

# OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal:  LOCAL REPORT #\*: **2012021113**

CRASH SEVERITY: **2** 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:  OTHR:

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

# UNITS: **2** UNIT ERROR: **01** 88=ANIMAL, 89=UNKNOWN

DATE OF CRASH\*: **09062012**

TIME OF CRASH: **14:16** DAY OF WEEK: **Thu** CITY\*: **X** VILLAGE\*:  TWP\*:

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

CRASH OCCURRED ON: PREFIX:  CRASH LOCATION: **Butler-Warren Road** 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: **Ross Lane** REF POINT:

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): **Galicia-Perez, Oscar Geovany**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **3852 McElroy Road, Apt: F5, Atlanta GA, 30340**

SOCIAL SECURITY NUM:  DATE OF BIRTH: **07011979** AGE: **33** SEX: **M** HOME PHONE #: **(770) 696-9870** WORK PHONE #:

IL STATE: **OH** IL #: **RK508521** LP STATE: **OH** LP #: **PHT2712** INJURED TAKEN BY: **1** 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY:  INJURED TAKEN TO:

OWNER'S NAME (IF SAME WRITE "SAME"): **Abner V and L Construction** ADDRESS (STREET, CITY, STATE, ZIP CODE): **2855 Citizens Place, Apt: G, Columbus, OH 43232**

YEAR: **1995** MAKE: **FORD** MODEL: **Econoline** COLOR: **WHI** INSURANCE COMPANY: **Progressive** TOWING SERVICE: **Jacobs Towing** OWNER PHONE #: **614-769-1597(W)**

OFFENSE CHARGED:  OFFENSE DESCRIPTION:  CITATION #: **72428** LOCAL CODE?:

**B** UNIT #: **2** NAME (LAST, FIRST, MIDDLE): **Meere, Stacy F.**

ADDRESS (STREET, CITY, STATE, ZIP CODE): **5527 Woodvalley Court, Mason OH, 45040**

SOCIAL SECURITY NUM:  DATE OF BIRTH: **12101970** AGE: **41** SEX: **F** HOME PHONE #: **( ) 459-9839** WORK PHONE #:

IL STATE: **OH** IL #: **RK508521** LP STATE: **OH** LP #: **Shon** INJURED TAKEN BY: **1** 1 NONE, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY:  INJURED TAKEN TO:

OWNER'S NAME (IF SAME WRITE "SAME"): **Meere, Stacy F.** ADDRESS (STREET, CITY, STATE, ZIP CODE): **Same**

YEAR: **2010** MAKE: **INFI** MODEL:  COLOR: **WHI** INSURANCE COMPANY: **Allstate** TOWING SERVICE: **Jacobs Towing** OWNER PHONE #: **-459-9839(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, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

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, 2 EMS, 3 POLICE, 4 OTHER, 5 UNKNOWN

TRANSPORTED BY:  INJURED TAKEN TO:

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

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

Motorist/Non-Motorist

Occupant

**Narrative**

Unit 2 was stopped in traffic northbound on Butler-Warren Road near Ross Lane. Unit 1 was travelling northbound on Butler-Warren Road approaching unit 2, failed to assure a clear distance ahead, and struck unit 2 in the rear.

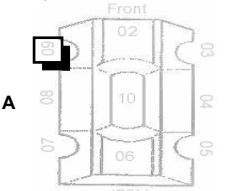
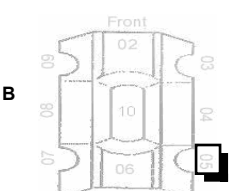
|  |   |                       |           |  |   |
|--|---|-----------------------|-----------|--|---|
| <p><b>MANNER OF COLLISION OR IMPACT</b></p> <div style="border: 1px solid black; padding: 2px; width: 30px; margin: 5px auto;">2</div> <p>01 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT<br/>02 REAR-END<br/>03 HEAD-ON<br/>04 REAR-TO-REAR<br/>05 BACKING<br/>06 ANGLE<br/>07 SIDESWIRE, SAME DIRECTION<br/>08 SIDESWIRE, OPPOSITE DIRECTION<br/>09 UNKNOWN</p>   | <p><b>SCHOOL BUS RELATED</b></p> <div style="border: 1px solid black; padding: 2px; width: 30px; margin: 5px auto;">1</div> <p>01 NO<br/>02 YES, DIRECTLY INVOLVED<br/>03 YES, INDIRECTLY INVOLVED<br/>04 UNKNOWN</p> <p><b>WORK ZONE RELATED</b></p> <div style="border: 1px solid black; padding: 2px; width: 30px; margin: 5px auto;">2</div> <p>01 NO<br/>02 YES<br/>03 UNKNOWN</p> | <p><b>Diagram</b></p> |           |  |   |
| <p><b>WEATHER</b></p> <div style="border: 1px solid black; padding: 2px; width: 30px; margin: 5px auto;">02</div> <p>01 CLEAR<br/>02 CLOUDY<br/>03 FOG, SMOG, SMOKE<br/>04 RAIN<br/>05 SLEET, HAIL (FREEZING RAIN DRIZZLE)<br/>06 SNOW<br/>07 SEVERE CROSSWINDS<br/>08 BLOWING SAND, SOIL, DIRT, SNOW<br/>09 OTHER<br/>10 UNKNOWN</p>  | <p><b>TYPE OF WORK ZONE</b></p> <div style="border: 1px solid black; padding: 2px; width: 30px; margin: 5px auto;">3</div> <p>01 LANE CLOSURE<br/>02 LANE SHIFT/CROSSOVER<br/>03 WORK ON SHOULDER OR MEDIAN<br/>04 INTERMITTENT/MOVING WORK<br/>05 OTHER</p>  |                       |           |  |   |
| <p><b>LIGHT CONDITIONS</b></p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black;">PRIMARY</td> <td style="width:50%; border-bottom: 1px solid black;">SECONDARY</td> </tr> <tr> <td style="text-align: center;"><div style="border: 1px solid black; padding: 2px; width: 30px; margin: 0 auto;">1</div></td> <td style="text-align: center;"><div style="border: 1px solid black; padding: 2px; width: 30px; margin: 0 auto;"></div></td> </tr> </table> <p>01 DAYLIGHT<br/>02 DAWN<br/>03 DUSK<br/>04 DARK - LIGHTED ROADWAY<br/>05 DARK - NOT LIGHTED<br/>06 DARK - UNKNOWN LIGHTING<br/>07 GLARE<br/>08 OTHER<br/>09 UNKNOWN</p> | PRIMARY   |                       | SECONDARY | <div style="border: 1px solid black; padding: 2px; width: 30px; margin: 0 auto;">1</div> | <div style="border: 1px solid black; padding: 2px; width: 30px; margin: 0 auto;"></div> |
| PRIMARY  | SECONDARY   |                       |           |  |   |
| <div style="border: 1px solid black; padding: 2px; width: 30px; margin: 0 auto;">1</div>   | <div style="border: 1px solid black; padding: 2px; width: 30px; margin: 0 auto;"></div>   |                       |           |  |   |

|                  |   |                      |   |
|------------------|---|----------------------|---|
| <b>Truck/Bus</b> | <p>THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:<br/>A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR<br/>A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR<br/>A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.</p> | <b>A<br/>N<br/>D</b> | <p>THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:<br/>A FATALITY; OR<br/>AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR<br/>AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED<br/>INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.</p> |
| 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   |
|   |        |      |  |  |   |  |   |
| <b>CARGO BODY TYPE</b>  |        |      | <b>WEIGHT (GVWR)</b>   | <b>CDL Class</b>   | <b>Hazardous Materials Placard</b>  | <b>Hazardous Materials Released</b>    |   |
| <p>01 NOT APPLI CABLE<br/>02 BUS (9-15 INCLUDING DRIVER)<br/>03 VAN ENCLOSED BOX<br/>04 GRAIN CHIPS/ GRAVEL</p> |        |      | <p>05 POLE<br/>06 CARGO TAN<br/>07 FLATBED<br/>08 DUMP<br/>09 CONCRETE MIXER<br/>10 AUTO TRANSPORTER<br/>11 GARBAGE/REFUSE<br/>12 OTHER<br/>13 UNKNOWN</p> | <p>01 LESS/EQUAL 10,000<br/>02 10,001-26,000<br/>03 MORE THAN 26,000</p> | <p>01 CLASS A<br/>02 CLASS B<br/>03 CLASS C<br/>04 CLASS M<br/>05 CLASS D</p> | <p>01 NO<br/>02 YES<br/>03 UNKNOWN</p> | <p>01 NO<br/>02 YES<br/>03 NOT APPLI CABLE<br/>04 UNKNOWN</p> |

**Police Action**

|                                  |                 |                            |                |         |                    |               |
|----------------------------------|-----------------|----------------------------|----------------|---------|--------------------|---------------|
| DATE CRASH REPORTED              | TIME REC CALL   | DISPATCH                   | ARRIVED        | CLEARED | OTHER              | TOTAL MINUTES |
| 09/06/2012                       | 14:16           | 14:17                      | 14:24          | 15:31   | 30.00              | 105.23        |
| OFFICER'S NAME*                  |                 | BADGE #*                   | CHECKED BY     |         | DATE REPORT FILED* |               |
| Police Officer Eric S Fitzgerald |                 | 1C37                       |                |         | 09/07/2012         |               |
| REPORT TAKEN BY                  | REPORT TAKEN AT | SUPPLEMENT *<br>"X" IF YES | LOCAL REPORT # |         |                    |               |
| 1                                | 1               |                            | 201200021113   |         |                    |               |

|   |   |  |  |  |   |                        |                       |                       |                       |                       |                       |   |  |                       |                       |                       |                       |
|---|---|--|--|--|---|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|---|--|-----------------------|-----------------------|-----------------------|-----------------------|
| <b>UNIT NUMBERS</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2<br/><small>B</small></div> </div>                 | <b>DAMAGE AREA</b><br><br>   | <b>PRE-CRASH ACTIONS</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">11<br/><small>B</small></div> </div>   | <b>SEQUENCE OF EVENTS</b><br><table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 50%; padding: 2px;">20<br/><small>1</small></td><td style="width: 50%; padding: 2px;">2<br/><small>1</small></td></tr> <tr><td style="padding: 2px;">39<br/><small>2</small></td><td style="padding: 2px;">2<br/><small>2</small></td></tr> <tr><td style="padding: 2px;">3<br/><small>3</small></td><td style="padding: 2px;">3<br/><small>3</small></td></tr> <tr><td style="padding: 2px;">4<br/><small>4</small></td><td style="padding: 2px;">4<br/><small>4</small></td></tr> </table> | 20<br><small>1</small>   | 2<br><small>1</small>   | 39<br><small>2</small> | 2<br><small>2</small> | 3<br><small>3</small> | 3<br><small>3</small> | 4<br><small>4</small> | 4<br><small>4</small> | <b>POSTED SPEED</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">45<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">45<br/><small>B</small></div> </div> | <b>DRUG TEST STATUS</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>B</small></div> </div>                        |                       |                       |                       |                       |
| 20<br><small>1</small>  | 2<br><small>1</small>   |  |  |  |   |                        |                       |                       |                       |                       |                       |   |  |                       |                       |                       |                       |
| 39<br><small>2</small>  | 2<br><small>2</small>   |  |  |  |   |                        |                       |                       |                       |                       |                       |   |  |                       |                       |                       |                       |
| 3<br><small>3</small>   | 3<br><small>3</small>   |  |  |  |   |                        |                       |                       |                       |                       |                       |   |  |                       |                       |                       |                       |
| 4<br><small>4</small>   | 4<br><small>4</small>   |  |  |  |   |                        |                       |                       |                       |                       |                       |   |  |                       |                       |                       |                       |
| <b>NON-MOTORIST LOCATION</b><br><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><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">09<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">05<br/><small>B</small></div> </div>  | <b>MOTORIST</b><br>01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD<br>02 BACKING<br>03 CHANGING LANES<br>04 OVERTAKING/PASSING<br>05 TURNING RIGHT<br>06 TURNING LEFT<br>07 MAKING U-TURN<br>08 ENTERING TRAFFIC LANE<br>09 LEAVING TRAFFIC LANE<br>10 PARKED<br>11 SLOWING/STOPPED IN TRAFFIC<br>12 DRIVERLESS<br>13 OTHER<br>14 UNKNOWN  | <b>NON-COLLISION</b><br>01 OVERTURN/ROLLOVER<br>02 FIRE/EXPLOSION<br>03 IMMERSION<br>04 JACKKNIFE<br>05 CARGO EQUIPMENT LOSS/SHIFT<br>06 EQUIPMENT FAILURE<br>07 SEPARATION OF UNITS<br>08 RAN OFF ROAD RIGHT<br>09 RAN OFF ROAD LEFT<br>10 CROSS MEDIAN/CENTERLINE<br>11 DOWNHILL RUNAWAY<br>12 OTHER NON-COLLISION<br>13 UNKNOWN NON-COLLISION   | <b>TRAFFIC CONTROL</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12<br/><small>B</small></div> </div>   | <b>DRUG TEST TYPE</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>B</small></div> </div> |                        |                       |                       |                       |                       |                       |   |  |                       |                       |                       |                       |
| <b>TYPE OF UNIT</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">08<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">03<br/><small>B</small></div> </div>               | <b>POINT OF IMPACT</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">09<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">05<br/><small>B</small></div> </div>    | <b>NON-MOTORIST</b><br>01 SUB-COMPACT<br>02 COMPACT<br>03 MID SIZE<br>04 FULL SIZE<br>05 MINI VAN<br>06 SPORT UTILITY VEHICLE<br>07 PICKUP<br>08 PANEL VAN<br>09 SINGLE UNIT TRUCK<br>10 2 AXLES, 6 TIRES<br>11 SINGLE UNIT TRUCK, 3+ AXLES<br>12 TRUCK/TRAILER<br>13 TRUCK TRACTOR (BOBTAIL)<br>14 TRACTOR/SEMI-TRAILER<br>15 TRACTOR/DOUBLE SHORT<br>16 TRACTOR/DOUBLE LONG<br>17 FIFTH WHEEL OR CONVERTER DOLLY<br>18 TRACTOR/TRIPLES<br>19 MOTORCYCLE<br>20 MOTOR ZED/BICYCLE<br>21 SCHOOL BUS<br>22 CHURCH BUS<br>23 PUBLIC BUS<br>24 OTHER BUS<br>25 POLICE VEHICLE<br>26 FIRE TRUCK<br>27 AMBULANCE/RESCUE<br>28 TAXI<br>29 MOTOR HOME<br>30 TRAIN<br>31 FARM VEHICLE<br>32 FARM EQUIPMENT<br>33 SNOWMOBILE<br>34 CONSTRUCTION EQUIPMENT<br>35 ALL OTHERS                                 | <b>COLLISION WITH FIXED OBJECT</b><br>25 IMPACT ATTENUATOR/CRASH CUSHION<br>26 BRIDGE OVERHEAD STRUCTURE<br>27 BRIDGE PIER OR ABUTMENT<br>28 BRIDGE PARAPET<br>29 BRIDGE RAIL<br>30 GUARDRAIL FACE<br>31 GUARDRAIL END<br>32 MEDIAN BARRIER<br>33 HIGHWAY TRAFFIC SIGN POST<br>34 MEDIAN BARRIER<br>35 LIGHT/LUMINARIES SUPPORT<br>36 UTILITY POLE<br>37 OTHER POST, POLE OR SUPPORT<br>38 CULVERT<br>39 CURB<br>40 DITCH<br>41 EMBANKMENT<br>42 FENCE<br>43 MAILBOX<br>44 TREE<br>45 OTHER FIXED OBJECT<br>46 WORK ZONE MAINTENANCE EQUIPMENT<br>47 UNKNOWN FIXED OBJECT<br>48 OTHER<br>49 UNKNOWN                                    | <b>DIIRECTION</b><br><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="padding: 2px;">2<br/><small>A</small></td><td style="padding: 2px;">1<br/><small>1</small></td><td style="padding: 2px;">2<br/><small>B</small></td><td style="padding: 2px;">1<br/><small>1</small></td></tr> </table> | FROM  | TO                     | FROM                  | TO                    | 2<br><small>A</small> | 1<br><small>1</small> | 2<br><small>B</small> | 1<br><small>1</small>   | <b>DRUG TEST 1&amp;2 RESULT</b><br><table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr><td style="width: 25%;">1<br/><small>A</small></td><td style="width: 25%;">1<br/><small>B</small></td><td style="width: 25%;">1<br/><small>A</small></td><td style="width: 25%;">1<br/><small>B</small></td></tr> </table> | 1<br><small>A</small> | 1<br><small>B</small> | 1<br><small>A</small> | 1<br><small>B</small> |
| FROM  | TO  | FROM   | TO   |  |   |                        |                       |                       |                       |                       |                       |   |  |                       |                       |                       |                       |
| 2<br><small>A</small>   | 1<br><small>1</small>   | 2<br><small>B</small>  | 1<br><small>1</small>  |  |   |                        |                       |                       |                       |                       |                       |   |  |                       |                       |                       |                       |
| 1<br><small>A</small>   | 1<br><small>B</small>   | 1<br><small>A</small>  | 1<br><small>B</small>  |  |   |                        |                       |                       |                       |                       |                       |   |  |                       |                       |                       |                       |
| <b>CONTRIBUTING CIRCUMSTANCES</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">08<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01<br/><small>B</small></div> </div> | <b>ACTIION</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4<br/><small>B</small></div> </div>              | <b>MOTORIST</b><br>01 NONE<br>02 FAI LURE TO YIELD<br>03 RAN RED LIGHT, OR STOP SIGN<br>04 EXCEEDED SPEED LIMIT<br>05 UNSAFE SPEED<br>06 IMPROPER TURN<br>07 LEFT OF CENTER<br>08 FOLLOWED TOO CLOSELY/ACCID<br>09 IMPROPER LANE CHANGE/DRIVE OFF ROAD/IMPROPER PASSING<br>10 IMPROPER BACKING<br>11 IMPROPER START FROM PARKED POSITION<br>12 STOPPED OR PARKED ILLEGALLY<br>13 OPERATED ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER<br>14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC)<br>15 FAI LURE TO CONTROL<br>16 VISION OBSTRUCTION<br>17 DRIVER INATTENTIVE<br>18 FATIGUE/ASLEEP<br>19 OPERATED ON DEFECTIVE EQUIPMENT<br>20 LOAD SHIFTING/FALLING/SPILLING<br>21 OTHER IMPROPER ACTION<br>22 UNKNOWN | <b>COLLISION WITH FIXED OBJECT</b><br>25 IMPACT ATTENUATOR/CRASH CUSHION<br>26 BRIDGE OVERHEAD STRUCTURE<br>27 BRIDGE PIER OR ABUTMENT<br>28 BRIDGE PARAPET<br>29 BRIDGE RAIL<br>30 GUARDRAIL FACE<br>31 GUARDRAIL END<br>32 MEDIAN BARRIER<br>33 HIGHWAY TRAFFIC SIGN POST<br>34 MEDIAN BARRIER<br>35 LIGHT/LUMINARIES SUPPORT<br>36 UTILITY POLE<br>37 OTHER POST, POLE OR SUPPORT<br>38 CULVERT<br>39 CURB<br>40 DITCH<br>41 EMBANKMENT<br>42 FENCE<br>43 MAILBOX<br>44 TREE<br>45 OTHER FIXED OBJECT<br>46 WORK ZONE MAINTENANCE EQUIPMENT<br>47 UNKNOWN FIXED OBJECT<br>48 OTHER<br>49 UNKNOWN                                    | <b>CONDITIION</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>B</small></div> </div>  | <b>TYPE OF INTERSECTION</b><br><div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div>  |                        |                       |                       |                       |                       |                       |   |  |                       |                       |                       |                       |
| <b>NON-MOTORIST</b><br>35 ANIMAL W/ RIDER<br>36 ANIMAL W/ BUGGY<br>37 BICYCLE<br>38 PEDESTRIAN<br>39 PEDALCYCLIST<br>40 SKATER<br>41 OTHER-NON MOTORIST<br>42 UNKNOWN   | <b>STRIKING VEHICLE: OVERRIDDEN/ UNDERRIDDEN</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">B</div> </div> | <b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b><br><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><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>B</small></div> </div>   | <b>ALCOHOL/ DRUG SUSPECTED</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>B</small></div> </div>   | <b>OCURRENCE</b><br><div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>  |                        |                       |                       |                       |                       |                       |   |  |                       |                       |                       |                       |
| <b>DAMAGE SCALE</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4<br/><small>B</small></div> </div>                 | <b>NO UNDERRIDE OR OVERRIDE</b><br>01 NO UNDERRIDE OR OVERRIDE<br>02 UNDERRIDE, COMPARTMENT INTRUSION<br>03 UNDERRIDE, NO COMPARTMENT INTRUSION<br>04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN<br>05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT<br>06 OVERRIDE, OTHER VEHICLE<br>07 UNKNOWN   | <b>TURN SIGNALS</b><br>01 TURN SIGNALS<br>02 HEAD LAMPS<br>03 TAIL LAMPS<br>04 BRAKES<br>05 STEERING<br>06 TIRE BLOWOUT<br>07 WORN OR SLICK TIRES<br>08 TRAILER EQUIPMENT DEFECTIVE<br>09 MOTOR TROUBLE<br>10 DISABLED FROM PRIOR CRASH<br>11 OTHER DEFECTS  | <b>MOST HARMFUL EVENT</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>B</small></div> </div>  | <b>ALCOHOL TEST STATUS</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>B</small></div> </div>   | <b>ROAD CONTOUR</b><br><div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2</div>   |                        |                       |                       |                       |                       |                       |   |  |                       |                       |                       |                       |
| <b>IN EMERGENCY RESPONSE</b><br><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>NO UNDERRIDE OR OVERRIDE</b><br>01 NO<br>02 YES<br>03 UNKNOWN  | <b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b><br><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>OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>B</small></div> </div>  | <b>ALCOHOL TEST TYPE</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>B</small></div> </div>   | <b>ROAD CONDIIONS</b><br><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="padding: 2px;">01</td><td style="padding: 2px;">01</td></tr> </table>  | PRIMARY                | SECONDARY             | 01                    | 01                    |                       |                       |   |  |                       |                       |                       |                       |
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| 01  | 01  |  |  |  |   |                        |                       |                       |                       |                       |                       |   |  |                       |                       |                       |                       |
| <b>NO UNDERRIDE OR OVERRIDE</b><br>01 NONE<br>02 NON-FUNCTIONAL DAMAGE<br>03 FUNCTIONAL DAMAGE<br>04 DISABLING DAMAGE<br>05 SEVERE<br>06 UNKNOWN  | <b>NO UNDERRIDE OR OVERRIDE</b><br>01 NO UNDERRIDE OR OVERRIDE<br>02 UNDERRIDE, COMPARTMENT INTRUSION<br>03 UNDERRIDE, NO COMPARTMENT INTRUSION<br>04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN<br>05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT<br>06 OVERRIDE, OTHER VEHICLE<br>07 UNKNOWN   | <b>TURN SIGNALS</b><br>01 TURN SIGNALS<br>02 HEAD LAMPS<br>03 TAIL LAMPS<br>04 BRAKES<br>05 STEERING<br>06 TIRE BLOWOUT<br>07 WORN OR SLICK TIRES<br>08 TRAILER EQUIPMENT DEFECTIVE<br>09 MOTOR TROUBLE<br>10 DISABLED FROM PRIOR CRASH<br>11 OTHER DEFECTS  | <b>MOST HARMFUL EVENT</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>B</small></div> </div>  | <b>ALCOHOL TEST TYPE</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>B</small></div> </div>   | <b>ROAD CONDIIONS</b><br><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="padding: 2px;">01</td><td style="padding: 2px;">01</td></tr> </table>  | PRIMARY                | SECONDARY             | 01                    | 01                    |                       |                       |   |  |                       |                       |                       |                       |
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| PRIMARY   | SECONDARY   |  |  |  |   |                        |                       |                       |                       |                       |                       |   |  |                       |                       |                       |                       |
| 01  | 01  |  |  |  |   |                        |                       |                       |                       |                       |                       |   |  |                       |                       |                       |                       |
| <b>NO UNDERRIDE OR OVERRIDE</b><br>01 NONE<br>02 NON-FUNCTIONAL DAMAGE<br>03 FUNCTIONAL DAMAGE<br>04 DISABLING DAMAGE<br>05 SEVERE<br>06 UNKNOWN  | <b>NO UNDERRIDE OR OVERRIDE</b><br>01 NO UNDERRIDE OR OVERRIDE<br>02 UNDERRIDE, COMPARTMENT INTRUSION<br>03 UNDERRIDE, NO COMPARTMENT INTRUSION<br>04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN<br>05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT<br>06 OVERRIDE, OTHER VEHICLE<br>07 UNKNOWN   | <b>TURN SIGNALS</b><br>01 TURN SIGNALS<br>02 HEAD LAMPS<br>03 TAIL LAMPS<br>04 BRAKES<br>05 STEERING<br>06 TIRE BLOWOUT<br>07 WORN OR SLICK TIRES<br>08 TRAILER EQUIPMENT DEFECTIVE<br>09 MOTOR TROUBLE<br>10 DISABLED FROM PRIOR CRASH<br>11 OTHER DEFECTS  | <b>MOST HARMFUL EVENT</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>B</small></div> </div>  | <b>ALCOHOL TEST TYPE</b><br><div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1<br/><small>B</small></div> </div>   | <b>ROAD CONDIIONS</b><br><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="padding: 2px;">01</td><td style="padding: 2px;">01</td></tr> </table>  | PRIMARY                | SECONDARY             | 01                    | 01                    |                       |                       |   |  |                       |                       |                       |                       |
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| <b>NO UNDERRIDE OR OVERRIDE</b><br>01 NONE<br>02 NON-FUNCTIONAL DAMAGE<br>03 FUNCTIONAL DAMAGE<br>04 DISABLING DAMAGE<br>05 SEVERE<br>06 UNKNOWN  | <b>NO UNDERRIDE OR O</b>  |  |  |  |   |                        |                       |                       |                       |                       |                       |   |  |                       |                       |                       |                       |

**OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION**

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