

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #* 2012005228

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 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* 03132012

TIME OF CRASH 19:03 DAY OF WEEK Tue CITY* X VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* Mason COUNTY #* 83 LATITUDE LONGITUDE

CRASH OCCURRED ON PREFIX CRASH LOCATION Snider Road TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION

CRASH AT / REFERENCE DIST REFERENCE 100.00 DR PREFIX Yes REFERENCE Tylersville 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) White, Bradford S ADDRESS (STREET, CITY, STATE, ZIP CODE) 6554 Spruce Creek Drive, Liberty Twp OH, 45044 SOCIAL SECURITY NUM DATE OF BIRTH 01081962 AGE 50 SEX M HOME PHONE # (513) 755-1489 WORK PHONE #

DL STATE OH DL # RQ608315 IP STATE OH IP # CLEANOFF 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") White, Bradford S ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR 2009 MAKE CHEV MODEL COLOR BLK INSURANCE COMPANY State Farm TOWING SERVICE OWNER PHONE # 513-755-1489(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

UNIT # B 2 NAME (LAST, FIRST, MIDDLE) Ramprasad, Usha H ADDRESS (STREET, CITY, STATE, ZIP CODE) 4908 Forest Ridge Drive, Mason OH, 45040 SOCIAL SECURITY NUM DATE OF BIRTH 08051966 AGE 45 SEX F HOME PHONE # WORK PHONE #

DL STATE OH DL # TN112937 IP STATE OH IP # EMG7223 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") Ramprasad, Usha H ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR 2008 MAKE BMW MODEL 328i COLOR GRY INSURANCE COMPANY Liberty Mutual TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

UNIT # C NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX 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 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

Table with columns: SEATING POSITION (01-17), SAFETY EQUIPMENT (01-14), AIR BAG (01-06), AIR BAG SWITCH (01-04), EJECTION (01-05), TRAPPED (01-04), INJURIES (01-06), SUPPLEMENT "X" IF YES.

Motorist/Non-Motorist

Occupant

Narrative

Units 1, 2 and 3 were southbound on Snider Road. Units 1 and 2 were stopped in traffic when unit 3 struck unit 2. Unit 2 was pushed into unit 1.

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

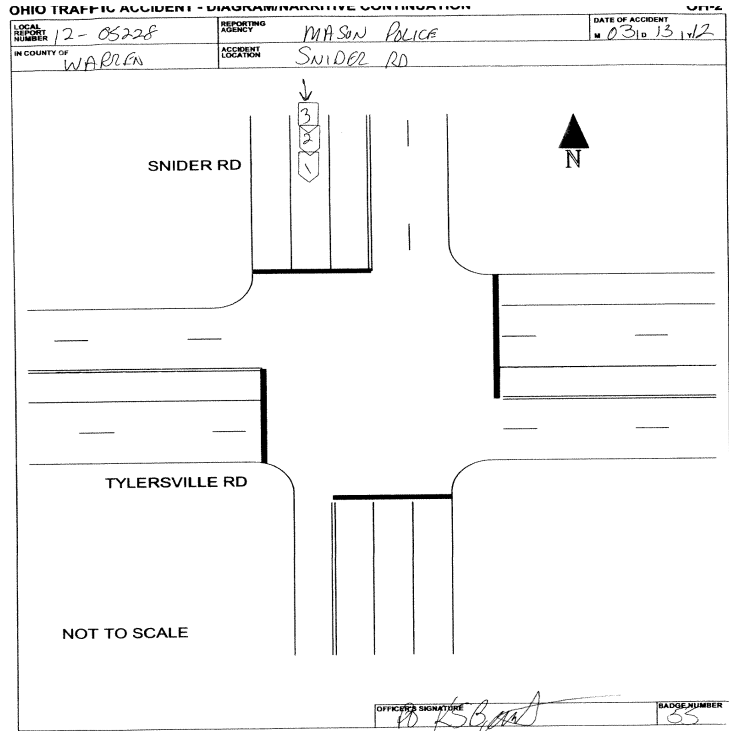
LOCATION OF CRASH IN WORK ZONE

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

Diagram



WEATHER

01

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

LIGHT CONDITIONS

PRIMARY: 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)

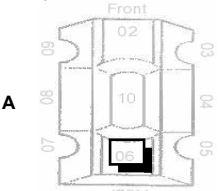
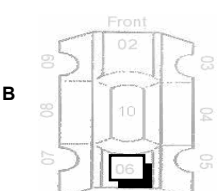
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
<input type="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			
<input type="checkbox"/> 01 NOT APPLI CABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN ENCLOSED BOX <input type="checkbox"/> 04 GRAIN CHIPS/ GRAVEL	<input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TAN <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	<input type="checkbox"/> 01 CLASS A <input type="checkbox"/> 02 CLASS B <input type="checkbox"/> 03 CLASS C <input type="checkbox"/> 04 CLASS M <input type="checkbox"/> 05 CLASS D	<input type="checkbox"/> 01 NO <input type="checkbox"/> 02 YES <input type="checkbox"/> 03 UNKNOWN	<input type="checkbox"/> 01 NO <input type="checkbox"/> 02 YES <input type="checkbox"/> 03 NOT APPLI CABLE <input type="checkbox"/> 04 UNKNOWN			

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
03/13/2012	19:03	19:03	19:03	20:20	30.00	107.08
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55		03/15/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
<input type="checkbox"/> 1	<input type="checkbox"/> 1		201200005228			

UNIT NUMBERS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2 <small>B</small></div> </div>	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;">11 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">11 <small>B</small></div> </div>	SEQUENCE OF EVENTS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">20 <small>1</small></td> <td style="width: 50%; text-align: center;">20 <small>1</small></td> </tr> <tr> <td style="text-align: center;">2 <small>2</small></td> <td style="text-align: center;">2 <small>2</small></td> </tr> <tr> <td style="text-align: center;">3 <small>3</small></td> <td style="text-align: center;">3 <small>3</small></td> </tr> <tr> <td style="text-align: center;">4 <small>4</small></td> <td style="text-align: center;">4 <small>4</small></td> </tr> </table>	20 <small>1</small>	20 <small>1</small>	2 <small>2</small>	2 <small>2</small>	3 <small>3</small>	3 <small>3</small>	4 <small>4</small>	4 <small>4</small>	POSTED SPEED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">35 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">35 <small>B</small></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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>				
20 <small>1</small>	20 <small>1</small>																
2 <small>2</small>	2 <small>2</small>																
3 <small>3</small>	3 <small>3</small>																
4 <small>4</small>	4 <small>4</small>																
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>	MOST DAMAGED AREA <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06 <small>B</small></div> </div>	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-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 PEDALCYCLE 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 MEDIAN BARRIER 35 LIGHT/LUMINARIES 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 <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12 <small>B</small></div> </div>	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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>												
TYPE OF UNIT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02 <small>B</small></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;">06 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06 <small>B</small></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;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>B</small></div> </div>	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;">1 <small>A</small></td> <td style="text-align: center;">2 <small>A</small></td> <td style="text-align: center;">1 <small>B</small></td> <td style="text-align: center;">2 <small>B</small></td> </tr> </table>	FROM	TO	FROM	TO	1 <small>A</small>	2 <small>A</small>	1 <small>B</small>	2 <small>B</small>	DRUG TEST 1&2 RESULT <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center;">1 <small>A</small></td> <td style="width: 25%; text-align: center;">1 <small>B</small></td> <td style="width: 25%; text-align: center;">1 <small>A</small></td> <td style="width: 25%; text-align: center;">1 <small>B</small></td> </tr> </table>	1 <small>A</small>	1 <small>B</small>	1 <small>A</small>	1 <small>B</small>	TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div>
FROM	TO	FROM	TO														
1 <small>A</small>	2 <small>A</small>	1 <small>B</small>	2 <small>B</small>														
1 <small>A</small>	1 <small>B</small>	1 <small>A</small>	1 <small>B</small>														
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/TRAILERS 19 MOTORCYCLE 20 MOTOR ZED BICYCLE 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	ACTIION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">5 <small>B</small></div> </div>	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	CONDITON <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	OCCURENCE <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	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">5 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></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>	DAMAGE SCALE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>B</small></div> </div>	TURN SIGNALS 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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	ROAD CONDTIONS <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;">01</td> <td style="text-align: center;"></td> </tr> </table>	PRIMARY	SECONDARY	01									
PRIMARY	SECONDARY																
01																	
DAMAGE SCALE 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	NO UNDERIDE OR OVERRIDE 01 NO UNDERIDE OR OVERRIDE 02 UNDERIDE, COMPARTMENT INTRUSION 03 UNDERIDE, NO COMPARTMENT INTRUSION 04 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	SPEED DETECTED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	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>	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	ROAD CONDTIONS 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												
		SPEED <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>	SUPPLEMENTS <input type="checkbox"/> *X* IF YES		LOCAL REPORT#* <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">201200005228</div>												

State Seal

LOCAL REPORT #* **2012005228**

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: **Y**

NCIC #* **08304** REPORTING AGENCY* **City of Mason - City of Mason Police Depart** # UNITS **3**

UNIT ERROR: **03** 98=ANIMAL 99=UNKNOWN

DATE OF CRASH* **03132012**

TIME OF CRASH **19:03** DAY OF WEEK **Tue** CITY* **X** VILLAGE* TWP*

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

CRASH OCCURRED ON PREFIX **Snider Road** CRASH LOCATION TYPE LOC **1** TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION

CRASH AT / REFERENCE DIST REFERENCE **100.00** DR **Yes** PREFIX **Tylersville 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) **Papp, Arica L**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **4501 Eastwood Drive, Apt: 14203, Batavia OH, 45103**

SOCIAL SECURITY NUM DATE OF BIRTH **06071992** AGE **19** SEX **F** HOME PHONE # **(513) 317-7110** WORK PHONE #

DL STATE **OH** DL # **TL301888** IP STATE **OH** IP # **EZW8720** 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") **Papp, Arica L** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR **2004** MAKE **STRN** MODEL **Vue** COLOR **SIL** INSURANCE COMPANY **Progressive** TOWING SERVICE OWNER PHONE # **513-317-7110(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

B UNIT # **4** NAME (LAST, FIRST, MIDDLE) **White, Claire**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **6554 Spruce Creek Drive, Liberty Township OH, 45044**

SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX **F** HOME PHONE # **(513) 755-1489** WORK PHONE #

DL STATE DL # IP STATE **OH** IP # **CLEANOFF** INJURED TAKEN BY **1** 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY **None** INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") **White, Bradford S** ADDRESS (STREET, CITY, STATE, ZIP CODE) **6554 Spruce Creek Drive, Liberty Twp OH, 45044**

YEAR **2009** MAKE **CHEV** MODEL COLOR **BLK** INSURANCE COMPANY **State Farm** TOWING SERVICE OWNER PHONE # **513-755-1489(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 FREED BY 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 UNKNOWN	04 INCAPACITATING INJURY
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLICABLE		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	08 NON-MOTORIST					
09 THIRD - RIGHT	09 NONE USED					
10 SLEEPER SECTION OF CAB	10 HELMET USED					
11 ENCLOSED CARGO AREA	11 PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	12 REFLECTIVE CLOTHING					
13 TRAILING UNIT	13 LIGHTING					
14 EXTERIOR	14 OTHER					
15 OTHER	14 UNKNOWN					
16 NON-MOTORIST						
17 UNKNOWN						

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

Narrative

Units 1, 2 and 3 were southbound on Snider Road. Units 1 and 2 were stopped in traffic when unit 3 struck unit 2. Unit 2 was pushed into unit 1.

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

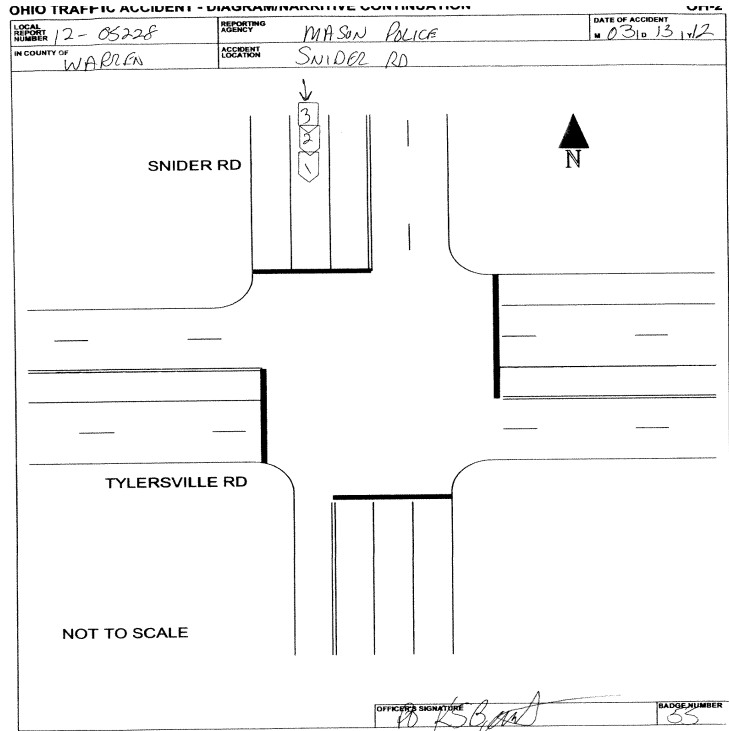
LOCATION OF CRASH IN WORK ZONE

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

01

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

LIGHT CONDITIONS

PRIMARY: 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)

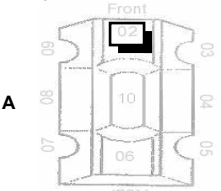
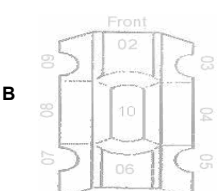
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	FUOO	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			
<input type="checkbox"/> 01 NOT APPLI CABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN ENCLOSED BOX <input type="checkbox"/> 04 GRAIN CHIPS/ GRAVEL	<input type="checkbox"/> 05 POLE <input type="checkbox"/> 06 CARGO TAN <input type="checkbox"/> 07 FLATBED <input type="checkbox"/> 08 DUMP <input type="checkbox"/> 09 CONCRETE MIXER <input type="checkbox"/> 10 AUTO TRANSPORTER <input type="checkbox"/> 11 GARBAGE/REFUSE <input type="checkbox"/> 12 OTHER <input type="checkbox"/> 13 UNKNOWN	<input type="checkbox"/> 01 LESS/EQUAL 10,000 <input type="checkbox"/> 02 10,001-26,000 <input type="checkbox"/> 03 MORE THAN 26,000	<input type="checkbox"/> 01 CLASS A <input type="checkbox"/> 02 CLASS B <input type="checkbox"/> 03 CLASS C <input type="checkbox"/> 04 CLASS M <input type="checkbox"/> 05 CLASS D	<input type="checkbox"/> 01 NO <input type="checkbox"/> 02 YES <input type="checkbox"/> 03 UNKNOWN	<input type="checkbox"/> 01 NO <input type="checkbox"/> 02 YES <input type="checkbox"/> 03 NOT APPLI CABLE <input type="checkbox"/> 04 UNKNOWN		

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
03/13/2012	19:03	19:03	19:03	20:20	30.00	107.08
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55		03/15/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
<input type="checkbox"/> 1	<input type="checkbox"/> 1		201200005228			

UNIT NUMBERS <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	DAMAGE AREA  	PRE-CRASH ACTIONS <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	SEQUENCE OF EVENTS <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 50px;">20</td><td style="width: 50px;">1</td></tr> <tr><td> </td><td>1</td></tr> <tr><td> </td><td>2</td></tr> <tr><td> </td><td>3</td></tr> <tr><td> </td><td>4</td></tr> </table>	20	1		1		2		3		4	POSTED SPEED <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">35</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	DRUG TEST STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>
20	1														
	1														
	2														
	3														
	4														
NON-MOTORIST LOCATION <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	A <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	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-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="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">12</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	DRUG TEST TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></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="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">02</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	NON-MOTORIST 15 ENTERING/CROSSING IN SPECIFIED 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 FROM TO FROM TO <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">2</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	DRUG TEST 1&2 RESULT <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 50px;">1</td><td style="width: 50px;">2</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	1	2								
1	2														
TYPE OF UNIT <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">03</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	POINT OF IMPACT <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">02</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	CONTRIBUTING CIRCUMSTANCES <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">08</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></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 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	CONDITON <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>										
MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MEDIUM SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 09 SINGLE UNIT TRUCK; 10 2 AXLES, 6 TIRES 11 SINGLE UNIT TRUCK; 3+ AXLES 12 TRUCK/TRAILER 13 TRUCK TRACTOR (BOBTAIL) 14 TRACTOR/SEMI-TRAILER 15 TRACTOR/DOUBLE SHORT 16 TRACTOR/DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/TRAILERS 19 MOTORCYCLE 20 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	ACTIION <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	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	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	ALCOHOL/DRUG SUSPECTED <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	OCURRENCE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></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	STRIKING VEHICLE: OVERRIDEN/UNDERRIDDEN <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	FIIRST HARMFUL EVENT <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	ALCOHOL TEST STATUS <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	ROAD CONTOUR <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>										
LINE EMERGENCY RESPONSE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	DAMAGE SCALE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">3</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	ALCOHOL TEST TYPE <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	ROAD CONDTIONS PRIMARY SECONDARY <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">01</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>										
01 NO 02 YES 03 UNKNOWN	01 NO UNDERDRIVE OR OVERRIDE 02 UNDERDRIVE, COMPARTMENT INTRUSION 03 UNDERDRIVE, NO COMPARTMENT INTRUSION 04 UNDERDRIVE, 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 <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;">1</div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	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 ** SECONDARY ROAD CONDITIONS ONLY										
			SPEED <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	ALCOHOL TEST RESULT <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>	SUPPLEMENTS *X* IF YES <div style="border: 1px solid black; padding: 2px; display: inline-block; margin-right: 10px;"> </div> <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 40px; height: 20px;"></div>										
			LOCAL REPORT#* 201200005228												

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200005228	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 2012-5228	REPORTING AGENCY MASON POLICE	DATE OF CRASH 03/03/12
----------------------------------	----------------------------------	---------------------------

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

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

We were proceeding through a green light but came to a stop for slowing traffic and were hit from behind by the black BMW.

Daughter Claire White was riding in front seat w/belt on

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? stopped at light

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

ADDRESS OF WITNESS 6554 Spruce Creek Drive, Middletown, OH 45044 PHONE 513-755-1489

SIGNATURE OF WITNESS [Signature] OFFICER'S SIGNATURE [Signature]

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200005228	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 2012-5228	REPORTING AGENCY MASON POLICE	DATE OF CRASH 03/03/12
----------------------------------	----------------------------------	---------------------------

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

I, Arica Papp PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. KEVIN S. BRYANT OFFICER'S NAME AT Snider Rd. LOCATION

I was behind the BMW waiting to turn onto Tylersville Rd. The cars in front of me began to accelerate, I pressed my gas and began moving. My pants were stuck on the back of my ~~pants~~ shoes because when I went to break I could not reach the peddle in time to stop my vehicle.

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? 10 mph

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

ADDRESS OF WITNESS: 4501 Eastwood Dr Apt #14203, Batavia, OH, 45103 PHONE: (513) 317-7110

SIGNATURE OF WITNESS: X Arica Papp OFFICER'S SIGNATURE: X P.O. K.S. Bryant