAS GOING FAST ON BIKE - DRIVER STARTED TO
TURN & DIDN'T SEE HIM LIGHT WAS STILL RED
DRIVER PULLED OUT & HIT HIM - HE HIT FRONT LEFT
CORNER OF CAR - I PULLED OVER & CALL 911

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

Q. WERE YOU WEARING YOUR SEAT BELT? YES

Q. WHAT DIRECTION WERE YOU GOING?

Q. WHAT WAS YOUR SPEED? STOPPED AT LIGHT

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

ADDRESS OF WITNESS 6975 SUMMER FIELD DRIVE MASON, OH 45040 PHONE 398-3918

SIGNATURE OF WITNESS X Denise M. DelRosso OFFICER'S SIGNATURE X [Signature]

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000014126	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 12-14126	REPORTING AGENCY MASON P.D	DATE OF CRASH M 6 D 26 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jintao Zhong PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
A. SHAFFER OFFICER'S NAME AT M/M/WR LOCATION

I was riding my bike on mason-montgomery rd. The light was white for me so I continued to cross the street. There was a car at the corner preparing to turn. Suddenly, he moved and hit me. After I fell, he said "This is all my fault," "sorry I didn't see you." I felt a sharp pain on my chest and it was difficult to breath. Other people called 911 and got the bike off below me. Soon the ~~ambulance~~ ambulance took me to the hospital.

ADDRESS OF WITNESS 2770 Hunt Club Dr.	PHONE 508-353-4830
SIGNATURE OF WITNESS X <u>Jintao Zhong</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000014126	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OHF-3

LOCAL REPORT NUMBER 12-14126	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 6 D 26 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Collin Pagenstecher HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
P.O. C. K. Kline AT MASON-MONTGOMERY/WESTERN ROW
OFFICER'S NAME LOCATION

I pulled up to the Mason Montgomery western Row stop light looked right and didn't see anybody, then looked left saw no cars were coming, I then proceeded to turn right on red and hit the kid on the bicycle. I asked if he was ok and wanted me to call anyone, he said yes so I started to dial all but another lady who was approaching said she just called them so I hung up then the police and ambulance arrived.

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

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? right

Q. WHAT WAS YOUR SPEED? less than 5mph

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

ADDRESS OF WITNESS 4530 Stepping Stone Dr PHONE 513 5080692

SIGNATURE OF WITNESS [Signature] OFFICER'S SIGNATURE [Signature]

X [Signature] X [Signature]