



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER * 20112-25898	CRASH SEVERITY 3 - FATAL 2 - INJURY 1 - PDB	HSY/SKIP 1 - SOLVED 2 - UNSOLVED
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PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	PRIVATE PROPERTY	REPORTING AGENCY NCIC * 68304	REPORTING AGENCY NAME * MASON POLICE	NUMBER OF UNITS 02	UNIT IN ERROR 98 - ANIMAL 99 - UNKNOWN
COUNTY * 83	CITY * MASON	CITY, VILLAGE, TOWNSHIP *	CRASH DATE * 10/29/2012	TIME OF CRASH 1245	DAY OF WEEK MON	

DEGREES / MINUTES / SECONDS LATITUDE 39° 11' 14.118125278141"	LONGITUDE 84° 13' 15.019"	DECIMAL DEGREES LATITUDE 39.1892057	LONGITUDE -84.312086
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ROADWAY DIVISION <input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND	NUMBER OF TRUCK LANES 04	ROAD TYPES OR MILEPOST * AL - ALLEY CR - CIRCLE AV - AVENUE CT - COURT BL - BOULEVARD DR - DRIVE HE - HEIGHTS MP - MILEPOST HW - HIGHWAY PK - PARKWAY LA - LANE PL - PLACE RD - ROAD ST - STREET TE - TERRACE WA - WAY
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LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOC PREFIX N, S, E, W	LOCATION ROAD NAME MASON MONTGOMERY RD	LOCATION ROAD TYPE 2	ROUTE TYPES 3 IR - INTERSTATE ROUTE (INC. TURNPIKE) US - US ROUTE SR - STATE ROUTE
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DISTANCE FROM REFERENCE 100	DIR FROM REF N, S, E, W	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N, S, E, W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) CEDAR VILLAGE	REFERENCE ROAD TYPE 2
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REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 01	02 - NOT AN INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT	06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS	11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	INTERSECTION RELATED <input type="checkbox"/>	LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN
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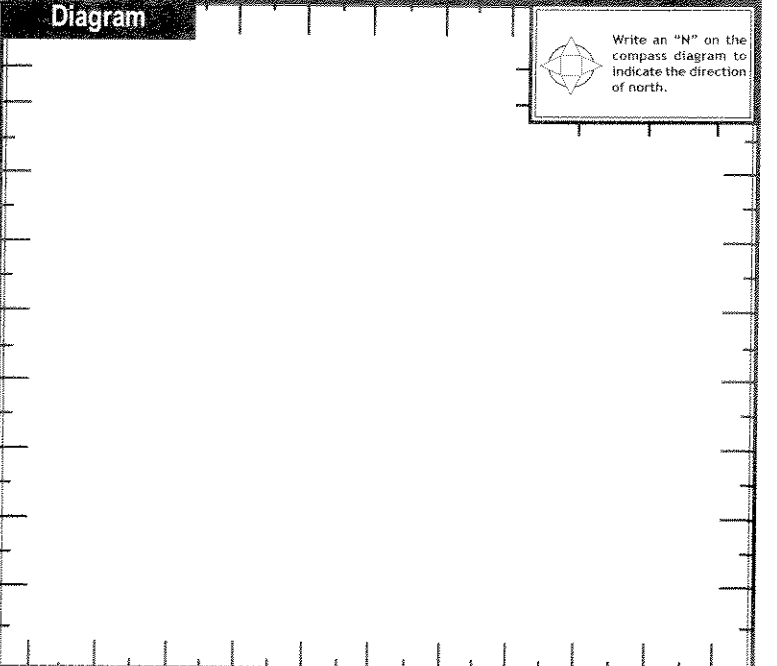
ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	ROAD CONDITIONS PRIMARY 01 SECONDARY 02	01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN	* SECONDARY CONDITION ONLY
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MANNER OF CRASH COLLISION/IMPACT 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER <input type="checkbox"/> 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOGK 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN
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ROAD SURFACE 2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	LIGHT CONDITIONS PRIMARY 01 SECONDARY 02	1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER 9 - UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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WORK ZONE RELATED <input type="checkbox"/>	WORKERS PRESENT <input type="checkbox"/>	LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input checked="" type="checkbox"/>	LAW ENFORCEMENT PRESENT (VEHICLE ONLY) <input type="checkbox"/>	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) <input type="checkbox"/>	TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA
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UNIT #1 WAS SOUTH BOUND ON MASON MONTGOMERY RD. UNIT #2 WAS MAKING A U-TURN FROM NORTH BOUND MASON MONTGOMERY RD. UNIT #1 STRUCK #2.



REPORT TAKEN BY POLICE AGENCY	DATE CRASH REPORTED 10/29/2012	TIME CRASH REPORTED 1247	DISPATCH TIME 1248	ARRIVAL TIME 1253	TIME CLEARED 1401	OTHER INVESTIGATION TIME 20	TOTAL MINUTES 94
OFFICER'S NAME * BRYANT	OFFICER'S BADGE NUMBER 55	CHECKED BY 55	PAGE 1 of 4				



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE WOLFE, WILLIAM D.	DATE OF BIRTH 0829, 1955	AGE 57	GENDER M F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 2301 ELMVILLE RD N, PERDUES OHIO 45660	CONTACT PHONE - INCLUDE AREA CODE 513 265 2220
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE OH	OPERATOR LICENSE NUMBER RK 786678	OL CLASS 1	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE WAGNER, BETTYE L.	DATE OF BIRTH 1027, 1934	AGE 78	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6969 CHESTNUT OAK CT HAMILTON OHIO 45011	CONTACT PHONE - INCLUDE AREA CODE 513 863 5514
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 01	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE OH	OPERATOR LICENSE NUMBER RP 753234	OL CLASS H	No VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY <input type="checkbox"/>
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INJURIES: 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY: 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED: MOTORIST: 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED NON-MOTORIST: 05 - CHILD RESTRAINT SYSTEM - FORWARD FACING 06 - CHILD RESTRAINT SYSTEM - REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	99 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST: 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION: 01 - FRONT - LEFT SIDE (Motorcycle Driver) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (Motorcycle Passenger) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE 07 - THIRD - LEFT SIDE (Motorcycle Side Car) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (Non-Trailing Unit Such as a Bus, Pick-up with Cap) 12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (Non-Trailing Unit) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE: 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION: 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED: 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS: 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (INDICATE "D" IF M/C) 5 - M/C/Moped Only	CONDITION: 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTRESSED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED: 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS: 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE: 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS: 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE: 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY: 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (Navigation Device, Radio, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE GRIMES, JACKIE	DATE OF BIRTH 0527, 1938	AGE 74	GENDER F F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 4064 BEDFORD AVE HAMILTON OHIO 45015	CONTACT PHONE - INCLUDE AREA CODE 513 863 5514
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 03	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION 03	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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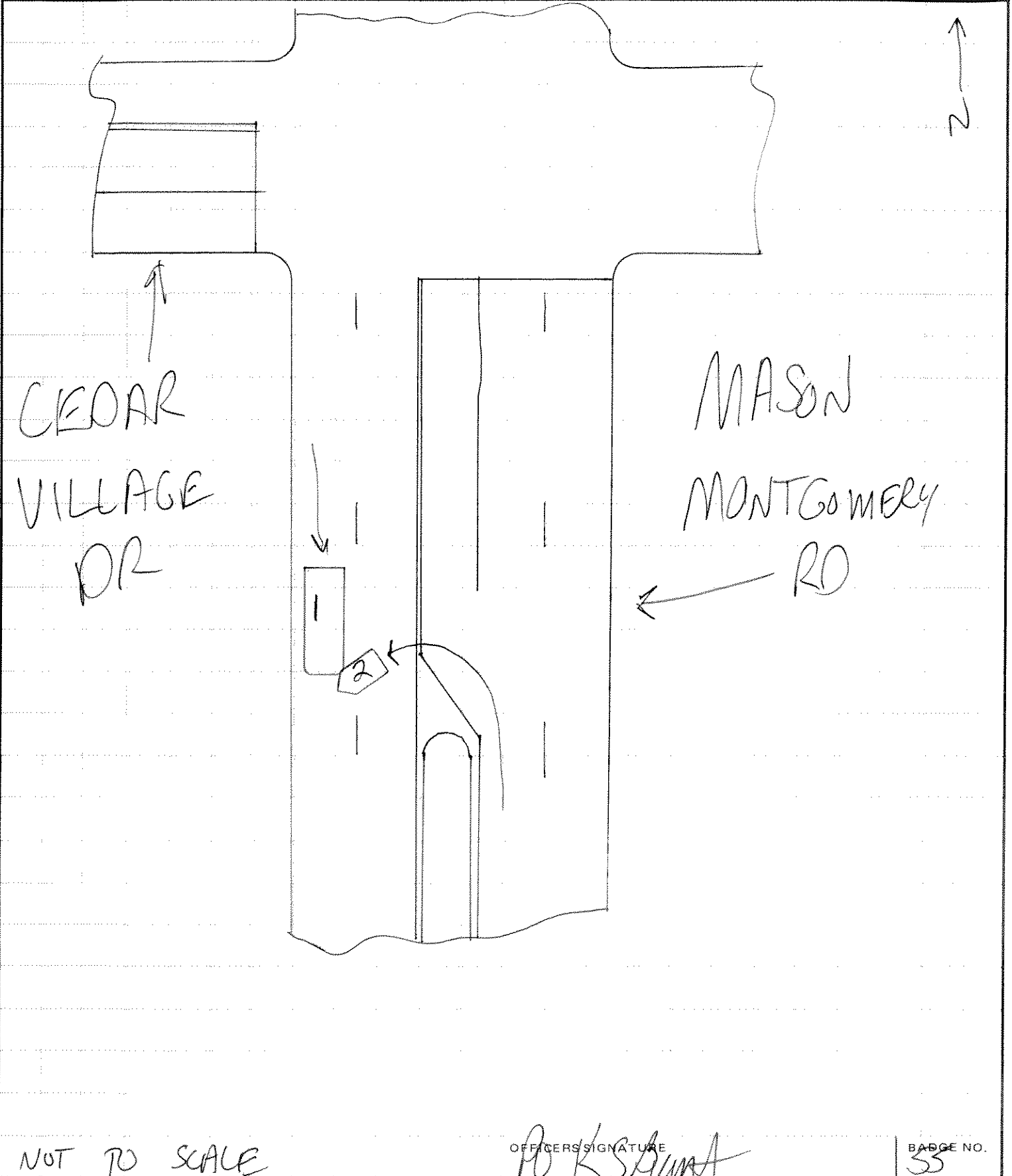
ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET <input type="checkbox"/>	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OHIO TRAFFIC ACCIDENT – DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 12-25808	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 10 10 29 Y 12
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONTGOMERY RD	



NOT TO SCALE

OFFICER'S SIGNATURE
PO K. S. [Signature]

BADGE NO.
35



LOCAL REPORT NUMBER <i>12-25808</i>	REPORTING AGENCY MASON POLICE	DATE OF CRASH M <i>10</i> D <i>29</i> Y <i>12</i>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, *WILLIAM D. WOLFE* HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
P.O. KEVIN S. BRYANT AT *CRASH SCENE*
OFFICER'S NAME LOCATION

*I WAS SOUTH BOUND ON MASON-MONTGOMY Rd.
 WHEN A SILVER CAR DID A U-TURN INTO MY LANE.*

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

Q. WERE YOU WEARING YOUR SEAT BELT? *YES*

Q. WHAT DIRECTION WERE YOU GOING? *SOUTH*

Q. WHAT WAS YOUR SPEED? *35*

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

ADDRESS OF WITNESS <i>2301 N ELMVILLE Rd., PEOPLES OHIO 45660</i>	PHONE <i>632652220</i>
SIGNATURE OF WITNESS <i>X William D. Wolfe</i>	OFFICER'S SIGNATURE <i>X PO K S Bryant</i>



LOCAL REPORT NUMBER <i>12-25808</i>	REPORTING AGENCY MASON POLICE	DATE OF CRASH <i>10/29/12</i>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

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

approaching
 When traffic light ~~was~~ left turn signal at intersection was on, saw traffic coming, I proceeded to make left turn at the media. Truck ~~was~~ appeared to be on the far side of the traffic signal.
 I turned into right lane & was hit by Truck.

Q. WERE YOU, OR ANYONE IN YOUR VEHICLE INJURED? *?*

Q. WERE YOU WEARING YOUR SEAT BELT? *Yes*

Q. WHAT DIRECTION WERE YOU GOING? *North*

Q. WHAT WAS YOUR SPEED? *turning ? slowly*

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

ADDRESS OF WITNESS <i>4164 Bedford Ave</i>	PHONE <i>63-5514</i>
SIGNATURE OF WITNESS <i>X</i>	OFFICER'S SIGNATURE <i>X [Signature]</i>