

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #*
2012014865

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 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 11:25 DAY OF WEEK Tue CITY* X VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* Mason COUNTY #* 83 LATITUDE LONGITUDE

CRASH OCCURRED ON CRASH LOCATION Nicholas Way 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 Tylersville Road 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 NAME (LAST, FIRST, MIDDLE) Viox, Jennifer ADDRESS (STREET, CITY, STATE, ZIP CODE) 6735 Centerview Court, Middletown OH, 45044

SOCIAL SECURITY NUM DATE OF BIRTH 03211976 AGE 36 SEX F HOME PHONE # (513) 755-0024 WORK PHONE #

DL STATE OH DL # RR243033 LP STATE OH LP # FLB8919 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") ADDRESS (STREET, CITY, STATE, ZIP CODE) YEAR 2012 MAKE HOND MODEL Pilot COLOR GRY INSURANCE COMPANY Cincinnati TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED 333.03 OFFENSE DESCRIPTION Maximum Speed Limits; Assured Clear Distance Ahead CITATION # 71770 LOCAL CODE? X

UNIT # B 2 NAME (LAST, FIRST, MIDDLE) Florence, Wendy ADDRESS (STREET, CITY, STATE, ZIP CODE) 7768 Highbrook Drive, Maineville OH, 45039

SOCIAL SECURITY NUM DATE OF BIRTH 09031974 AGE 37 SEX F HOME PHONE # (513) 677-3072 WORK PHONE #

DL STATE OH DL # RL419670 LP STATE OH LP # BGK3545 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") Same ADDRESS (STREET, CITY, STATE, ZIP CODE) Same YEAR 2002 MAKE TOYT MODEL 4-Runner COLOR SIL INSURANCE COMPANY Progressive TOWING SERVICE OWNER PHONE # 513-677-3072(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

UNIT # C 1 NAME (LAST, FIRST, MIDDLE) Viox, Robert III HOME PHONE # 513-755-0024 DATE OF BIRTH 05192003 AGE 9 SEX M

ADDRESS (STREET, CITY, STATE, ZIP CODE) 7768 Highbrook Drive, Maineville OH, 45039 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

UNIT # D 1 NAME (LAST, FIRST, MIDDLE) Viox, Madilyn HOME PHONE # 513-755-0024 DATE OF BIRTH 02142007 AGE 5 SEX F

ADDRESS (STREET, CITY, STATE, ZIP CODE) 6735 Centerview Court, Middletown OH, 45044 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 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 APPLICABLE	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 APPLICABLE			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 Nicholas Way at Tylersville Road. Both unit #1 and unit #2 sustained 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

WORK ZONE RELATED

1

01 NO
 02 YES
 03 UNKNOWN

TYPE OF WORK ZONE

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

LOCATION OF CRASH IN WORK ZONE

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

WORKERS PRESENT

01 NO
 02 YES
 03 UNKNOWN

WEATHER

01

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

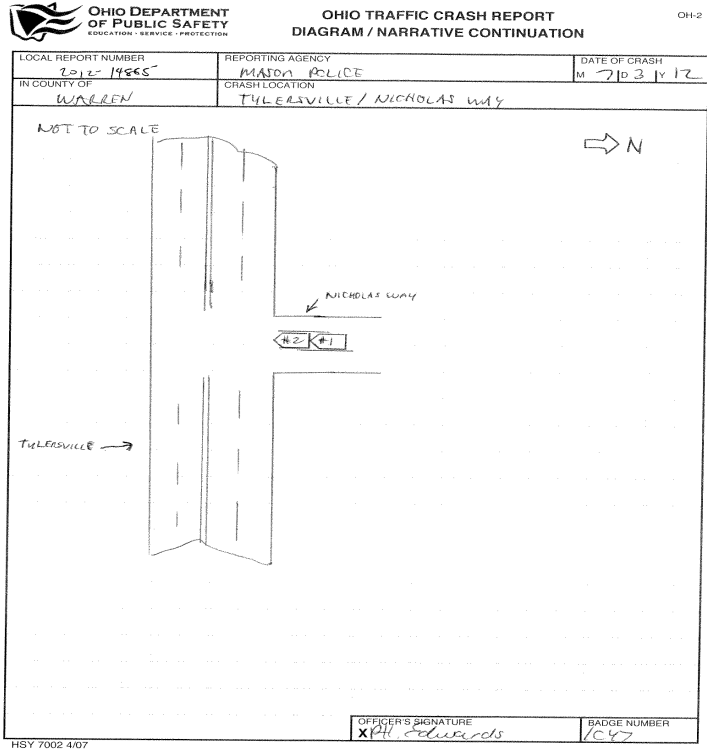
LIGHT CONDITIONS

PRIMARY SECONDARY

1

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

Diagram



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.

COMPANY (FROM SHIPPING PAPERS)

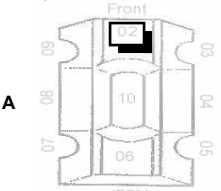
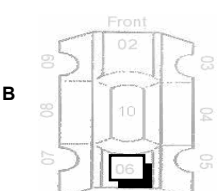
COMPANY PHONE

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
07/03/2012	11:35	11:25	11:35	12:05	60.00	89.72
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Daniel R Edwards	1C47		07/10/2012			
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		2012000014865			

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;">11 <small>B</small></div> </div>	SEQUENCE OF EVENTS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">20 <small>1</small></td> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">20 <small>1</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>2</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>2</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">3 <small>3</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">3 <small>3</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">4 <small>4</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">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;">25 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">25 <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>	MOST DAMAGED AREA <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">02 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">06 <small>B</small></div> </div>	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;">04 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">04 <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;">06 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">06 <small>B</small></div> </div>	POINT OF IMPACT <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">02 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">06 <small>B</small></div> </div>	NON-MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MIDSIZE 04 FULLSIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANELVAN 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 TRACTOR/TRAILERS 18 MOTORCYCLE 19 MOTORZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAIN 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS	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 HIGHWAY TRAFFIC SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	DIIRECTION <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 25%;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 25%;">2 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; width: 25%;">1 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; width: 25%;">2 <small>B</small></td> </tr> </table>	1 <small>A</small>	2 <small>A</small>	1 <small>B</small>	2 <small>B</small>	DRUG TEST 1&2 RESULT <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">1 <small>1</small></td> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">1 <small>2</small></td> </tr> </table>	1 <small>1</small>	1 <small>2</small>		
1 <small>A</small>	2 <small>A</small>	1 <small>B</small>	2 <small>B</small>										
1 <small>1</small>	1 <small>2</small>												
CONTRIBUTING CIRCUMSTANCES <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">08 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01 <small>B</small></div> </div>	ACTIION <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">4 <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	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>	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>	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	STRIKING VEHICLE: OVERRIDEN/UNDERRIDDEN <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;">B</div> </div>	VEHICLE DEFECT 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	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>								
LINE 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>	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;">2 <small>B</small></div> </div>	VEHICLE DEFECT 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	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 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 style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">01 <small>PRI</small></td> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">A</td> </tr> </table>	01 <small>PRI</small>	A						
01 <small>PRI</small>	A												
TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">03</div>	CONSTRUCTION EQUIPMENT 01 NONE 02 BLOOD 03 URINE 04 OTHER	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>	SPEED DETECTED <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;">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>	GRADIENT 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER								
OTHER 01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING	OTHER 01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING	OTHER 01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING	OTHER 01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING	OTHER 01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING	OTHER 01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING								
SUPPLEMENTS *X* IF YES													
LOCAL REPORT#*													
201200014865													

TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

LOCAL REPORT # *	N.C.I.C. # *	REPORTING AGENCY *	DATE OF CRASH *
2012014865	08304	City of Mason - City of Mason Police Dep	07032012

E	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
	1	Viox, Mason	513-755-0024	02142007	5	F
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
6735 Centerview Court, Middletown OH, 45044			<input type="checkbox"/> 1 NONE 4 OTHER <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE			

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

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

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

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

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

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

0	SEATING POSITION	0	SAFETY EQUIPMENT	1	AIR BAG	1	AIR BAG SWITCH	1	EJECTION	1	TRAPPED	1	INJURIES
E	01 FRONT - LEFT (MC DRIVER)	E	01 NONE USED	E	01 NOT DEPLOYED	E	01 NOT PRESENT	E	01 NOT EJECTED	E	01 NOT TRAPPED	E	01 NO INJURY
F	02 FRONT - MIDDLE	F	02 SHOULDER BELT ONLY	F	02 DEPLOYED - FRONT	F	02 IN ON POSITION	F	02 TOTALLY EJECTED	F	02 EXTRACTED BY MECHANICAL MEANS	F	02 POSSIBLE NON-INCAPACITATION
G	03 FRONT - RIGHT	G	03 LAP BELT ONLY	G	03 DEPLOYED - SIDE	G	03 IN OFF POSITION	G	03 PARTIALLY EJECTED	G	03 FREED BY NON-MECHANICAL MEANS	G	03 FATAL INJURY
H	04 SECOND - LEFT (MC PASS)	H	04 SHOULDER LAP BELT	H	04 DEPLOYED BOTH FRONT/ SIDE	H	04 UNKNOWN POSITION	H	04 NOT APPLICABLE	H	04 UNKNOWN	H	04 UNKNOWN
I	05 SECOND - MIDDLE	I	05 CHILD SAFETY SEAT	I	05 NOT APPLICABLE	I		I	05 UNKNOWN	I		I	05 FATAL INJURY
J	06 SECOND - RIGHT	J	06 MC HELMET USED	J	06 UNKNOWN	J		J		J		J	06 UNKNOWN
K	07 THIRD - LEFT (MC PASSENGER SIDE CAR)	K	07 USE UNKNOWN	K		K		K		K		K	
	08 THIRD - MIDDLE		NON-MOTORIST										
	09 THIRD - RIGHT		08 NONE USED										
	10 SLEEPER SECTION OF CAB		09 HELMET USED										
	11 ENCLOSED CARGO AREA		10 PROTECTIVE PADS										
	12 UNENCLOSED CARGO AREA		11 REFLECTIVE CLOTHING										
	13 TRAILING UNIT		12 LIGHTING										
	14 EXTERIOR		13 OTHER										
	15 OTHER		14 UNKNOWN										
	16 NON-MOTORIST												
	17 UNKNOWN												

BLANK FOR WITNESS

HSV 8355

TOP COPY - OPS BOTTOM COPY - AGENCY

SUPPLEMENT "X" IF YES

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000014865	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 2012-14865	REPORTING AGENCY Mason Police Department	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, Wendy Florence HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED

Ptl. Dan Edwards AT NICHOLS/TVL
OFFICER'S NAME LOCATION

DESCRIBE WHAT HAPPENED:

I was at the light preparing to turn left. The car in front of me was going very slowly because a dump truck had stopped into the intersection on Tybrosville. I was following slowly when I was hit from behind

Q. What was your speed at the time of the crash? A. ~2MPH

Q. What was your direction of travel? A. Turning left

Q. Were you wearing a seatbelt? A. yes

Q. Were you talking on a cell phone at the time of the crash? A. No

Q. Were you injured due to the crash? A. No

7768 Highbrook Drive
ADDRESS OF WITNESS

Masonville, Ohio 45039
CITY AND ZIP

513-677-3072
PHONE

[Signature]
SIGNATURE OF WITNESS

[Signature]
OFFICER'S SIGNATURE

HSY 7003 4/07

2002 4 Pennco St
 Progressive BGK3545

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000014865	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	REPORTING AGENCY Mason Police Department	DATE OF CRASH M 7/03/12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Jennife Viox PRINTED _____ HEREBY MAKE THIS VOLUNTARY STATEMENT TO
Ptl. Dan Edwards OFFICER'S NAME AT Nicholas/Tyl LOCATION

DESCRIBE WHAT HAPPENED:
 I was at the light of Tylersville and Nicholas. The light turned green and I pressed on the gas to go. When I pressed the gas, my foot slipped and I pressed too hard making me run into the back of the person in front of me.

Q. What was your speed at the time of the crash? A. Stopped at Stoplight
 Q. What was your direction of travel? A. getting ready to turn left
 Q. Were you wearing a seatbelt? A: yes
 Q. Were you talking on a cell phone at the time of the crash? A. NO
 Q. Were you injured due to the crash? A. NO

ADDRESS OF WITNESS 6735 Centerville Ct. Liberty Twp, Oh 45044 PHONE 755-0024
 SIGNATURE OF WITNESS Jennife Viox OFFICER'S SIGNATURE Ptl. Edwards call - 383-4525

HSY 7003 4/07