

# OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #\*  
**2012023092**

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  
**01** 88=ANIMAL  
89=UNKNOWN

DATE OF CRASH\*  
**09292012**

TIME OF CRASH **10:50** DAY OF WEEK **Sat** CITY\* **X** VILLAGE\*  TWP\*  NAME (OF CITY, VILLAGE OR TOWNSHIP)\* **Mason** COUNTY #\* **83** LATITUDE  LONGITUDE

CRASH OCCURRED ON  
PREFIX  CRASH LOCATION **East Main Street** TYPE LOC **1** TYPE LOCATION POINT USED  
1 NAMED STREET 3 NUMBERED ROUTE  
2 NUMBERED STREET LOCAL INFORMATION

CRASH AT / REFERENCE  
DIST REFERENCE **20.00** DR PREFIX **E** REFERENCE **Mason-Montgomery** REF POINT **02** REFERENCE POINT USED  
01 STATE LINE 04 HOUSE NUMBER 08 PLACE NAME W/O REFERENCE  
02 INTERSECTION 2 STREETS 05 TOWNSHIP BOUNDARY 09 DRIVEWAY  
03 COUNTY LINE 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE  
07 CORPORATION LIMIT REFERENCE

**A** UNIT # **1** NAME (LAST, FIRST, MIDDLE) **Stall, Mark G**  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
**4206 South Shore Drive, Mason OH, 45040**  
SOCIAL SECURITY NUM  DATE OF BIRTH **10131962** AGE **49** SEX **M** HOME PHONE # **(513) 965-2961** WORK PHONE #

DL STATE **OH** DL # **RR531033** LP STATE **OH** LP # **1483607** INJURED TAKEN BY  1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY  INJURED TAKEN TO   
OWNER'S NAME (IF SAME WRITE "SAME") **Enterprise Rental Car** ADDRESS (STREET, CITY, STATE, ZIP CODE) **2820 Gilbert Avenue, Cincinnati, OH 45206**  
YEAR **2012** MAKE **FORD** MODEL **Econoline** COLOR **WHI** INSURANCE COMPANY **Gallagher Bassett** TOWING SERVICE  OWNER PHONE # **513-965-2961(W)**

OFFENSE CHARGED **333.03** OFFENSE DESCRIPTION **Maximum Speed Limits; Assured Clear Distance Ahead** CITATION # **72393** LOCAL CODE? **X**

**B** UNIT # **2** NAME (LAST, FIRST, MIDDLE) **Newman, Mary B.**  
ADDRESS (STREET, CITY, STATE, ZIP CODE)  
**4901 Carriage Drive, Mason OH, 45040**  
SOCIAL SECURITY NUM  DATE OF BIRTH **10311959** AGE **52** SEX **F** HOME PHONE # **(513) 673-4354** WORK PHONE #

DL STATE **OH** DL # **PY909699** LP STATE **OH** LP # **EZL3729** INJURED TAKEN BY  1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY  INJURED TAKEN TO   
OWNER'S NAME (IF SAME WRITE "SAME") **Newman, Mary B.** ADDRESS (STREET, CITY, STATE, ZIP CODE) **Same**  
YEAR **2007** MAKE **MERZ** MODEL **C280** COLOR **BLK** INSURANCE COMPANY **Liberty Mutual** TOWING SERVICE  OWNER PHONE # **513-673-4354(H)**

OFFENSE CHARGED  OFFENSE DESCRIPTION  CITATION #  LOCAL CODE?

**C** UNIT #  NAME (LAST, FIRST, MIDDLE)  HOME PHONE #  DATE OF BIRTH  AGE  SEX   
ADDRESS (STREET, CITY, STATE, ZIP CODE)  INJURED TAKEN BY  1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY  INJURED TAKEN TO

**D** UNIT #  NAME (LAST, FIRST, MIDDLE)  HOME PHONE #  DATE OF BIRTH  AGE  SEX   
ADDRESS (STREET, CITY, STATE, ZIP CODE)  INJURED TAKEN BY  1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY  INJURED TAKEN TO

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

Unit #2 was stopped in traffic, traveling west bound on East Main Street. Unit #1 was traveling west bound on East Main Street. Unit #1 rear-ended unit #2 causing functional damage to both vehicles.

**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**

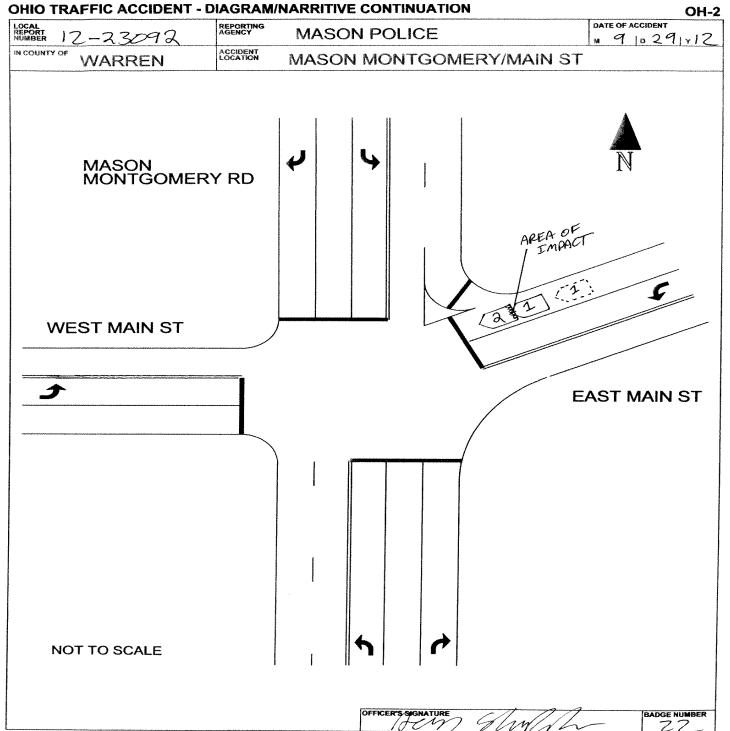
- 01
- 01 CLEAR
  - 02 CLOUDY
  - 03 FOG, SMOG, SMOKE
  - 04 RAIN
  - 05 SLEET, HAIL (FREEZING RAIN DRIZZLE)
  - 06 SNOW
  - 07 SEVERE CROSSWINDS
  - 08 BLOWING SAND, SOIL, DIRT, SNOW
  - 09 OTHER
  - 10 UNKNOWN

**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.

**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#

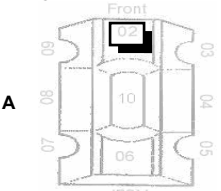
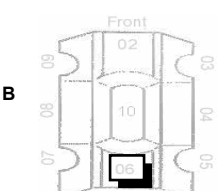
COMPANY (FROM SHIPPING PAPERS) \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_

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

US DOT	ICC MC	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			
<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	<input type="checkbox"/> 01 LESS/ EQUAL 10,000 <input type="checkbox"/> 02 10,001-26,000 <input type="checkbox"/> 03 MORE THAN 26,000	<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	<input type="checkbox"/> 01 NO <input type="checkbox"/> 02 YES <input type="checkbox"/> 03 UNKNOWN	<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
09/29/2012	10:50	10:51	10:53	11:18	60.00	87.10
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Aaron G Shaffer	1C22		10/02/2012			
REPORT TAKEN BY <input type="checkbox"/> 1	REPORT TAKEN AT <input type="checkbox"/> 1	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
01 POLICE AGENCY 02 MOTORIST	01 SCENE 02 STATION 03 OTHER		2012000023092			

<b>UNIT NUMBERS</b> <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>	<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-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">11 <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%; height: 20px;">20 <small>1</small></td><td style="width: 50%; height: 20px;">20 <small>1</small></td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> <tr><td style="height: 20px;"> </td><td style="height: 20px;"> </td></tr> </table>	20 <small>1</small>	20 <small>1</small>							<b>POSTED SPEED</b> <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>	<b>DRUG TEST STATUS</b> <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>																	
<b>NON-MOTORIST LOCATION</b> <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>	<b>MOST DAMAGED AREA</b> <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>	<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 SPECIALTY 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 / SHIFTER 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> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">12 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">12 <small>B</small></div> </div>	<b>DRUG TEST TYPE</b> <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>													
<b>TYPE OF UNIT</b> <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;">04 <small>B</small></div> </div>	<b>POINT OF IMPACT</b> <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>	<b>CONTRIBUTING CIRCUMSTANCES</b> <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>	<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;">3 <small>A</small></td><td style="border: 1px solid black; padding: 2px;">4 <small>A</small></td><td style="border: 1px solid black; padding: 2px;">3 <small>B</small></td><td style="border: 1px solid black; padding: 2px;">4 <small>B</small></td></tr> </table>	FROM	TO	FROM	TO	3 <small>A</small>	4 <small>A</small>	3 <small>B</small>	4 <small>B</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>A</small></td><td style="width: 25%;">1 <small>B</small></td><td style="width: 25%;">1 <small>A</small></td><td style="width: 25%;">1 <small>B</small></td></tr> </table>	1 <small>A</small>	1 <small>B</small>	1 <small>A</small>	1 <small>B</small>	<b>CONDITON</b> <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>	<b>TYPE OF INTERSECTION</b> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01</div>
FROM	TO	FROM	TO															
3 <small>A</small>	4 <small>A</small>	3 <small>B</small>	4 <small>B</small>															
1 <small>A</small>	1 <small>B</small>	1 <small>A</small>	1 <small>B</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/ 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>ACTION</b> <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>	<b>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>FIRST HARMFUL EVENT</b> <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>	<b>ALCOHOL/ DRUG SUSPECTED</b> <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>	<b>OCURRENCE</b> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1</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: OVERRIDEN/ UNDERRIDDEN</b> <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>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <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>	<b>MOST HARMFUL EVENT</b> <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>	<b>ALCOHOL TEST STATUS</b> <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>	<b>ROAD CONTOUR</b> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1</div>													
<b>DAMAGE SCALE</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">2 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3 <small>B</small></div> </div>	<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	<b>TURN SIGNALS</b> 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 DETECTED</b> <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>	<b>ALCOHOL TEST TYPE</b> <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>	<b>ROAD CONDITIONS</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>IN EMERGENCY RESPONSE</b> <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>	<b>TYPE OF DAMAGE</b> 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	<b>OTHER DEFECTS</b> 01 NONE 02 BLOOD 03 URINE 04 OTHER 05 UNKNOWN AT TIME OF REPORTING	<b>SPEED</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">20 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">B</div> </div>	<b>ALCOHOL TEST RESULT</b> <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>	<b>TYPE OF INTERSECTION</b> 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													
		<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;">201200023092</div>															

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000023092	REPORTING AGENCY Mason Police Department
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TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-23092	REPORTING AGENCY MASON P.D	DATE OF CRASH M 9   D 29   Y 12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, MARK G. STALL HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

STALLER AT MASON MONTGOMERY RD. @ MAIN STREET  
OFFICER'S NAME LOCATION

I WAS TRAVELLING WEST ON WEST MAIN IN FRONT OF BANANA THAI RESTAURANT AND DID NOT COME TO COMPLETE STOP. COLLIDED INTO REAR OF BLACK MERCEDES AT APPROX 5-10 MPH. MERCEDES WAS AT STOP AT LIGHT. END

ADDRESS OF WITNESS 4206 S. SHORE DR. MASON	PHONE 513-965-2961
SIGNATURE OF WITNESS X <i>[Signature]</i>	OFFICER'S SIGNATURE X <i>[Signature]</i>

HSY 7003 4/07