

State Seal

LOCAL REPORT #\* **2012006764**

CRASH SEVERITY: **2** 1 FATAL 3 PDO 2 Injury 4 Unknown

PRIVATE PROPERTY:

HIT / SKIP: **2** 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\* **04022012**

TIME OF CRASH: **13:18** DAY OF WEEK: **Mon** CITY\* **X** VILLAGE\*  TWP\*

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

CRASH OCCURRED ON: PREFIX **Tylersville Road** TYPE LOC **1** TYPE LOCATION POINT USED: 1 NAMED STREET 2 NUMBERED STREET LOCAL INFORMATION:

CRASH AT / REFERENCE: DIST REFERENCE **400.00** DR **Yes** PREFIX **Snider 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 # **1** NAME (LAST, FIRST, MIDDLE) **Smith, Diana L**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **920 O'Benour Court, Monroe OH, 45040**

SOCIAL SECURITY NUM  DATE OF BIRTH **03091955** AGE **57** SEX **F** HOME PHONE #  WORK PHONE #

DL STATE **OH** DL # **RQ608595** IP STATE **OH** IP # **ESL9084** INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY:  INJURED TAKEN TO:

OWNER'S NAME (IF SAME WRITE "SAME")  ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR **2001** MAKE **FORD** MODEL **Explorer** COLOR **BLU** INSURANCE COMPANY **Allstate** TOWING SERVICE  OWNER PHONE #

OFFENSE CHARGED  OFFENSE DESCRIPTION  CITATION #  LOCAL CODE?

**B** UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Carlson, Sara E**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **1683 Eden Park Drive, Apt: 7, Hamilton OH, 485013**

SOCIAL SECURITY NUM  DATE OF BIRTH **11261991** AGE **20** SEX **F** HOME PHONE # **(513) 203-3603** WORK PHONE #

DL STATE **OH** DL # **TL149107** IP STATE **OH** IP # **FBU5258** INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY: **West Chester Medical** INJURED TAKEN TO:

OWNER'S NAME (IF SAME WRITE "SAME")  ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR **2001** MAKE **PONT** MODEL **Grand Prix** COLOR **WHI** INSURANCE COMPANY **Progressive** TOWING SERVICE  OWNER PHONE #

OFFENSE CHARGED  OFFENSE DESCRIPTION  CITATION #  LOCAL CODE?

**C** UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Rios, Albert** HOME PHONE #

DATE OF BIRTH **09161954** AGE **57** SEX **M**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **920 O'Benour, Monroe OH, 45050**

INJURED TAKEN BY:  1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY:  INJURED TAKEN TO:

**D** UNIT # **3** NAME (LAST, FIRST, MIDDLE) **Whittington, Emma** HOME PHONE # **513-898-5212**

DATE OF BIRTH **07192010** AGE **1** SEX **F**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **4911 Regency Court, Apt: 205, West Chester OH, 45069**

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)	04 MOTORIST	1 01 NOT DEPLOYED	1 01 NOT PRESENT	1 01 NOT EJECTED	1 01 NOT TRAPPED	3 01 NO INJURY
02 FRONT - MIDDLE	01 NONE USED	2 02 DEPLOYED FRONT	2 02 IN ON POSITION	2 02 TOTALLY EJECTED	2 02 EXTRACTED BY MECHANICAL MEANS	3 02 POSSIBLE
03 FRONT - RIGHT	02 SHOULDER BELT ONLY	3 03 DEPLOYED SIDE	3 03 IN OFF POSITION	3 03 PARTIALLY EJECTED	3 03 MEANS	3 03 NON-INCAPACITATING
04 SECOND - LEFT (MC PASS)	03 LAP BELT ONLY	4 04 DEPLOYED BOTH FRONT SIDE	4 04 UNKNOWN POSITION	4 04 NOT APPLICABLE	4 04 FREED BY NON-MECHANICAL MEANS	3 04 INCAPACITATING
05 SECOND - MIDDLE	04 SHOULDER LAP BELT	5 05 NOT APPLICABLE	5 05 UNKNOWN POSITION	5 05 UNKNOWN	5 05 MEANS	3 05 FATAL INJURY
06 SECOND - RIGHT	05 CHILD SAFETY SEAT	6 06 UNKNOWN	6 06 UNKNOWN POSITION		6 06 UNKNOWN	3 06 UNKNOWN
07 THIRD - LEFT (MC PASSENGER SIDE CAR)	06 MC HELMET USED					
08 THIRD - MIDDLE	07 USE UNKNOWN					
09 THIRD - RIGHT	04 NON-MOTORIST					
10 SLEEPER SECTION OF CAB	08 NONE USED					
11 ENCLOSED CARGO AREA	09 HELMET USED					
12 UNENCLOSED CARGO AREA	10 PROTECTIVE PADS					
13 TRAILING UNIT	11 REFLECTIVE CLOTHING					
14 EXTERIOR	12 LIGHTING					
15 OTHER	13 OTHER					
16 NON-MOTORIST	14 UNKNOWN					
17 BLANK FOR WITNESS						<input type="checkbox"/> SUPPLEMENT "X" IF YES

**Narrative**

Units 1, 2, and 3 were eastbound on Tylersville Road. Units 1 and 2 were stopped in traffic when unit 3 struck unit 2, pushing it 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

**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 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 CRASH REPORT  
 DIAGRAM / NARRATIVE CONTINUATION**

OH-2

LOCAL REPORT NUMBER <i>12-2264</i>	REPORTING AGENCY <i>MASON POLICE</i>	DATE OF CRASH <i>04/02/12</i>
COUNTY OR <i>WARREN</i>	CRASH LOCATION <i>TYLERSVILLE RD</i>	

*TYLERSVILLE RD*

NOT TO SCALE

OFFICER'S SIGNATURE *X POKS...* BADGE NUMBER *55*

**Truck/Bus**

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

**A  
 N  
 D**

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

Unit#

COMPANY (FROM SHIPPING PAPERS)

COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	FUOO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
01 NOT APPLI CABLE 02 BUS (9-15 INCLUDING DRIVER) 03 VAN ENCLOSED BOX 04 GRAIN CHIPS/ GRAVEL	05 POLE 06 CARGO TAN 07 FLATBED 08 DUMP 09 CONCRETE MIXER 10 AUTO TRANSPORTER 11 GARBAGE/ REFUSE 12 OTHER 13 UNKNOWN	01 CLASS A 02 CLASS B 03 CLASS C 04 CLASS M 05 CLASS D	01 NO 02 YES 03 UNKNOWN	01 NO 02 YES 03 NOT APPLI CABLE 04 UNKNOWN			

**Police Action**

DATE CRASH REPORTED <b>04/02/2012</b>	TIME REC CALL <b>13:20</b>	DISPATCH <b>13:21</b>	ARRIVED <b>13:22</b>	CLEARED <b>14:22</b>	OTHER <b>30.00</b>	TOTAL MINUTES <b>91.62</b>
OFFICER'S NAME* <b>Police Officer Kevin S Bryant</b>	PAGE #* <b>1C55</b>	CHECKED BY	DATE REPORT FILED* <b>04/09/2012</b>			
REPORT TAKEN BY <b>1</b>	REPORT TAKEN AT <b>1</b>	SUPPLEMENT * "X" IF YES	LOCAL REPORT # <b>201200006764</b>			

<b>UNIT NUMBERS</b> <input type="text" value="1"/> <input type="text" value="2"/> <small>A B</small>	<b>DAMAGE AREA</b>  <b>A</b>	<b>PRE-CRASH ACTIONS</b> <input type="text" value="11"/> <input type="text" value="11"/> <small>A B</small>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>20</td><td>20</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	2	2	3	3	4	4	<b>POSTED SPEED</b> <input type="text" value="45"/> <input type="text" value="45"/> <small>A B</small>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>
20	20												
2	2												
3	3												
4	4												
<b>NON-MOTORIST LOCATION</b> <input type="text"/> <input type="text"/> <small>A B</small>  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	<b>DAMAGE AREA</b>  <b>B</b>  <b>MOST DAMAGED AREA</b> <input type="text" value="06"/> <input type="text" value="06"/> <small>A B</small>  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	<b>MOTORIST</b> 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  <b>NON-MOTORIST</b> 15 ENTERING/CROSSING IN INTERSECTION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENTLOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION  <b>COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 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  <b>COLLISION WITH FIXED OBJECT</b> 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 LIght/LUMINARIES SUPPORT 35 LIGHT/LUMINARIES 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	<b>TRAFFIC CONTROL</b> <input type="text" value="04"/> <input type="text" value="04"/> <small>A B</small>  01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE 16 OTHER  <b>DIIRECTION</b> 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  <b>CONDITION</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>  01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP/FATIGUED 06 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 07 OTHER 08 UNKNOWN	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>  01 NONE 02 BLOOD 03 URINE 04 OTHER  <b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B A B</small>  01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING  <b>TYPE OF INTERSECTION</b> <input type="text" value="01"/> 01 NOT AN INTERSECTION 02 FOUR-WAY 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 ACCESS 11 RAILWAY GRADE CROSSING 12 SHRED-USE PATHS OR TRAILS 13 UNKNOWN								
<b>TYPE OF UNIT</b> <input type="text" value="06"/> <input type="text" value="02"/> <small>A B</small>  <b>MOTORIST</b> 01 SUBCOMPACT 02 COMPACT 03 MIDSIZE 04 FULLSIZE 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/TRIPLES 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	<b>POINT OF IMPACT</b> <input type="text" value="06"/> <input type="text" value="06"/> <small>A B</small>  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  <b>ACTION</b> <input type="text" value="4"/> <input type="text" value="5"/> <small>A B</small>  01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="01"/> <input type="text" value="01"/> <small>A B</small>  <b>MOTORIST</b> 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/AGDA 09 IMPROPER LANE CHANGE/DRIVE OFF ROAD/IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATIONS ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTIVE 18 FATIGUE/ASLEEP 19 OPERATIONS ON DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN  <b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	<b>FIRST HARMFUL EVENT</b> <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)  <b>MOST HARMFUL EVENT</b> <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)  <b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>  01 STATED 02 ESTIMATED SPEED  <b>SPEED</b> <input type="text" value="A"/> <input type="text" value="B"/> <small>A B</small>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>  01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRED 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN  <b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>  01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN  <b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>  01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER  <b>ALCOHOL TEST RESULT</b> <input type="text" value="A"/> <input type="text" value="B"/> <small>A B</small>	<b>OCCURRENCE</b> <input type="text" value="1"/> 01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFICWAY 07 UNKNOWN  <b>ROAD CONTOUR</b> <input type="text" value="1"/> 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE  <b>ROAD CONDITIONS</b> PRIMARY SECONDARY <input type="text" value="01"/> <input type="text"/> <small>A B</small>  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								
<b>NON-MOTORIST</b> 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN  <b>IN-EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/> <small>A B</small>  01 NO 02 YES 03 UNKNOWN  <b>DAMAGE SCALE</b> <input type="text" value="2"/> <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	<b>STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN</b> <input type="text"/> <input type="text" value="1"/> <small>A B</small>  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	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text"/> <input type="text"/> <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 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	<b>SUPPLEMENTS</b> <input type="text"/> *X* IF YES  <b>LOCAL REPORT#*</b> <input type="text" value="201200006764"/>	<b>LOCAL REPORT#*</b> <input type="text" value="201200006764"/>	<b>LOCAL REPORT#*</b> <input type="text" value="201200006764"/>								

State Seal	LOCAL REPORT #*	CRASH SEVERITY	PRIVATE PROPERTY	HIT / SKIP	PHOTOS TAKEN	OH-2	OH-3	OH-1P	OTHER
	2012006764	2 1 FATAL 3 PDO 2 Injury 4 Unknown	<input type="checkbox"/>	2 1 NOT HIT / SKIP 2 SOLVED 3 UNSOLVED	Y	X	X		
NCIC #*	REPORTING AGENCY*	# UNITS	UNIT ERROR	DATE OF CRASH *					
08304	City of Mason - City of Mason Police Depart	3	03 98=ANIMAL 99=UNKNOWN	04022012					

TIME OF CRASH	DAY OF WEEK	CITY*	VILLAGE*	TWP*	NAME (OF CITY, VILLAGE OR TOWNSHIP)*	COUNTY #*	LATITUDE	LONGITUDE
13:18	Mon	X			Mason	83		

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

CRASH AT / REFERENCE	REFERENCE POINT USED	04 HOUSE NUMBER	08 PLACE NAME W/O REFERENCE
DIST REFERENCE DR PREFIX REFERENCE 400.00 Ves Snider Road	REF POINT 02	01 STATE LINE	05 TOWNSHIP BOUNDARY 09 DRIVEWAY
		02 INTERSECTION 2 STREETS	06 MILE POST 10 STREET OR ROUTE W/O
		03 COUNTY LINE	07 CORPORATION LIMIT REFERENCE

UNIT #	NAME (LAST, FIRST, MIDDLE)
A 3	Whittington, Erin K
ADDRESS (STREET, CITY, STATE, ZIP CODE)	
4911 Regency Court, Apt: 205, West Chester OH, 45069	

SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
	07041980	31	F	(513) 858-5212	

DL STATE	DL #	IP STATE	IP #	INJURED TAKEN BY	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OH	TZ266602	OH	FJT4563				

OWNER'S NAME (IF SAME WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)					
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
	AUDI	A4	RED	Progressive		

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?
333.03	Maximum Speed Limits; Assured Clear Distance Ahead	71182	X

UNIT #	NAME (LAST, FIRST, MIDDLE)
B	
ADDRESS (STREET, CITY, STATE, ZIP CODE)	

SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #

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

OWNER'S NAME (IF SAME WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)					
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?

UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
C					
ADDRESS (STREET, CITY, STATE, ZIP CODE)					

INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
<input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		

UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
D					
ADDRESS (STREET, CITY, STATE, ZIP CODE)					

INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
<input type="checkbox"/> 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	01 NONE USED	01 NOT DEPLOYED	01 NOT PRESENT	01 NOT EJECTED	01 NOT TRAPPED	01 NO INJURY
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	02 DEPLOYED FRONT	02 IN ON POSITION	02 TOTALLY EJECTED	02 EXTRACTED BY MECHANICAL MEANS	02 POSSIBLE
03 FRONT - RIGHT	03 LAP BELT ONLY	03 DEPLOYED SIDE	03 IN OFF POSITION	03 PARTIALLY EJECTED	03 MEANS	03 NON-
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 INCAPACITATED
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	08 NON-MOTORIST					
09 THIRD - RIGHT	09 NONE USED					
10 SLEEPER SECTION OF CAB	09 HELMET USED					
11 ENCLOSED CARGO AREA	10 PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
13 TRAILING UNIT	12 LIGHTING					
14 EXTERIOR	13 OTHER					
15 OTHER	14 UNKNOWN					
16 NON-MOTORIST						
17 UNKNOWN						
BLANK FOR WITNESS						SUPPLEMENT "X" IF YES

**Narrative**

Units 1, 2, and 3 were eastbound on Tylersville Road. Units 1 and 2 were stopped in traffic when unit 3 struck unit 2, pushing it 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

**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

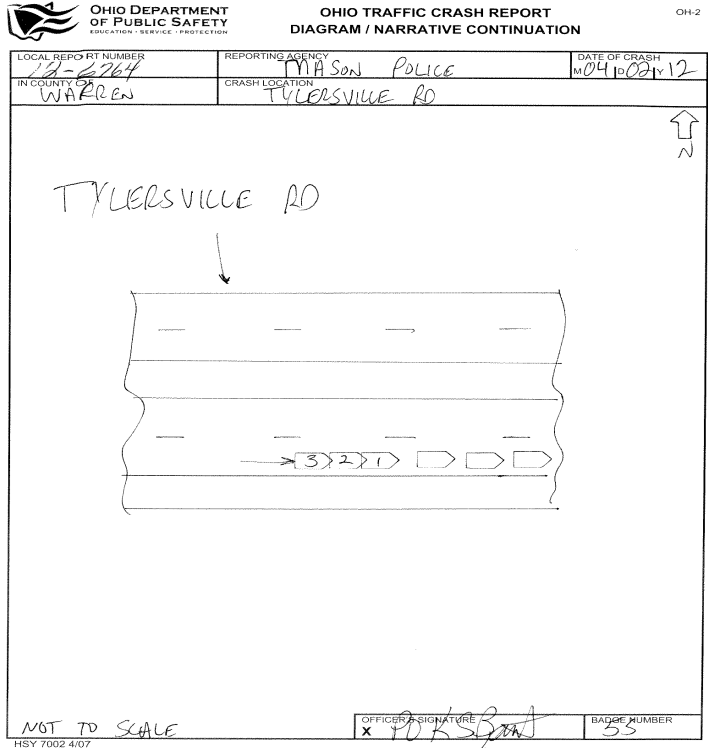
**LIGHT CONDITIONS**

PRIMARY SECONDARY

**1**

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

**Diagram**



**Truck/Bus**

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

**A  
N  
D**

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

Unit#

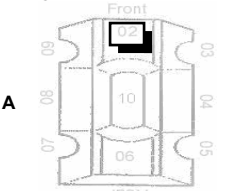
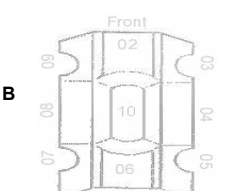
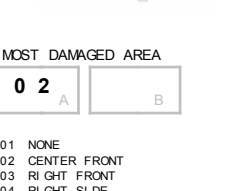
COMPANY (FROM SHIPPING PAPERS) \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_

ADDRESS (STREET, CITY, ST, ZIP CODE) \_\_\_\_\_

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

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
04/02/2012	13:20	13:21	13:22	14:22	30.00	91.62
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55		04/09/2012			
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		201200006764			

<b>UNIT NUMBERS</b> <input type="text" value="3"/> <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="01"/> <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> <tr><td>3</td><td>3</td></tr> <tr><td>4</td><td>4</td></tr> </table>	1	1	2	2	3	3	4	4	<b>POSTED SPEED</b> <input type="text" value="45"/> <input type="text"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text"/>
1	1												
2	2												
3	3												
4	4												
<b>NON-MOTORIST LOCATION</b> <input type="text"/> <input type="text"/>  <input type="text"/> <input type="text"/>  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	<b>A</b>   <b>B</b>   <b>MOST DAMAGED AREA</b> <input type="text" value="02"/> <input type="text"/>	<b>MOTORIST</b> 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  <b>NON-MOTORIST</b> 15 ENTERING / CROSSING IN INTERSECTION 16 SPECIAL LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING/LEAVING VEHICLE 21 PLAYING / WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENTLOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION  <b>COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b>  01 PEDESTRIAN 02 BICYCLE 03 RAILWAY VEHICLE 04 ANIMAL - FARM 05 ANIMAL - DEER 06 ANIMAL - OTHER 07 MOTOR VEHICLE IN TRANSPORT 08 PARKED MOTOR VEHICLE 09 WORK ZONE MAINTENANCE EQUIPMENT 10 OTHER MOVABLE OBJECT 11 UNKNOWN MOVABLE OBJECT  <b>COLLISION WITH FIXED OBJECT</b> 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	<b>TRAFFIC CONTROL</b> <input type="text" value="04"/> <input type="text"/>  01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE 16 OTHER  <b>DIIRECTION</b> FROM TO FROM TO <input type="text" value="4"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>  01 NORTH 02 SOUTH 03 EAST 04 WEST 05 NORTHEAST 06 NORTHWEST 07 SOUTHEAST 08 SOUTHWEST 09 UNKNOWN	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text"/>  01 NONE 02 BLOOD 03 URINE 04 OTHER  <b>DRUG TEST 1&amp;2 RESULT</b> <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>1</td><td>2</td></tr> </table>	1	1	1	2				
1	1												
1	2												
<b>TYPE OF UNIT</b> <input type="text" value="02"/> <input type="text"/>  <b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINI VAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 09 SINGLE UNIT TRUCK; 10 2 AXLES, 6 TIRES 11 SINGLE UNIT TRUCK; 3+AXLES 12 TRUCK/TRAILER 13 TRUCK TRACTOR (BOBTAIL) 14 TRACTOR/SEMI-TRAILER 15 TRACTOR/DOUBLE SHORT 16 TRACTOR/DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/TRIPLES 19 MOTORCYCLE 20 MOTORCYCLE (BOBTAIL) 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	<b>POINT OF IMPACT</b> <input type="text" value="02"/> <input type="text"/>  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	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="08"/> <input type="text"/>  <b>MOTORIST</b> 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACCIDENT 09 IMPROPER LANE CHANGE/DRIVE OFF ROAD/IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATIONS ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTIVE 18 FATIGUE/ASLEEP 19 OPERATIONS ON DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN  <b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	<b>COLLISION WITH FIXED OBJECT</b> 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	<b>CONDITION</b> <input type="text" value="1"/> <input type="text"/>  01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP/FATIGUED, FELL ASLEEP, ETC. 06 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 07 OTHER 08 UNKNOWN	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/>  01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDOABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY ACCESS 11 RAILROAD GRADE CROSSING 12 SHRED-USE PATHS OR TRAILS 13 UNKNOWN								
<b>NON-MOTORIST</b> 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>ACTION</b> <input type="text" value="3"/> <input type="text"/>  01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text"/> <input type="text"/>  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	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text"/>  OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text"/>  01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRED 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN	<b>OCCURRENCE</b> <input type="text" value="1"/>  01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFICWAY 07 UNKNOWN								
<b>LINE EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/>  01 NO 02 YES 03 UNKNOWN	<b>STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN</b> <input type="text" value="1"/> <input type="text"/>  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	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text"/> <input type="text"/>  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	<b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text"/>  OF THE SEQUENCE OF EVENTS WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/>  01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN	<b>ROAD CONTOUR</b> <input type="text" value="1"/>  01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE								
<b>DAMAGE SCALE</b> <input type="text" value="2"/> <input type="text"/>  01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/>  01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	<b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text"/>  01 STATED 02 ESTIMATED SPEED	<b>SPEED</b> <input type="text" value="20"/> <input type="text"/>  01 ESTATED 02 ESTIMATED SPEED	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/>  01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	<b>ROAD CONDITIONS</b> PRIMARY SECONDARY <input type="text" value="01"/> <input type="text"/>  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								
<b>SUPPLEMENTS *X* IF YES</b> <input type="text"/> <b>LOCAL REPORT#*</b> <input type="text"/>													

201200006764

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200006764	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

UN-3

LOCAL REPORT NUMBER <i>12-6764</i>	REPORTING AGENCY MASON POLICE	DATE OF CRASH MO 4 10 2012
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Erin Whittington PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
P.O. KEVIN S. BRYANT OFFICER'S NAME AT Tylersville + Snider Mason, OH LOCATION

I was traveling east <sup>in the right lane</sup> on Tylersville toward Snider Rd. I turned <sup>left</sup> ~~to~~ my head left to look at the store names looking for a store. When I looked back the cars in front of me had stopped <sup>unexpectedly</sup>. I hit my brakes but was just shy of the required stopping distance and hit the Grand Prix in front of me. The Grand Prix then hit the truck in front of it. I did not see any brake lights before looking quickly at the stores to know that the speed of traffic was changing.

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

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? East

Q. WHAT WAS YOUR SPEED? 40 mph before hitting brakes

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

ADDRESS OF WITNESS <u>4911 Regency Ct Apt 205 West Chester OH 45069</u>	PHONE <u>513 858 5212</u>
SIGNATURE OF WITNESS <u>[Signature]</u>	OFFICER'S SIGNATURE <u>[Signature]</u>

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000006764	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 12-6764	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 04/10/02 1/2
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Diane Smith PRINTED \_\_\_\_\_ HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
P.O. ANDREW HERRLINGER AT CRASH SCENE  
OFFICER'S NAME LOCATION  
P.O. KEVIN BRYANT

My significant other and I were in traffic. Traffic was stopped and we were chatting and we were hit from behind. There was an island on my ~~left~~ and a construction crew on my right. We were hit hard from the rear. It was sunny outside and not slick. The car behind hit me who was hit from the car in back of her. The back car had a driver who said she was just looking at the stores.

X

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

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? east

Q. WHAT WAS YOUR SPEED? parked

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

ADDRESS OF WITNESS  
920 Chenoweth Ct

SIGNATURE OF WITNESS  
X Diane Smith

OFFICER'S SIGNATURE  
X [Signature]

Dr Harper GROUP HEALTH