

State Seal LOCAL REPORT #\* 2012012302 CRASH SEVERITY 2 1 FATAL 3 PDO 2 Injury 4 Unknown PRIVATE PROPERTY HIT / SKIP 1 NOT HIT / SKIP 2 SOLVED 3 UNSOLVED PHOTOS TAKEN Y OH-2 OH-3 OH-1P OTHR X X X

NCIC #\* 08304 REPORTING AGENCY\* City of Mason - City of Mason Police Depar # UNITS 2 UNIT ERROR 01 88=ANIMAL 89=UNKNOWN DATE OF CRASH\* 06072012

TIME OF CRASH 17:45 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 Mason-Montgomery 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 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 09 DRIVEWAY 06 MILE POST 10 STREET OR ROUTE W/O 07 CORPORATION LIMIT REFERENCE

UNIT # A 1 2 NAME (LAST, FIRST, MIDDLE) Yang, Kathleen Kimberly ADDRESS (STREET, CITY, STATE, ZIP CODE) 5296 Bentley Oak Drive, Mason OH, 45040

SOCIAL SECURITY NUM DATE OF BIRTH 10291994 AGE 17 SEX F HOME PHONE # (513) 573-6099 WORK PHONE #

DL STATE OH DL # TX961569 LP STATE OH LP # BC95TL 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") Qingping, Jong ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR 2002 MAKE TOYT MODEL Camry COLOR BLU INSURANCE COMPANY IDS Property Casualty TOWING SERVICE Case Towing OWNER PHONE # 513-273-6099(H)

OFFENSE CHARGED 4511.37 OFFENSE DESCRIPTION U-Turn Prohibited CITATION # 71564 LOCAL CODE?

UNIT # B 2 1 NAME (LAST, FIRST, MIDDLE) Liddic, Roberta M ADDRESS (STREET, CITY, STATE, ZIP CODE) 4035 Marble Ridge Lane, Mason OH, 45040

SOCIAL SECURITY NUM DATE OF BIRTH 07151968 AGE 43 SEX F HOME PHONE # (513) 336-8519 WORK PHONE #

DL STATE OH DL # RG745841 LP STATE OH LP # EBN4942 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") Liddic, Jeff ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR 2007 MAKE MERZ MODEL ML350 COLOR WHI INSURANCE COMPANY Donegal Insurance Group TOWING SERVICE Case Towing OWNER PHONE # 513-336-8519(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

UNIT # C 1 NAME (LAST, FIRST, MIDDLE) Yang, Weili HOME PHONE # 513-573-6799 DATE OF BIRTH 05151961 AGE 51 SEX M ADDRESS (STREET, CITY, STATE, ZIP CODE) 5296 Bentley Oak Drive, Mason OH, 45040 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 A 01 FRONT - LEFT (MC DRIVER)	04 A 01 NONE USED	2 A 01 NOT DEPLOYED	1 A 01 NOT PRESENT	1 A 01 NOT EJECTED	1 A 01 NOT TRAPPED	1 A 01 NO INJURY
02 A 02 FRONT - MIDDLE	02 A 02 SHOULDER BELT ONLY	02 A 02 DEPLOYED - FRONT	02 A 02 IN ON POSITION	02 A 02 TOTALLY EJECTED	02 A 02 EXTRACTED BY MECHANICAL MEANS	02 A 02 POSSIBLE
03 A 03 FRONT - RIGHT	03 A 03 LAP BELT ONLY	03 A 03 DEPLOYED - SIDE	03 A 03 IN OFF POSITION	03 A 03 PARTIALLY EJECTED	03 A 03 FREED BY MEANS	03 A 03 NON-
04 B 04 SECOND - LEFT (MC PASS)	04 B 04 SHOULDER LAP BELT	04 B 04 DEPLOYED BOTH FRONT / SIDE	04 B 04 UNKNOWN POSITION	04 B 04 NOT APPLICABLE	04 B 04 INCAPACITATED BY MEANS	04 B 04 INCAPACITATED
05 B 05 SECOND - MIDDLE	05 B 05 CHILD SAFETY SEAT	05 B 05 NOT APPLICABLE				05 B 05 FATAL INJURY
06 B 06 SECOND - RIGHT	06 B 06 MC HELMET USED	06 B 06 UNKNOWN				06 B 06 UNKNOWN
07 B 07 THIRD - LEFT (MC PASSENGER SIDE CAR)	07 B 07 MC HELMET USED					
08 B 08 THIRD - MIDDLE	07 C 08 NON-MOTORIST	2 C 01 NONE USED	1 C 01 NOT PRESENT	1 C 01 NOT EJECTED	1 C 01 NOT TRAPPED	1 C 01 NO INJURY
09 B 09 THIRD - RIGHT	09 C 09 NONE USED	02 C 02 DEPLOYED - FRONT	02 C 02 IN ON POSITION	02 C 02 TOTALLY EJECTED	02 C 02 EXTRACTED BY MECHANICAL MEANS	02 C 02 POSSIBLE
10 B 10 SLEEPER SECTION OF CAB	10 C 10 HELMET USED	03 C 03 DEPLOYED - SIDE	03 C 03 IN OFF POSITION	03 C 03 PARTIALLY EJECTED	03 C 03 FREED BY MEANS	03 C 03 NON-
11 B 11 ENCLOSED CARGO AREA	11 C 11 PROTECTIVE PADS	04 C 04 DEPLOYED BOTH FRONT / SIDE	04 C 04 UNKNOWN POSITION	04 C 04 NOT APPLICABLE	04 C 04 INCAPACITATED BY MEANS	04 C 04 INCAPACITATED
12 B 12 UNENCLOSED CARGO AREA	12 C 12 REFLECTIVE CLOTHING	05 C 05 NOT APPLICABLE				05 C 05 FATAL INJURY
13 B 13 TRAILING UNIT	13 C 13 OTHER	06 C 06 UNKNOWN				06 C 06 UNKNOWN
14 B 14 EXTERIOR	14 D 14 UNKNOWN					
15 B 15 OTHER						
16 B 16 NON-MOTORIST						
17 B 17 UNKNOWN						

**Narrative**

Unit #2 was traveling northbound on Mason Montgomery Road at Cedar Village Drive in the right lane. Unit #1 was traveling southbound on Mason Montgomery Road at Cedar Village Drive in the right lane, made an unsafe left turn failing to yield the right of way to unit #2, 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 SIDESWIRE, SAME DIRECTION
  - 08 SIDESWIRE, OPPOSITE DIRECTION
  - 09 UNKNOWN

- 1**
- 01 NO
  - 02 YES, DIRECTLY INVOLVED
  - 03 YES, INDIRECTLY INVOLVED
  - 04 UNKNOWN

**WEATHER**

- 02**
- 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

**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

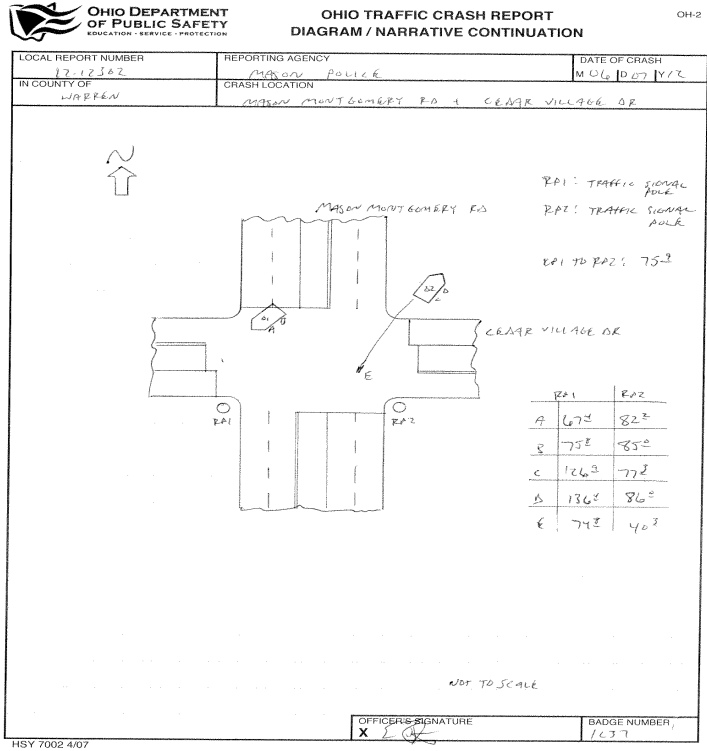
**WORKERS PRESENT**

- 01 NO
- 02 YES
- 03 UNKNOWN

**LIGHT CONDITIONS**

- | PRIMARY                    | SECONDARY |
|----------------------------|-----------|
| <b>1</b>                   |           |
| 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 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
01 NOT APPLI CABLE	01 LESS/EQUAL 10,000	01 CLASS A	01 NO	01 NO
02 BUS (9-15 INCLUDING DRIVER)	02 10,001-26,000	02 CLASS B	02 YES	02 YES
03 VAN ENCLOSED BOX	03 MORE THAN 26,000	03 CLASS C	03 UNKNOWN	03 NOT APPLI CABLE
04 GRAIN CHIPS/ GRAVEL		04 CLASS M		04 UNKNOWN
05 POLE		05 CLASS D		
06 CARGO TAN				
07 FLATBED				
08 DUMP				
09 CONCRETE MIXER				
10 AUTO TRANSPORTER				
11 GARBAGE/REFUSE				
12 OTHER				
13 UNKNOWN				

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
06/07/2012	17:45	17:46	17:48	18:44	50.00	108.92

OFFICER'S NAME\*  POLICE OFFICER ERIC S FITZGERALD

PAGE #\*  1C37

CHECKED BY

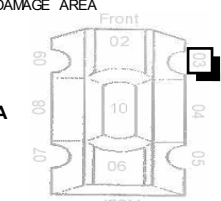
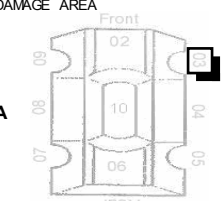
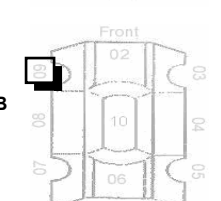
DATE REPORT FILED\*  06/08/2012

REPORT TAKEN BY  1 01 POLICE AGENCY  
02 MOTORIST

REPORT TAKEN AT  1 01 SCENE  
02 STATION  
03 OTHER

SUPPLEMENT \* "X" IF YES

LOCAL REPORT #  201200012302

<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="06"/> <input type="text" value="01"/> <small>A B</small>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>20</td><td>20</td></tr> <tr><td></td><td>08</td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </table>	20	20		08							<b>POSTED SPEED</b> <input type="text" value="45"/> <input type="text" value="45"/> <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														
	08														
<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="03"/> <input type="text" value="09"/> <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 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS/SHIFT 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 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="1"/> <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="1"/> <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>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 UNIT</b> <input type="text" value="03"/> <input type="text" value="06"/> <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/TRAILERS 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>POINT OF IMPACT</b> <input type="text" value="03"/> <input type="text" value="09"/> <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="06"/> <input type="text" value="01"/> <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/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  <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="20"/> <input type="text" value="40"/> <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>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/ROUNDOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY ACCESS 11 RAILWAY GRADE CROSSING 12 SHRED-USE PATHS OR TRAILS 13 UNKNOWN  <b>OCCURRENCE</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>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>ACTION</b> <input type="text" value="3"/> <input type="text" value="4"/> <small>A B</small> 01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <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>IN EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/> <small>A B</small> 01 NO 02 YES 03 UNKNOWN	<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>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 / MOVI NG 07 SLUSH 08 DEBRIS 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN 12 SECONDARY ROAD CONDITIONS ONLY										
<b>DAMAGE SCALE</b> <input type="text" value="4"/> <input type="text" value="4"/> <small>A B</small> 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	<b>STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN</b> <input type="text" value="1"/> <input type="text"/> <small>A B</small> 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	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <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>SUPPLEMENTS</b> <input type="text"/> *X* IF YES <b>LOCAL REPORT#*</b> <input type="text" value="201200012302"/>	<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>DRUG 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										

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000012302	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 12-12302	REPORTING AGENCY Mason Police	DATE OF CRASH M 06   D 07   Y 12
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kathleen Kimberly Young HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Fitzgerald AT Mason Montgomery + Cedar Village  
OFFICER'S NAME LOCATION

I was driving straight when my dad suddenly yelled "Turn!" loudly and he started steering out because we were going to be late for driving school and the teacher locks the door at 6:02 p.m so I tried to turn left because I thought I was heading in the wrong direction. I saw a car in front of me and thought it would stop but I didn't realize this was an illegal turn until too late. Then we crashed and my dad lost his glasses and the air bags went off. After this, we stepped out of the car and waited for the police to show up.

Q: How FAST WERE you going?  
 A: 20 mph

Q: WERE you wearing a SEAT BELT?  
 A: Yes

Q: ARE you INSURED?  
 A: No

ADDRESS OF WITNESS 5296 Bentley Oak Drive, Mason, OH, 45040 PHONE 513-573-6099

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

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000012302	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

07-0

LOCAL REPORT NUMBER 12-12302	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 04   D 07   Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Roberta Liddic HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
P.O. JEFF WYSS AT Cedar Village + M.M.  
OFFICER'S NAME LOCATION

I was heading north on MM, a car came from left and hit my front end. I had the green light.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? my head hurts

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? North

Q. WHAT WAS YOUR SPEED? 40 ish

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? speaker

ADDRESS OF WITNESS <u>4035 Marble Ridge Ln.</u>	PHONE <u>336-8519</u>
SIGNATURE OF WITNESS X <u>Roberta Liddic</u>	OFFICER'S SIGNATURE X <u>P.O. Jeff Wyss 1023</u>

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000012302	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-12302	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 6   D 7   Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, JAVIER GONZALEZ HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
P.O. JEFF WYSS AT Mason Montgomery +  
OFFICER'S NAME LOCATION *Edin Village*

I saw the white SUV get hit by the blue car, the white SUV got the green light.

- Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED?
- Q. WERE YOU WEARING YOUR SEAT BELT?
- Q. WHAT DIRECTION WERE YOU GOING?
- Q. WHAT WAS YOUR SPEED?
- Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH?

ADDRESS OF WITNESS 1116 A DEERFIELD Road Lebanon	PHONE 5133035369
SIGNATURE OF WITNESS <i>Javier Gonzalez</i>	OFFICER'S SIGNATURE <i>[Signature]</i> 1023

D.O.B. 10/30/65

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000012302	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION - SERVICE - PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

07-3

LOCAL REPORT NUMBER 12-12302	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 6 / D 7 / Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jeff Hopkins HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
P.O. JEFF WYSS AT Mason Montgomery &  
OFFICER'S NAME LOCATION  
Cedar Village

I witnessed an accident at Mason Montgomery & Cedar Village. A white Mercedes SUV had the green light and was struck by a blue Toyota crossing MM at Cedar Village.

- Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED?
- Q. WERE YOU WEARING YOUR SEAT BELT?
- Q. WHAT DIRECTION WERE YOU GOING?
- Q. WHAT WAS YOUR SPEED?
- Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH?

ADDRESS OF WITNESS <u>8142 Chestershire, Cincinnati, OH 45241</u>	PHONE <u>513 8589109</u>
SIGNATURE OF WITNESS <u>[Signature]</u>	OFFICER'S SIGNATURE <u>[Signature]</u>

X [Signature] DOB 12/20/68