

# OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #\*  
2012014847

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  
N

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

NCIC #\*  
08304

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

# UNITS  
2

UNIT ERROR  
01 88=ANIMAL  
89=UNKNOWN

DATE OF CRASH\*  
07032012

TIME OF CRASH 09:11 DAY OF WEEK Tue 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 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION

CRASH AT / REFERENCE  
DIST REFERENCE DR PREFIX REFERENCE South Exit 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 2 NAME (LAST, FIRST, MIDDLE) Shah, Siddharth H. ADDRESS (STREET, CITY, STATE, ZIP CODE) 2601 Rockcastle Court, Miamisburg OH, 45342

SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
06041994 18 M (937) 546-3100

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 TT037061 OH FKF4350

OWNER'S NAME (IF SAME WRITE "SAME") Shah, Siddharth H. ADDRESS (STREET, CITY, STATE, ZIP CODE) Same

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2004 HOND Accord WHI StateFarm 937-546-3100(H)

OFFENSE CHARGED 333.03 OFFENSE DESCRIPTION Maximum Speed Limits; Assured Clear Distance Ahead CITATION # 71768 LOCAL CODE? X

UNIT # B 2 2 NAME (LAST, FIRST, MIDDLE) Scheib, Benjamin ADDRESS (STREET, CITY, STATE, ZIP CODE) 4804 Angeline Lane, Mason OH, 45040

SOCIAL SECURITY NUM DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #  
03271995 17 M (513) 515-1708

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 TW152308 OH CA07MA

OWNER'S NAME (IF SAME WRITE "SAME") Same ADDRESS (STREET, CITY, STATE, ZIP CODE) Same

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #  
2002 CHRY Sebring SIL Allstate 513-515-1708(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

UNIT # C 1 NAME (LAST, FIRST, MIDDLE) Durham, Stephanie HOME PHONE # 937-432-5349 DATE OF BIRTH 05031993 AGE 19 SEX F

ADDRESS (STREET, CITY, STATE, ZIP CODE) 1614 South Branch Road, Centerville OH, 45458

UNIT # D 2 NAME (LAST, FIRST, MIDDLE) Cruse, Brittany N HOME PHONE # 513-573-0225 DATE OF BIRTH 09251996 AGE 15 SEX F

ADDRESS (STREET, CITY, STATE, ZIP CODE) 1277 Laura Lane, Mason OH, 45040

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	08 C 08 NON-MOTORIST	1 C 08 NONE USED	1 C 08 NONE USED	1 C 08 NONE USED	1 C 08 NONE USED	1 C 08 NONE USED
09 C 09 THIRD - RIGHT	09 C 09 NONE USED	1 C 09 HELMET USED	1 C 09 HELMET USED	1 C 09 HELMET USED	1 C 09 HELMET USED	1 C 09 HELMET USED
10 D 10 SLEEPER SECTION OF CAB	10 D 10 PROTECTIVE PADS	1 D 10 PROTECTIVE PADS	1 D 10 PROTECTIVE PADS	1 D 10 PROTECTIVE PADS	1 D 10 PROTECTIVE PADS	1 D 10 PROTECTIVE PADS
11 D 11 ENCLOSED CARGO AREA	11 D 11 REFLECTIVE CLOTHING	1 D 11 REFLECTIVE CLOTHING	1 D 11 REFLECTIVE CLOTHING	1 D 11 REFLECTIVE CLOTHING	1 D 11 REFLECTIVE CLOTHING	1 D 11 REFLECTIVE CLOTHING
12 D 12 UNENCLOSED CARGO AREA	12 D 12 LIFTING	1 D 12 LIFTING	1 D 12 LIFTING	1 D 12 LIFTING	1 D 12 LIFTING	1 D 12 LIFTING
13 D 13 TRAILING UNIT	13 D 13 OTHER	1 D 13 OTHER	1 D 13 OTHER	1 D 13 OTHER	1 D 13 OTHER	1 D 13 OTHER
14 D 14 EXTERIOR	14 D 14 UNKNOWN	1 D 14 UNKNOWN	1 D 14 UNKNOWN	1 D 14 UNKNOWN	1 D 14 UNKNOWN	1 D 14 UNKNOWN
15 D 15 OTHER						
16 D 16 NON-MOTORIST						
17 D 17 UNKNOWN						

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

**Narrative**

Unit #1 struck unit #2 from behind on southbound Kings Island Drive near the south exit. Minor damage to both vehicles resulted.

**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 SIDESWIBE, SAME DIRECTION  
 08 SIDESWIBE, 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**

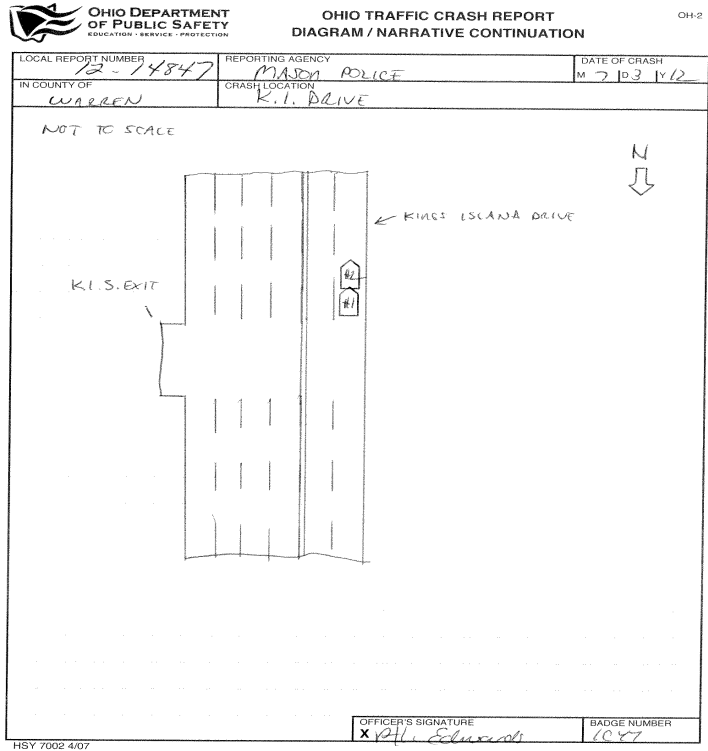
01 CLEAR  
 02 CLOUDY  
 03 FOG, SMOG, SMOKE  
 04 RAIN  
 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)  
 06 SNOW  
 07 SEVERE CROSSWINDS  
 08 BLOWING SAND, SOIL, DIRT, SNOW  
 09 OTHER  
 10 UNKNOWN

**LIGHT CONDITIONS**

PRIMARY **1** SECONDARY

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

**Diagram**



**Truck/Bus**

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:  
 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR  
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR  
 A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

**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#

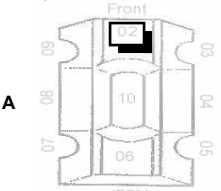
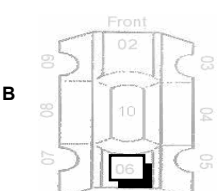
COMPANY (FROM SHIPPING PAPERS) \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_

ADDRESS (STREET, CITY, ST, ZIP CODE) \_\_\_\_\_

US DOT	ICC MC	FUOO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
01 NOT APPLICABLE 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 APPLICABLE 04 UNKNOWN			

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
07/03/2012	09:11	09:12	09:16	09:47	20.00	55.87
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Daniel R Edwards	1C47		07/05/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
<b>1</b> 01 POLICE AGENCY 02 MOTORIST	<b>1</b> 01 SCENE 02 STATION 03 OTHER		2012000014847			

<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="11"/> <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="45"/> <input type="text" value="45"/> <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"/> <input type="text"/> <small>A B</small>	 <b>B</b>	<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 SPECIALIZED LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING LEAVING VEHICLE 21 PLAYING / WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN	<b>NON-COLLISION</b> 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  <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 HIGHWAY TRAFFIC SIGN POST 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	<b>TRAFFIC CONTROL</b> <input type="text" value="12"/> <input type="text" value="12"/> <small>A B</small>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small> <b>DRUG TEST 1&amp;2 RESULT</b> <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> </table>	1	1	2	2						
1	1														
2	2														
<b>TYPE OF UNIT</b> <input type="text" value="03"/> <input type="text" value="03"/> <small>A B</small>	<b>MOST DAMAGED AREA</b> <input type="text" value="02"/> <input type="text" value="06"/> <small>A B</small>	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="08"/> <input type="text" value="01"/> <small>A B</small>	<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 HIGHWAY TRAFFIC SIGN POST 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	<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>	<b>DRUG TEST 1&amp;2 RESULT</b> <table border="1"> <tr><td>1</td><td>1</td></tr> <tr><td>2</td><td>2</td></tr> </table>	1	1	2	2						
1	1														
2	2														
<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/ 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	<b>POINT OF IMPACT</b> <input type="text" value="02"/> <input type="text" value="06"/> <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/ AHEAD 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  <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 SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	<b>CONDITION</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/> <small>A</small>										
<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>ACTION</b> <input type="text" value="3"/> <input type="text" value="4"/> <small>A B</small>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text"/> <input type="text"/> <small>A B</small>	<b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	<b>ALCOHOL/ DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>										
<b>LINE EMERGENCY RESPONSE</b> <input type="text"/> <input type="text"/> <small>A B</small>	<b>STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN</b> <input type="text" value="1"/> <input type="text"/> <small>A B</small>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text"/> <input type="text"/> <small>A B</small>	<b>SPEED DETECTED</b> <input type="text" value="2"/> <input type="text" value="2"/> <small>A B</small>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>	<b>ROAD CONTOUR</b> <input type="text" value="1"/> <small>A</small>										
<b>DAMAGE SCALE</b> <input type="text" value="2"/> <input type="text" value="2"/> <small>A B</small>	<b>NO UNDERRIDE OR OVERRIDE</b> 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	<b>SPEED</b> <input type="text" value="20"/> <input type="text"/> <small>A B</small>	<b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <small>A B</small>	<b>ROAD CONDITIONS</b> PRIMARY SECONDARY <input type="text" value="01"/> <input type="text"/> <small>A B</small>										
<b>SUPPLEMENTS *X* IF YES</b> <b>LOCAL REPORT#*</b>															
<input type="text" value="201200014847"/>															

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000014847	REPORTING AGENCY Mason Police Department
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OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-14847	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 2   D 3   Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Siddharth Shah PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Off. Edwards OFFICER'S NAME AT K1 DRIVE / S. EXIT LOCATION

Was driving down ~~Columbus~~ the road with proper following distance, multiple cars ahead of me slammed on their brakes, I did also slam on my brakes but was unable to stop in time. Multiple cars were honking their horns due to the short stopping by the cars ahead. Pulled over to shoulder as to not block traffic. Made sure no one was hurt. Mason Police soon showed up.

Stephanie Durham 05/03/1993 19  
11614 S. Branch Rd. 937-432-5349  
Centerville, Ohio 45458

ADDRESS OF WITNESS: 2601 Rockclaster Ct. PHONE: 937-544-3100

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

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000014847	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-14847	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 7   D 3   Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Ben Scheib HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

AT K1/S. EXIT  
OFFICER'S NAME LOCATION

I was driving when cars in front of me started braking hard. A car was over the median of the road, so I braked immediately. A car behind me skidded and hit the rear of my vehicle and did minor damage.

Brittany Cruse 1277 Laura Lane 15 09/25/96 513 807 0225

<u>4809 Angeline Lane</u> ADDRESS OF WITNESS	<u>513-515-1708</u> PHONE
<u>4809 Angeline Lane</u> SIGNATURE OF WITNESS	<u>513-515-1708</u> OFFICER'S SIGNATURE
X <u>Ben Scheib</u>	X <u>[Signature]</u>

HSY 7003 4/07

CA 07MA