

State Seal

LOCAL REPORT #\* **2012008869**

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

PRIVATE PROPERTY:

HIT / SKIP: **3** 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 **2**

UNIT ERROR: **02** 98=ANIMAL 99=UNKNOWN

DATE OF CRASH\* **04292012**

TIME OF CRASH **08:50** DAY OF WEEK **Sun** CITY\* **X** VILLAGE\*  TWP\*

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

CRASH OCCURRED ON PREFIX **Tylersville Road** TYPE LOC **1** LOCAL INFORMATION

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

CRASH AT / REFERENCE DIST REFERENCE **50.00** DR PREFIX **E** REFERENCE **Mason-Montgomery 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) **Burnett, Jeanie P**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **7316 Windsor Park Drive, Maineville OH, 45039**

SOCIAL SECURITY NUM **03141950** DATE OF BIRTH **62** SEX **F** HOME PHONE # **(513) 398-9448** WORK PHONE #

DL STATE **OH** DL # **RS408898** IP STATE **OH** IP # **AQT9785** INJURED TAKEN BY **3 POLICE** 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") **Burnett, Jeanie P** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR **2008** MAKE **FORD** MODEL **Escape** COLOR **SIL** INSURANCE COMPANY **California Casualty** TOWING SERVICE OWNER PHONE # **513-398-9448(H)**

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

**B** UNIT # **2** NAME (LAST, FIRST, MIDDLE) **unk 128869, unk 128869**

ADDRESS (STREET, CITY, STATE, ZIP CODE)

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

DL STATE DL # IP STATE IP # **unk 128869** INJURED TAKEN BY **3 POLICE** 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 MAKE MODEL COLOR **RED** INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

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)	04 NONE USED	1 01 NOT DEPLOYED	1 01 NOT PRESENT	1 01 NOT EJECTED	1 01 NOT TRAPPED	1 01 NO INJURY
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	02 DEPLOYED FRONT	02 IN ON POSITION	02 TOTALLY EJECTED	02 EXTRACTED BY MECHANICAL MEANS	02 POSSIBLE
03 FRONT - RIGHT	03 LAP BELT ONLY	03 DEPLOYED SIDE	03 IN OFF POSITION	03 PARTIALLY EJECTED	03 MEANS	03 NON-INCAPACITATING
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
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**

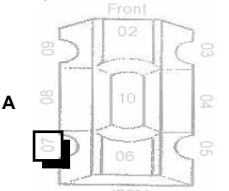
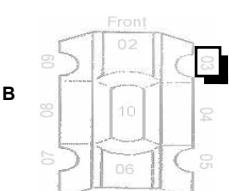
Unit #1 was stopped in traffic on eastbound Tylersville Road. Unit #2 was eastbound on Tylersville Road when it struck unit #1. Unit #2 then fled the scene.

<b>MANNER OF COLLISION OR IMPACT</b> <input type="text" value="8"/> 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		<b>SCHOOL BUS RELATED</b> <input type="text" value="1"/> 01 NO 02 YES, DIRECTLY INVOLVED 03 YES, INDIRECTLY INVOLVED 04 UNKNOWN		<b>Diagram</b>
<b>WEATHER</b> <input type="text" value="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		<b>WORK ZONE RELATED</b> <input type="text" value="1"/> 01 NO 02 YES 03 UNKNOWN		
<b>LIGHT CONDITIONS</b> PRIMARY <input type="text" value="1"/> SECONDARY <input type="text"/> 01 DAYLIGHT 02 DAWN 03 DUSK 04 DARK - LIGHTED ROADWAY 05 DARK - NOT LIGHTED 06 DARK - UNKNOWN LIGHTING 07 GLARE 08 OTHER 09 UNKNOWN		<b>TYPE OF WORK ZONE</b> <input type="text"/> 01 LANE CLOSURE 02 LANE SHIFT/CROSSOVER 03 WORK ON SHOULDER OR MEDIAN 04 INTERMITTENT/MOVING WORK 05 OTHER		
		<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="text"/> 01 BEFORE FIRST WORK ZONE WARNING SIGN 02 ADVANCE WARNING AREA 03 TRANSITION AREA 04 ACTIVITY AREA		
		<b>WORKERS PRESENT</b> <input type="text"/> 01 NO 02 YES 03 UNKNOWN		

<b>Truck/Bus</b>	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	<b>AND</b>	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# <input type="text"/>		COMPANY (FROM SHIPPING PAPERS) <input type="text"/> COMPANY PHONE <input type="text"/>
	ADDRESS (STREET, CITY, ST, ZIP CODE) <input type="text"/>		

US DOT <input type="text"/>	ICC MC <input type="text"/>	EUCO <input type="text"/>	TRAILER LP ST. <input type="text"/>	TRAILER LP YEAR <input type="text"/>	TRAILER LP# <input type="text"/>	PLACARD # <input type="text"/>	# DIA <input type="text"/>			
<b>CARGO BODY TYPE</b> <input type="text"/> 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			<b>WEIGHT (GVWR)</b> <input type="text"/> 01 LESS/EQUAL 10,000 02 10,001-26,000 03 MORE THAN 26,000		<b>CDL Class</b> <input type="text"/> 01 CLASS A 02 CLASS B 03 CLASS C 04 CLASS M 05 CLASS D		<b>Hazardous Materials Placard</b> <input type="text"/> 01 NO 02 YES 03 UNKNOWN		<b>Hazardous Materials Released</b> <input type="text"/> 01 NO 02 YES 03 NOT APPLI CABLE 04 UNKNOWN	

<b>Police Action</b>							
DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES	
<input type="text" value="04/29/2012"/>	<input type="text" value="08:50"/>	<input type="text" value="08:51"/>	<input type="text" value="08:54"/>	<input type="text" value="09:08"/>	<input type="text" value="45.00"/>	<input type="text" value="63.20"/>	
OFFICER'S NAME*		PAGE #*	CHECKED BY		DATE REPORT FILED*		
<input type="text" value="Police Officer Kevin S Bryant"/>		<input type="text" value="1C55"/>	<input type="text"/>		<input type="text" value="05/01/2012"/>		
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES		LOCAL REPORT #			
<input type="text" value="1"/> 01 POLICE AGENCY 02 MOTORIST	<input type="text" value="1"/> 01 SCENE 02 STATION 03 OTHER	<input type="text"/>		<input type="text" value="201200008869"/>			

<b>UNIT NUMBERS</b> <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>	<b>DAMAGE AREA</b>  	<b>PRE-CRASH ACTIONS</b> <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;">01 <small>B</small></div> </div>	<b>SEQUENCE OF EVENTS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">20 <small>1</small></td> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">20 <small>1</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>2</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>2</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">3 <small>3</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">3 <small>3</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">4 <small>4</small></td> <td style="border: 1px solid black; padding: 2px; 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>	<b>POSTED SPEED</b> <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>	<b>DRUG TEST STATUS</b> <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>												
<b>NON-MOTORIST LOCATION</b> <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>	<b>MOST DAMAGED AREA</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">07 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">03 <small>B</small></div> </div>	<b>MOTORIST</b> <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;">09 <small>B</small></div> </div>	<b>COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4 <small>B</small></div> </div>	<b>TRAFFIC CONTROL</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">04 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">04 <small>B</small></div> </div>	<b>DRUG TEST 1&amp;2 RESULT</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">1 <small>B</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>2</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>2</small></td> </tr> </table>	1 <small>A</small>	1 <small>B</small>	2 <small>2</small>	2 <small>2</small>				
1 <small>A</small>	1 <small>B</small>												
2 <small>2</small>	2 <small>2</small>												
<b>TYPE OF UNIT</b> <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;">07 <small>B</small></div> </div>	<b>POINT OF IMPACT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">07 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">03 <small>B</small></div> </div>	<b>CONTRIBUTING CIRCUMSTANCES</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div>	<b>COLLISION WITH FIXED OBJECT</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div>	<b>DIIRECTION</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 25%;">FROM</td> <td style="border: 1px solid black; padding: 2px; width: 25%;">TO</td> <td style="border: 1px solid black; padding: 2px; width: 25%;">FROM</td> <td style="border: 1px solid black; padding: 2px; width: 25%;">TO</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">3 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">4 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">3 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">4 <small>A</small></td> </tr> </table>	FROM	TO	FROM	TO	3 <small>A</small>	4 <small>B</small>	3 <small>B</small>	4 <small>A</small>	<b>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div>
FROM	TO	FROM	TO										
3 <small>A</small>	4 <small>B</small>	3 <small>B</small>	4 <small>A</small>										
<b>MOTORIST</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <ul style="list-style-type: none"> <li>01 SUB-COMPACT</li> <li>02 COMPACT</li> <li>03 MID SIZE</li> <li>04 FULL SIZE</li> <li>05 MINI VAN</li> <li>06 SPORT UTILITY VEHICLE</li> <li>07 PICKUP</li> <li>08 PANEL VAN</li> <li>09 SINGLE UNIT TRUCK;</li> <li>10 2 AXLES, 6 TIRES</li> <li>11 SINGLE UNIT TRUCK; 3-AXLES</li> <li>12 TRUCK/ TRAILER</li> <li>13 TRUCK TRACTOR (BOBTAIL)</li> <li>14 TRACTOR/ SEM - TRAILER</li> <li>15 TRACTOR/ DOUBLE SHORT</li> <li>16 TRACTOR/ DOUBLE LONG</li> <li>17 FIFTH WHEEL OR CONVERTER DOLLY</li> <li>18 TRACTOR/ TRAILERS</li> <li>19 MOTORCYCLE</li> <li>20 MOTOR ZED BI-CYCLE</li> <li>21 SCHOOL BUS</li> <li>22 CHURCH BUS</li> <li>23 PUBLIC BUS</li> <li>24 OTHER BUS</li> <li>25 POLICE VEHICLE</li> <li>26 FIRE TRUCK</li> <li>27 AMBULANCE/ RESCUE</li> <li>28 TAXI</li> <li>29 MOTOR HOME</li> <li>30 TRAILER</li> <li>31 FARM VEHICLE</li> <li>32 FARM EQUIPMENT</li> <li>33 SNOWMOBILE</li> <li>34 CONSTRUCTION EQUIPMENT</li> <li>35 ALL OTHERS</li> </ul> </div> <div style="width: 45%;"> <ul style="list-style-type: none"> <li>01 NONE</li> <li>02 CENTER FRONT</li> <li>03 RIGHT FRONT</li> <li>04 RIGHT SIDE</li> <li>05 RIGHT REAR</li> <li>06 REAR CENTER</li> <li>07 LEFT REAR</li> <li>08 LEFT SIDE</li> <li>09 LEFT FRONT</li> <li>10 TOP AND WINDOWS</li> <li>11 UNDERCARRIAGE</li> <li>12 LOAD/ TRAILER</li> <li>13 TOTAL (ALL AREAS)</li> <li>14 OTHER</li> <li>15 UNKNOWN</li> </ul> </div> </div>	<b>ACTIION</b> <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;">3 <small>B</small></div> </div>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <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>	<b>FIRST HARMFUL EVENT</b> <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>	<b>ALCOHOL/ DRUG SUSPECTED</b> <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;">6 <small>B</small></div> </div>	<b>OCCURENCE</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>								
<b>NON-MOTORIST</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <ul style="list-style-type: none"> <li>35 ANIMAL W/ RIDER</li> <li>36 ANIMAL W/ BUGGY</li> <li>37 BICYCLE</li> <li>38 PEDESTRIAN</li> <li>39 PEDALCYCLIST</li> <li>40 SKATER</li> <li>41 OTHER-NON MOTORIST</li> <li>42 UNKNOWN</li> </ul> </div> <div style="width: 45%;"> <ul style="list-style-type: none"> <li>01 NONE-CONTACT</li> <li>02 NON-COLLISION</li> <li>03 STRIKING</li> <li>04 STRUCK</li> <li>05 BOTH STRIKING AND STRUCK</li> <li>06 UNKNOWN</li> </ul> </div> </div>	<b>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</b> <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;">1 <small>B</small></div> </div>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <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>	<b>MOST HARMFUL EVENT</b> <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>	<b>ALCOHOL TEST STATUS</b> <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>	<b>ROAD CONTOUR</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>								
<b>DAMAGE SCALE</b> <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;">6 <small>B</small></div> </div>	<b>NO UNDERIDE OR OVERRIDE</b> <ul style="list-style-type: none"> <li>01 NO UNDERIDE OR OVERRIDE</li> <li>02 UNDERIDE, COMPARTMENT INTRUSION</li> <li>03 UNDERIDE, NO COMPARTMENT INTRUSION</li> <li>04 UNDERIDE, COMPARTMENT INTRUSION UNKNOWN</li> <li>05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT</li> <li>06 OVERRIDE, OTHER VEHICLE</li> <li>07 UNKNOWN</li> </ul>	<ul style="list-style-type: none"> <li>01 TURN SIGNALS</li> <li>02 HEAD LAMPS</li> <li>03 TAIL LAMPS</li> <li>04 BRAKES</li> <li>05 STEERING</li> <li>06 TIRE BLOWOUT</li> <li>07 WORN OR SLICK TIRES</li> <li>08 TRAILER EQUIPMENT DEFECTIVE</li> <li>09 MOTOR TROUBLE</li> <li>10 DISABLED FROM PRIOR CRASH</li> <li>11 OTHER DEFECTS</li> </ul>	<b>SPEED DETECTED</b> <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>	<b>ALCOHOL TEST TYPE</b> <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>	<b>ROAD CONDITIONS</b> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">01 <small>PRI</small></td> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">01 <small>SEC</small></td> </tr> </table>	01 <small>PRI</small>	01 <small>SEC</small>						
01 <small>PRI</small>	01 <small>SEC</small>												
<b>IN EMERGENCY RESPONSE</b> <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>	<ul style="list-style-type: none"> <li>01 NO</li> <li>02 YES</li> <li>03 UNKNOWN</li> </ul>	<ul style="list-style-type: none"> <li>01 NONE</li> <li>02 BLOOD</li> <li>03 URINE</li> <li>04 BREATH</li> <li>05 OTHER</li> </ul>	<b>SPEED</b> <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;">5 <small>B</small></div> </div>	<b>ALCOHOL TEST RESULT</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div>	<ul style="list-style-type: none"> <li>01 DRY</li> <li>02 WET</li> <li>03 SNOW</li> <li>04 ICE</li> <li>05 SAND, MUD, DRY, OIL, GRAVEL</li> <li>06 WATER / STANDING / MOVI NG</li> <li>07 SLUSH</li> <li>08 DEBRIS**</li> <li>09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT**</li> <li>10 OTHER</li> <li>11 UNKNOWN</li> <li>** SECONDARY ROAD CONDITIONS ONLY</li> </ul>								
				<b>SUPPLEMENTS *X* IF YES</b>		<b>LOCAL REPORT#*</b>							
						<b>201200008869</b>							

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 201200008869	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

CR-3

LOCAL REPORT NUMBER 12-8869	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 04/09/12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

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

I was stopped at a red light at the intersection of Mason-Montgomery and Tylusville Rd when I heard and felt a bump and crunch. I looked in my rear mirror and didn't see anything. Then I saw a red pick-up truck on my left side. The pick-up had to back-up to get off my care. I moved out of the intersection expecting the red truck to pull over. I got out of my car to see the pick-up speed away making a left turn going south on Mason-Montgomery.

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

Q. WERE YOU WEARING YOUR SEAT BELT? YES

Q. WHAT DIRECTION WERE YOU GOING? West

Q. WHAT WAS YOUR SPEED? NO

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

ADDRESS OF WITNESS \_\_\_\_\_ PHONE 827-0013

SIGNATURE OF WITNESS Jeanie Burnett OFFICER'S SIGNATURE P.O. K. Bryant

398 9448