

# OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal: **OHIO**

LOCAL REPORT #\*: **2012014952**

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:  OTHER:

NCIC #: **08304** REPORTING AGENCY\*: **City of Mason - City of Mason Police Depart**

# UNITS: **2** UNIT ERROR: **02** 88=ANIMAL 89=UNKNOWN

DATE OF CRASH\*: **07042012**

TIME OF CRASH: **14:49** DAY OF WEEK: **Wed** CITY\*: **X** VILLAGE\*:  TWP\*:

NAME (OF CITY, VILLAGE OR TOWNSHIP)\*: **Mason** COUNTY #\*: **83** LATITUDE:  LONGITUDE:

CRASH OCCURRED ON: PREFIX:  CRASH LOCATION: **State Route 741** TYPE LOC: **3**

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

LOCAL INFORMATION:

CRASH AT / REFERENCE: DIST REFERENCE: **50.00** DR: **S** PREFIX:  REFERENCE: **Bethany Road** REF POINT: **02**

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): **Blodgett, Brett A.**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **6638 Cone Flower Court, Maineville OH, 45039**

SOCIAL SECURITY NUM:  DATE OF BIRTH: **07141966** AGE: **45** SEX: **M** HOME PHONE #: **(513) 683-1232** WORK PHONE #:

DL STATE: **OH** DL #: **RG078229** LP STATE: **OH** LP #: **FPZ3229** 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"): **Blodgett, Brett A.** ADDRESS (STREET, CITY, STATE, ZIP CODE): **Same**

YEAR: **2007** MAKE: **HYUN** MODEL:  COLOR: **RED** INSURANCE COMPANY: **StateFarm** TOWING SERVICE:  OWNER PHONE #: **513-683-1232(H)**

OFFENSE CHARGED:  OFFENSE DESCRIPTION:  CITATION #:  LOCAL CODE?:

**B** UNIT #: **2** NAME (LAST, FIRST, MIDDLE): **Murab, Areeq**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **513 Worchester Drive, Dayton OH, 45431**

SOCIAL SECURITY NUM:  DATE OF BIRTH: **10011991** AGE: **20** SEX: **F** HOME PHONE #:  WORK PHONE #:

DL STATE: **OH** DL #: **TN380488** LP STATE: **OH** LP #: **FGZ2159** 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: **2000** MAKE: **SUZI** MODEL: **Grand Vita** COLOR: **SIL** INSURANCE COMPANY:  TOWING SERVICE:  OWNER PHONE #:

OFFENSE CHARGED: **333.03** OFFENSE DESCRIPTION: **Maximum Speed Limits; Assured Clear Distance Ahead** CITATION #: **71733** LOCAL CODE?: **X**

**C** UNIT #: **1** NAME (LAST, FIRST, MIDDLE): **Blodgett, Jennifer** HOME PHONE #: **-683-1232** DATE OF BIRTH: **05261971** AGE: **41** SEX: **F**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **6638 Cone Flower Court, Maineville OH, 45036**

INJURED TAKEN BY: 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY:  INJURED TAKEN TO:

**D** UNIT #: **1** NAME (LAST, FIRST, MIDDLE): **Blodgett, Paul** HOME PHONE #: **513-683-1232** DATE OF BIRTH: **03301999** AGE: **13** SEX: **M**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **6638 Cone Flower Court, Maineville OH, 45039**

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)	04 A 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 FRONT - MIDDLE	02 A SHOULD BELT ONLY	02 DEPLOYED - FRONT	02 IN ON POSITION	02 TOTALLY EJECTED	02 EXTRACTED BY MECHANICAL MEANS	02 POSSIBLE
03 FRONT - RIGHT	03 A 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 B SHOULD LAP BELT	04 DEPLOYED BOTH FRONT / SIDE	04 UNKNOWN POSITION	04 NOT APPLIED	04 INCAPACITATED	04 INCAPACITATED
05 SECOND - MIDDLE	05 B CHILD SAFETY SEAT	05 NOT APPLIED		05 UNKNOWN	05 NON-MECHANICAL MEANS	05 FATAL INJURY
06 SECOND - RIGHT	06 B MC HELMET USED	06 UNKNOWN			06 UNKNOWN	06 UNKNOWN
07 THIRD - LEFT (MC PASSENGER SIDE CAR)	07 C USE UNKNOWN					
08 THIRD - MIDDLE	08 D NON-MOTORIST					
09 THIRD - RIGHT	09 C NONE USED					
10 SLEEPER SECTION OF CAB	10 D HELMET USED					
11 ENCLOSED CARGO AREA	11 C PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	12 D 10 PROTECTIVE PADS					
13 TRAILING UNIT	11 D 11 REFLECTIVE CLOTHING					
14 EXTERIOR	12 C 12 LIGHTING					
15 OTHER	13 D 13 OTHER					
16 NON-MOTORIST	14 C 14 UNKNOWN					
17 UNKNOWN						

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

**Narrative**

Unit #1 was stopped in traffic on SR741 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 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**

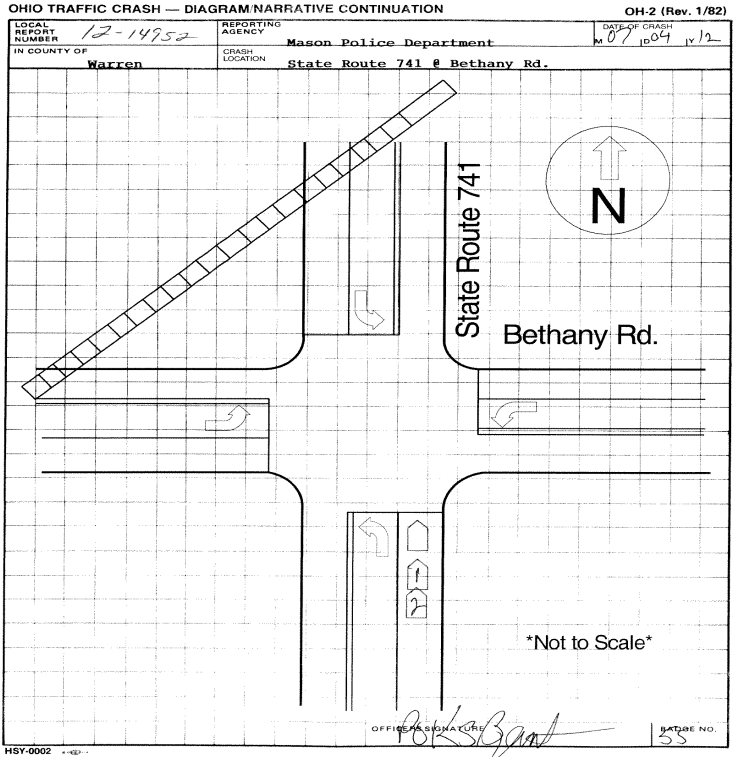
01 CLEAR  
 02 CLOUDY  
 03 FOG, SMOG, SMOKE  
 04 RAIN  
 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)  
 06 SNOW  
 07 SEVERE CROSSWINDS  
 08 BLOWING SAND, SOIL, DIRT, SNOW  
 09 OTHER  
 10 UNKNOWN

**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

**A  
N  
D**

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:  
 A FATALITY; OR  
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR  
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED  
 INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER

Unit#

COMPANY (FROM SHIPPING PAPERS)

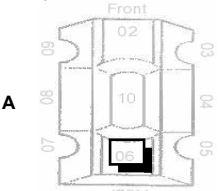
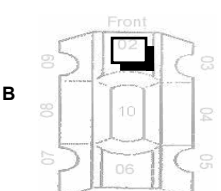
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	EUCO	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 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
07/04/2012	14:49	14:50	14:59	15:40	0.00	51.02
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55		07/06/2012			
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		2012000014952			

<b>UNIT NUMBERS</b> <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>	<b>DAMAGE AREA</b>  <p style="text-align: center;">A</p>  <p style="text-align: center;">B</p>	<b>PRE-CRASH ACTIONS</b> <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;">01 <small>B</small></div> </div>	<b>SEQUENCE OF EVENTS</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 50%; padding: 2px;">20 <small>1</small></td> <td style="width: 50%; padding: 2px;">20 <small>1</small></td> </tr> <tr> <td style="padding: 2px;">2 <small>2</small></td> <td style="padding: 2px;">2 <small>2</small></td> </tr> <tr> <td style="padding: 2px;">3 <small>3</small></td> <td style="padding: 2px;">3 <small>3</small></td> </tr> <tr> <td style="padding: 2px;">4 <small>4</small></td> <td style="padding: 2px;">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>	<b>POSTED SPEED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">40 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">40 <small>B</small></div> </div>	<b>DRUG TEST STATUS</b> <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>																
2 <small>2</small>	2 <small>2</small>																
3 <small>3</small>	3 <small>3</small>																
4 <small>4</small>	4 <small>4</small>																
<b>NON-MOTORIST LOCATION</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	<b>MOST DAMAGED AREA</b> <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>	<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-COLLISION</b> 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	<b>TRAFFIC CONTROL</b> <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>	<b>DRUG TEST TYPE</b> <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>												
<b>TYPE OF UNIT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">05 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06 <small>B</small></div> </div>	<b>POINT OF IMPACT</b> <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>	<b>NON-MOTORIST</b> 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	<b>COLLISION WITH FIXED OBJECT</b> 01 PEDESTRIAN 02 BICYCLE 03 RAILWAY VEHICLE 04 ANIMAL - FARM 05 ANIMAL - DEER 06 ANIMAL - OTHER 07 MOTOR VEHICLE IN TRANSPORT 08 PARKED MOTOR VEHICLE 09 WORK ZONE MAINTENANCE EQUIPMENT 10 OTHER MOVABLE OBJECT 11 UNKNOWN MOVABLE OBJECT	<b>DIIRECTION</b> <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 style="border: 1px solid black; padding: 2px;">2 <small>A</small></td> <td style="border: 1px solid black; padding: 2px;">1 <small>1</small></td> <td style="border: 1px solid black; padding: 2px;">2 <small>B</small></td> <td style="border: 1px solid black; padding: 2px;">1 <small>1</small></td> </tr> </table>	FROM	TO	FROM	TO	2 <small>A</small>	1 <small>1</small>	2 <small>B</small>	1 <small>1</small>	<b>DRUG TEST 1&amp;2 RESULT</b> <table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 25%;">1 <small>1</small></td> <td style="width: 25%;">2 <small>2</small></td> <td style="width: 25%;">1 <small>1</small></td> <td style="width: 25%;">2 <small>2</small></td> </tr> </table>	1 <small>1</small>	2 <small>2</small>	1 <small>1</small>	2 <small>2</small>
FROM	TO	FROM	TO														
2 <small>A</small>	1 <small>1</small>	2 <small>B</small>	1 <small>1</small>														
1 <small>1</small>	2 <small>2</small>	1 <small>1</small>	2 <small>2</small>														
<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINI VAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 09 SINGLE UNIT TRUCK 10 2 AXLES, 6 TIRES 11 SINGLE UNIT TRUCK; 3-AXLES 12 TRUCK/TRAILER 13 TRUCK TRACTOR (BOBTAIL) 14 TRACTOR/SEMI-TRAILER 15 TRACTOR/DOUBLE SHORT 16 TRACTOR/DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY TRACTOR/TRAILERS 18 MOTORCYCLE 19 MOTOR ZED 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	<b>ACTIION</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>B</small></div> </div>	<b>CONTRIBUTING CIRCUMSTANCES</b> <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>	<b>COLLISION WITH FIXED OBJECT</b> 01 IMPACT ATTENUATOR/CRASH CUSHION 02 BRIDGE OVERHEAD STRUCTURE 03 BRIDGE PIER OR ABUTMENT 04 BRIDGE PARAPET 05 BRIDGE RAIL 06 GUARDRAIL FACE 07 GUARDRAIL END 08 MEDIAN BARRIER 09 HIGHWAY TRAFFIC SIGN POST 10 OVERHEAD SIGN POST 11 LIGHT/LUMINARIES SUPPORT 12 UTILITY POLE 13 OTHER POST, POLE OR SUPPORT 14 CULVERT 15 CURB 16 DITCH 17 EMBANKMENT 18 FENCE 19 MAILBOX 20 TREE 21 OTHER FIXED OBJECT 22 WORK ZONE MAINTENANCE EQUIPMENT 23 UNKNOWN FIXED OBJECT 24 OTHER 25 UNKNOWN	<b>CONDITIION</b> <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>	<b>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div>												
<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>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	<b>FIRST HARMFUL EVENT</b> <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>	<b>ALCOHOL/ DRUG SUSPECTED</b> <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>	<b>OCCURENCE</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>												
<b>DAMAGE SCALE</b> <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;">2 <small>B</small></div> </div>	<b>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	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>MOST HARMFUL EVENT</b> <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>	<b>ALCOHOL TEST STATUS</b> <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>	<b>ROAD CONTOUR</b> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>												
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 DARTING 04 LYING AND/OR ILLEGALLY IN ROADWAY 05 FAILURE TO YIELD RIGHT OF WAY 06 NOT VISIBLE (DARK CLOTHING) 07 INATTENTIVE 08 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 09 WRONG SIDE OF THE ROAD 10 OTHER 11 UNKNOWN	<b>OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</b> <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>	01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN	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												
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	<b>OF THE SEQUENCE OF EVENTS WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</b> <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>	<b>ALCOHOL TEST TYPE</b> <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>	<b>ROAD CONDTIONS</b> <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																	
<b>SPEED</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">5 <small>B</small></div> </div>	<b>ALCOHOL TEST RESULT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	<b>SPEED DETECTED</b> <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>	<b>ALCOHOL TEST RESULT</b> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div>	01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DRY, OIL, GRAVEL 06 WATER/STANDING / MOVING 07 SLUSH 08 DEBRIS** 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN 12 SECONDARY ROAD CONDTIONS ONLY												
<b>SUPPLEMENTS</b> <input type="checkbox"/> *X* IF YES	<b>LOCAL REPORT#*</b> <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">201200014952</div>																

# TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

LOCAL REPORT # *	N.C.I.C. # *	REPORTING AGENCY *	DATE OF CRASH *
2012014952	08304	City of Mason - City of Mason Police Dep	07042012

<b>E</b>	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
	1	Blodgett, Jamie	513-683-1232	01142002	10	F
ADDRESS (STREET, CITY, STATE, ZIP CODE)			INJURED TAKEN BY		TRANSPORTED BY	
6638 Cone Flower Court, Maineville OH,			<input type="checkbox"/> 1 NONE 4 OTHER <input type="checkbox"/> 2 EMS 5 UNKNOWN <input type="checkbox"/> 3 POLICE			

<b>F</b>	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			

<b>G</b>	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			

<b>H</b>	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			

<b>I</b>	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			

<b>J</b>	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			

<b>K</b>	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			

<b>0 6</b>	SEATING POSITION	<b>0 4</b>	SAFETY EQUIPMENT	<b>5</b>	AIR BAG	<b>1</b>	AIR BAG SWITCH	<b>1</b>	EJECTION	<b>1</b>	TRAPPED	<b>1</b>	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 UNKNOWN
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 2012000014952	REPORTING AGENCY Mason Police Department
--------------------------------------	---



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-14952	REPORTING AGENCY MASON POLICE	DATE OF CRASH 07/04/12
---------------------------------	----------------------------------	---------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, BRETT BLODGETT PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
P.O. KEVIN S. BRYANT OFFICER'S NAME AT 741 + BETHANY MASON, OHIO LOCATION

I WAS STOPPED ON 741 AT THE TRAFFIC LIGHT HEADING NORTH. I WAS HIT IN THE REAR BUMPER BY THE OTHER DRIVER.

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

Q. WERE YOU WEARING YOUR SEAT BELT? YES

Q. WHAT DIRECTION WERE YOU GOING? NORTH

Q. WHAT WAS YOUR SPEED? 0

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

ADDRESS OF WITNESS <u>6658 CONFLOWER CT MANVELLE OH 45038</u>	PHONE <u>513-683-1232</u>
SIGNATURE OF WITNESS <u>X [Signature]</u>	OFFICER'S SIGNATURE <u>X [Signature]</u>

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000014952	REPORTING AGENCY Mason Police Department
--------------------------------------	---



OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION · SERVICE · PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-14952	REPORTING AGENCY MASON POLICE	DATE OF CRASH 10/10/12
---------------------------------	----------------------------------	---------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Aceei Murrin PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
**P.O. KEVIN S. BRYANT** OFFICER'S NAME AT CRASH SCENE LOCATION  
 Two cars hit each other noone is hurt and its not that bad.

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

Q. WERE YOU WEARING YOUR SEAT BELT? yes

Q. WHAT DIRECTION WERE YOU GOING? North

Q. WHAT WAS YOUR SPEED? 25

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

ADDRESS OF WITNESS \_\_\_\_\_ PHONE 937 609 0168

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