

# OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #\*  
2012015411

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\*  
07092012

TIME OF CRASH 09:00 DAY OF WEEK Mon CITY\* X VILLAGE\* TWP\* NAME (OF CITY, VILLAGE OR TOWNSHIP)\* Mason COUNTY #\* 83 LATITUDE LONGITUDE

CRASH OCCURRED ON PREFIX CRASH LOCATION State Route 741 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 Parkside 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 REFERENCE 07 CORPORATION LIMIT REFERENCE

Motorist/Non-Motorist  
UNIT # A 1 NAME (LAST, FIRST, MIDDLE) Howard, Joshua ADDRESS (STREET, CITY, STATE, ZIP CODE) 60 Timberwood Lane, Springboro OH, 45066 SOCIAL SECURITY NUM DATE OF BIRTH 12161988 AGE 23 SEX M HOME PHONE # (513) 212-0578 WORK PHONE # DL STATE OH DL # SV887831 LP STATE OH LP # AUG5236 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 2003 MAKE CHEV MODEL Trail Blazer COLOR GRE INSURANCE COMPANY Nationwide TOWING SERVICE OWNER PHONE # 513-212-0578(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

Motorist/Non-Motorist  
UNIT # B 2 NAME (LAST, FIRST, MIDDLE) Fortman, Gregory J ADDRESS (STREET, CITY, STATE, ZIP CODE) 41 Sweeney Court, Springboro OH, 45066 SOCIAL SECURITY NUM DATE OF BIRTH 03131971 AGE 41 SEX M HOME PHONE # (937) 885-0929 WORK PHONE # DL STATE OH DL # RJ430106 LP STATE OH LP # EIK4550 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 2011 MAKE KIA MODEL Soul COLOR GRE INSURANCE COMPANY State Farm TOWING SERVICE OWNER PHONE # 937-885-0929(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

Occupant  
UNIT # C 2 NAME (LAST, FIRST, MIDDLE) Lentz, Noah HOME PHONE # 937-397-4550 DATE OF BIRTH 11252000 AGE 11 SEX M ADDRESS (STREET, CITY, STATE, ZIP CODE) 150 East Street, Springboro OH, 45066 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO UNIT # D NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURIES
01 FRONT - LEFT (MC DRIVER)	01 NONE USED	1 01 NOT DEPLOYED	1 01 NOT PRESENT	1 01 NOT EJECTED	1 01 NOT TRAPPED	1 01 NO INJURY
02 FRONT - MIDDLE	02 SHOULDER BELT ONLY	2 02 DEPLOYED - FRONT	2 02 IN ON POSITION	2 02 TOTALLY EJECTED	2 02 EXTRACTED BY MECHANICAL MEANS	2 02 POSSIBLE
03 FRONT - RIGHT	03 LAP BELT ONLY	3 03 DEPLOYED - SIDE	3 03 IN OFF POSITION	3 03 PARTIALLY EJECTED	3 03 FREED BY MEANS	3 03 NON-
04 SECOND - LEFT (MC PASS)	04 SHOULDER LAP BELT	4 04 DEPLOYED BOTH FRONT / SIDE	4 04 UNKNOWN POSITION	4 04 NOT APPLIED	4 04 INCAPACITATED BY MEANS	4 04 INCAPACITATED
05 SECOND - MIDDLE	05 CHILD SAFETY SEAT	5 05 NOT APPLIED		5 05 UNKNOWN	5 05 NON-MECHANICAL MEANS	5 05 FATAL INJURY
06 SECOND - RIGHT	06 MC HELMET USED	6 06 UNKNOWN			6 06 UNKNOWN	6 06 UNKNOWN
07 THIRD - LEFT (MC PASSENGER SIDE CAR)	07 USE UNKNOWN					
08 THIRD - MIDDLE	NON-MOTORIST					
09 THIRD - RIGHT	08 NONE USED					
10 SLEEPER SECTION OF CAB	09 HELMET USED					
11 ENCLOSED CARGO AREA	10 PROTECTIVE PADS					
12 UNENCLOSED CARGO AREA	11 REFLECTIVE CLOTHING					
13 TRAILING UNIT	12 LIGHTING					
14 EXTERIOR	13 OTHER					
15 OTHER	14 UNKNOWN					
16 NON-MOTORIST						
17 UNKNOWN						

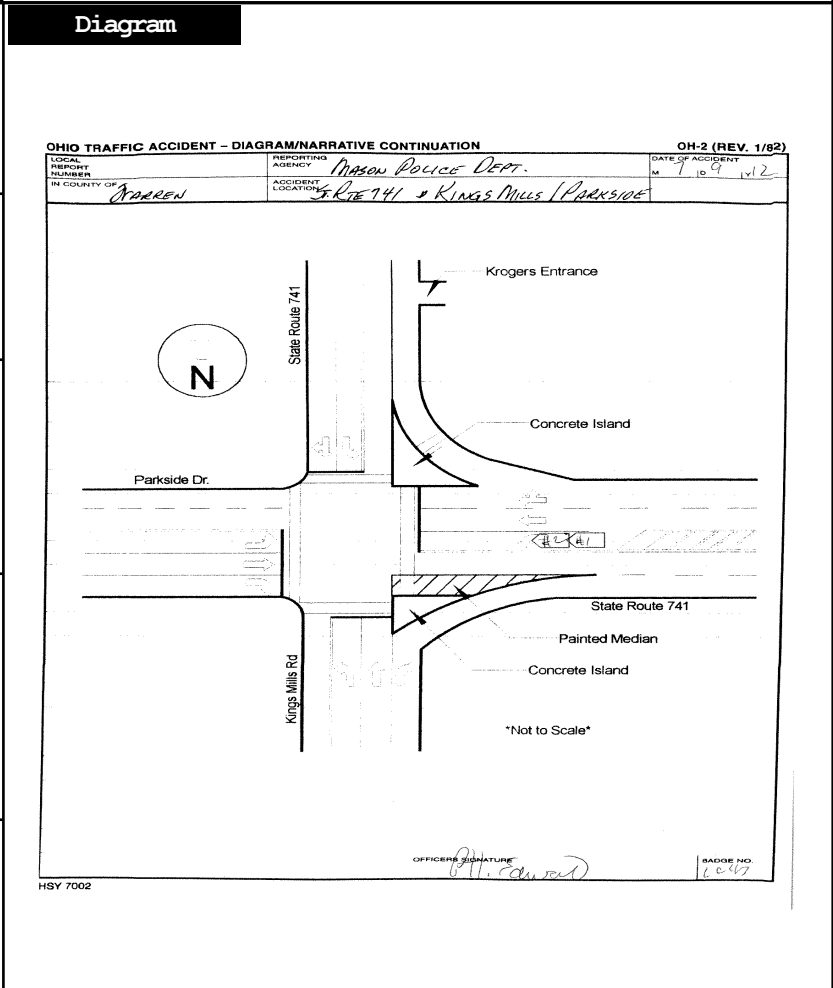
BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

**Narrative**

Unit #1 struck unit #2 from behind on S.R. 741 at parkside. Unit #1 and Unit #2 received minor damage as a result.

<b>MANNER OF COLLISION OR IMPACT</b> <input type="checkbox"/> 1 <input checked="" type="checkbox"/> 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	<b>SCHOOL BUS RELATED</b> <input type="checkbox"/> 1 01 NO 02 YES, DIRECTLY INVOLVED 03 YES, INDIRECTLY INVOLVED 04 UNKNOWN
<b>WEATHER</b> <input checked="" type="checkbox"/> 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	<b>WORK ZONE RELATED</b> <input type="checkbox"/> 1 01 NO 02 YES 03 UNKNOWN
<b>LIGHT CONDITIONS</b> PRIMARY SECONDARY <input checked="" type="checkbox"/> 1 <input type="checkbox"/> 01 DAYLIGHT 02 DAWN 03 DUSK 04 DARK - LIGHTED ROADWAY 05 DARK - NOT LIGHTED 06 DARK - UNKNOWN LIGHTING 07 CLARE 08 OTHER 09 UNKNOWN	<b>TYPE OF WORK ZONE</b> <input type="checkbox"/> 01 LANE CLOSURE 02 LANE SHIFT/CROSSOVER 03 WORK ON SHOULDER OR MEDIAN 04 INTERMITTENT/MOVING WORK 05 OTHER
	<b>LOCATION OF CRASH IN WORK ZONE</b> <input type="checkbox"/> 01 BEFORE FIRST WORK ZONE WARNING SIGN 02 ADVANCE WARNING AREA 03 TRANSITION AREA 04 ACTIVITY AREA
	<b>WORKERS PRESENT</b> <input type="checkbox"/> 01 NO 02 YES 03 UNKNOWN

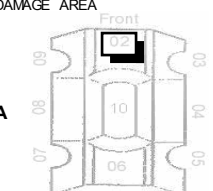
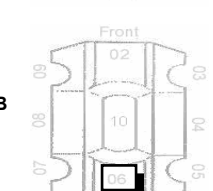



<b>Truck/Bus</b>	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.	<b>A N D</b>	THE CRASH RESULTED IN ONE OR MORE OF THE 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# <input type="checkbox"/>		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"/>			
<b>CARGO BODY TYPE</b> <input type="checkbox"/> 01 NOT APPLI CABLE <input type="checkbox"/> 02 BUS (9-15 INCLUDING DRIVER) <input type="checkbox"/> 03 VAN ENCLOSED BOX <input type="checkbox"/> 04 GRAIN CHIPS/ GRAVEL			<b>WEIGHT (GVWR)</b> <input type="checkbox"/> 01 LESS/ EQUAL 10,000 <input type="checkbox"/> 02 10,001-26,000 <input type="checkbox"/> 03 MORE THAN 26,000		<b>CDL Class</b> <input type="checkbox"/> 01 CLASS A <input type="checkbox"/> 02 CLASS B <input type="checkbox"/> 03 CLASS C <input type="checkbox"/> 04 CLASS M <input type="checkbox"/> 05 CLASS D		<b>Hazardous Materials Placard</b> <input type="checkbox"/> 01 NO <input type="checkbox"/> 02 YES <input type="checkbox"/> 03 UNKNOWN		<b>Hazardous Materials Released</b> <input type="checkbox"/> 01 NO <input type="checkbox"/> 02 YES <input type="checkbox"/> 03 NOT APPLI CABLE <input type="checkbox"/> 04 UNKNOWN	

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
07/09/2012	13:50	13:40	13:50	14:00	40.00	50.05
OFFICER'S NAME*		PAGE #*		CHECKED BY		DATE REPORT FILED*
Police Officer Daniel R Edwards		1C47				07/11/2012
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
<input checked="" type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/>	2012000015411			

<b>UNIT NUMBERS</b> <input type="text" value="1"/> <input type="text" value="2"/> <small>A B</small>	<b>DAMAGE AREA</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> <input type="text" value="20"/> <input type="text" value="20"/> <small>1 2 3 4 1 2 3 4</small>	<b>POSTED SPEED</b> <input type="text" value="50"/> <input type="text" value="50"/> <small>A B</small>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>
<b>NON-MOTORIST LOCATION</b> <input type="text"/> <input type="text"/> <small>A B</small>  01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/ NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	<b>A</b>   <b>B</b>   <b>MOST DAMAGED AREA</b> <input type="text" value="02"/> <input type="text" value="06"/> <small>A B</small>  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>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 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	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENTLOSS/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>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 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	<b>TRAFFIC CONTROL</b> <input type="text" value="04"/> <input type="text" value="04"/> <small>A B</small>  01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE 16 OTHER  <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>  01 NORTH 02 SOUTH 03 EAST 04 WEST 05 NORTHEAST 06 NORTHWEST 07 SOUTHEAST 08 SOUTHWEST 09 UNKNOWN  <b>CONDITION</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>  01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP/FATIGUED 06 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 07 OTHER 08 UNKNOWN	<b>DRUG TEST 1&amp;2 RESULT</b> <input type="text"/> <input type="text"/> <small>1 2 1 2</small>  01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING  <b>TYPE OF INTERSECTION</b> <input type="text" value="02"/> <small>A B</small>  01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY/ACCESS 11 RAILROAD GRADE CROSSING 12 SHRED-USE PATHS OR TRAILS 13 UNKNOWN
<b>TYPE OF UNIT</b> <input type="text" value="06"/> <input type="text" value="02"/> <small>A B</small>  <b>MOTORIST</b> 01 SUBCOMPACT 02 COMPACT 03 MEDIUM SIZE 04 FULL SIZE 05 MINIVAN 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 MOTORCYCLE (BOBTAIL) 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>  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>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="08"/> <input type="text" value="01"/> <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/ACCELERATED 09 IMPROPER LANE CHANGE/DRIVE 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 SIGNALS, 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>  OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)  <b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>  OF THE SEQUENCE OF EVENTS WHICH ONE IS THE MOST HARMFUL EVENT (1-4)  <b>SPEED DETECTED</b> <input type="text" value="2"/> <input type="text" value="1"/> <small>A B</small>  01 STATED 02 ESTIMATED SPEED  <b>SPEED</b> <input type="text" value="10"/> <input type="text"/> <small>A B</small>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>  01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRED 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN  <b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>  01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN  <b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/> <small>A B</small>  01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER  <b>ALCOHOL TEST RESULT</b> <input type="text"/> <input type="text"/> <small>A B</small>	<b>OCCURRENCE</b> <input type="text" value="1"/> <small>A B</small>  01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFICWAY 07 UNKNOWN  <b>ROAD CONTOUR</b> <input type="text" value="1"/> <small>A B</small>  01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE  <b>ROAD CONDITIONS</b> PRIMARY SECONDARY <input type="text" value="01"/> <input type="text"/> <small>A B</small>  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 ** SECONDARY ROAD CONDITIONS ONLY
<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>  01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN  <b>STRIKING VEHICLE: OVERRIDDEN/ UNDERRIDDEN</b> <input type="text" value="1"/> <input type="text"/> <small>A B</small>  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	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text"/> <input type="text"/> <small>A B</small>  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>TYPE OF DAMAGE</b> <input type="text" value="2"/> <input type="text" value="2"/> <small>A B</small>  01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	<b>LOCAL REPORT#*</b> <input type="text"/> <b>SUPPLEMENTS *X* IF YES</b> <input type="text"/>	<b>201200015411</b>

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000015411	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 7   D 9   Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, GREGORY FORTMAN PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PTL EDWARDS OFFICER'S NAME AT MASON P.D. LOBBY LOCATION

I WAS TRAVELLING TO KINGS ISLAND FROM SPRINGBORO. TRAFFIC SLOWED FOR A STOP LIGHT (1 LIGHT BEFORE THE KINGS MILL INTERSECTION ON 74). THE CAR BEHND ME DID NOT STOP IN TIME. MY STOP WAS A FAIRLY NORMAL ONE, I DON'T THINK THERE WAS ANY REASON FOR THE DRIVER BEHND ME TO MISS THE STOP.

WE EXCHANGED INFORMATION:

JOSHUA HOWARD  
 LICENCE OH AUG 5236  
 2003 CHEVY TRAIL BLAZER  
 NATIONAL 913 477 3463

ADDRESS OF WITNESS 937-397-4550	PHONE 937-885-0929
SIGNATURE OF WITNESS X 150 E ST SPRINGBORO	OFFICER'S SIGNATURE X

HSY 7003 4/07

NOAH LENTZ  
 11-25-2000 AE

3-13-71  
 RJ430106

0900 KM/744  
 FIK.4550