

# 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
2012019192	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	3	01 88=ANIMAL 89=UNKNOWN	08162012				

TIME OF CRASH	DAY OF WEEK	CITY*	VILLAGE*	TWP*	NAME (OF CITY, VILLAGE OR TOWNSHIP)*	COUNTY #*	LATITUDE	LONGITUDE
08:33	Thu	X			Mason	83		

CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX CRASH LOCATION Kings Island Drive	1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET 1	

CRASH AT / REFERENCE	REFERENCE POINT USED	04 HOUSE NUMBER	08 PLACE NAME W/O REFERENCE
DIST REFERENCE DR PREFIX REFERENCE REF POINT	01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT	09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE
15 Minute Area 09			

UNIT #	NAME (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)			
A 1 1	Thompson, Travis R.	220 Columbus Avenue, Apt: B, Lebanon OH, 45036			
SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
	09281970	41	M	(513) 328-3833	

IL STATE	IL #	LP STATE	LP #	INJURED TAKEN BY	1 NONE 2 EMS 3 POLICE	4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
OH	RJ353680	OH	FOW6602	2			Mason EMS	Bethesda North
OWNER'S NAME (IF SAME WRITE "SAME")				ADDRESS (STREET, CITY, STATE, ZIP CODE)				
Commonwealth Altadis				5900 North Andrews Avenue 11th floor, Miami, FL 33309				
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #		
2012	DODG	Caravan	SIL	AON Risk Services	Barnes Towing Service	954-772-9000(W)		

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?
331.16	Right of Way at Intersections	72063	X

UNIT #	NAME (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)			
B 2 2	Tufts, Chad J.	411 Lake Haven Court, Lebanon OH, 45036			
SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
	06251972	40	M	(513) 460-9961	

IL STATE	IL #	LP STATE	LP #	INJURED TAKEN BY	1 NONE 2 EMS 3 POLICE	4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
OH	RT215208	OH	FPE8545	2			Mason EMS	Bethesda North
OWNER'S NAME (IF SAME WRITE "SAME")				ADDRESS (STREET, CITY, STATE, ZIP CODE)				
Tufts, Chad J.				Same				
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #		
2008	VOLV	S80	BLU	StateFarm	Barnes Towing Service	513-460-9961(H)		

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?

UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
C 2	Tufts, Maxwell R.	513-460-9961	10051994	17	M
ADDRESS (STREET, CITY, STATE, ZIP CODE)	INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO		
411 Lake Haven Court, Lebanon OH, 45036	1 NONE 2 EMS 3 POLICE	Deerfield EMS	Bethesda North		

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

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	04 MOTORIST 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN	4 01 NOT DEPLOYED 02 DEPLOYED - FRONT 03 DEPLOYED - SIDE 04 DEPLOYED BOTH FRONT / SIDE 05 NOT APPLIED CABLE 06 UNKNOWN	1 01 NOT PRESENT 02 IN ON POSITION 03 IN OFF POSITION 04 UNKNOWN POSITION	1 01 NOT EJECTED 02 TOTALLY EJECTED 03 PARTIALLY EJECTED 04 NOT APPLIED CABLE 05 UNKNOWN	1 01 NOT TRAPPED 02 EXTRACTED BY MECHANICAL MEANS 03 FREED BY NON-MECHANICAL MEANS 04 UNKNOWN	4 01 NO INJURY 02 POSSIBLE 03 NON-INCAPACITATION 04 INCAPACITATION 05 FATAL INJURY 06 UNKNOWN
02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 UNKNOWN	04 NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	1 01 02 03 04 05 06	1 01 02 03 04	1 01 02 03 04	1 01 02 03 04	4 01 02 03 04 05 06
BLANK FOR WITNESS						SUPPLEMENT "X" IF YES

**Narrative**

Unit #1 struck unit #2 from behind while traveling south on Kings Island Drive. Unit #2 was sent off the right side of Kings Island Drive. Unit #1 spun around and into on coming traffic and was struck by unit #2. Unit #3 then spun around flipping onto its passenger side and coming to rest at the entrance to the Kings Island 15 minute drop off entrance to Kings Island.

**MANNER OF COLLISION OR IMPACT**

**SCHOOL BUS RELATED**

- 2**
- 01 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
  - 02 REAR-END
  - 03 HEAD-ON
  - 04 REAR-TO-REAR
  - 05 BACKING
  - 06 ANGLE
  - 07 SIDESWIBE, SAME DIRECTION
  - 08 SIDESWIBE, OPPOSITE DIRECTION
  - 09 UNKNOWN

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

**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

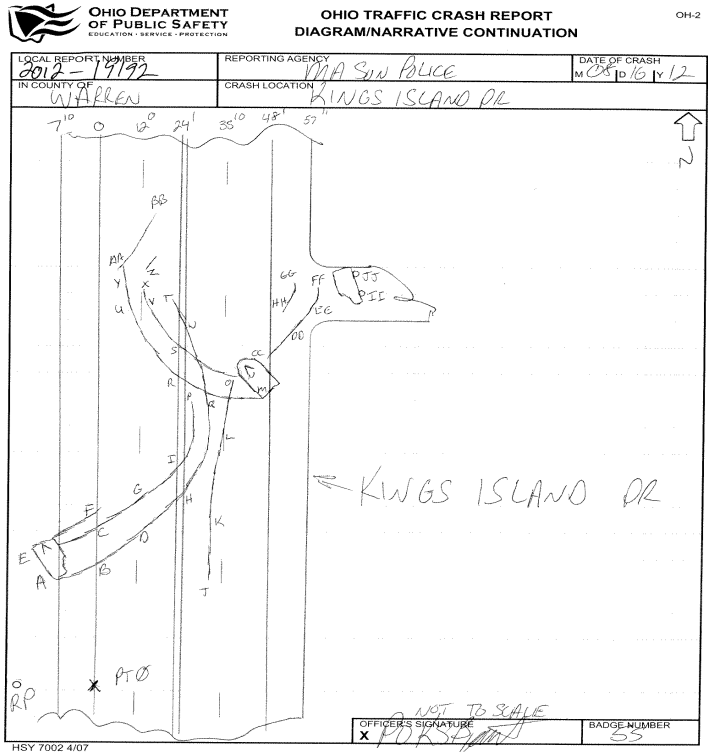
**LOCATION OF CRASH IN WORK ZONE**

- 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

**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)

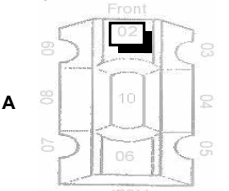
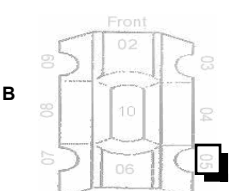
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
01 NOT APPLICABLE 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 APPLICABLE 04 UNKNOWN			

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
08/16/2012	08:33	08:34	08:38	13:00	120.00	387.32
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Daniel R Edwards	1C47		08/17/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		2012000019192			

<b>UNIT NUMBERS</b> <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>	<b>DAMAGE AREA</b>  	<b>PRE-CRASH ACTIONS</b> <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;">11 <small>B</small></div> </div>	<b>SEQUENCE OF EVENTS</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 50%; height: 30px;">20 <small>1</small></td><td style="width: 50%; height: 30px;">20 <small>1</small></td></tr> <tr><td style="height: 30px;">10 <small>2</small></td><td style="height: 30px;"> </td></tr> <tr><td style="height: 30px;">20 <small>3</small></td><td style="height: 30px;"> </td></tr> <tr><td style="height: 30px;"> </td><td style="height: 30px;"> </td></tr> </table>	20 <small>1</small>	20 <small>1</small>	10 <small>2</small>		20 <small>3</small>				<b>POSTED SPEED</b> <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>	<b>DRUG TEST STATUS</b> <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>	20 <small>1</small>																					
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<b>NON-MOTORIST LOCATION</b> <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>	<b>MOST DAMAGED AREA</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">05 <small>B</small></div> </div>	<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 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	<b>NON-COLLISION</b> 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  <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> <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>	<b>DRUG TEST TYPE</b> <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>																	
<b>TYPE OF UNIT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">05 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">03 <small>B</small></div> </div>	<b>POINT OF IMPACT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">05 <small>B</small></div> </div>	<b>CONTRIBUTING CIRCUMSTANCES</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">17 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>B</small></div> </div>	<b>DIIRECTION</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th>FROM</th><th>TO</th><th>FROM</th><th>TO</th></tr> <tr><td style="width: 25%;">1 <small>A</small></td><td style="width: 25%;">2 <small>A</small></td><td style="width: 25%;">1 <small>B</small></td><td style="width: 25%;">2 <small>B</small></td></tr> </table>	FROM	TO	FROM	TO	1 <small>A</small>	2 <small>A</small>	1 <small>B</small>	2 <small>B</small>	<b>DRUG TEST 1&amp;2 RESULT</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th>A</th><th>B</th><th>A</th><th>B</th></tr> <tr><td style="width: 25%;">1</td><td style="width: 25%;">1</td><td style="width: 25%;">1</td><td style="width: 25%;">1</td></tr> </table>	A	B	A	B	1	1	1	1	<b>CONDITON</b> <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>	<b>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">10</div>
FROM	TO	FROM	TO																			
1 <small>A</small>	2 <small>A</small>	1 <small>B</small>	2 <small>B</small>																			
A	B	A	B																			
1	1	1	1																			
<b>MOTORIST</b> 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 18 TRACTOR/TRIPLES 19 MOTORCYCLE 20 MOTOR ZED BICYCLE 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	<b>ACTIION</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4 <small>B</small></div> </div>	<b>MOTORIST</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	<b>FIRST HARMFUL EVENT</b> <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>	<b>ALCOHOL/DRUG SUSPECTED</b> <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>	<b>OCURRENCE</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>																	
<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>STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN</b> <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;">B</div> </div>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <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>	<b>MOST HARMFUL EVENT</b> <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>	<b>ALCOHOL TEST STATUS</b> <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>	<b>ROAD CONTOUR</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>																	
<b>DAMAGE SCALE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">5 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">5 <small>B</small></div> </div>	<b>NO UNDERRIDE OR OVERRIDE</b> 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>TURN SIGNALS</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	<b>SPEED DETECTED</b> <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;">1 <small>B</small></div> </div>	<b>ALCOHOL TEST TYPE</b> <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>	<b>ROAD CONDITIONS</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><th>PRI</th><th>SEC</th></tr> <tr><td style="width: 50%;">01</td><td style="width: 50%;"> </td></tr> </table>	PRI	SEC	01														
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01																						
<b>IN EMERGENCY RESPONSE</b> <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>	<b>NO UNDERRIDE OR OVERRIDE</b> 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	<b>OTHER</b> 01 NONE 02 BLOOD 03 URINE 04 OTHER	<b>SPEED</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">60 <small>A</small></div>	<b>ALCOHOL TEST RESULT</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div>	<b>ROAD CONDITIONS</b> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DRY, OIL, GRAVEL 06 WATER / STANDING / MOVING 07 SLUSH 08 DEBRIS** 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN 12 SECONDARY ROAD CONDITIONS ONLY																	
				<b>SUPPLEMENTS *X* IF YES</b>		<b>LOCAL REPORT#*</b>																
<b>201200019192</b>																						

State Seal

LOCAL REPORT #\* **2012019192**

CRASH SEVERITY: **2** 1 FATAL 3 PDO  
2 Injury 4 Unknown

PRIVATE PROPERTY:

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

PHOTOS TAKEN: **Y** OH-2 **X** OH-3 **X** OH-1P  OTHER

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

# UNITS **3** UNIT ERROR **01** 98=ANIMAL 99=UNKNOWN

DATE OF CRASH\* **08162012**

TIME OF CRASH **08:33** DAY OF WEEK **Thu** CITY\* **X** VILLAGE\*  TWP\*

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

CRASH OCCURRED ON PREFIX **Kings Island Drive** TYPE LOC **1** LOCAL INFORMATION

TYPE LOCATION POINT USED: 1 NAMED STREET 2 NUMBERED STREET 3 NUMBERED ROUTE

CRASH AT / REFERENCE DIST REFERENCE **15 Minute Area** REF POINT **09**

REFERENCE POINT USED: 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT 08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

**A** UNIT # **3** NAME (LAST, FIRST, MIDDLE) **Lutz, Zachary M.B.**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **357 Fitzooth Court, Apt: , Miamisburg OH, 45342**

SOCIAL SECURITY NUM  DATE OF BIRTH **10201992** AGE **19** SEX **M** HOME PHONE # **(513) 262-3236** WORK PHONE #

DL STATE **OH** DL # **TM376924** IP STATE **OH** IP # **FPC3174** INJURED TAKEN BY **2** 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

TRANSPORTED BY **Mason EMS** INJURED TAKEN TO **Bethesda North**

OWNER'S NAME (IF SAME WRITE "SAME") **Perkins, Lesa M.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **357 Fitzooth Court, Miamisburg OH, 45342**

YEAR **2008** MAKE **MITS** MODEL  COLOR **RED** INSURANCE COMPANY **Farmers** TOWING SERVICE **Barnes Towing Service** OWNER PHONE # **513-262-3236(H)**

OFFENSE CHARGED  OFFENSE DESCRIPTION  CITATION #  LOCAL CODE?

**B** UNIT #  NAME (LAST, FIRST, MIDDLE)

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

DL STATE  DL #  IP STATE  IP #  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  MAKE  MODEL  COLOR  INSURANCE COMPANY  TOWING SERVICE  OWNER PHONE #

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  1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN

TRANSPORTED BY  INJURED TAKEN TO

**D** UNIT #  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 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 BLANK FOR WITNESS	SAFETY EQUIPMENT 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN 08 NON-MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 LIGHTING 14 UNKNOWN	AIR BAG 01 NOT DEPLOYED 02 DEPLOYED-FRONT 03 DEPLOYED-SIDE 04 DEPLOYED BOTH FRONT SIDE 05 NOT APPLICABLE 06 UNKNOWN	AIR BAG SWITCH 01 NOT PRESENT 02 IN ON POSITION 03 IN OFF POSITION 04 UNKNOWN POSITION	EJECTION 01 NOT EJECTED 02 TOTALLY EJECTED 03 PARTIALLY EJECTED 04 NOT APPLICABLE 05 UNKNOWN	TRAPPED 01 NOT TRAPPED 02 EXTRACTED BY MECHANICAL MEANS 03 FREED BY NON-MECHANICAL MEANS 04 UNKNOWN	INJURIES 01 NO INJURY 02 POSSIBLE 03 NON-INCAPACITATING 04 INCAPACITATING 05 FATAL INJURY 06 UNKNOWN SUPPLEMENT "X" IF YES							
							01	04	1	1	1	1	3
							A	A	A	A	A	A	A
							B	B	B	B	B	B	B
							C	C	C	C	C	C	C
							D	D	D	D	D	D	D

**Narrative**

Unit #1 struck unit #2 from behind while traveling south on Kings Island Drive. Unit #2 was sent off the right side of Kings Island Drive. Unit #1 spun around and into on coming traffic and was struck by unit #2. Unit #3 then spun around flipping onto its passenger side and coming to rest at the entrance to the Kings Island 15 minute drop off entrance to Kings Island.

**MANNER OF COLLISION OR IMPACT**

**SCHOOL BUS RELATED**

- 2**
- 01 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
  - 02 REAR-END
  - 03 HEAD-ON
  - 04 REAR-TO-REAR
  - 05 BACKING
  - 06 ANGLED
  - 07 SIDESWIRE, SAME DIRECTION
  - 08 SIDESWIRE, OPPOSITE DIRECTION
  - 09 UNKNOWN

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

- 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

**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

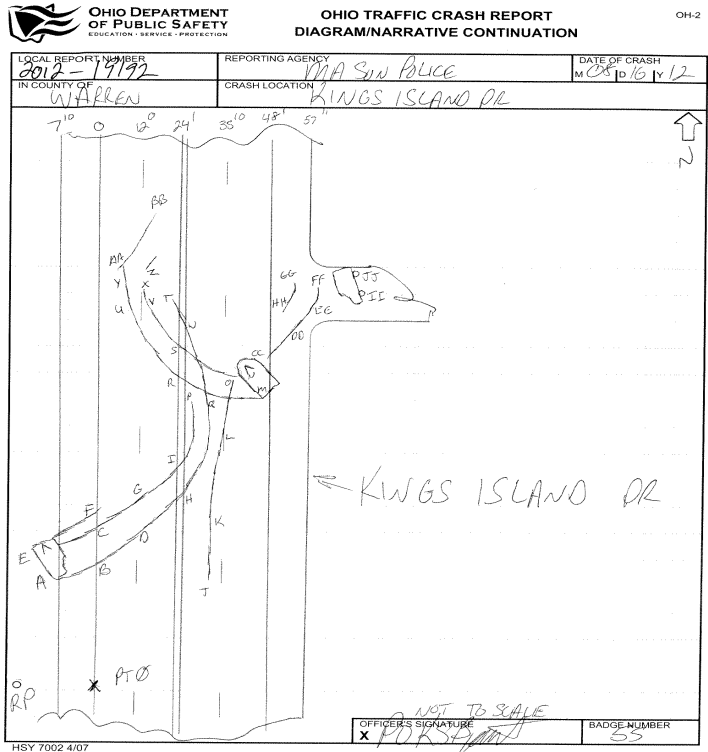
**LOCATION OF CRASH IN WORK ZONE**

- 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

**Diagram**



**Truck/Bus**

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

**A  
N  
D**

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

Unit#

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
01 NOT APPLICABLE 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 APPLICABLE 04 UNKNOWN			

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
08/16/2012	08:33	08:34	08:38	13:00	120.00	387.32
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Daniel R Edwards	1C47		08/17/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		2012000019192			

<b>UNIT NUMBERS</b> <input type="text" value="3"/> <input type="text" value="4"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>20</td><td></td></tr> <tr><td>08</td><td></td></tr> <tr><td>01</td><td></td></tr> <tr><td></td><td></td></tr> </table>	20		08		01				<b>POSTED SPEED</b> <input type="text" value="45"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/>
20													
08													
01													
<b>NON-MOTORIST LOCATION</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>MOST DAMAGED AREA</b> <input type="text" value="08"/>	<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 / 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  <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"/>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <b>DRUG TEST 1&amp;2 RESULT</b> <table border="1"> <tr><td>1</td><td>2</td></tr> <tr><td>1</td><td>2</td></tr> </table>	1	2	1	2				
1	2												
1	2												
<b>TYPE OF UNIT</b> <input type="text" value="06"/>	<b>POINT OF IMPACT</b> <input type="text" value="08"/>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="01"/>	<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>DIIRECTION</b> FROM TO FROM TO <input type="text" value="2"/> <input type="text" value="1"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="10"/>								
<b>MOTORIST</b> 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 18 TRACTOR/TRAILERS 19 MOTORCYCLE 20 MOTOR ZED BICYCLE 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	<b>POINT OF IMPACT</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	<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 SHIFTS/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 SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	<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>CONDITION</b> <input type="text" value="1"/>	<b>TYPE OF INTERSECTION</b> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDOABOUT 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>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"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/>	<b>ALCOHOL/ DRUG SUSPECTED</b> <input type="text" value="1"/>	<b>OCCURRENCE</b> <input type="text" value="1"/>								
<b>LINE EMERGENCY RESPONSE</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN</b> <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="1"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/>								
<b>DAMAGE SCALE</b> <input type="text" value="5"/>	<b>STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN</b> <input type="text" value="1"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>SPEED DETECTED</b> <input type="text" value="1"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/>	<b>ROAD CONDITIONS</b> <input type="text" value="01"/>								
<b>DAMAGE SCALE</b> 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	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	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>SPEED</b> <input type="text" value="40"/>	01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	<b>ALCOHOL TEST RESULT</b> <input type="text" value="A"/> <input type="text" value="B"/>								
				<b>SUPPLEMENTS</b> *X* IF YES <input type="text"/>									
				<b>LOCAL REPORT#*</b> <input type="text"/>									
<b>201200019192</b>													

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000019192	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION · SERVICE · PROTECTION

OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 2012-19192	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 08/16 Y 12
IN COUNTY OF WARREN	CRASH LOCATION KINGS ISLAND DRIVE	

	AE	FE	DESCRIPTION
A	114 <sup>2</sup>	8 <sup>6</sup>	LR TIRE # 2
B	113 <sup>2</sup>	0	POINT ON LR TIRE SCUFF # 2
C	120 <sup>5</sup>	0	POINT ON LF TIRE SCUFF # 2
D	121 <sup>2</sup>	12 <sup>0</sup>	POINT ON LR TIRE SCUFF # 2
E	123 <sup>5</sup>	12 <sup>2</sup>	LF TIRE # 2
F	125 <sup>4</sup>	0	POINT ON RF TIRE SCUFF # 2
G	128 <sup>11</sup>	12 <sup>0</sup>	POINT ON LF TIRE SCUFF # 2
H	136 <sup>0</sup>	24 <sup>1</sup>	POINT ON LR TIRE SCUFF # 2
I	145 <sup>6</sup>	24 <sup>1</sup>	POINT ON LF TIRE SCUFF # 2
J	115 <sup>0</sup>	27 <sup>5</sup>	START OF LF SKIDMARK # 3
K	136 <sup>0</sup>	29 <sup>2</sup>	POINT ON LF SKIDMARK # 3
L	161 <sup>6</sup>	34 <sup>5</sup>	POINT ON LF SKIDMARK # 3
M	168 <sup>2</sup>	50 <sup>8</sup>	LR TIRE # 1
N	175 <sup>6</sup>	43 <sup>11</sup>	LF TIRE # 1
O	173 <sup>6</sup>	39 <sup>8</sup>	END OF LF SKIDMARK # 3
P	171 <sup>1</sup>	26 <sup>3</sup>	START OF LF TIRE SCUFF # 2
Q	171 <sup>1</sup>	29 <sup>10</sup>	POINT ON LR TIRE SCUFF # 2
R	178 <sup>8</sup>	24 <sup>1</sup>	POINT ON RR TIRE SCUFF # 1
S	188 <sup>2</sup>	24 <sup>1</sup>	POINT ON RF TIRE SCUFF # 1
T	200 <sup>0</sup>	18 <sup>2</sup>	START OF LR TIRE SCUFF # 2
U	213 <sup>5</sup>	9 <sup>11</sup>	POINT ON RR TIRE SCUFF # 1
V	213 <sup>5</sup>	14 <sup>9</sup>	POINT ON RF TIRE SCUFF # 1

OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 35
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HSY 7002 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000019192	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION · SERVICE · PROTECTION

OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 2012-19192	REPORTING AGENCY MASON POLICE	DATE OF CRASH MO 08   DI 06   YR 12
IN COUNTY OF WARREN	CRASH LOCATION KINGS ISLAND DRIVE	

AF	FE	DESCRIPTION
W 194 <sup>2</sup>	24 <sup>1</sup>	POINT ON LF TIRE SCUFF # 2
X 229 <sup>2</sup>	12 <sup>2</sup>	START OF RF TIRE SCUFF # 1
Y 230 <sup>3</sup>	8 <sup>4</sup>	START OF RR TIRE SCUFF # 1
Z 232 <sup>3</sup>	15 <sup>3</sup>	LF SKID MARK # 1 AT IMPACT
AA 232 <sup>3</sup>	9 <sup>10</sup>	RF SKID MARK # 1 AT IMPACT
BB 258 <sup>0</sup>	13 <sup>8</sup>	START RF SKID MARK # 1
CC 171 <sup>0</sup>	50 <sup>5</sup>	START OF RR TIRE SCUFF # 3
DD 182 <sup>3</sup>	58 <sup>11</sup>	POINT ON RR TIRE SCUFF # 3
EE 197 <sup>0</sup>	67 <sup>2</sup>	POINT ON RR TIRE SCUFF # 3 / START OF GOUGE
FF 205 <sup>0</sup>	74 <sup>10</sup>	END OF RR TIRE SCUFF # 3
GG 202 <sup>10</sup>	68 <sup>4</sup>	END OF RF TIRE SCUFF # 3
HH 184 <sup>8</sup>	52 <sup>2</sup>	START OF RF TIRE SCUFF # 3
II 205 <sup>4</sup>	75 <sup>2</sup>	FRONT AXLE # 3
JJ 213 <sup>6</sup>	75 <sup>8</sup>	REAR AXLE # 3
KK 190 <sup>4</sup>	57 <sup>11</sup>	SOUTH APEX
LL 218 <sup>4</sup>	57 <sup>11</sup>	NORTH APEX

REFERENCE POINT IS A MARKER POST FOR AN UNDERGROUND GAS LINE. POINT @ IS ON THE WEST EDGE LINE 26.2 FEET FROM THE REFERENCE POINT

OFFICER'S SIGNATURE X [Signature]	BADGE NUMBER 35
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HSY 7002 4/07



OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000019192	REPORTING AGENCY Mason Police Department
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OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 2012-19192	REPORTING AGENCY MASON POLICE	DATE OF CRASH MO 05 10/16 Y 12
IN COUNTY OF WARREN	CRASH LOCATION KINGS ISLAND DR	

The crash occurred when the Dodge Grand Caravan struck the stopped Volvo S80 from behind. The Volvo rotated clockwise and went off the west side of the roadway. The Dodge rotated counter-clockwise and went left of center. The right front corner of the Dodge struck the Mitsubishi Outlander that was northbound on Kings Island Drive. The force from the impact caused the Mitsubishi to rotate counter-clockwise and flip onto its passenger side.

Speed Estimate:

In determining the initial speed of the Dodge, I had to reconstruct two major collisions. While at the scene, I drew a field diagram and took measurements to various evidence points. I also used a drag sled to determine the friction value of the road surface. I began with the Dodge/Mitsubishi collision. I completed a scale diagram based on the field measurements. From that, I was able to determine the approach and departure angles for both vehicles to be used in the Conservation of Linear Momentum formula. The surface friction value of the roadway was determined to be .64. I used .60 for my calculations. I determined the distance both vehicles moved after impact, and with the drag factor, I calculated the minimum speed of both vehicles after impact. I then obtained the weight of both vehicles for use in the formula. The impact speed of the Dodge was at least 28 mph. The impact speed of the Mitsubishi was at least 22 mph. The Mitsubishi left a skid mark 60 feet long prior to impact. With that speed loss factored in, its speed at braking was at least 35 mph.

With the impact speed of the Dodge at the second collision obtained, I could then determine its impact speed with the Volvo. The post impact speed of the Volvo was determined to be at least 29 mph. The post impact movement of the Dodge led me to determine its speed loss between impacts was 24 mph. When that was combined with its impact speed with the Mitsubishi, its post impact speed was at least 36 mph. When the post impact speeds and the weight of both vehicles are used in the Conservation of Linear Momentum Formula, the speed of the Dodge at impact with the Volvo was at least 60 mph. The Dodge left a skid mark 26 feet long with its right front tire prior to impact with the Volvo. When that speed loss is combined with the impact speed, the speed at braking for the Dodge was at least 61 mph.

OFFICER'S SIGNATURE X <i>PORSP</i>	BADGE NUMBER 55
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HSY 7002 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000019192	REPORTING AGENCY Mason Police Department
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OHIO TRAFFIC CRASH REPORT  
DIAGRAM / NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 2012-19192	REPORTING AGENCY MASON POLICE	DATE OF CRASH M08   D16   Y12
IN COUNTY OF WARREN	CRASH LOCATION KINGS ISLAND DR	

Notes:

I examined light bulbs from the left tail light of the Volvo at the storage lot of Barnes Towing. Two of the bulbs, the brake light and turn signal light showed evidence of hot shock. The filament of both bulbs was stretched and deformed in the direction of the force applied to the car. Two other bulbs were also in the tail light. The filament of one bulb was broken. Its coils were intact and not deformed. The filament in the other bulb was still in place between its poles and was also not deformed.

The first two bulbs, the brake light and turn signal, showed evidence of hot shock. That means the bulbs were lit when the crash occurred. Of the other bulbs, the one with the broken filament is an example of cold shock. Meaning the bulb was not lit when the crash occurred. Pictures of the bulbs were placed with other photos of the crash.

OFFICER'S SIGNATURE X PO R. S. Gant	BADGE NUMBER 35
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HSY 7002 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000019192	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

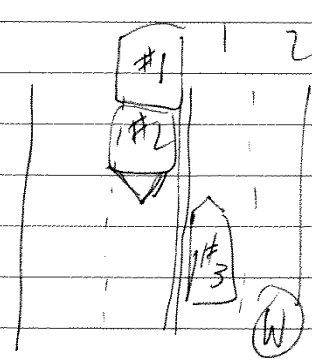
OH-3

LOCAL REPORT NUMBER 12-1992	REPORTING AGENCY	DATE OF CRASH M 8   D 16   Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Ronald K. Bennett HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED  
P.O. Budick OFFICER'S NAME AT K.I. Drive LOCATION

WHILE DRIVING NORTH ON KINGS ISLAND DR.  
 I SAW 2 CARS COMING STRAIGHT AT ME  
 RUNNING ME OFF THE RIGHT SIDE OF THE ROAD  
 MY TRUCK WAS NOT HIT



ADDRESS OF WITNESS  
634 JEFFERSON ST FAIRBORN OH 45324  
 SIGNATURE OF WITNESS Ronald K. Bennett 10/23/56 OFFICER'S SIGNATURE X  
 PHONE (937) 879-6481

HSY 7003 4/07