

State Seal: **OHIO**

LOCAL REPORT #*: **2012014358**

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: OTHR:

NCIC #*: **08304** REPORTING AGENCY*: **City of Mason - City of Mason Police Depart**

UNITS: **2** UNIT ERROR: **02** 88=ANIMAL, 89=UNKNOWN

DATE OF CRASH*: **06282012**

TIME OF CRASH: **13:41** DAY OF WEEK: **Thu** CITY*: **X** VILLAGE*: TWP*:

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

CRASH OCCURRED ON: PREFIX: CRASH LOCATION: **Western Row 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: **Kings Island 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): **Geiger, Barbara J.**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **6764 Pondfield Lane, Mason OH, 45040**

SOCIAL SECURITY NUM: DATE OF BIRTH: **12051948** AGE: **63** SEX: **F** HOME PHONE #: **(513) 339-1415** WORK PHONE #:

DL STATE: **OH** DL #: **RQ511824** LP STATE: **OH** LP #: **FEQ8325** 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"): **Geiger, Barbara J.** ADDRESS (STREET, CITY, STATE, ZIP CODE): **Same**

YEAR: **2010** MAKE: **FORD** MODEL: **Focus** COLOR: **GRE** INSURANCE COMPANY: **Allstate** TOWING SERVICE: OWNER PHONE #: **513-339-1415(H)**

OFFENSE CHARGED: OFFENSE DESCRIPTION: CITATION #: LOCAL CODE?:

B UNIT #: **2** NAME (LAST, FIRST, MIDDLE): **Lynch, Malcolm D.**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **10080 Willow Road, Willis MI, 48191**

SOCIAL SECURITY NUM: DATE OF BIRTH: **01211974** AGE: **38** SEX: **M** HOME PHONE #: **(734) 276-7631** WORK PHONE #:

DL STATE: **MI** DL #: **L520579149007** LP STATE: **MI** LP #: **BQN3120** 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"): **Lynch, Patsy** ADDRESS (STREET, CITY, STATE, ZIP CODE): **48430 Ormond Drive, Belleville MI, 48111**

YEAR: **1999** MAKE: **TOYT** MODEL: **Camry** COLOR: **TAN** INSURANCE COMPANY: **StateFarm** TOWING SERVICE: OWNER PHONE #: **734-696-7556(H)**

OFFENSE CHARGED: **333.03** OFFENSE DESCRIPTION: **Maximum Speed Limits; Assured Clear Distance Ahead** CITATION #: **71728** LOCAL CODE?: **X**

C UNIT #: **2** NAME (LAST, FIRST, MIDDLE): **Lynch, Jennifer**

HOME PHONE #: **734-276-7631** DATE OF BIRTH: **06011978** AGE: **34** SEX: **F**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **10080 Willow Road, Willis MI, 48191**

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

TRANSPORTED BY: INJURED TAKEN TO:

D UNIT #: **2** NAME (LAST, FIRST, MIDDLE): **Lynch, Patsy**

HOME PHONE #: **734-696-7556** DATE OF BIRTH: **02051944** AGE: **68** SEX: **F**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **48430 Ormond Drive, Belleville MI, 48111**

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 A | 01 NONE USED | 1 A | 1 A | 1 A | 1 A | 1 A |
| 02 A | 02 SHOULDER BELT ONLY | 2 A | 2 A | 2 A | 2 A | 2 A |
| 03 A | 03 LAP BELT ONLY | 3 A | 3 A | 3 A | 3 A | 3 A |
| 04 B | 04 SHOULDER LAP BELT | 4 B | 4 B | 4 B | 4 B | 4 B |
| 05 B | 05 CHILD SAFETY SEAT | 5 B | 5 B | 5 B | 5 B | 5 B |
| 06 B | 06 MC HELMET USED | 6 B | 6 B | 6 B | 6 B | 6 B |
| 07 B | 07 USE UNKNOWN | 7 B | 7 B | 7 B | 7 B | 7 B |
| 08 C | 08 NON-MOTORIST | 8 C | 8 C | 8 C | 8 C | 8 C |
| 09 C | 09 NONE USED | 9 C | 9 C | 9 C | 9 C | 9 C |
| 10 C | 10 HELMET USED | 10 C | 10 C | 10 C | 10 C | 10 C |
| 11 D | 11 PROTECTIVE PADS | 11 D | 11 D | 11 D | 11 D | 11 D |
| 12 D | 12 REFLECTIVE CLOTHING | 12 D | 12 D | 12 D | 12 D | 12 D |
| 13 D | 13 LI GHTING | 13 D | 13 D | 13 D | 13 D | 13 D |
| 14 D | 14 OTHER | 14 D | 14 D | 14 D | 14 D | 14 D |
| 15 D | 15 UNKNOWN | 15 D | 15 D | 15 D | 15 D | 15 D |
| 16 D | 16 UNKNOWN | 16 D | 16 D | 16 D | 16 D | 16 D |
| 17 D | 17 UNKNOWN | 17 D | 17 D | 17 D | 17 D | 17 D |

Narrative

Units #1 and #2 were eastbound on Western Row Road at Kings Island Drive when #2 struck #1 from behind.

MANNER OF COLLISION OR IMPACT

SCHOOL BUS RELATED

- 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

- 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

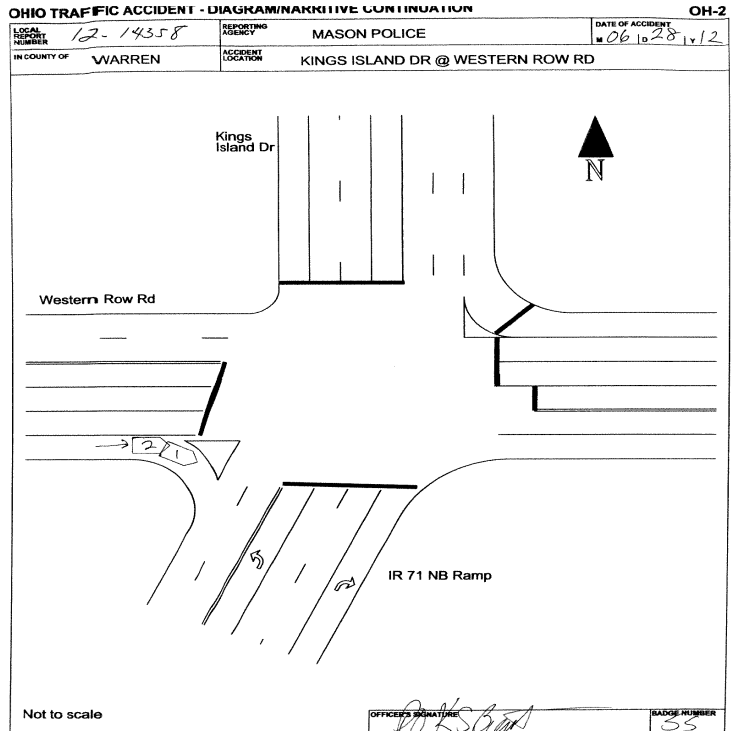
- 01**
- 01 CLEAR
 - 02 CLOUDY
 - 03 FOG, SMOG, SMOKE
 - 04 RAIN
 - 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
 - 06 SNOW
 - 07 SEVERE CROSSWINDS
 - 08 BLOWING SAND, SOIL, DIRT, SNOW
 - 09 OTHER
 - 10 UNKNOWN

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)

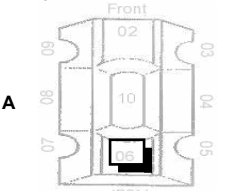
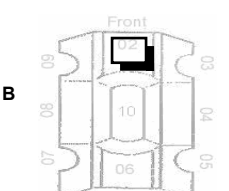
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

| | | | | | | | |
|--|---|--|---|---|----------------------|----------------------|----------------------|
| US DOT | ICC MC | 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 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 LESS/EQUAL 10,000 02 10,001-26,000 03 MORE THAN 26,000 | <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 |
| 06/28/2012 | 13:41 | 13:43 | 13:48 | 14:23 | 30.00 | 72.17 |
| OFFICER'S NAME* | PAGE #* | CHECKED BY | DATE REPORT FILED* | | | |
| Police Officer Kevin S Bryant | 1C55 | | 07/03/2012 | | | |
| REPORT TAKEN BY | REPORT TAKEN AT | SUPPLEMENT * "X" IF YES | LOCAL REPORT # | | | |
| 1 | 1 | | 2012000014358 | | | |

| | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|--|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------|--------------------------|
| 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;">A</p>  <p style="text-align: center;">B</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;">11 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>B</small></div> </div> <p>MOTORIST</p> <p>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</p> <p>NON-MOTORIST</p> <p>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</p> | SEQUENCE OF EVENTS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">20 <small>1</small></td> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">20 <small>1</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">2 <small>2</small></td> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">2 <small>2</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">3 <small>3</small></td> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">3 <small>3</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">4 <small>4</small></td> <td style="border: 1px solid black; padding: 2px; width: 50px; text-align: center;">4 <small>4</small></td> </tr> </table> <p>NON-COLLISION</p> <p>01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS / SHIFTER 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</p> <p>COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED</p> <p>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</p> <p>COLLISION WITH FIXED OBJECT</p> <p>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 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</p> | 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;">35 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">35 <small>B</small></div> </div> <p>TRAFFIC CONTROL</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">04 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">04 <small>B</small></div> </div> <p>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 NOPELATIVE MARKING, OBSCURED 17 OTHER</p> <p>DIIRECTION</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>A</small></td> </tr> </table> <p>01 NORTH 02 SOUTH 03 EAST 04 WEST 05 NORTHEAST 06 NORTHWEST 07 SOUTHEAST 08 SOUTHWEST 09 UNKNOWN</p> <p>CONDITION</p> <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> <p>01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP/FATIGUED 06 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 07 OTHER 08 UNKNOWN</p> <p>ALCOHOL/DRUG SUSPECTED</p> <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> <p>01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRED 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN</p> <p>ALCOHOL TEST STATUS</p> <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> <p>01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN</p> <p>ALCOHOL TEST TYPE</p> <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> <p>01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER</p> <p>ALCOHOL TEST RESULT</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div> | 4 <small>A</small> | 3 <small>B</small> | 4 <small>B</small> | 3 <small>A</small> | 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> <p>01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN</p> <p>DRUG TEST TYPE</p> <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> <p>01 NONE 02 BLOOD 03 URINE 04 OTHER</p> <p>DRUG TEST 1&2 RESULT</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></td> </tr> </table> <p>01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING</p> <p>TYPE OF INTERSECTION</p> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center; margin: 0 auto;">02</div> <p>01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDOUT 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</p> <p>OCCURRENCE</p> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center; margin: 0 auto;">1</div> <p>01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFIC WAY 07 UNKNOWN</p> <p>ROAD CONTOUR</p> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center; margin: 0 auto;">1</div> <p>01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE</p> <p>ROAD CONDITIONS</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>PRI</small></td> <td style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>SEC</small></td> </tr> </table> <p>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</p> | 1 <small>A</small> | 1 <small>B</small> | 1 <small>A</small> | 1 <small>B</small> | 01 <small>PRI</small> | 01 <small>SEC</small> |
| 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> | | | | | | | | | | | | | | | | | | | | | | |
| 4 <small>A</small> | 3 <small>B</small> | 4 <small>B</small> | 3 <small>A</small> | | | | | | | | | | | | | | | | | | | | |
| 1 <small>A</small> | 1 <small>B</small> | 1 <small>A</small> | 1 <small>B</small> | | | | | | | | | | | | | | | | | | | | |
| 01 <small>PRI</small> | 01 <small>SEC</small> | | | | | | | | | | | | | | | | | | | | | | |
| NON-MOTORIST LOCATION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div> <p>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 TRAFFIC WAY) 13 OUTSIDE TRAFFIC WAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN</p> <p>TYPE OF UNIT</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02 <small>B</small></div> </div> <p>MOTORIST</p> <p>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/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</p> <p>NON-MOTORIST</p> <p>35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN</p> | MOST DAMAGED AREA <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02 <small>B</small></div> </div> <p>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</p> <p>POINT OF IMPACT</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02 <small>B</small></div> </div> <p>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</p> <p>ACTION</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>B</small></div> </div> <p>01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN</p> <p>STRIKING VEHICLE: OVERRIDE/UNDERRIDE</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div> <p>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</p> | <p>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div> <p>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</p> | <p>CONTRIBUTING CIRCUMSTANCES</p> <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;">08 <small>B</small></div> </div> <p>MOTORIST</p> <p>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</p> <p>NON-MOTORIST</p> <p>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</p> | <p>FIRST HARMFUL EVENT</p> <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> <p>OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</p> <p>MOST HARMFUL EVENT</p> <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> <p>OF THE SEQUENCE OF EVENTS WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</p> <p>SPEED DETECTED</p> <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> <p>01 STATED 02 ESTIMATED SPEED</p> <p>SPEED</p> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">5 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">10 <small>B</small></div> </div> | <p>SUPPLEMENTS *X* IF YES</p> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <p>LOCAL REPORT#*</p> <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">201200014358</div> | | | | | | | | | | | | | | | | | | |

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

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|--------------------------------------|---|
| LOCAL REPORT NUMBER 2012000014358 | REPORTING AGENCY Mason Police Department |
|--------------------------------------|---|



OHIO DEPARTMENT OF PUBLIC SAFETY
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

| | | |
|---------------------------------|----------------------------------|--------------------------------|
| LOCAL REPORT NUMBER 12-14358 | REPORTING AGENCY MASON POLICE | DATE OF CRASH M 6 D 28 Y 12 |
|---------------------------------|----------------------------------|--------------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Barb Geiser PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

P.O. KEVIN S. BRYANT

AT Western Ross LOCATION

It was hit on the rear of my car & stopped other car did not stop.

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

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? Route Expressway

Q. WHAT WAS YOUR SPEED? 5-10 mph & stopped

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

ADDRESS OF WITNESS

PHONE

583 3891415

SIGNATURE OF WITNESS

X Barb Geiser

OFFICER'S SIGNATURE

X Kevin S. Bryant

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

| | |
|--------------------------------------|---|
| LOCAL REPORT NUMBER 2012000014358 | REPORTING AGENCY Mason Police Department |
|--------------------------------------|---|



OHIO DEPARTMENT OF PUBLIC SAFETY
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TRAFFIC CRASH WITNESS STATEMENT

un-3

| | | |
|--------------------------------|----------------------------------|----------------------------|
| LOCAL REPORT NUMBER 12-1458 | REPORTING AGENCY MASON POLICE | DATE OF CRASH NOV 28 12 |
|--------------------------------|----------------------------------|----------------------------|

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Malcolm Lynch PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. KEVIN S. BRYANT OFFICER'S NAME AT Western Row & Kings Island Dr. LOCATION

Turning ~~left~~ Right at intersection, thought car in front had turned right, moved forward to get better look at oncoming traffic, (bump) bumpers made contact.

- Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? No
- Q. WERE YOU WEARING YOUR SEAT BELT? Yes
- Q. WHAT DIRECTION WERE YOU GOING? Northbound? turning Right
- Q. WHAT WAS YOUR SPEED? 10 or less
- Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? No

| | |
|---|--------------------------|
| ADDRESS OF WITNESS P.O. - Box 151 Whitaker, MI 48191 | PHONE 734-276-7631 |
| SIGNATURE OF WITNESS X | OFFICER'S SIGNATURE X |