

State Seal LOCAL REPORT #* 2012022357 CRASH SEVERITY 3 1 FATAL 3 PDO 2 Injury 4 Unknown PRIVATE PROPERTY HIT / SKIP 1 NOT HIT / SKIP 2 SOLVED 3 UNSOLVED PHOTOS TAKEN Y OH-2 OH-3 OH-1P OTHER X X X X NCIC #* 08304 REPORTING AGENCY* City of Mason - City of Mason Police Depar # UNITS 2 UNIT ERROR 01 88=ANIMAL 89=UNKNOWN DATE OF CRASH* 09202012

TIME OF CRASH 16:42 DAY OF WEEK Thu CITY* X VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* Mason COUNTY #* 83 LATITUDE LONGITUDE

CRASH OCCURRED ON PREFIX CRASH LOCATION Western Row Road TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION Reading Rd.

CRASH AT / REFERENCE DIST REFERENCE 30.00 DR PREFIX E S REFERENCE US 42 REF POINT 02 REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 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

A UNIT # 1 NAME (LAST, FIRST, MIDDLE) Rhoten, Jared R ADDRESS (STREET, CITY, STATE, ZIP CODE) 155 W. Spring Valley Rd., Centerville OH, 45458 SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE # 09251983 28 M (937) 433-7661 DL STATE IL # RY524101 LP STATE LP # OH EMJ7244 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") Rhoten, Jared R ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE # 2009 TOYT Corolla GRY Erie 937-433-7661(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

B UNIT # 2 NAME (LAST, FIRST, MIDDLE) Brown, Elizabeth J ADDRESS (STREET, CITY, STATE, ZIP CODE) 6302 Knoll Crest Ct., West Chester OH, 45069 SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE # 11201955 56 F (513) 777-4199 DL STATE IL # RG505625 LP STATE LP # OH AG98BW 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") Brown, Elizabeth J ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE # 2005 JAGU S-Type BLU Nationwide 513-777-4199(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

C UNIT # NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 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 | 1 01 NOT DEPLOYED | 1 01 NOT PRESENT | 1 01 NOT EJECTED | 1 01 NOT TRAPPED | 1 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 NON-MECHANICAL 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 | 04 INCAPACITATED |
| 05 SECOND - MIDDLE | 05 CHILD SAFETY SEAT | 05 NOT APPLIED | | 05 UNKNOWN | 05 UNKNOWN | 05 FATAL INJURY |
| 06 SECOND - RIGHT | 06 MC HELMET USED | 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

Unit #02 was stopped facing westbound on Western Row Rd. at Reading Rd. Unit #01 was stopped behind unit #02 facing westbound on Western Row Rd, proceeded westbound, and struck unit #02 in the rear.

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

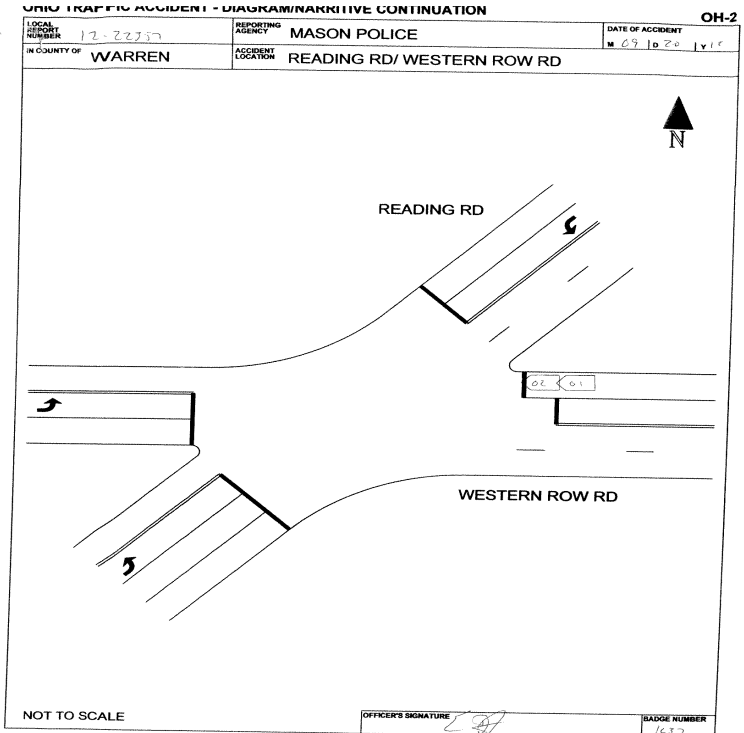
LOCATION OF CRASH IN WORK ZONE

-
- 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

Diagram



WEATHER

- 02**
- 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

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#:

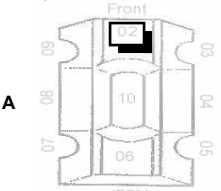
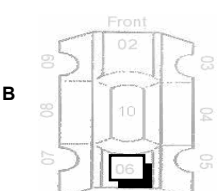
COMPANY (FROM SHIPPING PAPERS): COMPANY PHONE:

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

| | | | | | | | |
|---|---|--|---|---|----------------------|----------------------|----------------------|
| US DOT | ICC MC | EUCO | TRAILER LP ST. | TRAILER LP YEAR | TRAILER LP# | PLACARD # | # DIA |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| CARGO BODY TYPE | WEIGHT (GVWR) | CDL Class | Hazardous Materials Placard | Hazardous Materials Released | | | |
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 01 LESS/ EQUAL 10,000 02 10,001- 26,000 03 MORE THAN 26,000 | <ul style="list-style-type: none"> 01 CLASS A 02 CLASS B 03 CLASS C 04 CLASS M 05 CLASS D | <ul style="list-style-type: none"> 01 NO 02 YES 03 UNKNOWN | <ul style="list-style-type: none"> 01 NO 02 YES 03 NOT APPLI CABLE 04 UNKNOWN | | | |

Police Action

| | | | | | | |
|----------------------------------|-----------------|-------------------------|--------------------|---------|-------|---------------|
| DATE CRASH REPORTED | TIME REC CALL | DISPATCH | ARRIVED | CLEARED | OTHER | TOTAL MINUTES |
| 09/20/2012 | 16:43 | 16:43 | 16:43 | 17:11 | 30.00 | 57.87 |
| OFFICER'S NAME* | PAGE #* | CHECKED BY | DATE REPORT FILED* | | | |
| Police Officer Eric S Fitzgerald | 1C37 | | 09/21/2012 | | | |
| REPORT TAKEN BY | REPORT TAKEN AT | SUPPLEMENT * "X" IF YES | LOCAL REPORT # | | | |
| 1 | 1 | | 201200022357 | | | |

| | | | | | | | | | | | | | | | | | |
|--|--|---|---|---|---|---------|-----------|----|---|---|---|---|---|---|---|---|---|
| UNIT NUMBERS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2</div> </div> | DAMAGE AREA   | PRE-CRASH ACTIONS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">11</div> </div> | SEQUENCE OF EVENTS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">20</td> <td style="width:50%; text-align: center;">20</td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> </tr> </table> | 20 | 20 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | POSTED SPEED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">35</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">35</div> </div> | DRUG TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div> | | |
| 20 | 20 | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | |
| 3 | 3 | | | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | | | |
| NON-MOTORIST LOCATION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div> | 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 DRIVING 13 OTHER 14 UNKNOWN | NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS/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 | TRAFFIC CONTROL <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12</div> </div> | DRUG TEST TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div> | | | | | | | | | | | | |
| 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 | MOST DAMAGED AREA <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06</div> </div> | NON-MOTORIST 15 ENTERING/CROSSING IN SPECIALTY 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 | 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 | DIIRECTION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%;">FROM</td> <td style="width:25%;">TO</td> <td style="width:25%;">FROM</td> <td style="width:25%;">TO</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> <td style="text-align: center;">3</td> <td style="text-align: center;">4</td> </tr> </table> | FROM | TO | FROM | TO | 3 | 4 | 3 | 4 | DRUG TEST 1&2 RESULT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">1</td> <td style="width:50%; text-align: center;">2</td> </tr> <tr> <td style="width:50%; text-align: center;">1</td> <td style="width:50%; text-align: center;">2</td> </tr> </table> | 1 | 2 | 1 | 2 |
| FROM | TO | FROM | TO | | | | | | | | | | | | | | |
| 3 | 4 | 3 | 4 | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | |
| 1 | 2 | | | | | | | | | | | | | | | | |
| TYPE OF UNIT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">04</div> </div> | POINT OF IMPACT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06</div> </div> | CONTRIBUTING CIRCUMSTANCES <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">21</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div> </div> | 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 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN | CONDITION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div> | TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div> | | | | | | | | | | | | |
| MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MEDIUM 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 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 | 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 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN | ALCOHOL/DRUG SUSPECTED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div> | OCCURRENCE <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> | | | | | | | | | | | | |
| NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN | ACTION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4</div> </div> | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div> | FIRST HARMFUL EVENT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div> | ALCOHOL TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div> | ROAD CONTOUR <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> | | | | | | | | | | | | |
| LINE EMERGENCY RESPONSE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div> | STRIKING VEHICLE: OVERRIDEN/UNDERRIDDEN <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div> | VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div> | OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div> | ALCOHOL TEST TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div> | ROAD CONDITIONS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">PRIMARY</td> <td style="width:50%; text-align: center;">SECONDARY</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;">B</td> </tr> </table> | PRIMARY | SECONDARY | 02 | B | | | | | | | | |
| PRIMARY | SECONDARY | | | | | | | | | | | | | | | | |
| 02 | B | | | | | | | | | | | | | | | | |
| DAMAGE SCALE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2</div> </div> | 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 | MOST HARMFUL EVENT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div> </div> | ALCOHOL TEST RESULT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div> | 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 | | | | | | | | | | | | |
| 01 NONE 02 FUNCTIONAL DAMAGE 03 SEVERE 04 UNKNOWN | 01 NONE 02 BLOOD 03 URINE 04 OTHER | 01 NONE 02 BLOOD 03 URINE 04 OTHER | 01 STATED 02 ESTIMATED SPEED | 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER | 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER | | | | | | | | | | | | |
| | | | | SUPPLEMENTS *X* IF YES | | | | | | | | | | | | | |
| | | | | LOCAL REPORT#* | | | | | | | | | | | | | |
| | | | | 201200022357 | | | | | | | | | | | | | |

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

| | | |
|--------------------------------------|---|--|
| LOCAL REPORT NUMBER 2012000022357 | REPORTING AGENCY Mason Police Department | |
|--------------------------------------|---|--|



OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

| | | |
|---------------------------------|----------------------------------|------------------------------------|
| LOCAL REPORT NUMBER 12-22357 | REPORTING AGENCY MASON POLICE | DATE OF CRASH M 9 D 20 Y 12 |
|---------------------------------|----------------------------------|------------------------------------|

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

I, James R. Bhatia PRINTED _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Fitzgerald AT Reading + Western Rds
OFFICER'S NAME LOCATION

Traffic was stopped at a red light at the intersection of Reading Rd and Western Bow Rd. I was stopped on Western Bow Rd. traveling ~~west~~ westbound toward Mason Auto Sales on the right thru lane. We got the green traffic signal and traffic in front of the green jaguar began to go. I started to move forward and realized the jaguar was moving. I applied the brakes and slid into the bumper of the jaguar. I was traveling approximately 3-5 mph. I was not injured. There is no damage to my vehicle. I was wearing my seatbelt. I have no passengers in my vehicle.

ADDRESS OF WITNESS
155 W Spring Valley Rd Centerville OH 45458

PHONE
937-433-7661

SIGNATURE OF WITNESS X OFFICER'S SIGNATURE X

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

| | |
|--------------------------------------|---|
| LOCAL REPORT NUMBER 2012000022357 | REPORTING AGENCY Mason Police Department |
|--------------------------------------|---|



TRAFFIC CRASH WITNESS STATEMENT

OH-3

| | | |
|---------------------------------|----------------------------------|-------------------------------------|
| LOCAL REPORT NUMBER 12-22357 | REPORTING AGENCY MASON POLICE | DATE OF CRASH M 09 D 20 Y 12 |
|---------------------------------|----------------------------------|-------------------------------------|

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

I, Elizabeth J. Brown HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT Reading + Western Pk
OFFICER'S NAME LOCATION

I was sitting at a red light in the right hand lane.
 A car ran into the back of me.
 I had my seatbelt

| | |
|---|-------------------------------|
| ADDRESS OF WITNESS 6302 Knoll Crest Ct, West Chester, OH 45069 | PHONE Home 513-777-4199 |
| SIGNATURE OF WITNESS X | OFFICER'S SIGNATURE X |

HSY 7003 4/07

513-312-8868
cell