

# OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #\*  
**2012011986**

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

PRIVATE PROPERTY

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

PHOTOS TAKEN  
**Y**

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

NCIC #\*  
**08304**

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

# UNITS  
**2**

UNIT ERROR  
**02** 88=ANIMAL  
89=UNKNOWN

DATE OF CRASH\*  
**06042012**

TIME OF CRASH **17:39** DAY OF WEEK **Mon** CITY\* **X** VILLAGE\*  TWP\*  NAME (OF CITY, VILLAGE OR TOWNSHIP)\* **Mason** COUNTY #\* **83** LATITUDE  LONGITUDE

CRASH OCCURRED ON  
PREFIX  CRASH LOCATION **State Route 741** TYPE LOC **3** TYPE LOCATION POINT USED  
1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET LOCAL INFORMATION

CRASH AT / REFERENCE  
DIST REFERENCE **200.00** DR PREFIX **N** REFERENCE **U.S. 42** REF POINT **02** REFERENCE POINT USED  
01 STATE LINE 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE  
02 INTERSECT ON 2 STREETS 05 TOWNSHIP BOUNDARY 09 DRIVEWAY  
03 COUNTY LINE 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE  
07 CORPORATION LIMIT REFERENCE

**A** UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Schneider, Jay D**  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
**3773 Crooked Tree Drive, Mason OH, 45040**

SOCIAL SECURITY NUM  DATE OF BIRTH **08301970** AGE **41** SEX **M** HOME PHONE # **(513) 545-2556** WORK PHONE #

DL STATE **OH** DL # **RF918247** LP STATE **OH** LP # **EE48XZ** 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") **Schneider, Jay D** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**

YEAR **2008** MAKE **HOND** MODEL **Pilot** COLOR **SIL** INSURANCE COMPANY **USAA** TOWING SERVICE  OWNER PHONE # **513-545-2556(H)**

OFFENSE CHARGED  OFFENSE DESCRIPTION  CITATION #  LOCAL CODE?

**B** UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Schneck, Caleb J**  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
**85 E. State Road, Apt: 47, Lebanon IN, 46052**

SOCIAL SECURITY NUM  DATE OF BIRTH **12061988** AGE **23** SEX **M** HOME PHONE # **(765) 481-0107** WORK PHONE #

DL STATE **IN** DL # **0810242222** LP STATE **IN** LP # **2086172** 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") **K&S Markings** ADDRESS (STREET, CITY, STATE, ZIP CODE) **2189 N. 600W, Thorntown, OH 46071**

YEAR **2004** MAKE **GMC** MODEL  COLOR **BLK** INSURANCE COMPANY **Cincinnati Ins** TOWING SERVICE  OWNER PHONE #

OFFENSE CHARGED  OFFENSE DESCRIPTION  CITATION #  LOCAL CODE?

**C** UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Schneider, Sloan** HOME PHONE # **513-545-2556** DATE OF BIRTH **02112007** AGE **5** SEX **F**

ADDRESS (STREET, CITY, STATE, ZIP CODE) **3773 Crooked Tree, Mason OH, 45040**

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 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 FREED BY NON-MECHANICAL 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 INCAPACITATED	04 INCAPACITATED
05 B 05 SECOND - MIDDLE	05 B 05 CHILD SAFETY SEAT	05 B 05 NOT APPLIED				05 FATAL INJURY
06 B 06 SECOND - RIGHT	06 B 06 MC HELMET USED	06 B 06 UNKNOWN				06 UNKNOWN
07 C 07 THIRD - LEFT (MC PASSENGER SIDE CAR)	07 C 07 USE UNKNOWN					
08 C 08 THIRD - MIDDLE	08 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 D 10 SLEEPER SECTION OF CAB	10 D 10 HELMET USED					
11 D 11 ENCLOSED CARGO AREA	11 D 11 PROTECTIVE PADS					
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 14 OTHER					
15 D 15 OTHER	15 D 15 UNKNOWN					
16 D 16 NON-MOTORIST						
17 D 17 UNKNOWN						

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

Motorist/Non-Motorist

Occupant

**Narrative**

Unit #2, a construction vehicle working in a construction zone, was backing and struck #1.

**MANNER OF COLLISION OR IMPACT**

**SCHOOL BUS RELATED**

- 5**
- 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**

- 2**
- 01 NO
  - 02 YES
  - 03 UNKNOWN

**TYPE OF WORK ZONE**

- 4**
- 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**

- 4**
- 01 BEFORE FIRST WORK ZONE WARNING SIGN
  - 02 ADVANCE WARNING AREA
  - 03 TRANSITION AREA
  - 04 ACTIVITY AREA

**WORKERS PRESENT**

- 2**
- 01 NO
  - 02 YES
  - 03 UNKNOWN

**WEATHER**

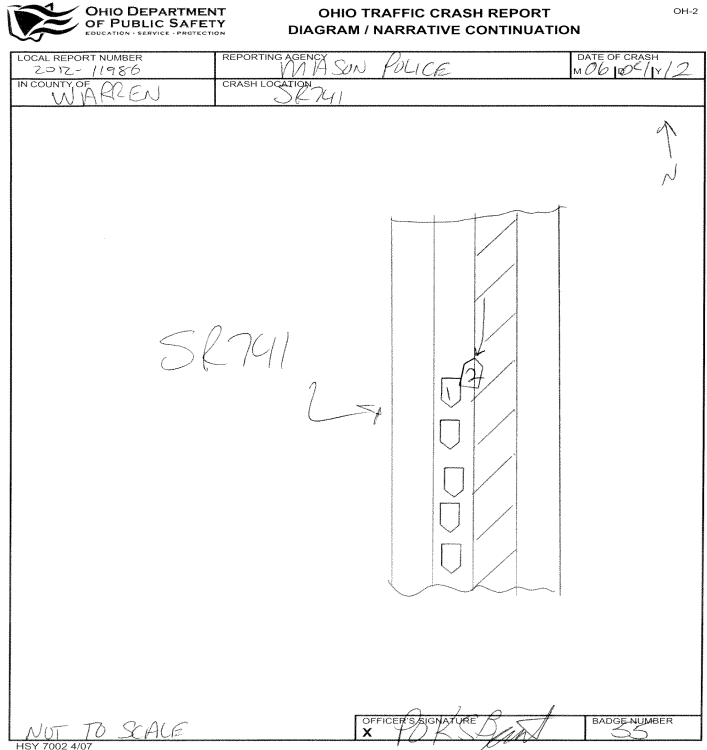
- 01**
- 01 CLEAR
  - 02 CLOUDY
  - 03 FOG, SMOG, SMOKE
  - 04 RAIN
  - 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
  - 06 SNOW
  - 07 SEVERE CROSSWINDS
  - 08 BLOWING SAND, SOIL, DIRT, SNOW
  - 09 OTHER
  - 10 UNKNOWN

**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)

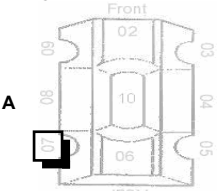
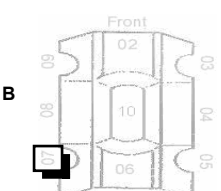
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	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	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
06/04/2012	17:42	17:39	17:42	18:09	30.00	57.47
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55		06/07/2012			
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		2012000011986			

<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="02"/> <small>A B</small>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>20</td><td>20</td></tr> <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>	20	20	1	1	2	2	3	3	4	4	<b>POSTED SPEED</b> <input type="text" value="40"/> <input type="text" value="40"/> <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														
1	1														
2	2														
3	3														
4	4														
<b>NON-MOTORIST LOCATION</b> <input type="text" value="A"/> <input type="text" value="B"/> <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>B</b>  <b>MOST DAMAGED AREA</b> <input type="text" value="07"/> <input type="text" value="01"/> <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 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="12"/> <input type="text" value="12"/> <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="1"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> <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, ETC. 06 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 07 OTHER 08 UNKNOWN	<b>DRUG TEST 1&amp;2 RESULT</b> <table border="1"> <tr><td>1</td><td>2</td><td>1</td><td>2</td></tr> </table>  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/ROUNDOUT 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	1	2	1	2						
1	2	1	2												
<b>TYPE OF UNIT</b> <input type="text" value="06"/> <input type="text" value="09"/> <small>A B</small>  <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 MOTORZED 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>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>POINT OF IMPACT</b> <input type="text" value="07"/> <input type="text" value="07"/> <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="3"/> <small>A B</small>  01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN  <b>STRIKING VEHICLE: OVERRIDEN/ UNDERDRIVEN</b> <input type="text" value="1"/> <small>A B</small>  01 NO UNDERDRIVE OR OVERRIDE 02 UNDERDRIVE, COMPARTMENT INTRUSION 03 UNDERDRIVE, NO COMPARTMENT INTRUSION 04 UNDERDRIVE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="01"/> <input type="text" value="10"/> <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/ACD 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ 10 IMPROPER PASSING 11 IMPROPER BACKING 12 IMPROPER START FROM PARKED POSITION 13 STOPPED OR PARKED ILLEGALLY 14 OPERATIONS ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 15 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 16 FAILURE TO CONTROL 17 VISION OBSTRUCTION 18 DRIVER INATTENTIVE 19 FATIGUE/ASLEEP 20 OPERATIONS ON DEFECTIVE EQUIPMENT 21 LOAD SHIFTING/FALLING/SPILLING 22 OTHER IMPROPER ACTION 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>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>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value="A"/> <input type="text" value="B"/>  01 TURN SIGNALS 02 HEADLAMPS 03 TAILLAMPS 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" 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="5"/> <input type="text" value="B"/> <small>A B</small>  <b>SUPPLEMENTS</b> <input type="checkbox"/> *X* IF YES  <b>LOCAL REPORT#*</b> 201200011986	<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"/>  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>OCURRENCE</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="2"/> 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" value=""/> <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 ** SECONDARY ROAD CONDITIONS ONLY										

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000011986	REPORTING AGENCY Mason Police Department
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**OHIO DEPARTMENT OF PUBLIC SAFETY**  
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

UM-3

LOCAL REPORT NUMBER 2012-11986	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 06/04/12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jay Schneider PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
**P.O. KEVIN S. BRYANT** OFFICER'S NAME AT corner of 741 + 42 LOCATION

I was sitting waiting for the light when a road construction truck (K+S Marking Inc.) backed in to my vehicle hitting the rear & side drivers side of my car. We were not moving and the truck was backing up trying to get into the turn lane and backed into our vehicle in reverse

Sloan Schneider Age 5 Feb 11 2007

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

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? we were stopped

Q. WHAT WAS YOUR SPEED? 0

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

ADDRESS OF WITNESS 3773 Crooked Tree Dr. Mason, Ohio	PHONE 513-545-2556
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SIGNATURE OF WITNESS  
X Jay Schneider

OFFICER'S SIGNATURE  
X P.O. K.S. Bryant

