

State Seal

LOCAL REPORT #* **2012005186**

CRASH SEVERITY: **3** 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 OH-1P OTHER

NCIC #* **08304** REPORTING AGENCY* **City of Mason - City of Mason Police Depart** # UNITS **2**

UNIT ERROR: **01** 98=ANIMAL, 99=UNKNOWN

DATE OF CRASH* **03132012**

TIME OF CRASH **10:02** DAY OF WEEK **Tue** CITY* VILLAGE* TWP*

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

CRASH OCCURRED ON PREFIX **Tylersville Road** TYPE LOC LOCAL INFORMATION

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

CRASH AT / REFERENCE DIST REFERENCE **200.00** DR **W** PREFIX **Mason-Montgomery Road** REF POINT

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 # **1** NAME (LAST, FIRST, MIDDLE) **Raunft, Ralph**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **4283 Miami Trail Lane, Cincinnati OH, 45252**

SOCIAL SECURITY NUM DATE OF BIRTH **02261950** AGE **62** SEX **M** HOME PHONE # **(513) 245-0816** WORK PHONE #

DL STATE **OH** DL # **RQ597765** IP STATE **OH** IP # **ADQ9598** 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") **Same** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR **1996** MAKE **FORD** MODEL **Explorer** COLOR **GRE** INSURANCE COMPANY **State Auto** TOWING SERVICE OWNER PHONE # **513-245-0816(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

B UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Ware, Gardenier B Jr**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **6049 Glenview, Mason OH, 45040**

SOCIAL SECURITY NUM DATE OF BIRTH **05281994** AGE **17** SEX **M** HOME PHONE # **(513) 770-0818** WORK PHONE #

DL STATE **OH** DL # **TT039828** IP STATE **OH** IP # **FEJ2378** 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") **Ware, Gardenier B Jr,** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR **2011** MAKE **HYUN** MODEL **Accent** COLOR **WHI** INSURANCE COMPANY **Geico** TOWING SERVICE OWNER PHONE # **513-770-0818(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	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 NON-INCAPACITATING INJURY
03 FRONT - RIGHT	03 LAP BELT ONLY	03 DEPLOYED SIDE	03 IN OFF POSITION	03 PARTIALLY EJECTED	03 MEANS	03 NON-INCAPACITATING 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 INCAPACITATING INJURY
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLICABLE		05 UNKNOWN	05 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

Unit #1 struck unit #2 from behind on Tylersville Road near Mason-Montgomery Road.

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

1

- 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

1

- 01 BEFORE FIRST WORK ZONE WARNING SIGN
- 02 ADVANCE WARNING AREA
- 03 TRANSITION AREA
- 04 ACTIVITY AREA

WORKERS PRESENT

1

- 01 NO
- 02 YES
- 03 UNKNOWN

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 SECONDARY

1

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

Diagram

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 2012-5186	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 3 13 12
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONT RD @ TYLERSVILLE RD	

NOT TO SCALE

Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH A GVW 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)

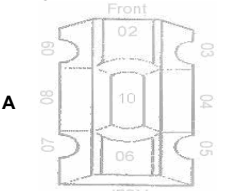
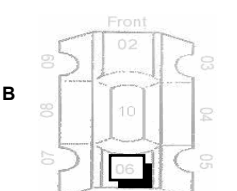
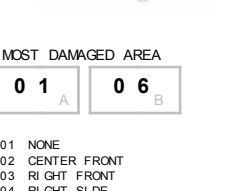
COMPANY PHONE

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	01 LESS/EQUAL 10,000	01 CLASS A	01 NO	01 NO			
02 BUS (9-15 INCLUDING DRIVER)	02 10,001-26,000	02 CLASS B	02 YES	02 YES			
03 VAN ENCLOSED BOX	03 MORE THAN 26,000	03 CLASS C	03 UNKNOWN	03 NOT APPLICABLE			
04 GRAIN CHIPS/GRAVEL		04 CLASS M		04 UNKNOWN			
05 POLE		05 CLASS D					
06 CARGO TAN							
07 FLATBED							
08 DUMP							
09 CONCRETE MIXER							
10 AUTO TRANSPORTER							
11 GARBAGE/REFUSE							
12 OTHER							
13 UNKNOWN							

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
03/13/2012	10:10	10:05	10:10	10:35	25.00	49.68
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Daniel R Edwards	1C47		03/14/2012			
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		201200005186			

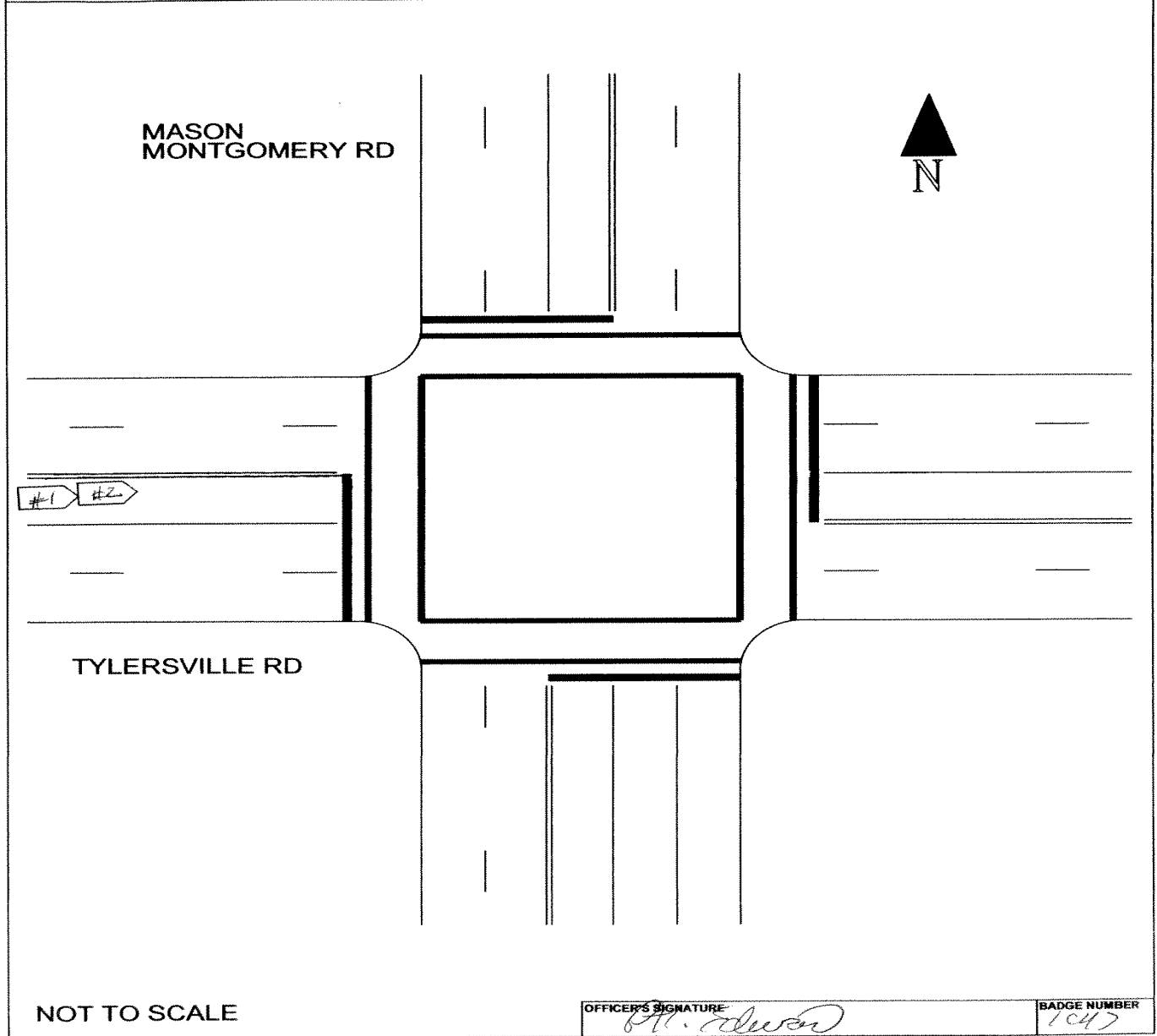
UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/> <small>A B</small>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="11"/> <input type="text" value="11"/> <small>A B</small>	SEQUENCE OF EVENTS <table border="1"> <tr><td>20</td><td>20</td></tr> <tr><td>1</td><td>1</td></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="35"/> <input type="text" value="35"/> <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> 01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/ NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRI VEWAY ACCESS CROSSWALK 05 I N ROADWAY 06 NOT I N ROADWAY 07 MEDI AN (BUT NOT SHOULDER) 08 I SLAND 09 SHOULDER 10 SI DEWALK 11 WITH I N 10 FEET OF ROADWAY (NOT SHOULDER, MEDI AN, SI DEWALK, I SLAND) 12 BEYOND 10 FEET OF ROADWAY (WITH I N TRAFFI CWAY) 13 OUTSI DE TRAFFI CWAY 14 SHARED USE PATHS OR TRAI LS 15 UNKNOWN	A  B  MOST DAMAGED AREA <input type="text" value="01"/> <input type="text" value="06"/> <small>A B</small>	MOTORIST 01 MOVEMENTS ESSENTI ALLY STRAI GHT AHEAD 02 BACKI NG 03 CHANGI NG LANES 04 OVERTAKI NG/ PASSI NG 05 TURNI NG RI GHT 06 TURNI NG LEFT 07 MAKI NG U-TURN 08 ENTERI NG TRAFFI C LANE 09 LEAVI NG TRAFFI C LANE 10 PARKED 11 SLOWI NG STOPPED I N TRAFFI C 12 DRI VERLESS 13 OTHER 14 UNKNOWN NON-MOTORIST 15 ENTERI NG / CROSSI NG I N SPECI FI ED LOCATI ON 16 WALKI NG, RUNNI NG, JOGGI NG, PLAYI NG, CYCLI NG 17 WORKI NG 18 PUSHI NG VEHI CLE 19 APPROACHI NG LEAVI NG VEHI CLE 20 PLAYI NG / WORKI NG ON VEHI CLE 21 STANDI NG 22 OTHER 23 UNKNOWN	NON-COLLISION 01 OVERTURN/ ROLLOVER 02 FI RE/ EXPLOSI ON 03 I MMERSI ON 04 JACKKNI FE 05 CARGO EQUI PMENTLOSS/ SHI FT 06 EQUI PMENT FAI LURE 07 SEPARATI ON OF UNI TS 08 RAN OFF ROAD RI GHT 09 RAN OFF ROAD LEFT 10 CROSS MEDI AN/ CENTERLI NE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLI SI ON 13 UNKNOWN NON-COLLI SI ON COLLISION w/ PERSON, VEHI CLE, OR OBJECT, NOT FI XED 14 PEDESTRI AN 15 PEDACYCLE 16 RAI LWAY VEHI CLE 17 ANI MAL - FARM 18 ANI MAL - DEER 19 ANI MAL - OTHER 20 MOTOR VEHI CLE I N TRANSPORT 21 PARKED MOTOR VEHI CLE 22 WORK ZONE MAI NTEANCE EQUI PMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT COLLISION WITH FI XED OBJECT 25 I MPACT ATTENUATOR/ CRASH CUSHI ON 26 BRI DGE OVERHEAD STRUCTURE 27 BRI DGE PI ER OR ABUTMENT 28 BRI DGE PARAPET 29 BRI DGE RAI L 30 GUARDRAI L FACE 31 GUARDRAI L END 32 MEDI AN BARRI ER 33 HI GHWAY TRAFFI C SI GN POST 34 OVERHEAD SI GN POST 35 LI GHT/ LUM I NARI ES SUPPORT 36 UTI LI TY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DI TCH 41 EMBANKMENT 42 FENCE 43 MAI LBOX 44 TREE 45 OTHER FI XED OBJECT 46 WORK ZONE MAI NTEANCE EQUI PMENT 47 UNKNOWN FI XED OBJECT 48 OTHER 49 UNKNOWN	TRAFFI C CONTROL <input type="text" value="12"/> <input type="text" value="12"/> <small>A B</small> 01 NO CONTROLS 02 STOP SI GN 03 YI ELD SI GN 04 TRAFFI C SI GNAL 05 TRAFFI C FLASHERS 06 SCHOOL ZONE 07 RAI LROAD CROSSBUCKS 08 RAI LROAD FLASHERS 09 RAI LROAD GATES 10 CONSTRUCTI ON BARRI CADE 11 POLI CE OFFI CER 12 PAVEMENT MARKI NGS 13 CROSSWALK LI NES 14 WALK/ DON T WALK SI GNAL 15 TRAFFI C CONTROL DEVI CE I NOPERATI VE, M SSI NG, O BSCURED 16 OTHER DI RECTI ON FROM TO FROM TO <input type="text" value="4"/> <input type="text" value="3"/> <input type="text" value="4"/> <input type="text" value="3"/> <small>A B A B</small> 01 NORTH 02 SOUTH 03 EAST 04 WEST 05 NORTHEAST 06 NORTHWEST 07 SOUTHEAST 08 SOUTHWEST 09 UNKNOWN CONDI TI ON <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 01 APPARENTLY NORMAL 02 PHYSI CAL I MPARMENT 03 EMOTI ONAL 04 I LLNESS 05 FELL ASLEEP, FAI NTED, FATI GUED, ETC. 06 UNDER THE I NFLUENCE OF MEDI CATI ONS/ DRUGS/ ALCOHOL 07 OTHER 08 UNKNOWN	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 01 NONE 02 TEST REFUSED 03 TEST GI VEN, CONTAM NATED SAMPLE/ UNUSABLE 04 TEST GI VEN, RESULTS KNOWN 05 TEST GI VEN, RESULTS UNKNOWN 06 UNKNOWN DRUG TEST 1&2 RESULT <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> </table>	1	2	1	2						
1	2	1	2												
TYPE OF UNIT <input type="text" value="06"/> <input type="text" value="02"/> <small>A B</small> MOTORIST 01 SUB-COMPACT 02 COMPACT 03 M I D SI ZE 04 FULL SI ZE 05 M I N I VAN 06 SPORT UTI LI TY VEHI CLE 07 PI CKUP 08 PANEL VAN 09 SI NGL E UNI T TRUCK; 10 2 AXLES, 6 TI RES 11 SI NGL E UNI T TRUCK; 3+AXLES 12 TRUCK/ TRAI LER 13 TRUCK TRACTOR (BOBTAI L) 14 TRACTOR/ SEM - TRAI LER 15 TRACTOR/ DOUBLE SHORT 16 TRACTOR/ DOUBLE LONG 17 FI FTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/ TRI PLES 19 MOTORCYCLE 20 MOTOR ZED BI CYCLE 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLI CE VEHI CLE 26 FI RE TRUCK 27 AMBULANCE/ RESCUE 28 TAXI 29 MOTOR HOME 30 TRAI N 31 FARM VEHI CLE 32 FARM EQUI PMENT 33 SNOWMOBI LE 34 CONSTRUCTI ON EQUI PMENT 35 ALL OTHERS	POINT OF IMPACT <input type="text" value="02"/> <input type="text" value="06"/> <small>A B</small> 01 NONE 02 CENTER FRONT 03 RI GHT FRONT 04 RI GHT SI DE 05 RI GHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SI DE 09 LEFT FRONT 10 TOP AND W NDOWS 11 UNDERCARRI AGE 12 LOAD/ TRAI LER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN ACTI ON <input type="text" value="3"/> <input type="text" value="4"/> <small>A B</small> 01 NONE-CONTACT 02 NON-COLLISION 03 STRIKI NG 04 STRUCK 05 BOTH STRIKI NG AND STRUCK 06 UNKNOWN	CONTRI BUTI NG CI RCUMSTANCES <input type="text" value="08"/> <input type="text" value="01"/> <small>A B</small> MOTORIST 01 NONE 02 FAI LURE TO YI ELD 03 RAN RED LI GHT, OR STOP SI GN 04 EXCEEDED SPEED LI M I T 05 UNSAFE SPEED 06 I MPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ ACDA 09 I MPROPER LANE CHANGE/ DROVE OFF ROAD/ 10 I MPROPER PASSI NG 11 I MPROPER BACKI NG 12 I MPROPER START FROM PARKED POSI TI ON 13 STOPPED OR PARKED I LLEGALLY 14 OPERATI ON VEHI CLE I N ERRATI C, RECKLESS, CARELESS, NEGLI GENT OR AGGRESSI VE MANNER 15 SWERVI NG TO AVOI D (DUE TO W ND, SLI PPERY SURFACE, VEHI CLE, OBJECT, NON-MOTORI ST I N ROADWAY, ETC) 16 FAI LURE TO CONTROL 17 VI SI ON OBSTRUCTI ON 18 DRI VER I NATTENTI ON 19 FATI GUE/ ASLEEP 20 OPERATI ON DEFECTI VE EQUI PMENT 21 LOAD SHI FTI NG FALLI NG / SPI LLI NG 22 OTHER I MPROPER ACTI ON 23 UNKNOWN NON-MOTORIST 23 NONE 24 I MPROPER CROSSI NG 25 DARTI NG 26 LYI NG AND/OR I LLEGALLY I N ROADWAY 27 FAI LURE TO YI ELD RI GHT OF WAY 28 NOT VI SI BLE (DARK CLOTHI NG) 29 I NATTENTI VE 30 FAI LURE TO OBEY TRAFFI C SI GNS, SI GNALS, OR OFFI CER 31 WRONG SI DE OF THE ROAD 32 OTHER 33 UNKNOWN	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> OF THE SEQUENCE OF EVENTS-WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> OF THE SEQUENCE OF EVENTS-WHICH ONE IS THE MOST HARMFUL EVENT (1-4) SPEED DETECTED <input type="text" value="2"/> <input type="text" value="2"/> <small>A B</small> 01 STATED 02 ESTIMATED SPEED SPEED <input type="text" value="5"/> <input type="text"/> <small>A B</small>	ALCOHOL/ DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES- HBD NOT I MPAI RED 04 YES- DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 01 NONE 02 TEST REFUSED 03 TEST GI VEN, CONTAM NATED SAMPLE/ UNUSABLE 04 TEST GI VEN, RESULTS KNOWN 05 TEST GI VEN, RESULTS UNKNOWN 06 UNKNOWN ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> 01 NONE 02 BLOOD 03 URI NE 04 BREATH 05 OTHER	TYPE OF INTERSECTION <input type="text" value="01"/> 01 NOT AN I NTERSECTI ON 02 FOUR-WAY I NTERSECTI ON 03 T-I NTERSECTI ON 04 Y-I NTERSECTI ON 05 TRAFFI C CI RCLE/ ROUNDABOUT 06 FI VE- POI NT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRI VEWAY/ ACCESS 11 RAI LWAY GRADE CROSSI NG 12 SHRED- USE PATHS OR TRAI LS 13 UNKNOWN OCCURRENCE <input type="text" value="1"/> 01 ON ROADWAY 02 ON SHOULDER 03 MEDI AN 04 ON ROADSI DE 05 ON GORE 06 OUTSI DE TRAFFI CWAY 07 UNKNOWN										
NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BI CYCLE 38 PEDESTRI AN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	STRI KI NG VEHI CLE: OVERRI DE/ UNDERRI DE <input type="text" value="1"/> <input type="text"/> <small>A B</small> 01 NO 02 YES 03 UNKNOWN	VEHI CLE DEFECT CODE ONLY I F '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <small>A B</small> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAI LER EQUI PMENT DEFECTI VE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <small>A B</small> 01 NONE 02 BLOOD 03 URI NE 04 BREATH 05 OTHER	ROAD CONTOUR <input type="text" value="1"/> 01 STRAI GHT LEVEL 02 STRAI GHT GRADE 03 CURVE LEVEL 04 CURVE GRADE	ROAD CONDI TI ONS PRI MARY SECONDARY <input type="text" value="01"/> <input type="text"/> <small>A B</small> 01 DRY 02 WET 03 SNOW 04 I CE 05 SAND, MUD, DRY, OI L, GRAVEL 06 WATER / STANDI NG / MOVI NG 07 SLUSH 08 DEBRI S** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN ** SECONDARY ROAD CONDI TI ONS ONLY										
I N EMERGENCY RESPONSE <input type="text"/> <input type="text"/> <small>A B</small> 01 NO 02 YES 03 UNKNOWN	DAMAGE SCALE <input type="text" value="1"/> <input type="text" value="2"/> <small>A B</small> 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	VEHI CLE DEFECT CODE ONLY I F '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <small>A B</small> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAI LER EQUI PMENT DEFECTI VE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <small>A B</small> 01 NONE 02 BLOOD 03 URI NE 04 BREATH 05 OTHER	ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <small>A B</small> 01 NONE 02 BLOOD 03 URI NE 04 BREATH 05 OTHER	ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <small>A B</small> 01 NONE 02 BLOOD 03 URI NE 04 BREATH 05 OTHER										
DAMAGE SCALE <input type="text" value="1"/> <input type="text" value="2"/> <small>A B</small> 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN		VEHI CLE DEFECT CODE ONLY I F '19' SELECTED ABOVE <input type="text" value=""/> <input type="text" value=""/> <small>A B</small> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAI LER EQUI PMENT DEFECTI VE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS		ALCOHOL TEST RESULT <input type="text" value=""/> <input type="text" value=""/> <small>A B</small> 01 NONE 02 BLOOD 03 URI NE 04 BREATH 05 OTHER		SUPPLEMENTS *X* I F YES <input type="text"/> <input type="text"/> LOCAL REPORT#* <input type="text" value="201200005186"/>									

LOCAL REPORT NUMBER 2012005186	REPORTING AGENCY City of Mason - City of Mason Pc	DATE OF ACCIDENT M 03 D 13 Y 2012
IN COUNTY OF 83	ACCIDENT LOCATION 5000 Tylersville Road	

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 2012-5186	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 3 D 13 Y 12
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONT RD @ TYLERSVILLE RD	



OFFICER'S SIGNATURE X	BADGE NUMBER
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OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER	REPORTING AGENCY Mason Police Department	
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Large empty rectangular area for the statement continuation.