

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #*	CRASH SEVERITY	PRIVATE PROPERTY	HIT / SKIP	PHOTOS TAKEN	OH-2	OH-3	OH-1P	OTHR
2012016339	3 1 FATAL 3 PDO 2 Injury 4 Unknown	<input type="checkbox"/>	1 1 NOT HIT / SKIP 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	2	02 88=ANIMAL 89=UNKNOWN	07182012				

TIME OF CRASH	DAY OF WEEK	CITY*	VILLAGE*	TWP*	NAME (OF CITY, VILLAGE OR TOWNSHIP)*	COUNTY #*	LATITUDE	LONGITUDE
17:22	Wed	X			Mason	83		

CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX CRASH LOCATION Western Row Road	1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET 1	

CRASH AT / REFERENCE	REFERENCE POINT USED	04 HOUSE NUMBER	08 PLACE NAME W/O REFERENCE
DIST REFERENCE 1.00 DR PREFIX W REFERENCE IR 71 NB Ramp REF POINT 02	01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	05 TOWNSHIP BOUNDARY 06 MILE POST 07 CORPORATION LIMIT	09 DRIVEWAY 10 STREET OR ROUTE W/O REFERENCE

UNIT #	NAME (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)
A 1	Stratton, Daniel R.	3868 Isabella Avenue, Apt: 1, Cincinnati OH, 45209

SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
	09221987	24	M	(567) 204-7809	

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	1 NONE 2 EMS 3 POLICE	4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
OH	SS251043	OH	EJR4146					

OWNER'S NAME (IF SAME WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)					
Stratton, Daniel R.	Same					
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
2001	FORD	Ranger	RED	Nationwide		567-204-7809(H)

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?

UNIT #	NAME (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)
B 2	Sylvester, Nathaniel C.	1699 Smoke House Way, Loveland OH, 45140

SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
	03031982	30	M	(513) 607-5282	

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	1 NONE 2 EMS 3 POLICE	4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
OH	TD874519	OH	DZA7764					

OWNER'S NAME (IF SAME WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)					
Sylvester, Nathaniel C.	Same					
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
2001	mits	2001, Eclipse Spyder	BLK	Travelers		513-607-5282(H)

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?
333.03	Maximum Speed Limits; Assured Clear Distance Ahead	71745	X

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 2 EMS 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 2 EMS 3 POLICE				

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 A 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 MEANS	03 A 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 BY MEANS	04 B 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 NON-MECHANICAL MEANS	05 B 05 FATAL INJURY
06 B 06 SECOND - RIGHT	06 B 06 MC HELMET USED	06 B 06 UNKNOWN			06 B 06 UNKNOWN	06 B 06 UNKNOWN
07 B 07 THIRD - LEFT (MC PASSENGER SIDE CAR)	07 B 07 USE UNKNOWN					
08 C 08 THIRD - MIDDLE	NON-MOTORIST					
09 C 09 THIRD - RIGHT	08 C 08 NONE USED					
10 D 10 SLEEPER SECTION OF CAB	09 C 09 HELMET USED					
11 D 11 ENCLOSED CARGO AREA	10 C 10 PROTECTIVE PADS					
12 D 12 UNENCLOSED CARGO AREA	11 C 11 REFLECTIVE CLOTHING					
13 D 13 TRAILING UNIT	12 C 12 LIGHTING					
14 D 14 EXTERIOR	13 C 13 OTHER					
15 D 15 OTHER	14 C 14 UNKNOWN					
16 D 16 NON-MOTORIST						
17 D 17 UNKNOWN						
BLANK FOR WITNESS						SUPPLEMENT "X" IF YES

Motorist/Non-Motorist

Occupant

Narrative

Units #1 and #2 were eastbound on Western Row Road. Unit #1 was stopped in traffic when it was struck from behind by #2.

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

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

1

01 NO
 02 YES
 03 UNKNOWN

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

1

01 LANE CLOSURE
 02 LANE SHIFT/CROSSOVER
 03 WORK ON SHOULDER OR MEDIAN
 04 INTERMITTENT/MOVING WORK
 05 OTHER

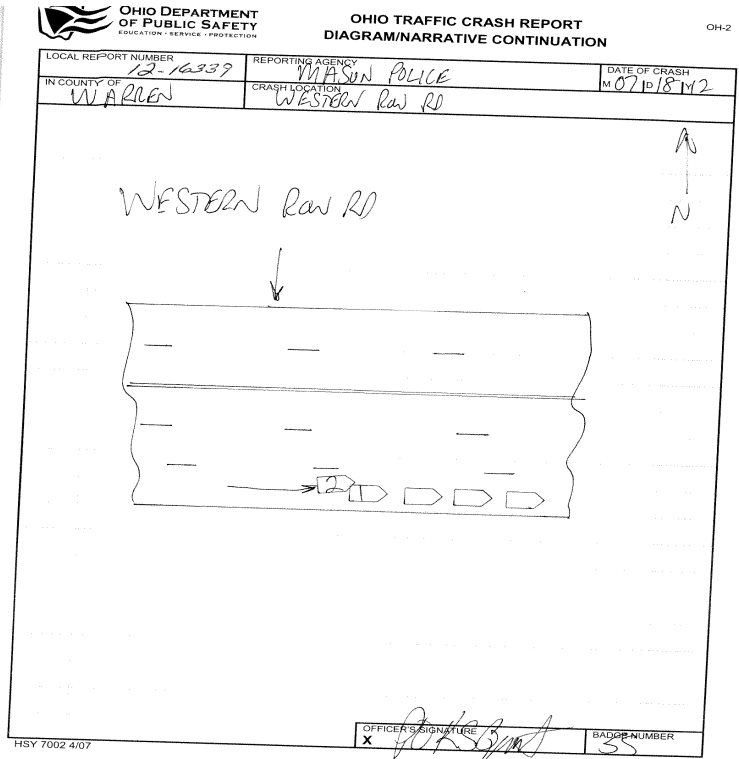
1

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

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 DAMAGING DAMAGE OR REQUIRED
 INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit# []

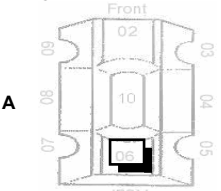
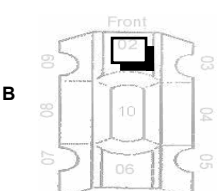
COMPANY (FROM SHIPPING PAPERS) [] COMPANY PHONE []

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
07/18/2012	17:22	17:24	17:31	18:04	0.00	42.37
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55	[]	07/20/2012			
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	[]	2012000016339			

UNIT NUMBERS <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">2 <small>B</small></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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01 <small>B</small></div> </div>	SEQUENCE OF EVENTS <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 50%; height: 20px;">20 <small>1</small></td><td style="width: 50%; height: 20px;">20 <small>1</small></td></tr> <tr><td style="height: 20px;">2 <small>2</small></td><td style="height: 20px;">2 <small>2</small></td></tr> <tr><td style="height: 20px;">3 <small>3</small></td><td style="height: 20px;">3 <small>3</small></td></tr> <tr><td style="height: 20px;">4 <small>4</small></td><td style="height: 20px;">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>	POSTED SPEED <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">35 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">35 <small>B</small></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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; 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>																	
NON-MOTORIST LOCATION <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">B</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 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-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">12 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">12 <small>B</small></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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>													
TYPE OF UNIT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">07 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">02 <small>B</small></div> </div>	MOST DAMAGED AREA <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">06 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">02 <small>B</small></div> </div>	CONTRIBUTING CIRCUMSTANCES <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">08 <small>B</small></div> </div>	DIIRECTION <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 25%;">FROM</td><td style="width: 25%;">TO</td><td style="width: 25%;">FROM</td><td style="width: 25%;">TO</td></tr> <tr><td>4 <small>A</small></td><td>3 <small>B</small></td><td>4 <small>B</small></td><td>3 <small>A</small></td></tr> </table>	FROM	TO	FROM	TO	4 <small>A</small>	3 <small>B</small>	4 <small>B</small>	3 <small>A</small>	DRUG TEST 1&2 RESULT <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 25%;">1 <small>A</small></td><td style="width: 25%;">1 <small>B</small></td><td style="width: 25%;">1 <small>A</small></td><td style="width: 25%;">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-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>	TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01</div>
FROM	TO	FROM	TO															
4 <small>A</small>	3 <small>B</small>	4 <small>B</small>	3 <small>A</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/SEMI-TRAILER 15 TRACTOR/DOUBLE SHORT 16 TRACTOR/DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/TRIPLES 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-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">06 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">02 <small>B</small></div> </div>	MOTORIST 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/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 OPERATING 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 FAI LURE TO CONTROL 17 VISION OBSTRUCTION 18 DRIVER INATTENTIVE 19 FATI GUE/ASLEEP 20 OPERATING ON DEFECTIVE EQUIPMENT 21 LOAD SHIFTS/FALLING/SPI LLING 22 OTHER IMPROPER ACTION 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 SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	ALCOHOL/ DRUG SUSPECTED <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>	OCURRENCE <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1</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-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">4</div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3</div> </div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">B</div> </div>	FIRST HARMFUL EVENT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>	ALCOHOL TEST STATUS <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>	ROAD CONTOUR <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1</div>													
IN-EMERGENCY RESPONSE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">B</div> </div>	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">B</div> </div>	OF THE SEQUENCE OF EVENTS-WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></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 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>	ROAD CONDTIONS <table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 50%;">PRIMARY</td><td style="width: 50%;">SECONDARY</td></tr> <tr><td style="border: 1px solid black; padding: 2px;">01</td><td style="border: 1px solid black; padding: 2px;"></td></tr> </table>	PRIMARY	SECONDARY	01										
PRIMARY	SECONDARY																	
01																		
DAMAGE SCALE <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">2 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3 <small>B</small></div> </div>	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	MOST HARMFUL EVENT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1 <small>B</small></div> </div>	ALCOHOL TEST RESULT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">B</div> </div>	<table border="1" style="width:100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 50%;">01 NONE</td><td style="width: 50%;">04 BREATH</td></tr> <tr><td>02 BLOOD</td><td>05 OTHER</td></tr> <tr><td>03 URINE</td><td></td></tr> </table>	01 NONE	04 BREATH	02 BLOOD	05 OTHER	03 URINE								
01 NONE	04 BREATH																	
02 BLOOD	05 OTHER																	
03 URINE																		
SPEED <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">15 <small>B</small></div>	SUPPLEMENTS <input type="checkbox"/> *X* IF YES	LOCAL REPORT#* 201200016339																

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000016339	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

07-12

LOCAL REPORT NUMBER 12-16339	REPORTING AGENCY MASON POLICE	DATE OF CRASH 07/18/12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

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

Heading east on western row toward I-71 S exit
 Car in front of me braked and I began to brake
 as well. Came to a complete stop and saw a vehicle
 coming up behind me. Saw the driver attempt to
 avoid hitting my vehicle by veering left, Felt the
 impact of ~~the vehicle~~ and saw the rear vehicle hit
 my rear bumper on the drivers side

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

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? East

Q. WHAT WAS YOUR SPEED? Stopped / Slowing to a stop

Q. WERE YOU USING A CELL PHONE AT THE TIME OF THE CRASH? Yes

ADDRESS OF WITNESS

SIGNATURE OF WITNESS
 X Daniel Ray Stratton

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

PHONE

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000016339	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OM-3

LOCAL REPORT NUMBER <i>12-16339</i>	REPORTING AGENCY MASON POLICE	DATE OF CRASH <i>07/08/12</i>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Nathaniel Sylvester PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. KEVIN S. BRYANT OFFICER'S NAME AT Western Row and 71 LOCATION
 at about 5:20 car in front of me stopped abruptly. I tried to
~~stop~~ to miss the car but clipped his rear left bumper with
 the right side of my car. ~~When~~ I was trying to avoid the
 crash, I put on the brakes but due to the wet ground the car
 simply slide.

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

Q. WERE YOU WEARING YOUR SEAT BELT? *Yes*

Q. WHAT DIRECTION WERE YOU GOING? *east*

Q. WHAT WAS YOUR SPEED? *less than 15 mph*

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

ADDRESS OF WITNESS: 1699 smokenhouse way coveled OH 45140 PHONE: 513 607 5282

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