

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal: **OHIO**

LOCAL REPORT #*: **2012016140**

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: **3**

UNIT ERROR: **02** (88=ANIMAL, 89=UNKNOWN)

DATE OF CRASH*: **07162012**

TIME OF CRASH: **22:33**

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: **Kings Island Drive**

TYPE LOC 1: **1**

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

LOCAL INFORMATION:

CRASH AT / REFERENCE:

DIST REFERENCE:

DR PREFIX:

REFERENCE: **5800 Kings Island Drive**

REF POINT: **04**

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): **Fitzgerald, John Joseph**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **254 Red Cedar Court, Maineville OH, 45039**

SOCIAL SECURITY NUM:

DATE OF BIRTH: **06261944**

AGE: **68**

SEX: **M**

HOME PHONE #: **(513) 910-7708**

WORK PHONE #:

DL STATE: **OH**, DL #: **RR532677**, LP STATE: **OH**, LP #: **HJK9560**

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"): **Fitzgerald, John Joseph**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **Same**

YEAR: **2010**, MAKE: **SUBA**, MODEL: **Outback Im**, COLOR: **SIL**

INSURANCE COMPANY: **StateFarm**

TOWING SERVICE:

OWNER PHONE #: **513-910-7708(H)**

OFFENSE CHARGED:

OFFENSE DESCRIPTION:

CITATION #:

LOCAL CODE?:

B UNIT # **2** NAME (LAST, FIRST, MIDDLE): **Bourne, Tyler Ray**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **713 Heritage Drive, Trenton OH, 45067**

SOCIAL SECURITY NUM:

DATE OF BIRTH: **12161993**

AGE: **18**

SEX: **M**

HOME PHONE #: **(513) 805-1428**

WORK PHONE #:

DL STATE: **OH**, DL #: **TV438155**, LP STATE: **OH**, LP #: **FOZ6379**

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"): **Bourne, Tyler Ray**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **Same**

YEAR: **1999**, MAKE: **MITS**, MODEL: **se, Eclipse Spyder**, COLOR: **SIL**

INSURANCE COMPANY: **American Family Insurance**

TOWING SERVICE:

OWNER PHONE #: **513-805-1428(H)**

OFFENSE CHARGED: **333.03**

OFFENSE DESCRIPTION: **Maximum Speed Limits; Assured Clear Distance Ahead**

CITATION #: **71953**

LOCAL CODE?: **X**

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)	01 NONE USED	1 01 NOT DEPLOYED	1 01 NOT PRESENT	1 01 NOT EJECTED	1 01 NOT TRAPPED	1 01 NO INJURY
A 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 FREED BY MEANS	03 NON-
04 SECOND - LEFT (MC PASS)	04 SHOULDER LAP BELT	04 DEPLOYED BOTH FRONT / SIDE	04 UNKNOWN POSITION	04 NOT APPLIED	04 INCAPACITATED	04 INCAPACITATED
B 05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLIED		05 UNKNOWN	05 NON-MECHANICAL 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					
C 08 THIRD - MIDDLE	NON-MOTORIST					
09 THIRD - RIGHT	08 NONE USED					
10 SLEEPER SECTION OF CAB	09 HELMET USED					
D 11 ENCLOSED CARGO AREA	10 PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
13 TRAILING UNIT	12 LIGHTING					
14 EXTERIOR	13 OTHER					
15 OTHER	14 UNKNOWN					
16 NON-MOTORIST						
17 UNKNOWN						
BLANK FOR WITNESS						SUPPLEMENT "X" IF YES

Narrative

Units 1, 2, and 3 were traveling south on Kings Island Drive approaching a traffic light at the Kings Island north exit. Units 1 and 3 came to a stop in a traffic at the red light. Unit 2 failed to stop in time and struck the rear of unit 1. When unit 1 was struck it moved forward striking the rear of unit 3. After the accident the vehicles were checked by their operators. The driver of unit 3 advised no damage was present and left the scene. No information is known about unit 3. Unit 1 and 2 pulled off the roadway into a parking lot. Unit 2 had serious front end damage was disabled from the collision. Unit 1 had minor front center and rear center damage.

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

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

WORK ZONE RELATED

1

01 NO
 02 YES
 03 UNKNOWN

LIGHT CONDITIONS

PRIMARY SECONDARY

4

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

TYPE OF WORK ZONE

1

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

1

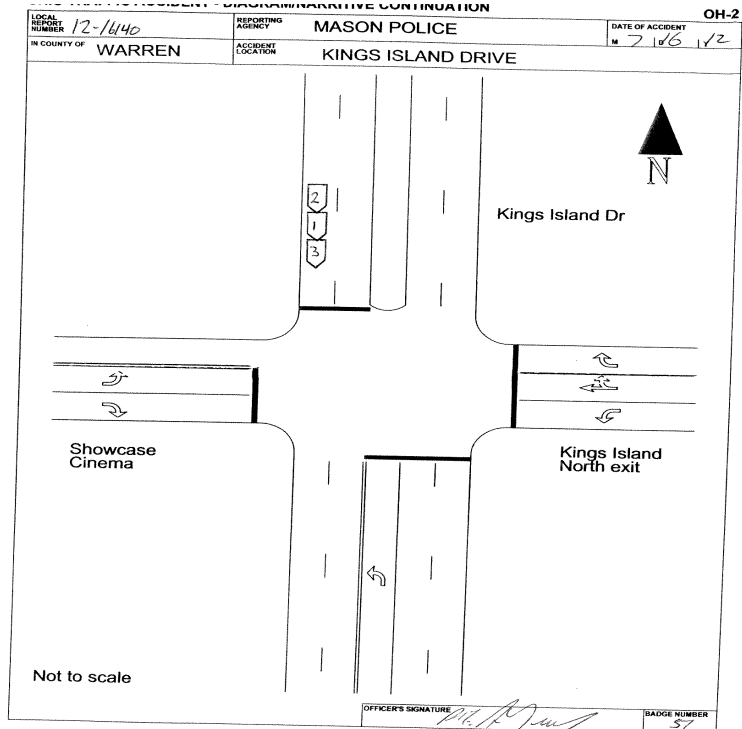
01 BEFORE FIRST WORK ZONE WARNING SIGN
 02 ADVANCE WARNING AREA
 03 TRANSITION AREA
 04 ACTIVITY AREA

WORKERS PRESENT

1

01 NO
 02 YES
 03 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.

AND

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#

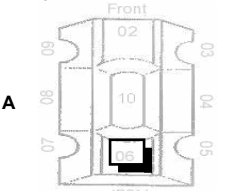
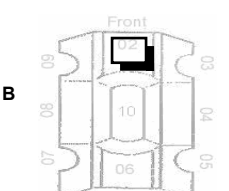
COMPANY (FROM SHIPPING PAPERS) COMPANY PHONE

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
07/16/2012	22:33	22:35	22:47	23:13	20.00	59.62
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Robert S Temple	1C33		07/18/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		2012000016140			

UNIT NUMBERS <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>	DAMAGE AREA  	PRE-CRASH ACTIONS <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>	SEQUENCE OF EVENTS <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 50px; height: 30px;">20 <small>1</small></td><td style="width: 50px; height: 30px;">20 <small>1</small></td></tr> <tr><td style="width: 50px; height: 30px;">20 <small>2</small></td><td style="width: 50px; height: 30px;">20 <small>2</small></td></tr> <tr><td style="width: 50px; height: 30px;"> </td><td style="width: 50px; height: 30px;"> </td></tr> <tr><td style="width: 50px; height: 30px;"> </td><td style="width: 50px; height: 30px;"> </td></tr> </table>	20 <small>1</small>	20 <small>1</small>	20 <small>2</small>	20 <small>2</small>					POSTED SPEED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">45 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">45 <small>B</small></div> </div>	DRUG TEST STATUS <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>																	
20 <small>2</small>	20 <small>2</small>																	
NON-MOTORIST LOCATION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> </div> </div>	A B	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/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN 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	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS / SHIFTS 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 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 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 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	TRAFFIC CONTROL <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12 <small>B</small></div> </div>	DRUG TEST TYPE <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>													
TYPE OF UNIT <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;">02 <small>B</small></div> </div>	MOST DAMAGED AREA <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;">02 <small>B</small></div> </div>	CONTRIBUTING CIRCUMSTANCES <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">08 <small>B</small></div> </div>	DIIRECTION <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><th>FROM</th><th>TO</th><th>FROM</th><th>TO</th></tr> <tr><td style="width: 50px; height: 30px;">1 <small>A</small></td><td style="width: 50px; height: 30px;">2 <small>A</small></td><td style="width: 50px; height: 30px;">1 <small>B</small></td><td style="width: 50px; height: 30px;">2 <small>B</small></td></tr> </table>	FROM	TO	FROM	TO	1 <small>A</small>	2 <small>A</small>	1 <small>B</small>	2 <small>B</small>	DRUG TEST 1&2 RESULT <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 50px; height: 30px;">1 <small>A</small></td><td style="width: 50px; height: 30px;">1 <small>B</small></td><td style="width: 50px; height: 30px;">1 <small>A</small></td><td style="width: 50px; height: 30px;">1 <small>B</small></td></tr> </table>	1 <small>A</small>	1 <small>B</small>	1 <small>A</small>	1 <small>B</small>	CONDITON <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>	DRUG TEST 01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING
FROM	TO	FROM	TO															
1 <small>A</small>	2 <small>A</small>	1 <small>B</small>	2 <small>B</small>															
1 <small>A</small>	1 <small>B</small>	1 <small>A</small>	1 <small>B</small>															
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/ SEM-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 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	POINT OF IMPACT <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;">02 <small>B</small></div> </div>	MOTORIST 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	COLLISION WITH FIXED OBJECT 01 NONE 02 FAI LURE 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/ ACDA 09 IMPROPER LANE CHANGE/ DROVE 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 FAI LURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTIVE 18 FATIGUE/ ASLEEP 19 OPERATIONS ON DEFECTIVE EQUIPMENT 20 LOAD SHIFTS/ FALLING / SPI LLING 21 OTHER IMPROPER ACTION 22 UNKNOWN	ALCOHOL/ DRUG SUSPECTED <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>	TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div>													
NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	ACTI ON <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">5 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>B</small></div> </div>	NON-MOTORIST 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAI LURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAI LURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	ALCOHOL/ DRUG SUSPECTED <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>	OCURRENCE 01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFIC WAY 07 UNKNOWN														
IN-EMERGENCY RESPONSE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> </div> </div>	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> </div> </div>	ALCOHOL TEST STATUS <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>	ROAD CONTOUR <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>														
DAMAGE SCALE <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;">4 <small>B</small></div> </div>	NO UNDERRIDE OR OVERRIDE 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	TURN SIGNALS 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	ALCOHOL TEST STATUS 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/ UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN	ROAD CONDTIONS <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><th>PRI MARY</th><th>SECONDARY</th></tr> <tr><td style="width: 50px; height: 30px;">01</td><td style="width: 50px; height: 30px;"> </td></tr> </table>	PRI MARY	SECONDARY	01											
PRI MARY	SECONDARY																	
01																		
TYPE OF INTERSECTION 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ ROUNDABOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY/ ACCESS 11 RAILWAY GRADE CROSSING 12 SHRED-USE PATHS OR TRAILS 13 UNKNOWN	ALCOHOL TEST TYPE <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>	ALCOHOL TEST TYPE 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	ALCOHOL TEST RESULT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> </div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;"> </div> </div>	LOCAL REPORT#* 201200016140														
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State Seal	LOCAL REPORT #*	CRASH SEVERITY	PRIVATE PROPERTY	HIT / SKIP	PHOTOS TAKEN	OH-2	OH-3	OH-1P	OTHER
	2012016140	3 1 FATAL 3 PDO 2 Injury 4 Unknown	<input type="checkbox"/>	1 2 SOLVED 3 UNSOLVED	Y	X	X		
NCIC #*	REPORTING AGENCY*	# UNITS	UNIT ERROR	DATE OF CRASH*					
08304	City of Mason - City of Mason Police Depart	3	02 98=ANIMAL 99=UNKNOWN	07162012					

TIME OF CRASH	DAY OF WEEK	CITY*	VILLAGE*	TWP*	NAME (OF CITY, VILLAGE OR TOWNSHIP)*	COUNTY #*	LATITUDE	LONGITUDE
22:33	Mon	X			Mason	83		

CRASH OCCURRED ON	TYPE LOC	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX CRASH LOCATION	1	1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	
Kings Island Drive			

CRASH AT / REFERENCE	REFERENCE POINT USED	04 HOUSE NUMBER	08 PLACE NAME W/O REFERENCE
DIST REFERENCE DR PREFIX REFERENCE	REF POINT	01 STATE LINE	05 TOWNSHIP BOUNDARY 09 DRIVEWAY
5800 Kings Island Drive	04	02 INTERSECTION 2 STREETS	06 MILE POST 10 STREET OR ROUTE W/O
		03 COUNTY LINE	07 CORPORATION LIMIT REFERENCE

UNIT #	NAME (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)					
A 3 1	unk 1216140, unk 1216140						
SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #		
			U				
DL STATE	DL #	IP STATE	IP #	INJURED TAKEN BY	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
			unk1216140				
OWNER'S NAME (IF SAME WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)						
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?				

UNIT #	NAME (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)					
B							
SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #		
DL STATE	DL #	IP STATE	IP #	INJURED TAKEN BY	1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO
OWNER'S NAME (IF SAME WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)						
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #	
OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?				

UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
C					
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
			INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
			1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		
UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
D					
ADDRESS (STREET, CITY, STATE, ZIP CODE)					
			INJURED TAKEN BY	TRANSPORTED BY	INJURED TAKEN TO
			1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE		

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	01 NONE USED	01 NOT DEPLOYED	01 NOT PRESENT	01 NOT EJECTED	01 NOT TRAPPED	01 NO INJURY
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	02 DEPLOYED FRONT	02 IN ON POSITION	02 TOTALLY EJECTED	02 EXTRACTED BY MECHANICAL MEANS	02 POSSIBLE
03 FRONT - RIGHT	03 LAP BELT ONLY	03 DEPLOYED SIDE	03 IN OFF POSITION	03 PARTIALLY EJECTED	03 FREED BY NON-MECHANICAL 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 UNKNOWN	04 INCAPACITATING
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	05 NOT APPLICABLE		05 UNKNOWN		05 FATAL INJURY
06 SECOND - RIGHT	06 MC HELMET USED	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

Units 1, 2, and 3 were traveling south on Kings Island Drive approaching a traffic light at the Kings Island north exit. Units 1 and 3 came to a stop in a traffic at the red light. Unit 2 failed to stop in time and struck the rear of unit 1. When unit 1 was struck it moved forward striking the rear of unit 3. After the accident the vehicles were checked by their operators. The driver of unit 3 advised no damage was present and left the scene. No information is known about unit 3. Unit 1 and 2 pulled off the roadway into a parking lot. Unit 2 had serious front end damage was disabled from the collision. Unit 1 had minor front center and rear center damage.

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

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

WORK ZONE RELATED

1

01 NO
 02 YES
 03 UNKNOWN

LIGHT CONDITIONS

PRIMARY SECONDARY

4

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

TYPE OF WORK ZONE

1

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

1

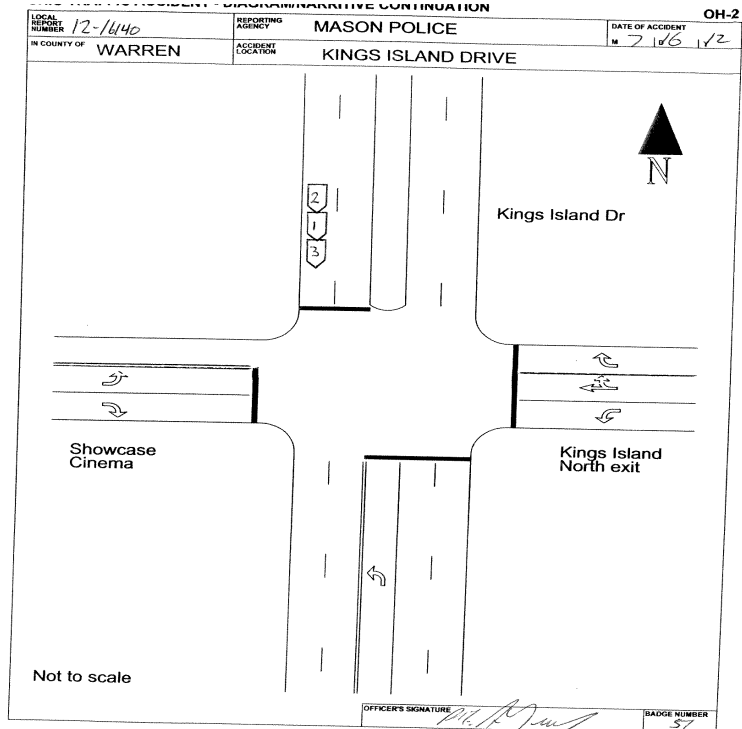
01 BEFORE FIRST WORK ZONE WARNING SIGN
 02 ADVANCE WARNING AREA
 03 TRANSITION AREA
 04 ACTIVITY AREA

WORKERS PRESENT

1

01 NO
 02 YES
 03 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.

AND

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#

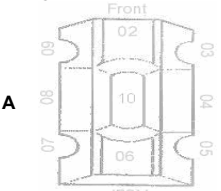
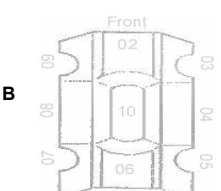
COMPANY (FROM SHIPPING PAPERS) COMPANY PHONE

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
07/16/2012	22:33	22:35	22:47	23:13	20.00	59.62
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Robert S Temple	1C33		07/18/2012			
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		2012000016140			

UNIT NUMBERS <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3</div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">4</div> </div>	DAMAGE AREA  	PRE-CRASH ACTIONS <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">11</div> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> </div>	SEQUENCE OF EVENTS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; text-align: center;">20</td> <td style="width:50%;"></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">2</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> </tr> </table>	20		1	1	2	2	3	3	4	4	POSTED SPEED <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">45</div> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> </div>	DRUG TEST STATUS <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> </div>		
20																	
1	1																
2	2																
3	3																
4	4																
NON-MOTORIST LOCATION <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> </div>	A B	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 DRIVING 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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">12</div> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> </div>	DRUG TEST TYPE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> </div>												
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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 <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> </div>	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 SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	FIHST HARMFUL EVENT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> </div>	ALCOHOL/ DRUG SUSPECTED <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">6</div> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> </div>	OCURRENCE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> </div>												
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DAMAGE SCALE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">6</div> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> </div>	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> </div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE 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	SPEED DETECTED <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">2</div> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> </div>	ALCOHOL TEST TYPE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1</div> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> </div>	ROAD CONDTIONS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>PRI</th> <th>SEC</th> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;"></td> </tr> </table>	PRI	SEC	01									
PRI	SEC																
01																	
01 NONE 02 YES 03 UNKNOWN	01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN	01 NONE 02 IMPROPER CROSSING 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/ACDA 09 IMPROPER LANE CHANGE/ DROVE 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	01 STATED 02 ESTIMATED SPEED	01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRMENT 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN	01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DRY, OIL, GRAVEL 06 WATER / STANDING / MOVED 07 SLUSH 08 DEBRIS 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN 12 SECONDARY ROAD CONDITIONS ONLY												
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	SPEED <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> </div>	ALCOHOL TEST RESULT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> <div style="border: 1px solid black; padding: 2px; width: 40px;"></div> </div>	SUPPLEMENTS <input type="checkbox"/> *X* IF YES												
LOCAL REPORT#* 201200016140																	

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000016140	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY
EDUCATION • SERVICE • PROTECTION

OHIO TRAFFIC CRASH REPORT
DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 12-16140	REPORTING AGENCY Mason	DATE OF CRASH M 7 D 16 Y 12
IN COUNTY OF Warren	CRASH LOCATION 5800 Kings Island Dr	

Units 1,2, and 3 were travelling south on Kings Island Drive approaching a traffic light at the Kings Island north exit. Units 1 and 3 came to a stop in traffic at the red light. Unit 2 failed to stop in time and struck the rear of unit 1. When unit 1 was struck it moved forward striking the rear of unit 3. After the accident the vehicles were checked by their operators. The driver of unit 3 advised no damage was present and left the scene. No information is known about unit 3. Unit 1 and 2 pulled off the roadway into a parking lot. Unit 2 had serious front end damage was disable from the collision. Unit 1 had minor front center and rear center damage.

Ptl. A. Yeary

OFFICER'S SIGNATURE X	BADGE NUMBER 57
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HSY 7002 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000016140	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-16140	REPORTING AGENCY MASON	DATE OF CRASH M 7 D 16 Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Tyler Bourne PRINTED _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Yeacy OFFICER'S NAME _____ AT Kings Mills Chemia LOCATION _____
 I was driving down Kings Island drive and there was a man with out his lights so I tried to get there attention and hit the man in front of me in the rear end.

ADDRESS OF WITNESS
713 Heritage Dr. Trenton Ohio 45367
 PHONE 513 805-1428

SIGNATURE OF WITNESS
 Tyler Bourne

OFFICER'S SIGNATURE
 [Signature]

HSY 7003 4/07