

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
2012015737	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	2	01 88=ANIMAL 89=UNKNOWN	07122012				

TIME OF CRASH	DAY OF WEEK	CITY*	VILLAGE*	TWP*	NAME (OF CITY, VILLAGE OR TOWNSHIP)*	COUNTY #*	LATITUDE	LONGITUDE
14:39	Thu	X			Mason	83		

CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX CRASH LOCATION Mason 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 DR PREFIX REFERENCE Sunset Ridge	REF POINT 02	05 TOWNSHIP BOUNDARY 09 DRIVEWAY	06 MILE POST 10 STREET OR ROUTE W/O REFERENCE
UNIT #	03 COUNTY LINE	07 CORPORATION LIMIT	

A	1	1	NAME (LAST, FIRST, MIDDLE) Madani, Hamid Reza
ADDRESS (STREET, CITY, STATE, ZIP CODE) 4043 Westridge Drive, Mason OH, 45040			

SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
	12071960	51	M	(513) 398-7646	

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	RM256639	OH	FHT5075				

OWNER'S NAME (IF SAME WRITE "SAME") Madani, Hamid Reza	ADDRESS (STREET, CITY, STATE, ZIP CODE) Same					
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
2008	TOYT	Camry	GLD	Allstate		513-398-7646(H)

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?
331.05	Overtaking, Passing to Left of Center	71896	X

B	2	1	NAME (LAST, FIRST, MIDDLE) Michaels, Sandra
ADDRESS (STREET, CITY, STATE, ZIP CODE) 6277 Caddies Way, Mason OH, 45040			

SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
	01231944	68	F	(513) 336-7339	

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	RU406912	OH	DSP2951				

OWNER'S NAME (IF SAME WRITE "SAME") Same	ADDRESS (STREET, CITY, STATE, ZIP CODE) Same					
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
2012	FORD		RED	Electric Company Insurance		513-336-7339(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	TRANSPORTED BY	INJURED TAKEN TO
	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		

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

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 A 01 FRONT - LEFT (MC DRIVER)	04 A 01 NONE USED	1 A 01 NOT DEPLOYED	4 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	4 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	4 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	4 B 04 UNKNOWN POSITION	04 B 04 NOT APPLIED	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 APPLIED		05 B 05 UNKNOWN	05 B 05 NON-MECHANICAL MEANS	05 B 05 FATAL INJURY
06 B 06 SECOND - RIGHT	06 B 06 MC HELMET USED	06 B 06 UNKNOWN			06 B 06 UNKNOWN	06 B 06 UNKNOWN
07 C 07 THIRD - LEFT (MC PASSENGER SIDE CAR)	07 C 07 UNKNOWN					
08 C 08 THIRD - MIDDLE	NON-MOTORIST					
09 C 09 THIRD - RIGHT	08 C 08 NONE USED					
10 D 10 SLEEPER SECTION OF CAB	09 C 09 HELMET USED					
11 D 11 ENCLOSED CARGO AREA	10 C 10 PROTECTIVE PADS					
12 D 12 UNENCLOSED CARGO AREA	11 C 11 REFLECTIVE CLOTHING					
13 D 13 TRAILING UNIT	12 C 12 LIGHTING					
14 D 14 EXTERIOR	13 C 13 OTHER					
15 D 15 OTHER	14 C 14 UNKNOWN					
16 D 16 NON-MOTORIST						
17 D 17 UNKNOWN						
BLANK FOR WITNESS						SUPPLEMENT "X" IF YES

Narrative

Unit #1 went left of the double yellow lines and traveled in the roadway that is restricted for vehicular travel. Unit #2 was traveling legally in the lane of travel and merged into the marked left turn lane and was struck by unit #1 who was exiting the area not for travel and entered the beginning of the turn lane.

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

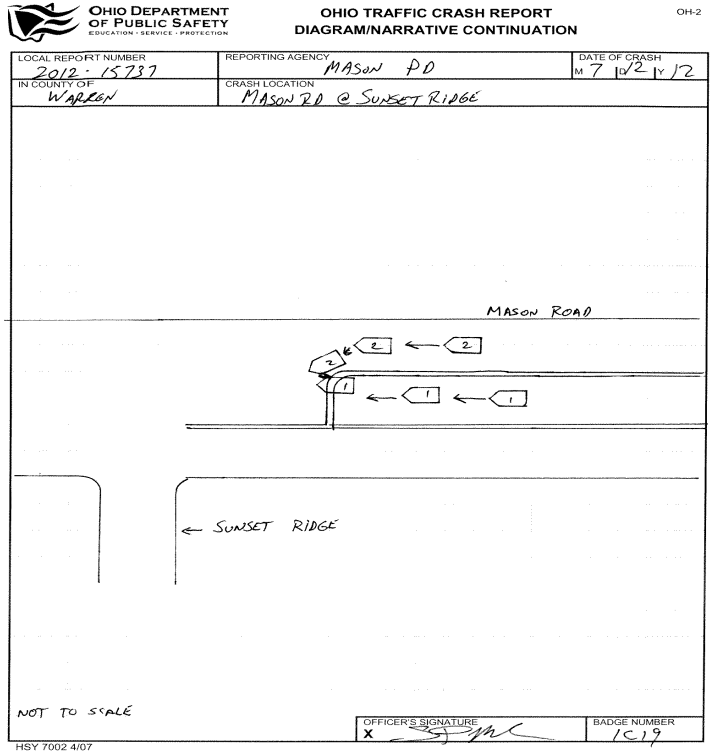
01

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	SECONDARY
1	<input type="checkbox"/>
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)

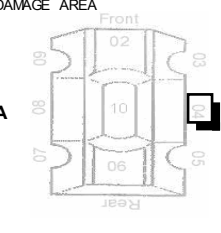
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	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
07/12/2012	14:39	14:41	14:53	15:35	20.00	75.27
OFFICER'S NAME*	BADGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Sean P McCormick	1C19		07/20/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		2012000015737			

UNIT NUMBERS 1 A 2 B	DAMAGE AREA 	PRE-CRASH ACTIONS 01 A 01 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/STOPPING IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING/CROSSING IN SPACE FIRED LOCATIONS 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	SEQUENCE OF EVENTS <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	POSTED SPEED 35 A B TRAFFIC CONTROL 12 A 12 B 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 STATUS 1 A 1 B 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN DRUG TEST TYPE 1 A 1 B 01 NONE 02 BLOOD 03 URINE 04 OTHER DRUG TEST 1&2 RESULT <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>1</td><td>1</td></tr> </table>	1	1	1	1
20	20																
2	2																
3	3																
4	4																
1	1																
1	1																
NON-MOTORIST LOCATION A B 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 TYPE OF UNIT 03 A 06 B 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 (BOBTAI) 14 TRACTOR/SEMI-TRAILER 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRAILERS 18 MOTORCYCLE 19 MOTORCYCLE (BOBTAI) 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 NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	MOST DAMAGED AREA A B 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 POINT OF IMPACT A B 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 ACTION 3 4 01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN STRIKING VEHICLE: OVERRIDEN/UNDERRIDDEN 1 A 1 B	CONTRIBUTING CIRCUMSTANCES 07 A 01 B MOTORIST 01 NONE 02 FAI LURE 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/ACD 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ 10 IMPROPER PASSING 11 IMPROPER BACKING 12 IMPROPER START FROM PARKED POSITION 13 STOPPED OR PARKED ILLEGALLY 14 OPERATIONS ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 16 FAI LURE TO CONTROL 17 VISION OBSTRUCTION 18 DRIVER INATTENTIVE 19 FATIGUE/ASLEEP 20 OPERATIONS ON DEFECTIVE EQUIPMENT 21 LOAD SHIFTING/FALLING/SPI LLING 22 OTHER IMPROPER ACTION 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAI LURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAI LURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAI LURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAI LURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A B 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	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 SIGNAL POST 34 OVERHEAD SIGNAL POST 35 LIGHT/LUMINAIRES 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 FIRST HARMFUL EVENT 1 A 1 B OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT 1 A 1 B OF THE SEQUENCE OF EVENTS WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED 1 A 2 B 01 ESTATED 02 ESTIMATED SPEED SPEED 25 A B	DIIRECTION FROM TO FROM TO 3 A 4 B 3 B 4 01 NORTH 02 SOUTH 03 EAST 04 WEST 05 NORTHEAST 06 NORTHWEST 07 SOUTHEAST 08 SOUTHWEST 09 UNKNOWN CONDITION 1 A 1 B 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 ALCOHOL/DRUG SUSPECTED 1 A 1 B 01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRING 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN ALCOHOL TEST STATUS 1 A 1 B 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN ALCOHOL TEST TYPE 1 A 1 B 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER ALCOHOL TEST RESULT A B	TYPE OF INTERSECTION 03 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDABOUT 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 OCCURRENCE 1 01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFICWAY 07 UNKNOWN ROAD CONTOUR 1 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE ROAD CONDITIONS PRIMARY SECONDARY 01 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 ** SECONDARY ROAD CONDITIONS ONLY												
DAMAGE SCALE A B 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	STRIKING VEHICLE: OVERRIDEN/UNDERRIDDEN 1 A 1 B 01 NO 02 YES 03 UNKNOWN	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE A B 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	SUPPLEMENTS *X* IF YES LOCAL REPORT# 201200015737	LOCAL REPORT# 201200015737	LOCAL REPORT# 201200015737												

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000015737	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 2012-15737	REPORTING AGENCY MASON PD	DATE OF CRASH M 7 / D 2 / Y 2012
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Hamidreza Madani HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

mccormick AT CRASH SCENE
OFFICER'S NAME LOCATION

Around 2:30 PM July 12, 2012. I was on Mason st try to turn left to sunset ridge. A car on my right side of me hit to passenger side door front and back. Call to office for check the scene and make report. My car is Toyota Camry 2008. Lienen Plate # FHT505 and name car insurance Allstate ID # 204290951 Henson Family ~~etc~~ Allstate Mason, Ohio (513) 770-9693

WERE YOU

ALLSTATE SPECI 2500H YES SEATBELT NO INJURY

ADDRESS OF WITNESS _____ PHONE _____

SIGNATURE OF WITNESS X OFFICER'S SIGNATURE X SPM

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000015737	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 2012-15737	REPORTING AGENCY Mason PD	DATE OF CRASH M 7 D 12 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Sandra S. Michaels PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
M^cCORMICK OFFICER'S NAME AT MASON RD LOCATION

I was driving west on Mason Road I had on my left turn signal and slowed down, then started into the beginning of the left turn lane on west bound Mason Road at Sunset Ridge Drive. Suddenly a car attempted to pass me on my left and it hit the left front side of my vehicle.

MASON POLICE DEPARTMENT
 2012 JUL 13 AM 9:56

ADDRESS OF WITNESS _____ PHONE _____

SIGNATURE OF WITNESS X Sandra S. Michaels OFFICER'S SIGNATURE X [Signature]

HSY 7003 4/07