

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #*
2012020191

CRASH SEVERITY
2 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
3

UNIT ERROR
03 88=ANIMAL
89=UNKNOWN

DATE OF CRASH*
08272012

TIME OF CRASH 15:50 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 Mason-Montgomery Road TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION

CRASH AT / REFERENCE DIST REFERENCE DR PREFIX REFERENCE Western Row Road REF POINT 02 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

UNIT # A 1 NAME (LAST, FIRST, MIDDLE) Gamble, Dorothy M ADDRESS (STREET, CITY, STATE, ZIP CODE) 7151 Scarlet Oak Ct, Mason OH, 45040

SOCIAL SECURITY NUM DATE OF BIRTH 07291934 AGE 78 SEX F HOME PHONE # (513) 754-2071 WORK PHONE #

DL STATE OH DL # NK557527 LP STATE OH LP # AF39WE INJURED TAKEN BY 1 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") Gamble, Dorothy M ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR 2010 MAKE MERZ MODEL GL COLOR RED INSURANCE COMPANY Cincinnati TOWING SERVICE OWNER PHONE # 513-754-2071(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

UNIT # B 2 NAME (LAST, FIRST, MIDDLE) Pursley, Roberta J ADDRESS (STREET, CITY, STATE, ZIP CODE) 1298 Meadow Vista Drive, Maineville OH, 45039

SOCIAL SECURITY NUM DATE OF BIRTH 04041951 AGE 61 SEX F HOME PHONE # (513) 969-8181 WORK PHONE #

DL STATE OH DL # RQ669962 LP STATE OH LP # FFV5017 INJURED TAKEN BY 1 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 2010 MAKE CHEV MODEL Impala COLOR MAR INSURANCE COMPANY Nationwide TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

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

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	3 01 NO INJURY
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
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					
08 THIRD - MIDDLE	NON-MOTORIST					
09 THIRD - RIGHT	08 NONE USED					
10 SLEEPER SECTION OF CAB	09 HELMET USED					
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

Units 1, 2, 3 and 4 were northbound on Mason-Montgomery Road. Units 1, 2 and 4 were stopped in traffic when unit 3 struck unit 2, unit 2 was pushed into unit 1, which was pushed into unit 4. The driver of unit 4 told the driver of unit 1 he had no damage and he then left the scene.

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

04

- 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

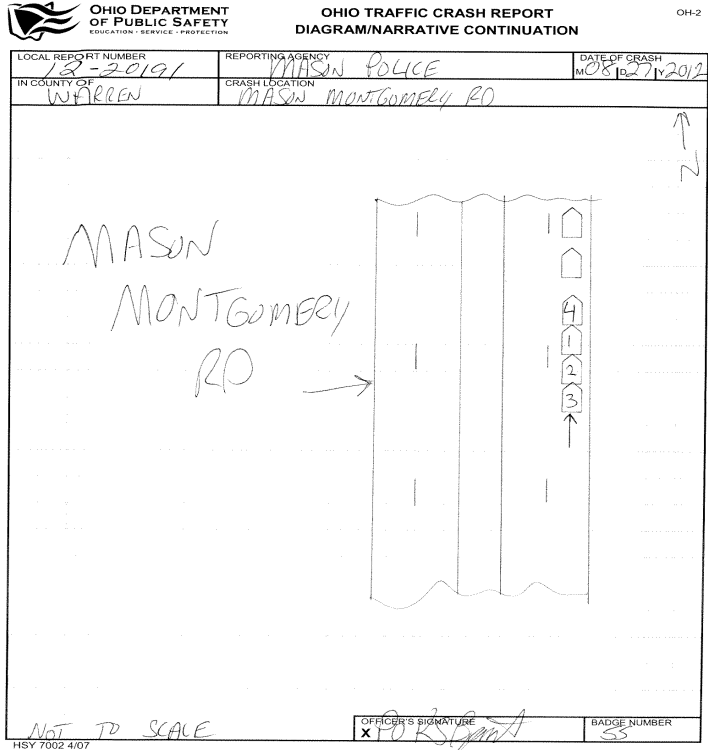
LIGHT CONDITIONS

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)

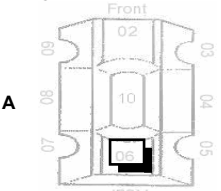
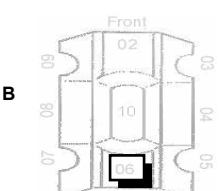

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	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 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
08/27/2012	16:41	15:52	15:59	16:41	30.00	30.63
OFFICER'S NAME*	RADGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55		08/28/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		2012000020191			

UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/> <small>A B</small>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="11"/> <input type="text" value="11"/> <small>A B</small>	SEQUENCE OF EVENTS <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	POSTED SPEED <input type="text" value="45"/> <input type="text" value="45"/> <small>A B</small>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>
20	20														
1	1														
2	2														
3	3														
4	4														
NON-MOTORIST LOCATION <input type="text"/> <input type="text"/> <small>A B</small>	A  B 	MOTORIST 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPING IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERING / CROSSING IN SPECIAL FIELD LOCATION 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	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 <input type="text" value="12"/> <input type="text" value="12"/> <small>A B</small>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> DRUG TEST 1&2 RESULT <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														
TYPE OF UNIT <input type="text" value="06"/> <input type="text" value="03"/> <small>A B</small>	MOST DAMAGED AREA <input type="text" value="06"/> <input type="text" value="06"/> <small>A B</small>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="01"/> <input type="text" value="01"/> <small>A B</small>		DIIRECTION FROM TO FROM TO <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <small>A B A B</small>	DRUG TEST 1&2 RESULT <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														
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 18 TRACTOR/TRIPLES 19 MOTORCYCLE 20 MOTORCYCLE (BOBTAIL) 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	POINT OF IMPACT <input type="text" value="06"/> <input type="text" value="06"/> <small>A B</small>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACCIDENT 09 IMPROPER LANE CHANGE/DRIVE OFF ROAD/IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATIONS ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTIVE 18 FATIGUE/ASLEEP 19 OPERATIONS ON DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 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		CONDITION <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	TYPE OF INTERSECTION <input type="text" value="01"/> <small>A</small>										
NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text" value="5"/> <input type="text" value="5"/> <small>A B</small>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text"/> <input type="text"/> <small>A B</small>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ALCOHOL/ DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	OCURRENCE <input type="text" value="1"/> <small>A</small>										
LINE EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <small>A B</small>	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>		MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ROAD CONTOUR <input type="text" value="1"/> <small>A</small>										
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="3"/> <small>A B</small>	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	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	SPEED DETECTED <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="02"/> <input type="text"/> <small>A B</small>										
TYPE OF UNIT <input type="text" value="06"/> <input type="text" value="03"/> <small>A B</small>			SPEED <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/> <small>A B</small>	ALCOHOL TEST STATUS 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN ALCOHOL TEST TYPE 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/> <small>A B</small>										
			SUPPLEMENTS *X* IF YES LOCAL REPORT#* <input type="text"/> <input type="text"/>												

201200020191

State Seal

LOCAL REPORT #* **2012020191**

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: **N** 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: **03** 98=ANIMAL, 99=UNKNOWN

DATE OF CRASH* **08272012**

TIME OF CRASH **15:50** DAY OF WEEK **Mon** CITY* **X** VILLAGE* TWP*

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

CRASH OCCURRED ON PREFIX **Mason-Montgomery Road** TYPE LOC **1** LOCAL INFORMATION

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

CRASH AT / REFERENCE DIST REFERENCE **Western Row Road** REF POINT **02**

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) **Fralic, Sarah E.**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **307 Turnberry Court, Mason OH, 45040**

SOCIAL SECURITY NUM DATE OF BIRTH **10311991** AGE **20** SEX **F** HOME PHONE # **(304) 412-0955** WORK PHONE #

DL STATE **WV** DL # **F546599** IP STATE **OH** IP # **6KD423** INJURED TAKEN BY **1** 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 **GMC** MODEL **Sierra** COLOR **WHI** INSURANCE COMPANY **Erie** TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED **333.03** OFFENSE DESCRIPTION **Maximum Speed Limits; Assured Clear Distance Ahead** CITATION # **72223** LOCAL CODE? **X**

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		SAFETY EQUIPMENT		AIR BAG		AIR BAG SWITCH		EJECTION		TRAPPED		INJURIES	
01	FRONT - LEFT (MC DRIVER)	01	NONE USED	01	NOT DEPLOYED	01	NOT PRESENT	01	NOT EJECTED	01	NOT TRAPPED	01	NO INJURY
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	MEANS	03	NON-FATAL INJURY
04	SECOND - LEFT (MC PASS)	04	SHOULDER LAP BELT	04	DEPLOYED BOTH FRONT SIDE	04	UNKNOWN POSITION	04	NOT APPLICABLE	04	FREED BY NON-MECHANICAL MEANS	04	FATAL INJURY
05	SECOND - MIDDLE	05	CHILD SAFETY SEAT	05	NOT APPLICABLE			05	UNKNOWN	05	UNKNOWN	05	UNKNOWN
06	SECOND - RIGHT	06	MC HELMET USED	06	UNKNOWN			06	UNKNOWN	06	UNKNOWN	06	UNKNOWN
07	THIRD - LEFT (MC PASSENGER SIDE CAR)	07	USE UNKNOWN										
08	THIRD - MIDDLE												
09	THIRD - RIGHT	08	NON-MOTORIST										
10	SLEEPER SECTION OF CAB	09	NONE USED										
11	ENCLOSED CARGO AREA	10	HELMET USED										
12	UNENCLOSED CARGO AREA	11	PROTECTIVE PADS										
13	TRAILING UNIT	12	REFLECTIVE CLOTHING										
14	EXTERIOR	13	LIGHTING										
15	OTHER	14	UNKNOWN										
16	NON-MOTORIST												
17	UNKNOWN												

Narrative

Units 1, 2, 3 and 4 were northbound on Mason-Montgomery Road. Units 1, 2 and 4 were stopped in traffic when unit 3 struck unit 2, unit 2 was pushed into unit 1, which was pushed into unit 4. The driver of unit 4 told the driver of unit 1 he had no damage and he then left the scene.

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 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

04

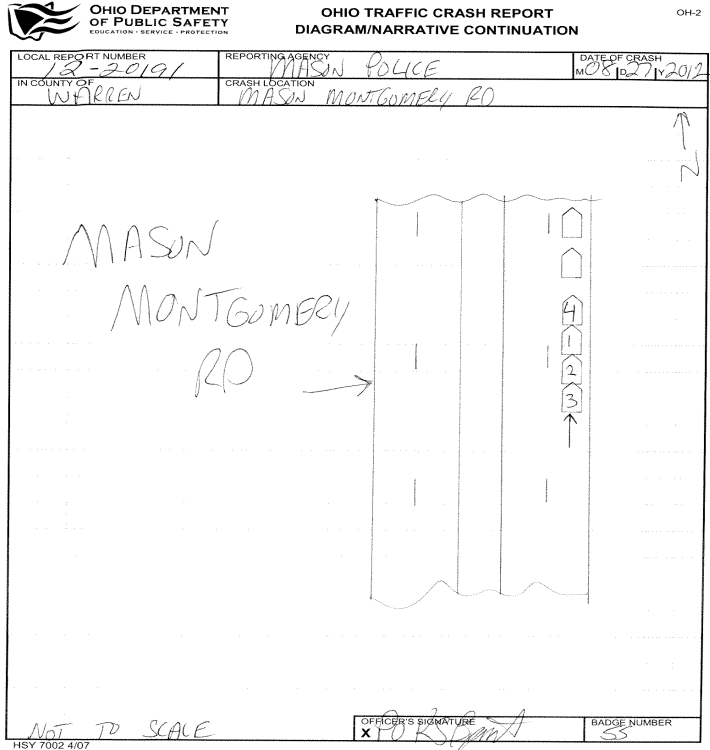
01 CLEAR
 02 CLOUDY
 03 FOG, SMOG, SMOKE
 04 RAIN
 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
 06 SNOW
 07 SEVERE CROSSWINDS
 08 BLOWING SAND, SOIL, DIRT, SNOW
 09 OTHER
 10 UNKNOWN

LIGHT CONDITIONS

PRIMARY **1** SECONDARY

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

Diagram



Truck/Bus

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

AND

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

Unit#

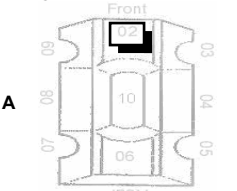
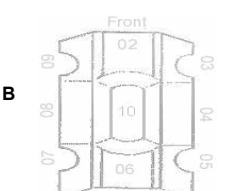
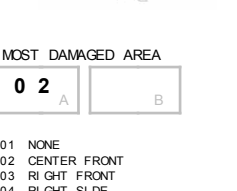
COMPANY (FROM SHIPPING PAPERS) _____ COMPANY PHONE _____

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

US DOT	ICC MC	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
<input type="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
08/27/2012	16:41	15:52	15:59	16:41	30.00	30.63
OFFICER'S NAME*	BADGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55		08/28/2012			
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		201200020191			

UNIT NUMBERS <input type="text" value="3"/> <input type="text" value="4"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="01"/>	SEQUENCE OF EVENTS <table border="1"> <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>	1	1	2	2	3	3	4	4	POSTED SPEED <input type="text" value="45"/>	DRUG TEST STATUS <input type="text" value="1"/>
1	1												
2	2												
3	3												
4	4												
NON-MOTORIST LOCATION <input type="text" value="A"/> <input type="text" value="B"/> 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/ NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	A  B  MOST DAMAGED AREA <input type="text" value="02"/>	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 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	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENTLOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION 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 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	TRAFFIC CONTROL <input type="text" value="12"/>	DRUG TEST TYPE <input type="text" value="1"/>								
TYPE OF UNIT <input type="text" value="07"/>	POINT OF IMPACT <input type="text" value="02"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="08"/>		DIIRECTION FROM TO FROM TO <input type="text" value="2"/> <input type="text" value="1"/>	DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/>								
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 18 TRACTOR/TRIPLES 19 MOTORCYCLE 20 MOTORCYCLE (BOBTAIL) 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	POINT OF IMPACT 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	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACCIDENT 09 IMPROPER LANE CHANGE/DRIVE OFF ROAD/IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATIONS ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTIVE 18 FATIGUE/ASLEEP 19 OPERATIONS ON DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPELLING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 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		CONDITION <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="01"/>								
NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTION <input type="text" value="3"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	FIRST HARMFUL EVENT <input type="text" value="1"/>	ALCOHOL/ DRUG SUSPECTED <input type="text" value="1"/>	OCCURRENCE <input type="text" value="1"/>								
IN-Emergency Response <input type="text" value="A"/> <input type="text" value="B"/>	STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <input type="text" value="1"/>		MOST HARMFUL EVENT <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="1"/>								
DAMAGE SCALE <input type="text" value="2"/>	STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN <input type="text" value="1"/>	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	SPEED DETECTED <input type="text" value="1"/>	ALCOHOL TEST TYPE <input type="text" value="1"/>	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="02"/>								
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		SPEED <input type="text" value="35"/>	01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/> SUPPLEMENTS *X* IF YES <input type="text" value="A"/> <input type="text" value="B"/> LOCAL REPORT#* <input type="text" value="201200020191"/>								

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000020191	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 12-20191	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 08 02 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Dawn S. Galic HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
P.O. KEVIN S. BRYANT AT HOPE CHURCH
OFFICER'S NAME LOCATION

Driving North on Mason Montgomery road, children running across street during green light, failed to stop in time, slid into car on wet road, and she slid into car in front of her.

Q. WAS IT RAINING?
 A. YES MY WIPERS WERE ON

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

Q. WERE YOU WEARING YOUR SEAT BELT? no

Q. WHAT DIRECTION WERE YOU GOING? north

Q. WHAT WAS YOUR SPEED? 35

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

ADDRESS OF WITNESS: 307 Turberry Pt. BARBERSVILLE WV 25504 PHONE: 304 4120955

SIGNATURE OF WITNESS: Dawn S Galic OFFICER'S SIGNATURE: K S Bryant

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000020191	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 12-20191	REPORTING AGENCY MASON POLICE	DATE OF CRASH M D Y
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Roberta Pursey PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. KEVIN S. BRYANT AT _____
OFFICER'S NAME LOCATION

Near mason school, Right blinker on to turn at stop light, hit by white truck which pushed me into red car

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? BACK, LT KNEE

Q. WERE YOU WEARING YOUR SEAT BELT? YES

Q. WHAT DIRECTION WERE YOU GOING? NORTH

Q. WHAT WAS YOUR SPEED? 0

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

ADDRESS OF WITNESS _____ PHONE 515 968 8181

SIGNATURE OF WITNESS X OFFICER'S SIGNATURE X