

State Seal	LOCAL REPORT #* <b>2012023113</b>	CRASH SEVERITY <b>3</b> 1 FATAL 3 PDO 2 Injury 4 Unknown	PRIVATE PROPERTY <input type="checkbox"/>	HIT / SKIP <b>3</b> 1 NOT HIT / SKIP 2 SOLVED 3 UNSOLVED	PHOTOS TAKEN <b>Y</b>	OH-2 <b>X</b> OH-3 <input type="checkbox"/> OH-1P <b>X</b> OTHER <input type="checkbox"/>
NCIC #* <b>08304</b>	REPORTING AGENCY* <b>City of Mason - City of Mason Police Depart</b>	# UNITS <b>1</b>	UNIT ERROR <b>01</b> 08=ANIMAL 09=UNKNOWN	DATE OF CRASH* <b>09292012</b>		

TIME OF CRASH <b>15:25</b>	DAY OF WEEK <b>Sat</b>	CITY* <b>X</b>	VILLAGE* <input type="checkbox"/>	TWP* <input type="checkbox"/>	NAME (OF CITY, VILLAGE OR TOWNSHIP)* <b>Mason</b>	COUNTY #* <b>83</b>	LATITUDE	LONGITUDE
-------------------------------	---------------------------	-------------------	--------------------------------------	----------------------------------	--	------------------------	----------	-----------

CRASH OCCURRED ON PREFIX <b>CRASH LOCATION</b> <b>Villagefield Drive</b>	TYPE LOC 1 <b>1</b>	TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	LOCAL INFORMATION
--	------------------------	--	-------------------

CRASH AT / REFERENCE DIST REFERENCE	DR PREFIX	REFERENCE <b>6534</b>	REF POINT <b>04</b>	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
--	-----------	--------------------------	------------------------	--	-----------------	----------------------	--------------	----------------------	-----------------------------	-------------	----------------------------------

UNIT # <b>A</b>	1	NAME (LAST, FIRST, MIDDLE) <b>Unknown, 12-23113</b>	ADDRESS (STREET, CITY, STATE, ZIP CODE)				
SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX <b>F</b>	HOME PHONE #	WORK PHONE #		
IL STATE	IL #	LP STATE	LP # <b>Unk-23113</b>	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	MAKE <b>LEXS</b>	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #	

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

UNIT # <b>B</b>	1	NAME (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)				
SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #		
IL STATE	IL #	LP STATE	LP #	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	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #	

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

UNIT # <b>C</b>	1	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

UNIT # <b>D</b>	1	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) 02 FRONT - MIDDLE 03 FRONT - RIGHT 04 SECOND - LEFT (MC PASS) 05 SECOND - MIDDLE 06 SECOND - RIGHT 07 THIRD - LEFT 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 BLANK FOR WITNESS	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 08 NON-MOTORIST 09 NONE USED 10 HELMET USED 11 PROTECTIVE PADS 12 REFLECTIVE CLOTHING 13 OTHER 14 UNKNOWN	1 01 NOT DEPLOYED 2 DEPLOYED - FRONT 3 DEPLOYED - SIDE 4 DEPLOYED BOTH FRONT / SIDE 5 NOT APPLICABLE 6 UNKNOWN	1 01 NOT PRESENT 2 IN ON POSITION 3 IN OFF POSITION 4 UNKNOWN POSITION	1 01 NOT EJECTED 2 TOTALLY EJECTED 3 PARTIALLY EJECTED 4 NOT APPLICABLE 5 UNKNOWN	1 01 NOT TRAPPED 2 EXTRACTED BY MECHANICAL MEANS 3 FREED BY NON-MECHANICAL MEANS 4 UNKNOWN	1 01 NO INJURY 2 POSSIBLE 3 NON-INCAPACITATING 4 INCAPACITATING 5 FATAL INJURY 6 UNKNOWN SUPPLEMENT "X" IF YES

**Narrative**

Unit #01 was travelling southbound on Villagefield Dr., made a U-turn, ran off the roadway right, struck a mailbox, and left the scene.

**MANNER OF COLLISION OR IMPACT**

**SCHOOL BUS RELATED**

**1**

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

**Diagram**

OHIO DEPARTMENT OF PUBLIC SAFETY  
 EDUCATION • SERVICE • PROTECTION

OHIO TRAFFIC CRASH REPORT  
 DIAGRAM / NARRATIVE CONTINUATION

LOCAL REPORT NUMBER: 12-2111  
 REPORTING AGENCY: Warren Police  
 DATE OF CRASH: 09/29/12  
 IN COUNTY OF: WARREN  
 CRASH LOCATION: 6574 VILLAGEFIELD DR

NOT TO SCALE

OFFICER'S SIGNATURE: [Signature]  
 BADGE NUMBER: 1637

HSY 7002 4/07

**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

**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 DAMAGING DAMAGE OR REQUIRED  
 INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit#

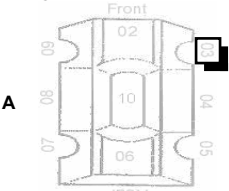
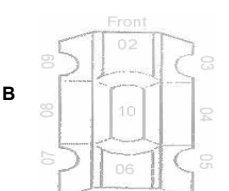
COMPANY (FROM SHIPPING PAPERS) \_\_\_\_\_ COMPANY PHONE \_\_\_\_\_

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

US DOT	ICC MC	FUOO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
01 NOT 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
09/29/2012	15:31	15:28	15:31	15:49	40.00	57.92
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Eric S Fitzgerald	1C37		10/02/2012			
REPORT TAKEN BY <b>1</b>	REPORT TAKEN AT <b>1</b>	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
01 POLICE AGENCY 02 MOTORIST	01 SCENE 02 STATION 03 OTHER		2012000023113			

<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</div> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">2</div> </div>	<b>DAMAGE AREA</b>  	<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;">07</div> <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>SEQUENCE OF EVENTS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">08</td> <td style="width: 50%; text-align: center;">1</td> </tr> <tr> <td style="text-align: center;">43</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">3</td> <td style="text-align: center;">3</td> </tr> <tr> <td style="text-align: center;">4</td> <td style="text-align: center;">4</td> </tr> </table>	08	1	43	2	3	3	4	4	<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</div> <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>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</div> <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>
08	1												
43	2												
3	3												
4	4												
<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;">03</div> <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>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 EQUIPMENT LOSS / SHIFTS 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION  <b>COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 14 PEDESTRIAN 15 PEDALCYCLE 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/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	<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;">01</div> <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>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</div> <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 UNIT</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">03</div> <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>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;">03</div> <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>CONTRIBUTING CIRCUMSTANCES</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">15</div> <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>DIIRECTION</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <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="text-align: center;">1</td> <td style="text-align: center;">3</td> <td style="text-align: center;">A</td> <td style="text-align: center;">B</td> </tr> </table>	FROM	TO	FROM	TO	1	3	A	B	<b>CONDITON</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">8</div> <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> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">01</div> <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>
FROM	TO	FROM	TO										
1	3	A	B										
<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 18 TRACTOR/TRAILERS 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>ACTION</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">3</div> <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>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;">2</div> <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>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;">6</div> <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>OCURRENCE</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1</div> <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>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</div> <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>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;">2</div> <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>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</div> <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>ROAD CONTOUR</b> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px; width: 40px; text-align: center;">1</div> <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>LINE 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>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</div> <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>VEHICLE DEFECT</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;">2</div> <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>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</div> <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>ROAD CONDITIONS</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">PRIMARY</td> <td style="width: 50%;">SECONDARY</td> </tr> <tr> <td style="text-align: center;">01</td> <td style="text-align: center;">A</td> </tr> </table>	PRIMARY	SECONDARY	01	A				
PRIMARY	SECONDARY												
01	A												
01 NO 02 YES 03 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 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	01 TESTED 02 ESTIMATED SPEED	01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	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 CONDITIONS ONLY								
				<b>SUPPLEMENTS *X* IF YES</b>		<b>LOCAL REPORT#*</b>							
				<b>201200023113</b>									

**OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION**

LOCAL REPORT NUMBER	REPORTING AGENCY <b>Mason Police Department</b>	
---------------------------	--	--