

State Seal

LOCAL REPORT #* <b>2012006892</b>	CRASH SEVERITY <b>3</b> 1 FATAL 3 PDO 2 Injury 4 Unknown	PRIVATE PROPERTY <input type="checkbox"/>	HIT / SKIP <b>1</b> 1 NOT HIT / SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <b>N</b>	OH-2 <b>X</b> OH-3 <input type="checkbox"/> OH-1P <input type="checkbox"/> OTHER <input type="checkbox"/>
NCIC #* <b>08304</b>	REPORTING AGENCY* <b>City of Mason - City of Mason Police Depart</b>	# UNITS <b>2</b>	UNIT ERROR <b>01</b> 98=ANIMAL 99=UNKNOWN	DATE OF CRASH* <b>04042012</b>	

TIME OF CRASH <b>10:50</b>	DAY OF WEEK <b>Wed</b>	CITY* <b>X</b>	VILLAGE* <input type="checkbox"/>	TWP* <input type="checkbox"/>	NAME (OF CITY, VILLAGE OR TOWNSHIP)* <b>Mason</b>	COUNTY #* <b>83</b>	LATITUDE	LONGITUDE
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CRASH OCCURRED ON PREFIX <b>Bethany Road</b>	CRASH LOCATION TYPE LOC <b>3</b>	TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	LOCAL INFORMATION
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CRASH AT / REFERENCE DIST REFERENCE	DR PREFIX <b>Bethany Road</b>	REFERENCE <b>Bethany Road</b>	REF POINT	REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 06 MILE POST	08 PLACE NAME W/O REFERENCE 09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE
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UNIT # <b>A</b> <b>1</b>	NAME (LAST, FIRST, MIDDLE) <b>Unk12-6892, Unk12-6892</b>
ADDRESS (STREET, CITY, STATE, ZIP CODE)	

SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX <b>U</b>	HOME PHONE #	WORK PHONE #
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DL STATE <b>OH</b>	DL # <b>Unk12-6892</b>	IP STATE <b>OH</b>	IP # <b>Unk12-6892</b>	INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE	4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
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OWNER'S NAME (IF SAME WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)					
YEAR	MAKE	MODEL	COLOR <b>RED</b>	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?
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UNIT # <b>B</b> <b>2</b>	NAME (LAST, FIRST, MIDDLE) <b>Lee, Christopher John</b>
ADDRESS (STREET, CITY, STATE, ZIP CODE) <b>704 College Street, Apt: 14, Ackerman MS, 39735</b>	

SOCIAL SECURITY NUM	DATE OF BIRTH <b>10071961</b>	AGE <b>50</b>	SEX <b>M</b>	HOME PHONE # <b>(800) 545-2132</b>	WORK PHONE #
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DL STATE <b>MS</b>	DL # <b>800543356</b>	IP STATE <b>TN</b>	IP # <b>U723HZ</b>	INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE	4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
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OWNER'S NAME (IF SAME WRITE "SAME") <b>PTL Paschall Transport</b>	ADDRESS (STREET, CITY, STATE, ZIP CODE) <b>3443 P.O. 1080 Highway 641 south, Murray, KY 42071</b>					
YEAR <b>2010</b>	MAKE <b>FREI</b>	MODEL	COLOR <b>WHI</b>	INSURANCE COMPANY <b>Marvin &amp; Johnson</b>	TOWING SERVICE	OWNER PHONE # <b>800-545-2132(W)</b>

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?
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UNIT # <b>C</b>	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP CODE)	<input type="checkbox"/> INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE	4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
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UNIT # <b>D</b>	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
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ADDRESS (STREET, CITY, STATE, ZIP CODE)	<input type="checkbox"/> INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE	4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
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SEATING POSITION 01 FRONT - LEFT (MC DRIVER) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT (MC PASSENGER SIDE CAR) 08 THIRD - MIDDLE 09 THIRD - RIGHT 10 SLEEPER SECTION OF CAB 11 ENCLOSED CARGO AREA 12 UNENCLOSED CARGO AREA 13 TRAILING UNIT 14 EXTERIOR 15 OTHER 16 NON-MOTORIST 17 BLANK FOR WITNESS	SAFETY EQUIPMENT 01 NONE USED 02 SHOULDER BELT ONLY 03 LAP BELT ONLY 04 SHOULDER LAP BELT 05 CHILD SAFETY SEAT 06 MC HELMET USED 07 USE UNKNOWN NON-MOTORIST 08 NONE USED 09 HELMET USED 10 PROTECTIVE PADS 11 REFLECTIVE CLOTHING 12 LIGHTING 13 OTHER 14 UNKNOWN	AIR BAG 01 NOT DEPLOYED 02 DEPLOYED-FRONT 03 DEPLOYED-SIDE 04 DEPLOYED BOTH FRONT SIDE 05 NOT APPLICABLE 06 UNKNOWN	AIR BAG SWITCH 01 NOT PRESENT 02 IN ON POSITION 03 IN OFF POSITION 04 UNKNOWN POSITION	EJECTION 01 NOT EJECTED 02 TOTALLY EJECTED 03 PARTIALLY EJECTED 04 NOT APPLICABLE 05 UNKNOWN	TRAPPED 01 NOT TRAPPED 02 EXTRACTED BY MECHANICAL MEANS 03 FREED BY NON-MECHANICAL MEANS 04 UNKNOWN	INJURIES 01 NO INJURY 02 POSSIBLE 03 NON-INCAPACITATING 04 INCAPACITATING 05 FATAL INJURY 06 UNKNOWN <input type="checkbox"/> SUPPLEMENT "X" IF YES
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**Narrative**

Unit 2 was stopped waiting for the traffic light on State Route 741 at Bethany Road when unit 1 struck the trailer of unit 2 causing damage to both. Driver of unit 1 checked with the driver of unit 2 then left the area. No information available other than red pickup truck.

**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 SIDESWIBE, SAME DIRECTION  
 08 SIDESWIBE, 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**

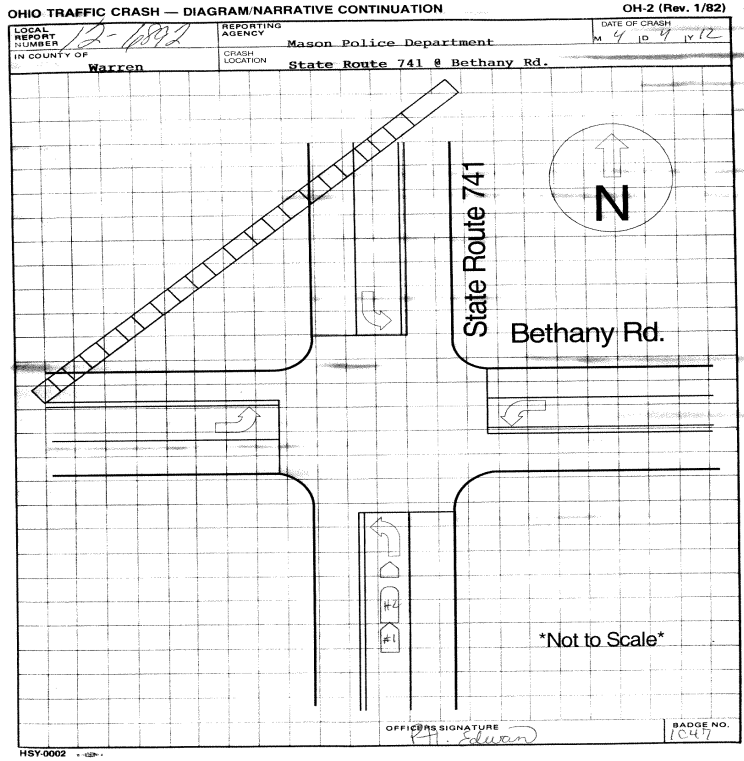
01 CLEAR  
 02 CLOUDY  
 03 FOG, SMOG, SMOKE  
 04 RAIN  
 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)  
 06 SNOW  
 07 SEVERE CROSSWINDS  
 08 BLOWING SAND, SOIL, DIRT, SNOW  
 09 OTHER  
 10 UNKNOWN

**LIGHT CONDITIONS**

PRIMARY **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

**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  
AND  
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#

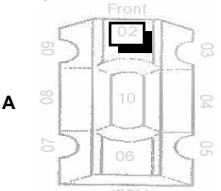
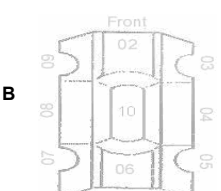
COMPANY (FROM SHIPPING PAPERS)  COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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
04/04/2012	10:50	10:52	10:58	11:57	0.00	66.38
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Daniel R Edwards	1C47		04/10/2012			
REPORT TAKEN BY <b>1</b>	REPORT TAKEN AT <b>1</b>	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
01 POLICE AGENCY 02 MOTORIST	01 SCENE 02 STATION 03 OTHER		201200006892			

<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>  <p style="text-align: center;">Front</p>  <p style="text-align: center;">Front</p>	<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;">11 <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;">40 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">40 <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;">02 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12 <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;">08 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <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;">2 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2 <small>B</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</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: 25%; text-align: center;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 25%; text-align: center;">1 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; width: 25%; text-align: center;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; 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>				
1 <small>A</small>	1 <small>B</small>	1 <small>A</small>	1 <small>B</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;">07 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">13 <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;">02 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12 <small>B</small></div> </div>	<b>CONTRIBUTING CIRCUMSTANCES</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">08 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>B</small></div> </div>	<b>COLLISION WITH FIXED OBJECT</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">8 <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;">2 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">1 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">1 <small>A</small></td> </tr> </table>	FROM	TO	FROM	TO	2 <small>A</small>	1 <small>B</small>	2 <small>B</small>	1 <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										
2 <small>A</small>	1 <small>B</small>	2 <small>B</small>	1 <small>A</small>										
<b>MOTORIST</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <ol 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 (BOBTAI)</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 BICYCLE</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> </ol> </div> <div style="width: 45%;"> <ol 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> </ol> </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;">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>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>CONDITON</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">8 <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;">6 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>OCCURENCE</b> <ol style="list-style-type: none"> <li>01 ON ROADWAY</li> <li>02 ON SHOULDER</li> <li>03 MEDIUM</li> <li>04 ON ROADSIDE</li> <li>05 ON GORE</li> <li>06 OUTSIDE TRAFFICWAY</li> <li>07 UNKNOWN</li> </ol>							
<b>NON-MOTORIST</b> <ol 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> </ol>	<b>STRIKING VEHICLE: OVERRIDE/ UNDERIDE</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;">B</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>LINE 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>	<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;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<ol 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> </ol>	<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;">2 <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 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 CONDTIONS</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>												
<ol style="list-style-type: none"> <li>01 NONE</li> <li>02 YES</li> <li>03 UNKNOWN</li> </ol>	<ol 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> </ol>	<ol 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> </ol>	<b>SPEED</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">15 <small>A</small></div>	<b>ALCOHOL TEST RESULT</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div>	<ol 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 CONDTIONS ONLY</li> </ol>								
				<b>SUPPLEMENTS *X* IF YES</b>		<b>LOCAL REPORT#*</b>							
				<b>201200006892</b>									

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER	REPORTING AGENCY <b>Mason Police Department</b>	
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