



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER * 2012-12-01-1708 CRASH SEVERITY 3 HO/SKIP 1
 1 - FATAL 2 - INJURY 3 - PDO 1 - SOLVED 2 - UNSOLVED

PHOTOS TAKEN OH-2 OH-1P OH-3 OTHER PDD UNDER STATE REPORTABLE DOLLAR AMOUNT PRIVATE PROPERTY REPORTING AGENCY NCIC * 08304 REPORTING AGENCY NAME * MASON POLICE NUMBER OF UNITS 02 UNIT IN ERROR 02 98 - ANIMAL 99 - UNKNOWN

COUNTY * 03 CITY * VILLAGE * TOWNSHIP * MASON CITY, VILLAGE, TOWNSHIP * MASON CRASH DATE * 12072012 TIME OF CRASH 1705 DAY OF WEEK FRI

DEGREES / MINUTES / SECONDS LATITUDE 0 / 00 / 00 LONGITUDE 0 / 00 / 00 DECIMAL DEGREES LATITUDE 39.340936 LONGITUDE -84.330196

ROADWAY DIVISION DIVIDED UNDIVIDED DIVIDED LANE DIRECTION OF TRAVEL N - NORTHBOUND E - EASTBOUND S - SOUTHBOUND W - WESTBOUND NUMBER OF TRHD LANES 02 ROAD TYPES OR MILEPOST *
 AL - ALLEY CR - CIRCLE HE - HEIGHTS MP - MILEPOST PL - PLACE ST - STREET WA - WAY
 AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE
 BL - BOULEVARD DR - DRIVE LA - LANE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE NUMBER 00 LOCATION ROUTE TYPE 1 LOC PREFIX N,S,E,W LOCATION ROAD NAME SNIDER LOCATION ROAD TYPE RD ROUTE TYPES *
 IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE
 US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE
 SR - STATE ROUTE

DISTANCE FROM REFERENCE 150 DIR FROM REF MILES FEET YARDS N,S,E,W REFERENCE ROUTE TYPE 00 REFERENCE ROUTE NUMBER 00 REF PREFIX N,S,E,W REFERENCE NAME (ROAD, MILEPOST, HOUSE #) HI TEK REFERENCE ROAD TYPE 07

REFERENCE POINT USED 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER CRASH LOCATION 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOAT 06 - FIVE-POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY/ALLEY ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS INTERSECTION RELATED LOCATION OF FIRST HARMFUL EVENT 1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIAN 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

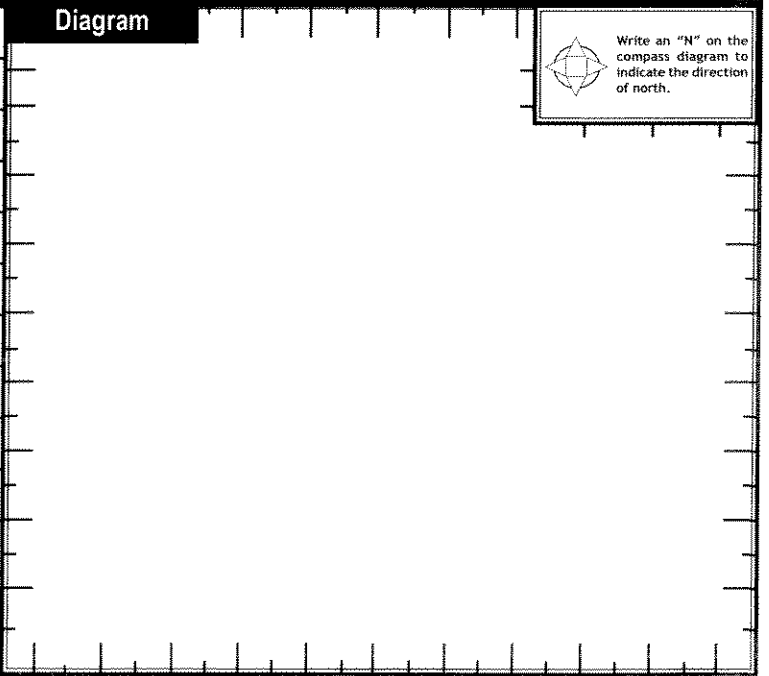
ROAD CONTOUR 1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN ROAD CONDITIONS PRIMARY SECONDARY 02 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS* 09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT* 10 - OTHER 99 - UNKNOWN * Secondary Condition Only

MANNER OF CRASH COLLISION/IMPACT 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACKING 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN WEATHER 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN

ROAD SURFACE 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER LIGHT CONDITIONS PRIMARY SECONDARY 3 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER * Secondary Condition Only SCHOOL BUS RELATED SCHOOL ZONE RELATED YES, SCHOOL BUS DIRECTLY INVOLVED YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED WORKERS PRESENT LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) LAW ENFORCEMENT PRESENT (VEHICLE ONLY) TYPE OF WORK ZONE 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIAN 4 - INTERMITTENT OR MOVING WORK 5 - OTHER LOCATION OF CRASH IN WORK ZONE 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 2 - ADVANCE WARNING AREA 3 - TRANSITION AREA 4 - ACTIVITY AREA 5 - TERMINATION AREA

NARRATIVE
UNITS #1 AND #2 WERE NORTH BOUND ON SNIDER RD. UNIT #1 WAS STOPPED IN TRAFFIC AHEAD WAS STRUCK FROM BEHIND BY #2.



REPORT TAKEN BY POLICE AGENCY MOTORIST SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO DDPSS) DATE CRASH REPORTED 12072012 TIME CRASH REPORTED 1708 DISPATCH TIME 1709 ARRIVAL TIME 1716 TIME CLEARED 1809 OTHER INVESTIGATION TIME 30 TOTAL MINUTES 91 OFFICER'S NAME * BRYANT OFFICER'S BADGE NUMBER 55 CHECKED BY SS PAGE 1 of 4



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

022112-12194914

UNIT NUMBER 01	NAME: LAST, FIRST, MIDDLE MEE, KRISTEN N.	DATE OF BIRTH 04/31/1995	AGE 17	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP 6636 IRWIN SIMPSON RD MASON OHIO 45040	CONTACT PHONE- INCLUDE AREA CODE 513 459 1015
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE OH	OPERATOR LICENSE NUMBER TW152522	OL CLASS H	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
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UNIT NUMBER 02	NAME: LAST, FIRST, MIDDLE HUTSON, STEVEN M.	DATE OF BIRTH 12/27/1968	AGE 43	GENDER M - MALE F - FEMALE
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ADDRESS, CITY, STATE, ZIP 5731 RUNNING FOX LN MASON OHIO 45040	CONTACT PHONE- INCLUDE AREA CODE 513 459 5632
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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OL STATE OH	OPERATOR LICENSE NUMBER SP013052	OL CLASS H	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION <input type="checkbox"/>	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/>	ALCOHOL TEST STATUS <input type="checkbox"/>	ALCOHOL TEST TYPE <input type="checkbox"/>	ALCOHOL TEST VALUE	DRUG TEST STATUS <input type="checkbox"/>	DRUG TEST TYPE <input type="checkbox"/>
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OFFENSE CHARGED (<input checked="" type="checkbox"/> LOCAL CODE) 333.03	OFFENSE DESCRIPTION ACOA	CITATION NUMBER 73012	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input type="checkbox"/>
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED	99 - UNKNOWN SAFETY EQUIPMENT	NON-MOTORIST 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.)	12 - REFLECTIVE CLOTHING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (Motorcycle Driver) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (Motorcycle Passenger) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (Motorcycle Side Car) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (Non-Trailing Unit Such as a Bus, Pick-up with Cap)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (Non-Trailing Unit) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (Include "D") 5 - M/C/Moped Only	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (OPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP, FAINTED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	ALCOHOL/DRUG SUSPECTED 1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HBD NOT IMPAIRED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (Navigation Device, Radio, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE- INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE <input type="checkbox"/>	EJECTION <input type="checkbox"/>	TRAPPED <input type="checkbox"/>
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UNIT

LOCAL REPORT NUMBER
211112047

UNIT NUMBER DL	OWNER NAME: LAST, FIRST, MIDDLE MEE, LEONARD T	(<input type="checkbox"/> SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE	(<input checked="" type="checkbox"/> SAME AS DRIVER)	DAMAGE SCALE 2	DAMAGED AREA FRONT
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OWNER ADDRESS: CITY, STATE, ZIP	(<input checked="" type="checkbox"/> SAME AS DRIVER)	LP STATE OH	LICENSE PLATE NUMBER FLM 3387	VEHICLE IDENTIFICATION NUMBER 1FTYR1DUA92PB72H1A	# OCCUPANTS DL
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VEHICLE YEAR 2002	VEHICLE MAKE FORD	VEHICLE MODEL RANGER	VEHICLE COLOR BLK	1 - NONE	09	02	03
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PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY CWCINWATI	POLICY NUMBER A010288143	TOWED BY	2 - MINOR	08	10	04
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CARRIER NAME, ADDRESS, CITY, STATE, ZIP	CARRIER PHONE - INCLUDE AREA CODE	3 - FUNCTIONAL	07	06	05
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US DOT	VEHICLE WEIGHT GVWR/GCWR	CARGO BODY TYPE	TRAFFICWAY DESCRIPTION
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HM PLACARD ID No.	HAZARDOUS MATERIAL RELEASED	01 - NO CARGO BODY TYPE/NOT APPLICABLE	09 - POLE	1 - TWO-WAY, NOT DIVIDED
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HM CLASS NUMBER	02 - BUS/VAN (9-15 SEATS, INC DRIVER)	10 - CARGO TANK	2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE
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NON-MOTORIST LOCATION PRIOR TO IMPACT	TYPE OF USE	UNIT TYPE	PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)
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01 - INTERSECTION - MARKED CROSSWALK	1 - PERSONAL	01 - SUB-COMPACT	13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES	21 - BUS/VAN (9-15 SEATS, INC DRIVER)
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02 - INTERSECTION - NO CROSSWALK	2 - COMMERCIAL	02 - COMPACT	14 - SINGLE UNIT TRUCK; 3+ AXLES	22 - BUS (16+ SEATS, INC DRIVER)
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03 - INTERSECTION - OTHER	3 - GOVERNMENT	03 - MID SIZE	15 - SINGLE UNIT TRUCK / TRAILER	23 - ANIMAL WITH RIDER
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04 - MIDBLOCK - MARKED CROSSWALK	<input type="checkbox"/> IN EMERGENCY RESPONSE	04 - FULL SIZE	16 - TRUCK/TRACTOR (BOBTAIL)	24 - ANIMAL WITH BUGGY, WAGON, SURREY
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05 - TRAVEL LANE - OTHER LOCATION	<input type="checkbox"/> HAS HM PLACARD	05 - MINIVAN	17 - TRACTOR/SEMI-TRAILER	25 - BICYCLE/PEDALCYCLIST
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06 - BICYCLE LANE	06 - SPORT UTILITY VEHICLE	06 - INTERMEDIAL CONTAINER CHASSIS	18 - TRACTOR/DOUBLE	26 - PEDESTRIAN/SKATER
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07 - SHOULDER/ROADSIDE	07 - PICKUP	07 - CARGO VAN/ENCLOSED BOX	19 - TRACTOR/TripLES	27 - OTHER NON-MOTORIST
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08 - SIDEWALK	08 - VAN	08 - GRAIN, CHIPS, GRAVEL	20 - OTHER MED/HEAVY VEHICLE	
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09 - MEDIAN/CROSSING ISLAND	09 - MOTORCYCLE			
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10 - DRIVEWAY ACCESS	10 - MOTORIZED BICYCLE			
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11 - SHARED-USE PATH OR TRAIL	11 - SNOWMOBILE/ATV			
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12 - NON-TRAFFICWAY AREA	12 - OTHER PASSENGER VEHICLE			
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99 - OTHER/UNKNOWN				
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SPECIAL FUNCTION	01 - NONE	09 - AMBULANCE	17 - FARM VEHICLE	MOST DAMAGED AREA	01 - NONE	08 - LEFT SIDE	99 - UNKNOWN	ACTION
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02 - TAXI	10 - FIRE	18 - FARM EQUIPMENT	20 - GOLF CART	02 - CENTER FRONT	09 - LEFT FRONT	10 - TOP AND WINDOWS	11 - UNDERCARRIAGE	1 - NON-CONTACT
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03 - RENTAL TRUCK (OVER 10K LBS)	11 - HIGHWAY/MAINTENANCE	19 - MOTORHOME	21 - TRAIN	03 - RIGHT FRONT	10 - TOP AND WINDOWS	11 - UNDERCARRIAGE	12 - LOAD/TRAILER	2 - NON-COLLISION
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04 - BUS - SCHOOL (PUBLIC OR PRIVATE)	12 - MILITARY	20 - GOLF CART	22 - OTHER (EXPLAIN IN NARRATIVE)	04 - RIGHT SIDE	11 - UNDERCARRIAGE	12 - LOAD/TRAILER	13 - TOTAL (ALL AREAS)	3 - STRIKING
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05 - BUS - TRANSIT	13 - POLICE	21 - TRAIN		05 - RIGHT REAR	12 - LOAD/TRAILER	13 - TOTAL (ALL AREAS)	14 - OTHER	4 - STRUCK
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06 - BUS - CHARTER	14 - PUBLIC UTILITY	22 - OTHER (EXPLAIN IN NARRATIVE)		06 - REAR CENTER	13 - TOTAL (ALL AREAS)	14 - OTHER		5 - STRIKING/STRUCK
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07 - BUS - SHUTTLE	15 - OTHER GOVERNMENT			07 - LEFT REAR	14 - OTHER			9 - UNKNOWN
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08 - BUS - OTHER	16 - CONSTRUCTION EQUIP.							
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PRE-CRASH ACTIONS	MOTORIST	01 - STRAIGHT AHEAD	07 - MAKING U-TURN	13 - NEGOTIATING A CURVE	15 - ENTERING OR CROSSING SPECIFIED LOCATION	21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES	PRIMARY	01 - NONE	11 - IMPROPER BACKING	22 - NONE	VEHICLE DEFECTS
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SECONDARY	02 - FAILURE TO YIELD	12 - IMPROPER START FROM PARKED POSITION	23 - IMPROPER CROSSING	01 - TURN SIGNALS
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99 - UNKNOWN	03 - RAN RED LIGHT	13 - STOPPED OR PARKED ILLEGALLY	24 - DARTING	02 - HEAD LAMPS
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	04 - RAN STOP SIGN	14 - OPERATING VEHICLE IN NEGLIGENT MANNER	25 - LYING AND/OR ILLEGALLY IN ROADWAY	03 - TAIL LAMPS
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	05 - EXCEEDED SPEED LIMIT	15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)	26 - FAILURE TO YIELD RIGHT OF WAY	04 - BRAKES
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	06 - UNSAFE SPEED	16 - WRONG SIDE/WRONG WAY	27 - FAILURE TO YIELD RIGHT OF WAY	05 - STEERING
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	07 - IMPROPER TURN	17 - FAILURE TO CONTROL	28 - INATTENTIVE	06 - TIRE BLOWOUT
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	08 - LEFT OF CENTER	18 - VISION OBSTRUCTION	29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER	07 - WORN OR SLOTTED TIRES
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	09 - FOLLOWED TOO CLOSELY/ACDA	19 - OPERATING DEFECTIVE EQUIPMENT	30 - WRONG SIDE OF THE ROAD	08 - TRAILER EQUIPMENT DEFECTIVE
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	10 - IMPROPER LANE CHANGE /PASSING/OTF ROAD	20 - LOAD SHIFTING/FALLING/SPILLING	31 - OTHER NON-MOTORIST ACTION	09 - MOTOR TROUBLE
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SEQUENCE OF EVENTS	1	2	3	4	5	6	NON-COLLISION EVENTS
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FIRST HARMFUL EVENT	01 - OVERTURN/ROLLOVER	06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)	10 - CROSS MEDIAN
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MOST HARMFUL EVENT	02 - FIRE/EXPLOSION	07 - SEPARATION OF UNITS	11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL
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99 - UNKNOWN	03 - IMMERSION	08 - RAN OFF ROAD RIGHT	12 - DOWNHILL RUNAWAY
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	04 - JACKKNIFE	09 - RAN OFF ROAD LEFT	13 - OTHER NON-COLLISION
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	05 - CARGO/EQUIPMENT LOSS OR SHIFT		
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COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED	14 - PEDESTRIAN	21 - PARKED MOTOR VEHICLE	25 - IMPACT ATTENUATOR/CRASH CUSHION	33 - MEDIAN CABLE BARRIER	41 - OTHER POST, POLE OR SUPPORT	48 - TREE
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	15 - PEDALCYCLE	22 - WORK ZONE MAINTENANCE EQUIPMENT	26 - BRIDGE OVERHEAD STRUCTURE	34 - MEDIAN GUARDRAIL BARRIER	42 - CURB	49 - FIRE HYDRANT
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	16 - RAILWAY VEHICLE (TRAIN/ENGINE)	23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE	27 - BRIDGE PIER OR ABUTMENT	35 - MEDIAN CONCRETE BARRIER	43 - CURB	50 - WORK ZONE MAINTENANCE EQUIPMENT
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	17 - ANIMAL - FARM	24 - OTHER MOVABLE OBJECT	28 - BRIDGE PARAPET	36 - MEDIAN OTHER BARRIER	44 - DITCH	51 - WALL, BUILDING, TUNNEL
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	18 - ANIMAL - DEER		29 - BRIDGE RAIL	37 - TRAFFIC SIGN POST	45 - EMBANKMENT	52 - OTHER FIXED OBJECT
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	19 - ANIMAL - OTHER		30 - GUARDRAIL FACE	38 - OVERHEAD SIGN POST	46 - FENCE	
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	20 - MOTOR VEHICLE IN TRANSPORT		31 - GUARDRAIL END	39 - LIGHT/LUMINARIES SUPPORT	47 - MAILBOX	
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			32 - PORTABLE BARRIER	40 - UTILITY POLE		
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UNIT SPEED	POSTED SPEED	TRAFFIC CONTROL	UNIT DIRECTION
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01 - NO CONTROLS	07 - RAILROAD CROSSBUCKS	13 - CROSSWALK LINES	FROM	TO	1 - NORTH	5 - NORTHEAST	9 - UNKNOWN
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02 - STOP SIGN	08 - RAILROAD FLASHERS	14 - WALK/DON'T WALK			2 - SOUTH	6 - NORTHWEST	
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03 - YIELD SIGN	09 - RAILROAD SIGN	15 - OTHER			3 - EAST	7 - SOUTHEAST	
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04 - TRAFFIC SIGNAL	10 - CONSTRUCTION BARRICADE	16 - NOT REPORTED			4 - WEST	8 - SOUTHWEST	
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05 - TRAFFIC FLASHERS	11 - PERSON (FLAGGER, OFFICER)						
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06 - SCHOOL ZONE	12 - PAVEMENT MARKINGS						
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<input checked="" type="checkbox"/> STATED	<input type="checkbox"/> ESTIMATED						
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							PAGE 3 OF 4
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UNIT

LOCAL REPORT NUMBER

21-1-2-219498

UNIT NUMBER 02	OWNER NAME: LAST, FIRST, MIDDLE (<input type="checkbox"/> SAME AS DRIVER) MITCHELL, MARK	OWNER PHONE NUMBER - INC. AREA CODE (<input type="checkbox"/> SAME AS DRIVER) 513 276 3036	DAMAGE SCALE B	DAMAGED AREA FRONT
OWNER ADDRESS: CITY, STATE, ZIP (<input type="checkbox"/> SAME AS DRIVER) 3803 PINNACLE LN MASON OHIO 45040			1 - NONE	
LP STATE OH	LICENSE PLATE NUMBER ESL 9904	VEHICLE IDENTIFICATION NUMBER KMHCGH5E24H551480	2 - MINOR	
VEHICLE YEAR 2004	VEHICLE MAKE HYUNDAI	VEHICLE MODEL ACCENT	3 - FUNCTIONAL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY STATE FARM	POLICY NUMBER 459 8701-B22-35	4 - DISABLING	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			9 - UNKNOWN	
CARRIER PHONE - INCLUDE AREA CODE				

US DOT	VEHICLE WEIGHT GVWR/GCWR 1 - LESS THAN OR EQUAL TO 10K LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE/NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, INC DRIVER) 03 - BUS (16+ SEATS, INC DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN/ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (PAVING BY GRASS 4-4 FT) MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY
HM PLACARD ID No.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED	09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	<input type="checkbox"/> HIT / SKIP UNIT
HM CLASS NUMBER			

NON-MOTORIST LOCATION PRIOR TO IMPACT 01 01 - INTERSECTION - MARKED CROSSWALK 02 - INTERSECTION - NO CROSSWALK 03 - INTERSECTION - OTHER 04 - MIDBLOCK - MARKED CROSSWALK 05 - TRAVEL LANE - OTHER LOCATION 06 - BICYCLE LANE 07 - SHOULDER/ROADSIDE 08 - SIDEWALK 09 - MEDIAN/CROSSING ISLAND 10 - DRIVEWAY ACCESS 11 - SHARED-USE PATH OR TRAIL 12 - NON-TRAFFICWAY AREA 99 - OTHER/UNKNOWN	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 02 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORIZED BICYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TYRES 14 - SINGLE UNIT TRUCK, 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TRIPLES 20 - OTHER MED/HEAVY VEHICLE	BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 21 - BUS/VAN (9-15 SEATS, INC DRIVER) 22 - BUS (16+ SEATS, INC DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUGGY, WAGON, SURREY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST
<input type="checkbox"/> HAS HM PLACARD				

SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER 09 - AMBULANCE 10 - FIRE 11 - HIGHWAY/MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP. 17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAIN 22 - OTHER (EXPLAIN IN NARRATIVE)	MOST DAMAGED AREA 02 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 99 - UNKNOWN	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
IMPACT AREA 02		

PRE-CRASH ACTIONS 01 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - STOPPING OR STOPPED IN TRAFFIC 12 - DRIVERLESS 13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING 21 - OTHER NON-MOTORIST ACTION
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CONTRIBUTING CIRCUMSTANCES 07 PRIMARY 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	VEHICLE DEFECTS 01 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 ACCIDENT 11 - OTHER DEFECTS
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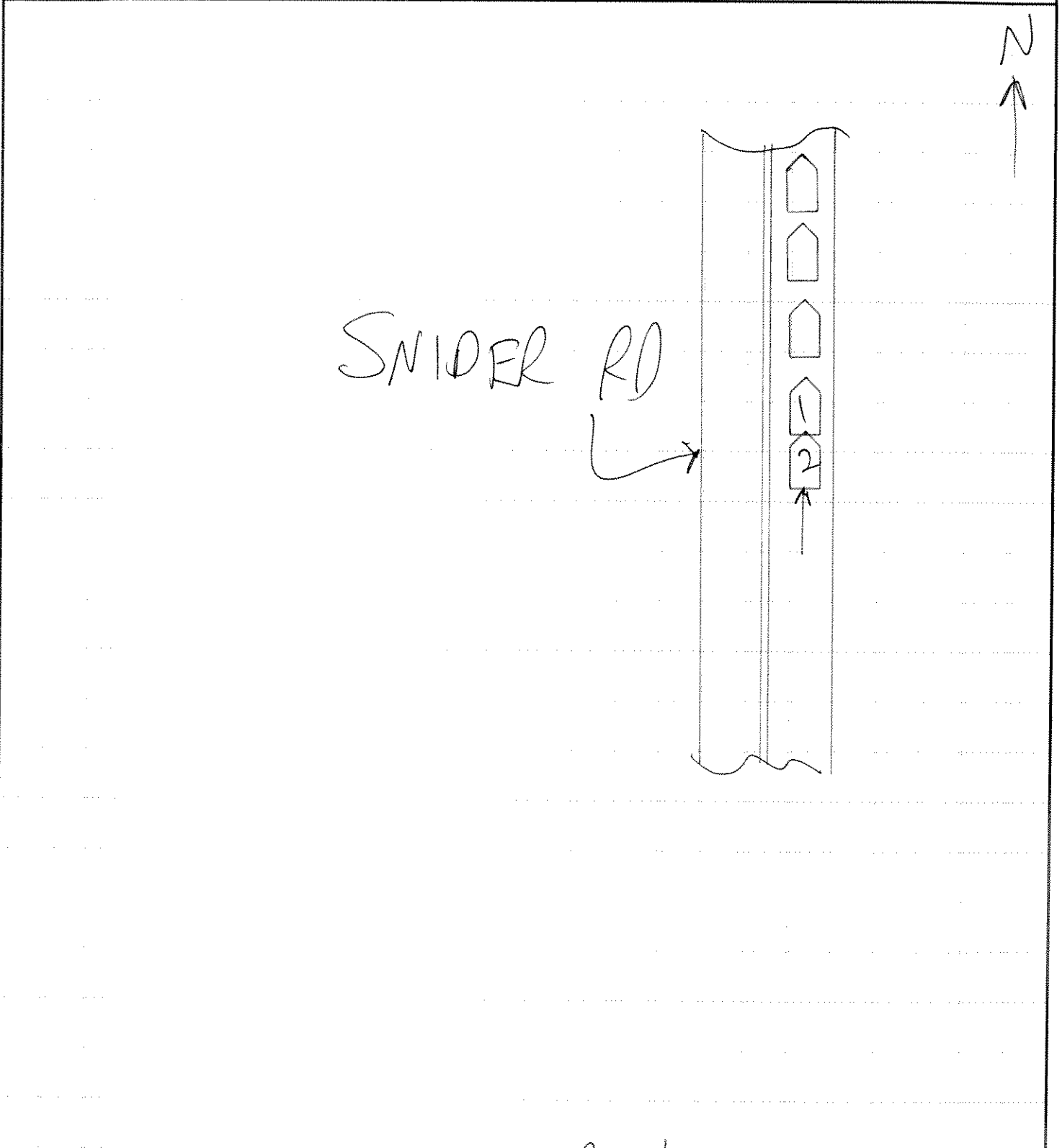
SEQUENCE OF EVENTS 1 20 2 3 4 5 6 FIRST HARMFUL EVENT MOST HARMFUL EVENT 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHEET 06 - EQUIPMENT FAILURE (BLOWN TYRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION
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COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT 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 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED 26	POSTED SPEED 35	TRAFFIC CONTROL 2 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 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM W TO E 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHWEST 8 - SOUTHWEST 9 - UNKNOWN
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LOCAL REPORT NUMBER 12-29494	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 02 07 Y 12
IN COUNTY OF WARREN	CRASH LOCATION SNIDER RD	



NOT TO SCALE	OFFICER'S SIGNATURE X PO KSBent	BADGE NUMBER 55
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LOCAL REPORT NUMBER 12-29494	REPORTING AGENCY MASON POLICE	DATE OF CRASH 12/27/12
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Kristen Mee PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO
P.O. KEVIN S. BRYANT OFFICER'S NAME AT Snider road LOCATION

Stop and go traffic and rainy weather.
The car behind me didn't stop in time.

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

Q. WERE YOU WEARING YOUR SEAT BELT? Yes

Q. WHAT DIRECTION WERE YOU GOING? straight north

Q. WHAT WAS YOUR SPEED? 30 mph STOPPED

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

ADDRESS OF WITNESS

PHONE
439 1015

SIGNATURE OF WITNESS

X

OFFICER'S SIGNATURE

X

[Handwritten signature of P.O. Kevin S. Bryant]

LOCAL REPORT NUMBER <i>12-29494</i>	REPORTING AGENCY MASON POLICE	DATE OF CRASH <i>M 12/07/12</i>
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, *STEVE HUTSON* HEREBY MAKE THIS VOLUNTARY STATEMENT TO
PRINTED
P.O. KEVIN S. BRYANT AT *930 Snider Road*
OFFICER'S NAME LOCATION

was driving on wet pavement traffic stopped quickly in front of me was unable to stop in time before hitting truck in front of me

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

Q. WERE YOU WEARING YOUR SEAT BELT? *YES*

Q. WHAT DIRECTION WERE YOU GOING? *NORTH*

Q. WHAT WAS YOUR SPEED? *20-25*

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

ADDRESS OF WITNESS <i>5731 Running Fox Ln</i>	PHONE <i>5132400683</i>
SIGNATURE OF WITNESS <i>[Signature]</i>	OFFICER'S SIGNATURE <i>[Signature]</i>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

513 276 3036