

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #*
2012016120

CRASH SEVERITY
3 1 FATAL 3 PDO
2 Injury 4 Unknown

PRIVATE PROPERTY

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

PHOTOS TAKEN
N

OH-2 OH-3 OH-1P OTHR
X X

NCIC #*
08304

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

UNITS
2

UNIT ERROR
02 88=ANIMAL
89=UNKNOWN

DATE OF CRASH*
07162012

TIME OF CRASH 17:22 DAY OF WEEK Mon CITY* X VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* Mason COUNTY #* 83 LATITUDE LONGITUDE

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

CRASH AT / REFERENCE DIST REFERENCE 300.00 DR PREFIX W REFERENCE Mason-Montgomery Rd REF POINT 02 REFERENCE POINT USED 01 STATE LINE 02 INTERSECT ON 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

MOTORIST/MOTORIST UNIT # A 1 NAME (LAST, FIRST, MIDDLE) Davis, Roger Lee ADDRESS (STREET, CITY, STATE, ZIP CODE) 5233 Brewer Road, Mason OH, 45040 SOCIAL SECURITY NUM DATE OF BIRTH 10171943 AGE 68 SEX M HOME PHONE # () 398-5627 WORK PHONE # DL STATE OH DL # RG744003 LP STATE OH LP # PFZ2288 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") Davis, Roger Lee ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR 1998 MAKE FORD MODEL Econoline COLOR WHI INSURANCE COMPANY Ohio Casualty TOWING SERVICE OWNER PHONE # -398-5627(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

MOTORIST/MOTORIST UNIT # B 2 NAME (LAST, FIRST, MIDDLE) Vodenik, John Isaiah ADDRESS (STREET, CITY, STATE, ZIP CODE) 104 South Forest Avenue, Mason OH, 45040 SOCIAL SECURITY NUM DATE OF BIRTH 12301991 AGE 20 SEX M HOME PHONE # (513) 288-3873 WORK PHONE # DL STATE OH DL # SC748096 LP STATE OH LP # EXS3559 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") ADDRESS (STREET, CITY, STATE, ZIP CODE) YEAR 2005 MAKE HOND MODEL Accord COLOR BLK INSURANCE COMPANY TOWING SERVICE OWNER PHONE # OFFENSE CHARGED 331.34 OFFENSE DESCRIPTION Fail to Control; Weaving; Full Time and Attention CITATION # 71742 LOCAL CODE?

OCCUPANT UNIT # C NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OCCUPANT UNIT # D NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	01 NONE USED	1 01 NOT DEPLOYED	1 01 NOT PRESENT	1 01 NOT EJECTED	1 01 NOT TRAPPED	1 01 NO INJURY
A 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-
04 SECOND - LEFT (MC PASS)	04 SHOULDER LAP BELT	04 DEPLOYED BOTH FRONT / SIDE	04 UNKNOWN POSITION	04 NOT APPLIED	04 INCAPACITATED BY MEANS	04 INCAPACITATED
B 05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLIED		05 UNKNOWN	05 NON-MECHANICAL MEANS	05 FATAL INJURY
06 SECOND - RIGHT	06 MC HELMET USED	06 UNKNOWN			06 UNKNOWN	06 UNKNOWN
07 THIRD - LEFT (MC PASSENGER SIDE CAR)	07 USE UNKNOWN					
C 08 THIRD - MIDDLE	NON-MOTORIST					
09 THIRD - RIGHT	08 NONE USED					
10 SLEEPER SECTION OF CAB	09 HELMET USED					
D 11 ENCLOSED CARGO AREA	10 PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
13 TRAILING UNIT	12 LIGHTING					
14 EXTERIOR	13 OTHER					
15 OTHER	14 UNKNOWN					
16 NON-MOTORIST						
17 UNKNOWN						

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

Narrative

Unit #1 was west bound on Brewer Rd. Unit #2 was eastbound on Brewer Rd. Unit #2 crossed the centerline and struck #1.

MANNER OF COLLISION OR IMPACT

SCHOOL BUS RELATED

8

01 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
 02 REAR-END
 03 HEAD-ON
 04 REAR-TO-REAR
 05 BACKING
 06 ANGLE
 07 SIDESWIRE, SAME DIRECTION
 08 SIDESWIRE, OPPOSITE DIRECTION
 09 UNKNOWN

1

01 NO
 02 YES, DIRECTLY INVOLVED
 03 YES, INDIRECTLY INVOLVED
 04 UNKNOWN

WORK ZONE RELATED

1

01 NO
 02 YES
 03 UNKNOWN

TYPE OF WORK ZONE

01 LANE CLOSURE
 02 LANE SHIFT/CROSSOVER
 03 WORK ON SHOULDER OR MEDIAN
 04 INTERMITTENT/MOVING WORK
 05 OTHER

LOCATION OF CRASH IN WORK ZONE

01 BEFORE FIRST WORK ZONE WARNING SIGN
 02 ADVANCE WARNING AREA
 03 TRANSITION AREA
 04 ACTIVITY AREA

WORKERS PRESENT

01 NO
 02 YES
 03 UNKNOWN

WEATHER

01

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

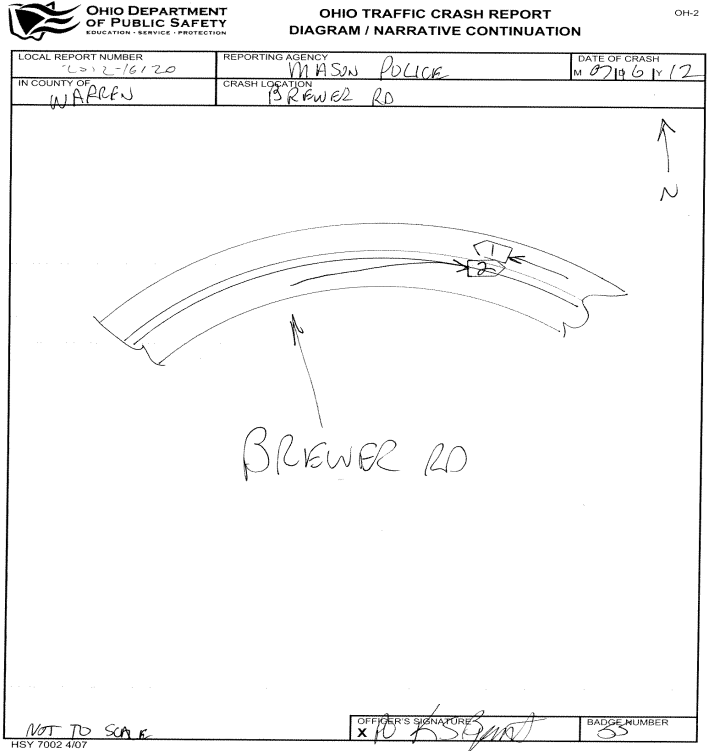
LIGHT CONDITIONS

PRIMARY SECONDARY

1

01 DAYLIGHT
 02 DAWN
 03 DUSK
 04 DARK - LIGHTED ROADWAY
 05 DARK - NOT LIGHTED
 06 DARK - UNKNOWN LIGHTING
 07 GLARE
 08 OTHER
 09 UNKNOWN

Diagram



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
 A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

**A
N
D**

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY; OR
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED
 INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit#

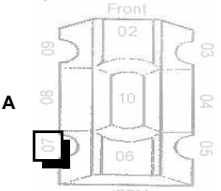
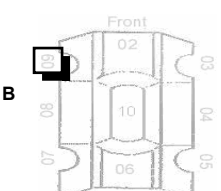
COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____

ADDRESS (STREET, CITY, ST, ZIP CODE) _____

US DOT	ICC MC	FUOO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 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
07/16/2012	17:30	17:24	17:30	18:04	30.00	64.62
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55		07/18/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1 01 POLICE AGENCY 02 MOTORIST	1 01 SCENE 02 STATION 03 OTHER		2012000016120			

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  	PRE-CRASH ACTIONS <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;">01 <small>B</small></div> </div>	SEQUENCE OF EVENTS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">20 <small>1</small></td> <td style="width: 50%; text-align: center;">10 <small>1</small></td> </tr> <tr> <td style="text-align: center;">2 <small>2</small></td> <td style="text-align: center;">20 <small>2</small></td> </tr> <tr> <td style="text-align: center;">3 <small>3</small></td> <td style="text-align: center;">3 <small>3</small></td> </tr> <tr> <td style="text-align: center;">4 <small>4</small></td> <td style="text-align: center;">4 <small>4</small></td> </tr> </table>	20 <small>1</small>	10 <small>1</small>	2 <small>2</small>	20 <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;">45 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">45 <small>B</small></div> </div>	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>				
20 <small>1</small>	10 <small>1</small>																
2 <small>2</small>	20 <small>2</small>																
3 <small>3</small>	3 <small>3</small>																
4 <small>4</small>	4 <small>4</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>	MOST DAMAGED AREA <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">07 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">09 <small>B</small></div> </div>	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 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 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 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 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	TRAFFIC CONTROL <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12 <small>B</small></div> </div>	DRUG TEST TYPE <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>												
TYPE OF UNIT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">08 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02 <small>B</small></div> </div>	POINT OF IMPACT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">07 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">09 <small>B</small></div> </div>	CONTRIBUTING CIRCUMSTANCES <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;">05 <small>B</small></div> </div>	DIIRECTION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">FROM</td> <td style="width: 25%;">TO</td> <td style="width: 25%;">FROM</td> <td style="width: 25%;">TO</td> </tr> <tr> <td style="text-align: center;">3 <small>A</small></td> <td style="text-align: center;">4 <small>A</small></td> <td style="text-align: center;">4 <small>B</small></td> <td style="text-align: center;">3 <small>B</small></td> </tr> </table>	FROM	TO	FROM	TO	3 <small>A</small>	4 <small>A</small>	4 <small>B</small>	3 <small>B</small>	DRUG TEST 1&2 RESULT <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">1 <small>1</small></td> <td style="width: 50%; text-align: center;">2 <small>2</small></td> </tr> <tr> <td style="text-align: center;">1 <small>1</small></td> <td style="text-align: center;">2 <small>2</small></td> </tr> </table>	1 <small>1</small>	2 <small>2</small>	1 <small>1</small>	2 <small>2</small>	TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div>
FROM	TO	FROM	TO														
3 <small>A</small>	4 <small>A</small>	4 <small>B</small>	3 <small>B</small>														
1 <small>1</small>	2 <small>2</small>																
1 <small>1</small>	2 <small>2</small>																
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 TRACTOR/TRAILERS 18 MOTORCYCLE 19 MOTORCYCLE (BOBTAIL) 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS	ACTIION <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>	MOTORIST 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	CONDITON <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>	ALCOHOL/DRUG SUSPECTED <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>	OCURRENCE <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>												
NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <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>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <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>	FIRST HARMFUL EVENT <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>	ALCOHOL 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>	ROAD CONTOUR <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3</div>												
LINE EMERGENCY RESPONSE <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>	DAMAGE SCALE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>B</small></div> </div>	NO UNDERRIDE OR OVERRIDE 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	MOST HARMFUL EVENT <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>	ALCOHOL TEST TYPE <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>	ROAD CONDTIONS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">PRIMARY</td> <td style="width: 50%; text-align: center;">SECONDARY</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">01</td> </tr> </table>	PRIMARY	SECONDARY	01	01								
PRIMARY	SECONDARY																
01	01																
DAMAGE SCALE 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	OTHER 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	OTHER 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	SPEED DETECTED <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>	ALCOHOL TEST RESULT <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>	OTHER 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER												
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				SUPPLEMENTS *X* IF YES LOCAL REPORT#* <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">201200016120</div>													

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000016120	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 2012-16120	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 07 D 16 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Melissa Kratko PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. K.S. Bryant OFFICER'S NAME AT CRASH SCENE LOCATION

The black car seemed to be going to fast around corner at Brewer before Mason Montgomery. Seemed to try and over correct causing him to run into the back of the white van. Both the black car and white van stopped there were no injuries. I called the police.

ADDRESS OF WITNESS 6222 E Fountain Cir. Mason	PHONE 614-580-7147
SIGNATURE OF WITNESS X <u>Melissa Kratko</u>	OFFICER'S SIGNATURE X <u>P.O. K.S. Bryant</u>

HSY 7003 4/07

DOB 10/23/86

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000016120	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION - SERVICE - PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

UM-3

LOCAL REPORT NUMBER 2012-16120	REPORTING AGENCY MASON POLICE	DATE OF CRASH 07/06/12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, John Isaiah Vorkenik PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

P.O. KEVIN S. BRYANT

OFFICER'S NAME

AT

Brewer Rd + Mason Montgomery Road

LOCATION

Traveling east on Brewer, came downhill into a right turn at about 35 mph. Due to a bald front left tire, when I hit the brakes, the car spun out and hit the rear left of the white van with the front left of my vehicle. Then pulled off to the side of the road and called the police.

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

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? east

Q. WHAT WAS YOUR SPEED? 35-40 mph

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

ADDRESS OF WITNESS

104 S. Forest Ave Mason, Ohio 45040

PHONE

513-288-3823

SIGNATURE OF WITNESS

X John Vorkenik

OFFICER'S SIGNATURE

X P.K.S.Bryant

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000016120	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

CR-3

LOCAL REPORT NUMBER 2012-16120	REPORTING AGENCY MASON POLICE	DATE OF CRASH 07/16/12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, ROGER DAVIS PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. KEVIN S. BRYANT OFFICER'S NAME AT CRASH SCENE LOCATION

I WAS DRIVING WEST ON BREWER RD
 APPROACHING THE CURVE WHEN THE OTHER
 DRIVER CAME OVER THE YELLOW LINE. HE
 TRIED TO SLOW DOWN AND SKIDDED BACK
 MARKS. I TRIED TO AVOID COLLISION BY
 GOING AS FAR TO THE RIGHT AS I COULD BUT
 THE ACCIDENT COULD NOT BE AVOIDED.

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

Q. WERE YOU WEARING YOUR SEAT BELT? YES

Q. WHAT DIRECTION WERE YOU GOING? WEST

Q. WHAT WAS YOUR SPEED? 15-20

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

ADDRESS OF WITNESS _____ PHONE _____

SIGNATURE OF WITNESS X Roger Davis OFFICER'S SIGNATURE X PO KSBryant