

# OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #\*  
2012019112

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  
Y

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  
01 88=ANIMAL  
89=UNKNOWN

DATE OF CRASH\*  
08152012

TIME OF CRASH 15:23 DAY OF WEEK Wed CITY\* X VILLAGE\* TWP\* NAME (OF CITY, VILLAGE OR TOWNSHIP)\* Mason COUNTY #\* 83 LATITUDE LONGITUDE

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

CRASH AT / REFERENCE DIST REFERENCE 50.00 DR PREFIX S REFERENCE Western Row Road REF POINT 02 REFERENCE POINT USED 01 STATE LINE 02 INTERSECT ON 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 1 NAME (LAST, FIRST, MIDDLE) DeSouza, Claudimar Fraga ADDRESS (STREET, CITY, STATE, ZIP CODE) 3090 Montego Lane, Maineville OH, 45039

SOCIAL SECURITY NUM DATE OF BIRTH 01281971 AGE 41 SEX M HOME PHONE # WORK PHONE #

DL STATE IL # IL # LP STATE LP # GA AXT8436 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 1996 MAKE FORD MODEL Expedition COLOR GRE INSURANCE COMPANY TOWING SERVICE Jacobs Towing OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # 72128 LOCAL CODE?

UNIT # B 2 1 NAME (LAST, FIRST, MIDDLE) Moore, Robert D. Jr ADDRESS (STREET, CITY, STATE, ZIP CODE) 2565 South Harbor Drive, Maineville OH, 45039

SOCIAL SECURITY NUM DATE OF BIRTH 09071980 AGE 31 SEX M HOME PHONE # (513) 226-6729 WORK PHONE #

DL STATE OH IL # RU287727 LP STATE OH LP # EUN9107 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") Moore, Robert D.Jr, Same ADDRESS (STREET, CITY, STATE, ZIP CODE) YEAR 2000 MAKE CHEV MODEL Impala COLOR BLK INSURANCE COMPANY Garrison TOWING SERVICE OWNER PHONE # 513-226-6729(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

UNIT # C 2 NAME (LAST, FIRST, MIDDLE) Moore, Cecilia Kay HOME PHONE # 513-226-6729 DATE OF BIRTH 02212012 AGE 0 SEX F

ADDRESS (STREET, CITY, STATE, ZIP CODE) 2565 South Harbor Drive, Maineville OH, 45039 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)             | 07 A 01 NONE USED         | 1 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 02 SHOULDER BELT ONLY  | 02 02 DEPLOYED - FRONT          | 02 02 IN ON POSITION   | 02 02 TOTALLY EJECTED   | 02 02 EXTRACTED BY MECHANICAL MEANS | 02 02 POSSIBLE      |
| 03 A 03 FRONT - RIGHT                        | 03 03 LAP BELT ONLY       | 03 03 DEPLOYED - SIDE           | 03 03 IN OFF POSITION  | 03 03 PARTIALLY EJECTED | 03 03 FREED BY MEANS                | 03 03 NON-          |
| 04 B 04 SECOND - LEFT (MC PASS)              | 04 04 SHOULDER LAP BELT   | 04 04 DEPLOYED BOTH FRONT/ SIDE | 04 04 UNKNOWN POSITION | 04 04 NOT APPLIED       | 04 04 INCAPACITATED BY MEANS        | 04 04 INCAPACITATED |
| 05 B 05 SECOND - MIDDLE                      | 05 05 CHILD SAFETY SEAT   | 05 05 NOT APPLIED               |                        | 05 05 UNKNOWN           | 05 05 NON-MECHANICAL MEANS          | 05 05 FATAL INJURY  |
| 06 B 06 SECOND - RIGHT                       | 06 06 MC HELMET USED      | 06 06 UNKNOWN                   |                        |                         | 06 06 UNKNOWN                       | 06 06 UNKNOWN       |
| 07 C 07 THIRD - LEFT (MC PASSENGER SIDE CAR) | 07 07 USE UNKNOWN         |                                 |                        |                         |                                     |                     |
| 08 C 08 THIRD - MIDDLE                       | 08 08 NON-MOTORIST        | 5 C                             | 1 C                    | 1 C                     | 1 C                                 | 1 C                 |
| 09 C 09 THIRD - RIGHT                        | 09 09 NONE USED           |                                 |                        |                         |                                     |                     |
| 10 D 10 SLEEPER SECTION OF CAB               | 10 10 HELMET USED         |                                 |                        |                         |                                     |                     |
| 11 D 11 ENCLOSED CARGO AREA                  | 11 11 PROTECTIVE PADS     |                                 |                        |                         |                                     |                     |
| 12 D 12 UNENCLOSED CARGO AREA                | 12 12 REFLECTIVE CLOTHING |                                 |                        |                         |                                     |                     |
| 13 D 13 TRAILING UNIT                        | 13 13 LIQUID              |                                 |                        |                         |                                     |                     |
| 14 D 14 EXTERIOR                             | 14 14 OTHER               |                                 |                        |                         |                                     |                     |
| 15 D 15 OTHER                                | 15 15 UNKNOWN             |                                 |                        |                         |                                     |                     |
| 16 D 16 NON-MOTORIST                         |                           |                                 |                        |                         |                                     |                     |
| 17 D 17 UNKNOWN                              |                           |                                 |                        |                         |                                     |                     |

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

**Narrative**

Unit #2 was stopped in traffic facing northbound on Columbia Road near Western Row Road. Unit #1 was traveling northbound on Columbia Road, failed to maintain an assured clear distance ahead, and struck unit #2 in the rear.

**MANNER OF COLLISION OR IMPACT**

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

**SCHOOL BUS RELATED**

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

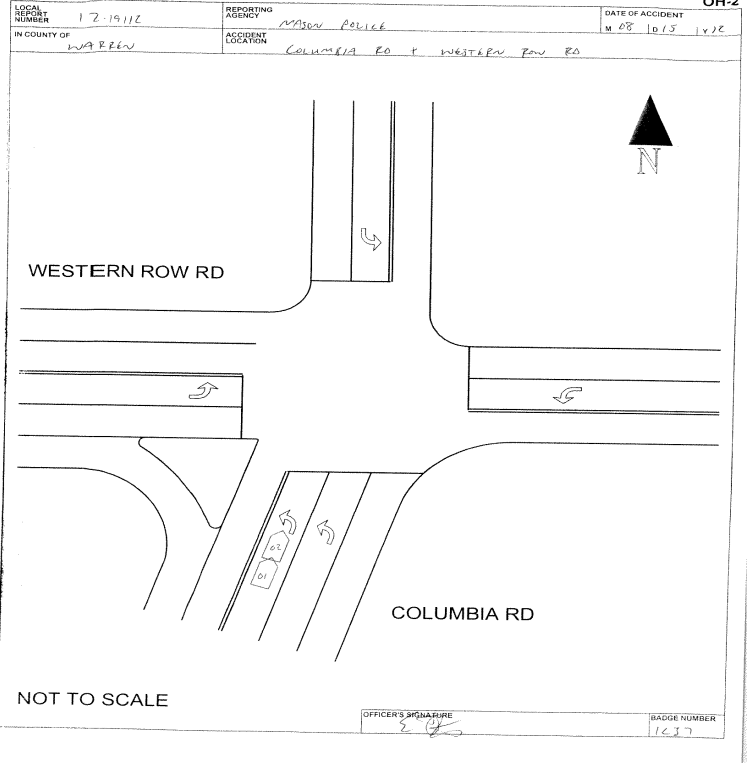
1

- 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**

**OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION**

OH-2



**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)

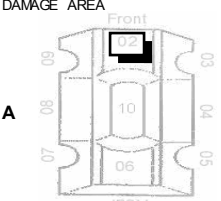
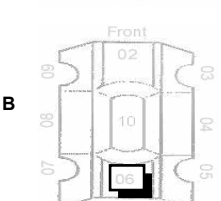
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

|   |   |  |                               |   |             |           |       |
|---|---|--|-------------------------------|---|-------------|-----------|-------|
| US DOT  | ICC MC  | EUCO   | TRAILER LP ST.                | TRAILER LP YEAR                                     | TRAILER LP# | PLACARD # | # DIA |
|   |   |  |                               |   |             |           |       |
| CARGO BODY TYPE   | WEIGHT (GVWR)   | CDL Class  | Hazardous Materials Placard   | Hazardous Materials Released                        |             |           |       |
| 01 NOT APPLI CABLE<br>02 BUS (9-15 INCLUDING DRIVER)<br>03 VAN ENCLOSED BOX<br>04 GRAIN CHIPS/ GRAVEL | 05 POLE<br>06 CARGO TAN<br>07 FLATBED<br>08 DUMP<br>09 CONCRETE MIXER<br>10 AUTO TRANSPORTER<br>11 GARBAGE/REFUSE<br>12 OTHER<br>13 UNKNOWN | 01 CLASS A<br>02 CLASS B<br>03 CLASS C<br>04 CLASS M<br>05 CLASS D | 01 NO<br>02 YES<br>03 UNKNOWN | 01 NO<br>02 YES<br>03 NOT APPLI CABLE<br>04 UNKNOWN |             |           |       |

**Police Action**

|                                  |                 |                         |                    |         |       |               |
|----------------------------------|-----------------|-------------------------|--------------------|---------|-------|---------------|
| DATE CRASH REPORTED              | TIME REC CALL   | DISPATCH                | ARRIVED            | CLEARED | OTHER | TOTAL MINUTES |
| 08/15/2012                       | 15:23           | 15:26                   | 15:28              | 17:41   | 40.00 | 177.50        |
| OFFICER'S NAME*                  | PAGE #*         | CHECKED BY              | DATE REPORT FILED* |         |       |               |
| Police Officer Eric S Fitzgerald | 1C37            |                         | 08/17/2012         |         |       |               |
| REPORT TAKEN BY                  | REPORT TAKEN AT | SUPPLEMENT * "X" IF YES | LOCAL REPORT #     |         |       |               |
| 1                                | 1               |                         | 2012000019112      |         |       |               |

|  |   |  |   |   |  |   |   |   |   |   |   |   |   |  |  |
|--|---|--|---|---|--|---|---|---|---|---|---|---|---|--|--|
| <b>UNIT NUMBERS</b><br><input type="text" value="1"/> <input type="text" value="2"/><br><small>A B</small>   | <b>DAMAGE AREA</b><br><br><b>A</b>  | <b>PRE-CRASH ACTIONS</b><br><input type="text" value="01"/> <input type="text" value="11"/><br><small>A B</small>  | <b>SEQUENCE OF EVENTS</b><br><table border="1"> <tr><td>20</td><td>20</td></tr> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> </table>  | 20  | 20   | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | <b>POSTED SPEED</b><br><input type="text" value="45"/> <input type="text" value="45"/><br><small>A B</small> | <b>DRUG TEST STATUS</b><br><input type="text" value="1"/> <input type="text" value="1"/><br><small>A B</small> |
| 20   | 20  |  |   |   |  |   |   |   |   |   |   |   |   |  |  |
| 1  | 1   |  |   |   |  |   |   |   |   |   |   |   |   |  |  |
| 2  | 2   |  |   |   |  |   |   |   |   |   |   |   |   |  |  |
| 3  | 3   |  |   |   |  |   |   |   |   |   |   |   |   |  |  |
| 4  | 4   |  |   |   |  |   |   |   |   |   |   |   |   |  |  |
| <b>NON-MOTORIST LOCATION</b><br><input type="text"/> <input type="text"/><br><small>A B</small>  | <br><b>B</b>   | <b>MOTORIST</b><br>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD<br>02 BACKING<br>03 CHANGING LANES<br>04 OVERTAKING/PASSING<br>05 TURNING RIGHT<br>06 TURNING LEFT<br>07 MAKING U-TURN<br>08 ENTERING TRAFFIC LANE<br>09 LEAVING TRAFFIC LANE<br>10 PARKED<br>11 SLOWING/STOPPING IN TRAFFIC<br>12 DRIVING<br>13 OTHER<br>14 UNKNOWN<br><br><b>NON-MOTORIST</b><br>15 ENTERING / CROSSING IN INTERSECTION<br>16 SPECIALIZED LOCATION<br>17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>18 WORKING<br>19 PUSHING VEHICLE<br>20 APPROACHING LEAVING VEHICLE<br>21 PLAYING / WORKING ON VEHICLE<br>22 STANDING<br>23 OTHER<br>24 UNKNOWN  | <b>NON-COLLISION</b><br>01 OVERTURN/ROLLOVER<br>02 FIRE/EXPLOSION<br>03 IMMERSION<br>04 JACKKNIFE<br>05 CARGO EQUIPMENT LOSS / SHIFTS<br>06 EQUIPMENT FAILURE<br>07 SEPARATION OF UNITS<br>08 RAN OFF ROAD RIGHT<br>09 RAN OFF ROAD LEFT<br>10 CROSS MEDIAN/CENTERLINE<br>11 DOWNHILL RUNAWAY<br>12 OTHER NON-COLLISION<br>13 UNKNOWN NON-COLLISION<br><br><b>COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b><br>14 PEDESTRIAN<br>15 PEDICYCLE<br>16 RAILWAY VEHICLE<br>17 ANIMAL - FARM<br>18 ANIMAL - DEER<br>19 ANIMAL - OTHER<br>20 MOTOR VEHICLE IN TRANSPORT<br>21 PARKED MOTOR VEHICLE<br>22 WORK ZONE MAINTENANCE EQUIPMENT<br>23 OTHER MOVABLE OBJECT<br>24 UNKNOWN MOVABLE OBJECT<br><br><b>COLLISION WITH FIXED OBJECT</b><br>25 IMPACT ATTENUATOR/CRASH CUSHION<br>26 BRIDGE OVERHEAD STRUCTURE<br>27 BRIDGE PIER OR ABUTMENT<br>28 BRIDGE PARAPET<br>29 BRIDGE RAIL<br>30 GUARDRAIL FACE<br>31 GUARDRAIL END<br>32 MEDIAN BARRIER<br>33 HIGHWAY TRAFFIC SIGN POST<br>34 OVERHEAD SIGN POST<br>35 LIGHT/LUMINAIRE SUPPORT<br>36 UTILILITY POLE<br>37 OTHER POST, POLE OR SUPPORT<br>38 CULVERT<br>39 CURB<br>40 DITCH<br>41 EMBANKMENT<br>42 FENCE<br>43 MAILBOX<br>44 TREE<br>45 OTHER FIXED OBJECT<br>46 WORK ZONE MAINTENANCE EQUIPMENT<br>47 UNKNOWN FIXED OBJECT<br>48 OTHER<br>49 UNKNOWN | <b>TRAFFIC CONTROL</b><br><input type="text" value="12"/> <input type="text" value="12"/><br><small>A B</small>   | <b>DRUG TEST TYPE</b><br><input type="text" value="1"/> <input type="text" value="1"/><br><small>A B</small><br><b>DRUG TEST 1&amp;2 RESULT</b><br><table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> </table> | 1 | 1 | 2 | 2 |   |   |   |   |  |  |
| 1  | 1   |  |   |   |  |   |   |   |   |   |   |   |   |  |  |
| 2  | 2   |  |   |   |  |   |   |   |   |   |   |   |   |  |  |
| <b>TYPE OF UNIT</b><br><input type="text" value="06"/> <input type="text" value="03"/><br><small>A B</small>   | <b>MOST DAMAGED AREA</b><br><input type="text" value="02"/> <input type="text" value="06"/><br><small>A B</small>   | <b>CONTRIBUTING CIRCUMSTANCES</b><br><input type="text" value="08"/> <input type="text" value="01"/><br><small>A B</small>   |   | <b>DIIRECTION</b><br>FROM TO FROM TO<br><input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/><br><small>A B A B</small> | <b>DRUG TEST</b><br><input type="text" value="1"/> <input type="text" value="1"/><br><small>A B</small>  |   |   |   |   |   |   |   |   |  |  |
| <b>MOTORIST</b><br>01 SUB-COMPACT<br>02 COMPACT<br>03 MID SIZE<br>04 FULL SIZE<br>05 MINI VAN<br>06 SPORT UTILITY VEHICLE<br>07 PICKUP<br>08 PANEL VAN<br>09 SINGLE UNIT TRUCK;<br>10 2 AXLES, 6 TIRES<br>11 SINGLE UNIT TRUCK; 3-AXLES<br>12 TRUCK/ TRAILER<br>13 TRUCK TRACTOR (BOBTAIL)<br>14 TRACTOR/ SEM - TRAILER<br>15 TRACTOR/ DOUBLE SHORT<br>16 TRACTOR/ DOUBLE LONG<br>17 FIFTH WHEEL OR CONVERTER DOLLY<br>18 TRACTOR/ TRAILERS<br>19 MOTORCYCLE<br>20 MOTOR ZED BICYCLE<br>21 SCHOOL BUS<br>22 CHURCH BUS<br>23 PUBLIC BUS<br>24 OTHER BUS<br>25 POLICE VEHICLE<br>26 FIRE TRUCK<br>27 AMBULANCE/ RESCUE<br>28 TAXI<br>29 MOTOR HOME<br>30 TRAIN<br>31 FARM VEHICLE<br>32 FARM EQUIPMENT<br>33 SNOWMOBILE<br>34 CONSTRUCTION EQUIPMENT<br>35 ALL OTHERS | <b>POINT OF IMPACT</b><br><input type="text" value="02"/> <input type="text" value="06"/><br><small>A B</small>   | <b>MOTORIST</b><br>01 NONE<br>02 FAILURE TO YIELD<br>03 RAN RED LIGHT, OR STOP SIGN<br>04 EXCEEDED SPEED LIMIT<br>05 UNSAFE SPEED<br>06 IMPROPER TURN<br>07 LEFT OF CENTER<br>08 FOLLOWED TOO CLOSELY/ AHEAD<br>09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/<br>10 IMPROPER PASSING<br>11 IMPROPER BACKING<br>12 IMPROPER START FROM PARKED POSITION<br>13 STOPPED OR PARKED ILLEGALLY<br>14 OPERATIONS ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER<br>15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)<br>16 FAILURE TO CONTROL<br>17 VISION OBSTRUCTION<br>18 DRIVER INATTENTIVE<br>19 FATIGUE/ ASLEEP<br>20 OPERATIONS ON DEFECTIVE EQUIPMENT<br>21 LOAD SHIFTING FALLING / SPILLING<br>22 OTHER IMPROPER ACTION<br>23 UNKNOWN<br><br><b>NON-MOTORIST</b><br>23 NONE<br>24 IMPROPER CROSSING<br>25 DARTING<br>26 LYING AND/OR ILLEGALLY IN ROADWAY<br>27 FAILURE TO YIELD RIGHT OF WAY<br>28 NOT VISIBLE (DARK CLOTHING)<br>29 INATTENTIVE<br>30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER<br>31 WRONG SIDE OF ROAD<br>32 OTHER<br>33 UNKNOWN | <b>COLLISION WITH FIXED OBJECT</b><br>25 IMPACT ATTENUATOR/CRASH CUSHION<br>26 BRIDGE OVERHEAD STRUCTURE<br>27 BRIDGE PIER OR ABUTMENT<br>28 BRIDGE PARAPET<br>29 BRIDGE RAIL<br>30 GUARDRAIL FACE<br>31 GUARDRAIL END<br>32 MEDIAN BARRIER<br>33 HIGHWAY TRAFFIC SIGN POST<br>34 OVERHEAD SIGN POST<br>35 LIGHT/LUMINAIRE SUPPORT<br>36 UTILILITY POLE<br>37 OTHER POST, POLE OR SUPPORT<br>38 CULVERT<br>39 CURB<br>40 DITCH<br>41 EMBANKMENT<br>42 FENCE<br>43 MAILBOX<br>44 TREE<br>45 OTHER FIXED OBJECT<br>46 WORK ZONE MAINTENANCE EQUIPMENT<br>47 UNKNOWN FIXED OBJECT<br>48 OTHER<br>49 UNKNOWN  | <b>CONDITON</b><br><input type="text" value="1"/> <input type="text" value="1"/><br><small>A B</small>  | <b>TYPE OF INTERSECTION</b><br><input type="text" value="01"/><br><small>A</small>   |   |   |   |   |   |   |   |   |  |  |
| <b>NON-MOTORIST</b><br>35 ANIMAL W/ RIDER<br>36 ANIMAL W/ BUGGY<br>37 BICYCLE<br>38 PEDESTRIAN<br>39 PEDALCYCLIST<br>40 SKATER<br>41 OTHER-NON MOTORIST<br>42 UNKNOWN  | <b>ACTION</b><br><input type="text" value="3"/> <input type="text" value="4"/><br><small>A B</small>  | <b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b><br><input type="text"/> <input type="text"/><br><small>A B</small>  | <b>FIRST HARMFUL EVENT</b><br><input type="text" value="1"/> <input type="text" value="1"/><br><small>A B</small>   | <b>ALCOHOL/ DRUG SUSPECTED</b><br><input type="text" value="1"/> <input type="text" value="1"/><br><small>A B</small>   | <b>OCURRENCE</b><br><input type="text" value="1"/><br><small>A</small>   |   |   |   |   |   |   |   |   |  |  |
| <b>IN-Emergency Response</b><br><input type="text"/> <input type="text"/><br><small>A B</small>  | <b>STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN</b><br><input type="text" value="1"/> <input type="text"/><br><small>A B</small>  |  | <b>MOST HARMFUL EVENT</b><br><input type="text" value="1"/> <input type="text" value="1"/><br><small>A B</small>  | <b>ALCOHOL TEST STATUS</b><br><input type="text" value="1"/> <input type="text" value="1"/><br><small>A B</small>   | <b>ROAD CONTOUR</b><br><input type="text" value="1"/><br><small>A</small>  |   |   |   |   |   |   |   |   |  |  |
| <b>DAMAGE SCALE</b><br><input type="text" value="2"/> <input type="text" value="2"/><br><small>A B</small>   | <b>NO UNDERRIDE OR OVERRIDE</b><br>01 NO UNDERRIDE OR OVERRIDE<br>02 UNDERRIDE, COMPARTMENT INTRUSION<br>03 UNDERRIDE, NO COMPARTMENT INTRUSION<br>04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN<br>05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT<br>06 OVERRIDE, OTHER VEHICLE<br>07 UNKNOWN | 01 TURN SIGNALS<br>02 HEAD LAMPS<br>03 TAIL LAMPS<br>04 BRAKES<br>05 STEERING<br>06 TIRE BLOWOUT<br>07 WORN OR SLICK TIRES<br>08 TRAILER EQUIPMENT DEFECTIVE<br>09 MOTOR TROUBLE<br>10 DISABLED FROM PRIOR CRASH<br>11 OTHER DEFECTS   | <b>SPEED DETECTED</b><br><input type="text" value="2"/> <input type="text" value="1"/><br><small>A B</small>  | <b>ALCOHOL TEST TYPE</b><br><input type="text" value="1"/> <input type="text" value="1"/><br><small>A B</small>   | <b>ROAD CONDITIONS</b><br>PRIMARY SECONDARY<br><input type="text" value="01"/> <input type="text"/><br><small>A B</small>  |   |   |   |   |   |   |   |   |  |  |
| <b>NON-FUNCTIONAL DAMAGE</b><br>01 NONE<br>02 NON-FUNCTIONAL DAMAGE<br>03 FUNCTIONAL DAMAGE<br>04 DISABLING DAMAGE<br>05 SEVERE<br>06 UNKNOWN  |   |  | <b>SPEED</b><br><input type="text" value="10"/> <input type="text"/><br><small>A B</small>  | <b>ALCOHOL TEST RESULT</b><br><input type="text"/> <input type="text"/><br><small>A B</small>   | <b>ALCOHOL TEST RESULTS</b><br>01 NONE<br>02 BLOOD<br>03 URINE<br>04 BREATH<br>05 OTHER<br><br><b>ALCOHOL TEST RESULT</b><br><input type="text"/> <input type="text"/><br><small>A B</small>   |   |   |   |   |   |   |   |   |  |  |
| <b>ACCIDENT NO: 2012019112</b>   |   |  |   | <b>SUPPLEMENTS</b><br><input type="checkbox"/> *X* IF YES   | <b>LOCAL REPORT#*</b><br><b>201200019112</b>   |   |   |   |   |   |   |   |   |  |  |

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

|                                      |   |
|--------------------------------------|---|
| LOCAL REPORT NUMBER<br>2012000019112 | REPORTING AGENCY<br>Mason Police Department |
|--------------------------------------|---|



TRAFFIC CRASH WITNESS STATEMENT

OH-3

|                                 |                                  |                                     |
|---------------------------------|----------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER<br>12-19112 | REPORTING AGENCY<br>MASON POLICE | DATE OF CRASH<br>M 08   D 15   Y 12 |
|---------------------------------|----------------------------------|-------------------------------------|

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

I, Robert Moore PRINTED \_\_\_\_\_ HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Fitzgerald OFFICER'S NAME \_\_\_\_\_ AT Columbia + Western Row LOCATION \_\_\_\_\_

WAS STOPPED AT LIGHT NORTHBOUND ON Columbia turning left on to Western Row. FORD SUV W BROKEN PLATES RAN INTO BACK OF MY VEHICLE. DRIVER THAT GOT OUT OF VEHICLE WAS ~~WHITE~~ LATINO MALE 5'4 DRIVER SPOKE BROKEN ENGLISH. TOLD ME TO PULL INTO SUNOCO PARKING LOT AND THEN HE TOOK OFF.

I WAS WEARING MY SAFETY BELT.

Cecilia Kay Moore  
2-21-12

|   |   |
|---|---|
| ADDRESS OF WITNESS<br>2565 SOUTH HAYBORE DR, MAINEVILLE, OH 45039 | PHONE<br>513-226-6729                       |
| SIGNATURE OF WITNESS<br>X <u>[Signature]</u>                      | OFFICER'S SIGNATURE<br>X <u>[Signature]</u> |

HSY 7003 4/07 4-7-80 Robert D. Moore Jr

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

|                                      |   |
|--------------------------------------|---|
| LOCAL REPORT NUMBER<br>2012000019112 | REPORTING AGENCY<br>Mason Police Department |
|--------------------------------------|---|



TRAFFIC CRASH WITNESS STATEMENT

OH-3

|                                 |                                  |                                     |
|---------------------------------|----------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER<br>12-19112 | REPORTING AGENCY<br>MASON POLICE | DATE OF CRASH<br>M 08   D 15   Y 12 |
|---------------------------------|----------------------------------|-------------------------------------|

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

I, X CAROL BARKETT PRINTED \_\_\_\_\_ HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
F. Fitzgerald OFFICER'S NAME AT Windsor Park + Western Row LOCATION

a person (male) was driving too fast down Windsor park drive turned around in cul de sac and very slowly came back down towards western row in lt green car mercury or ford explorer type out of state georgia plate. Stopped car in front of neighbors house got out looked at car left on foot towards windsor meadow was white male dark hair shorts about 5'9 5'10 maybe a little taller

|   |   |
|---|---|
| ADDRESS OF WITNESS<br><u>7300 Windsor Park Dr. Mason OH 45340</u> | PHONE<br><u>382-3027</u>                    |
| SIGNATURE OF WITNESS<br><u>X Carol Barkett</u>                    | OFFICER'S SIGNATURE<br><u>X [Signature]</u> |

HSY 7003 4/07