

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #*
2012012870

CRASH SEVERITY
3 1 FATAL 3 PDO
2 Injury 4 Unknown

PRIVATE PROPERTY

HIT / SKIP
1 NOT HIT / SKIP
2 SOLVED
3 UNSOLVED
1

PHOTOS TAKEN
Y

OH-2 OH-3 OH-1P OTHR
X X X

NCIC #*
08304

REPORTING AGENCY*
City of Mason - City of Mason Police Depart

UNITS
2

UNIT ERROR
01 98=ANIMAL
99=UNKNOWN

DATE OF CRASH*
06132012

TIME OF CRASH 12:18 DAY OF WEEK Wed 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 150.00 DR PREFIX REFERENCE Bridge Lane REF POINT 02 REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 09 DRIVEWAY 06 MILE POST 10 STREET OR ROUTE W/O 07 CORPORATION LIMIT REFERENCE

UNIT # A 1 3 NAME (LAST, FIRST, MIDDLE) McCrea, Brian P. ADDRESS (STREET, CITY, STATE, ZIP CODE) 3939 Heartwood Lane, Mason OH, 45040

SOCIAL SECURITY NUM DATE OF BIRTH 10251994 AGE 17 SEX M HOME PHONE # (513) 300-0871 WORK PHONE #

DL STATE OH DL # TU282813 LP STATE OH LP # EW57UJ 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") McCrea, Brian P. ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR 2004 MAKE JEP MODEL Grand Cherokee COLOR GRY INSURANCE COMPANY StateFarm TOWING SERVICE OWNER PHONE # 513-300-0871(H)

OFFENSE CHARGED 4511.21 OFFENSE DESCRIPTION Speed Limits; ACDA; School Zones; Modifications CITATION # 71574 LOCAL CODE?

UNIT # B 2 3 NAME (LAST, FIRST, MIDDLE) Aukstakalnyte, Dovile Bray ADDRESS (STREET, CITY, STATE, ZIP CODE) 590 Cloverdale Avenue, Cincinnati OH, 45246

SOCIAL SECURITY NUM DATE OF BIRTH 08041990 AGE 21 SEX F HOME PHONE # (513) 404-5783 WORK PHONE #

DL STATE OH DL # TS256701 LP STATE OH LP # FNJ3834 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") Ankstakalnis, Saulius ADDRESS (STREET, CITY, STATE, ZIP CODE) 389 Wellington Court, Mason OH, 45040 YEAR 2003 MAKE MITS MODEL Galant COLOR GLD INSURANCE COMPANY StateAuto TOWING SERVICE OWNER PHONE # 513-404-6268(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

UNIT # C 1 NAME (LAST, FIRST, MIDDLE) Shiffman, Jacob C. HOME PHONE # 513-477-4714 DATE OF BIRTH 08261992 AGE 19 SEX M ADDRESS (STREET, CITY, STATE, ZIP CODE) 5606 Lake Michigan Drive, Fairfield OH, 45014 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

UNIT # D 2 NAME (LAST, FIRST, MIDDLE) Ablakulova, Mohijul HOME PHONE # DATE OF BIRTH 09261982 AGE 29 SEX F ADDRESS (STREET, CITY, STATE, ZIP CODE) 4641 Courtyard Drive, Mason OH, 45040 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 A 01 FRONT - LEFT (MC DRIVER)	04 A 01 NONE USED	1 A 01 NOT DEPLOYED	1 A 01 NOT PRESENT	1 A 01 NOT EJECTED	1 A 01 NOT TRAPPED	1 A 01 NO INJURY
02 A 02 FRONT - MIDDLE	02 A 02 SHOULDER BELT ONLY	02 A 02 DEPLOYED - FRONT	02 A 02 IN ON POSITION	02 A 02 TOTALLY EJECTED	02 A 02 EXTRACTED BY MECHANICAL MEANS	02 POSSIBLE
03 A 03 FRONT - RIGHT	03 A 03 LAP BELT ONLY	03 A 03 DEPLOYED - SIDE	03 A 03 IN OFF POSITION	03 A 03 PARTIALLY EJECTED	03 A 03 MEANS	03 NON-
04 B 04 SECOND - LEFT (MC PASS)	04 B 04 SHOULDER LAP BELT	04 B 04 DEPLOYED BOTH FRONT / SIDE	04 B 04 UNKNOWN POSITION	04 B 04 NOT APPLIED	04 B 04 FREED BY NON-MECHANICAL MEANS	04 INCAPACITATED
05 B 05 SECOND - MIDDLE	05 B 05 CHILD SAFETY SEAT	05 B 05 NOT APPLIED		05 B 05 UNKNOWN	05 B 05 MEANS	05 INCAPACITATED
06 B 06 SECOND - RIGHT	06 B 06 MC HELMET USED	06 B 06 UNKNOWN			06 B 06 UNKNOWN	06 FATAL INJURY
07 B 07 THIRD - LEFT (MC PASSENGER SIDE CAR)	07 B 07 USE UNKNOWN					
08 C 08 THIRD - MIDDLE	07 C 08 NON-MOTORIST	5 C	1 C	1 C	1 C	1 C
09 C 09 THIRD - RIGHT	09 C 09 NONE USED					
10 C 10 SLEEPER SECTION OF CAB	10 C 10 HELMET USED					
11 D 11 ENCLOSED CARGO AREA	11 D 11 PROTECTIVE PADS	1 D	1 D	1 D	1 D	1 D
12 D 12 UNENCLOSED CARGO AREA	12 D 12 REFLECTIVE CLOTHING					
13 D 13 TRAILING UNIT	13 D 13 LI GHTING					
14 D 14 EXTERIOR	14 D 13 OTHER					
15 D 15 OTHER	14 D 14 UNKNOWN					
16 D 16 NON-MOTORIST						
17 D 17 UNKNOWN						

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

Narrative

Unit #2 was traveling northbound on Snider Road north of Bridge Lane, slowed in traffic, then proceeded northbound. Unit #1 was traveling northbound on Snider Road approaching unit #2, failed to assure a clear distance ahead, and struck unit #2 in the rear.

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 DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

OHIO TRAFFIC CRASH REPORT
DIAGRAM / NARRATIVE CONTINUATION OH-2

LOCAL REPORT NUMBER 17-11870	REPORTING AGENCY MADISON POLICE	DATE OF CRASH 06/13/12
IN COUNTY OF WARREN	CRASH LOCATION SNIDER RD NORTH OF BRIDGE LN	

OFFICER'S SIGNATURE *[Signature]* BADGE NUMBER 1687

HSV 7002 4/07

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)

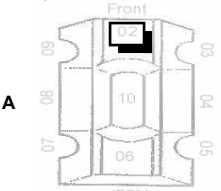
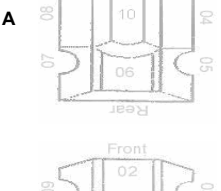
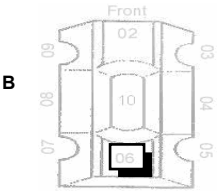
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

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

Police Action

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
06/13/2012	12:18	12:21	12:28	13:06	30.00	78.12
OFFICER'S NAME*	PLACARD #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Eric S Fitzgerald	1C37		06/14/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
<input type="checkbox"/> 01 POLICE AGENCY <input checked="" type="checkbox"/> 02 MOTORIST	<input type="checkbox"/> 01 SCENE <input checked="" type="checkbox"/> 02 STATION <input type="checkbox"/> 03 OTHER		2012000012870			

UNIT NUMBERS <input type="text" value="1"/> <input type="text" value="2"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="01"/> <input type="text" value="01"/>	SEQUENCE OF EVENTS <table border="1"> <tr><td>20</td><td>20</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	20	20									POSTED SPEED <input type="text" value="35"/> <input type="text" value="35"/>	DRUG TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>
20	20														
NON-MOTORIST LOCATION <input type="text" value="A"/> <input type="text" value="B"/>	A 	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 <input type="text" value="12"/> <input type="text" value="12"/>	DRUG TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>										
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 	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	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	CONSTRUCTION FROM TO FROM TO <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/>	DRUG TEST 1&2 RESULT <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>										
TYPE OF UNIT <input type="text" value="06"/> <input type="text" value="03"/>	MOST DAMAGED AREA <input type="text" value="02"/> <input type="text" value="06"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="08"/> <input type="text" value="01"/>	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 LIght/LUMINARIES SUPPORT 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	DIIRECTION FROM TO FROM TO <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="01"/>										
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 TRAILER 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	POINT OF IMPACT <input type="text" value="02"/> <input type="text" value="06"/>	MOTORIST 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	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 LIGHT/LUMINARIES SUPPORT 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	CONDITION <input type="text" value="1"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="01"/>										
NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	POINT OF IMPACT <input type="text" value="02"/> <input type="text" value="06"/>	NON-MOTORIST 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 SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	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 LIGHT/LUMINARIES SUPPORT 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	CONDITION <input type="text" value="1"/> <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="01"/>										
IN EMERGENCY RESPONSE <input type="text" value="A"/> <input type="text" value="B"/>	ACTION <input type="text" value="3"/> <input type="text" value="4"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	FIRST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/> <input type="text" value="1"/>	OCURRENCE <input type="text" value="1"/>										
DAMAGE SCALE <input type="text" value="2"/> <input type="text" value="3"/>	STRIKING VEHICLE: OVERRIDEN/UNDERRIDDEN <input type="text" value="1"/> <input type="text" value="B"/>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <input type="text" value="A"/> <input type="text" value="B"/>	MOST HARMFUL EVENT <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="2"/>										
01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	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	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	OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST TYPE <input type="text" value="1"/> <input type="text" value="1"/>	ROAD CONDITIONS PRIMARY SECONDARY <input type="text" value="01"/> <input type="text" value=""/>										
			OF THE SEQUENCE OF EVENTS WHICH ONE IS THE MOST HARMFUL EVENT (1-4) <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST RESULT <input type="text" value="A"/> <input type="text" value="B"/>	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 DETECTED <input type="text" value="1"/> <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/> <input type="text" value="1"/>	LOCAL REPORT#* 201200012870										
			SPEED <input type="text" value="35"/> <input type="text" value="5"/>	SUPPLEMENTS **X* IF YES											

TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

LOCAL REPORT # *	N.C.I.C. # *	REPORTING AGENCY *	DATE OF CRASH *
2012012870	08304	City of Mason - City of Mason Police Dep	06132012

E	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
	1	Szymkowicz, Michael	513-225-7123	10211994	17	M
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO
6048 Bethany Road, Mason OH, 45040						

F	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO

G	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO

H	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO

I	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO

J	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO

K	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		TRANSPORTED BY	INJURED TAKEN TO

03	SEATING POSITION	07	SAFETY EQUIPMENT	1	AIR BAG	4	AIR BAG SWITCH	1	EJECTION	1	TRAPPED	1	INJURIES
E	01 FRONT - LEFT (MC DRIVER)	E	01 NONE USED	E	01 NOT DEPLOYED	E	01 NOT PRESENT	E	01 NOT EJECTED	E	01 NOT TRAPPED	E	01 NO INJURY
F	02 FRONT - MIDDLE	F	02 SHOULDER BELT ONLY	F	02 DEPLOYED - FRONT	F	02 IN ON POSITION	F	02 TOTALLY EJECTED	F	02 EXTRACTED BY MECHANICAL MEANS	F	02 POSSIBLE NON-INCAPACITATION
G	03 FRONT - RIGHT	G	03 LAP BELT ONLY	G	03 DEPLOYED - SIDE	G	03 IN OFF POSITION	G	03 PARTIALLY EJECTED	G	03 FREED BY NON-MECHANICAL MEANS	G	03 FATAL INJURY
H	04 SECOND - LEFT (MC PASS)	H	04 SHOULDER LAP BELT	H	04 DEPLOYED BOTH FRONT/ SIDE	H	04 UNKNOWN POSITION	H	04 NOT APPLICABLE	H	04 UNKNOWN	H	04 UNKNOWN
I	05 SECOND - MIDDLE	I	05 CHILD SAFETY SEAT	I	05 NOT APPLICABLE	I		I	05 UNKNOWN	I		I	
J	06 SECOND - RIGHT	J	06 MC HELMET USED	J	06 UNKNOWN	J		J		J		J	
K	07 THIRD - LEFT (MC PASSENGER SIDE CAR)	K	07 USE UNKNOWN	K		K		K		K		K	
	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

HSV 8355

TOP COPY - OPS BOTTOM COPY - AGENCY

SUPPLEMENT "X" IF YES

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000012870	REPORTING AGENCY Mason Police Department
--------------------------------------	---



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-12870	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 06 D 15 Y 12
---------------------------------	----------------------------------	-------------------------------------

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

I, Brian McCrea HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT Snider + Bridge
OFFICER'S NAME LOCATION

stray dogs ran across the street ~~to~~ I looked at the dogs and down the road at the bottom of the hill the cars stopped suddenly and because I was on the hill and I didn't see the cars I couldn't stop fast enough. I was doing the speed limit. I did have my seat belt on.

Jury - 2/m
 Michael - 1/r

ADDRESS OF WITNESS 3939 Heartwood Lane PHONE 513-300-0871

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

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000012870	REPORTING AGENCY Mason Police Department
--------------------------------------	---



OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 17-12870	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 06 D 13 Y 12
---------------------------------	----------------------------------	---------------------------------

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

I, DNILE BRAY AUKSTAKALNYTE HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Fitzgerald AT Snider + Bridge
OFFICER'S NAME LOCATION

DRIVING DOWN SNIDER AT AROUND 35 MILES PER HOUR, CARS IN-FRONT OF ME KEPT SPEEDING UP AND SLOWING DOWN. AS I GOT TO THE SPEED LIMIT SPEED I SAW THE CARS IN-FRONT SLAM ON THEIR BREAKS, I DID THE SAME AND NOTICED A LOG RUNNING DOWN THE ROAD, AS I STARTED DRIVING AGAIN I HEARD TIRES SQUEAL AND FELT THE HIT. MY PASSANGER AND I WERE WEARING SEAT BELTS

Q: How fast were you travelling when you were struck?
 A: 4-5 miles

ADDRESS OF WITNESS
590 CLOVERDALE AVE

PHONE
513-904-5783

SIGNATURE OF WITNESS
X [Signature]

OFFICER'S SIGNATURE
X [Signature]

HSY 7003 4/07