

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #*
2012013207

CRASH SEVERITY
3 1 FATAL 3 PDO
2 Injury 4 Unknown

PRIVATE PROPERTY

HIT / SKIP
1 NOT HIT / SKIP
2 SOLVED
3 UNSOLVED
1

PHOTOS TAKEN
Y

OH-2 OH-3 OH-1P OTHER
X X

NCIC #*
08304

REPORTING AGENCY*
City of Mason - City of Mason Police Depart

UNITS
2

UNIT ERROR
02 98=ANIMAL
99=UNKNOWN

DATE OF CRASH*
06172012

TIME OF CRASH 13:34 DAY OF WEEK Sun CITY* X VILLAGE* TWP* NAME (OF CITY, VILLAGE OR TOWNSHIP)* Mason COUNTY #* 83 LATITUDE LONGITUDE

CRASH OCCURRED ON PREFIX CRASH LOCATION Kings Island Drive TYPE LOC 1 TYPE LOCATION POINT USED 1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET LOCAL INFORMATION 15 Min Area

CRASH AT / REFERENCE DIST REFERENCE 2,640.00 DR PREFIX N REFERENCE Western Row Rd. REF POINT REFERENCE POINT USED 01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE 04 HOUSE NUMBER 05 TOWNSHIP BOUNDARY 09 DRIVEWAY 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE 07 CORPORATION LIMIT REFERENCE

MOTORIST/MOTORIST UNIT # A 1 NAME (LAST, FIRST, MIDDLE) Shapiro, Stuart E ADDRESS (STREET, CITY, STATE, ZIP CODE) 226 Liberty St., Dayton OH, 45402 SOCIAL SECURITY NUM DATE OF BIRTH 03081949 AGE 63 SEX M HOME PHONE # (937) 461-7366 WORK PHONE #

DL STATE OH DL # RM301437 LP STATE OH LP # DK72MR 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") Shapiro, Stuart E ADDRESS (STREET, CITY, STATE, ZIP CODE) Same

YEAR 2002 MAKE CHEV MODEL Tracker COLOR GRE INSURANCE COMPANY State Farm TOWING SERVICE OWNER PHONE # 937-461-7366(H)

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION # LOCAL CODE?

MOTORIST/MOTORIST UNIT # B 2 NAME (LAST, FIRST, MIDDLE) Hoffstot, Zachary ADDRESS (STREET, CITY, STATE, ZIP CODE) 6513 Bartlett Rd, Reynoldsburg OH, 43068 SOCIAL SECURITY NUM DATE OF BIRTH 10201992 AGE 19 SEX M HOME PHONE # (614) 632-9815 WORK PHONE #

DL STATE NC DL # 32963444 LP STATE OH LP # FNR7892 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OWNER'S NAME (IF SAME WRITE "SAME") Same ADDRESS (STREET, CITY, STATE, ZIP CODE) Same

YEAR 1996 MAKE STRN MODEL SC COLOR GRE INSURANCE COMPANY America Family TOWING SERVICE OWNER PHONE # 614-632-9815(H)

OFFENSE CHARGED 333.03 OFFENSE DESCRIPTION Maximum Speed Limits; Assured Clear Distance Ahead CITATION # 71717 LOCAL CODE? X

OCCUPANT UNIT # C 1 NAME (LAST, FIRST, MIDDLE) Shapiro, Nancy HOME PHONE # 937-461-7366 DATE OF BIRTH 09041954 AGE 57 SEX F ADDRESS (STREET, CITY, STATE, ZIP CODE) 226 Liberty St., Dayton OH, 45402 INJURED TAKEN BY 1 NONE 2 EMS 3 POLICE 4 OTHER 5 UNKNOWN TRANSPORTED BY INJURED TAKEN TO

OCCUPANT UNIT # D 2 NAME (LAST, FIRST, MIDDLE) Carpenter, Holly HOME PHONE # 614-962-0069 DATE OF BIRTH 09271994 AGE 17 SEX F ADDRESS (STREET, CITY, STATE, ZIP CODE) 269 Cliffview Drive, Gahanna OH, 43230 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)	04 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 FREED BY 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 APPLIED	04 B 04 INCAPACITATED BY MEANS	04 B 04 INCAPACITATED
05 B 05 SECOND - MIDDLE	05 B 05 CHILD SAFETY SEAT	05 B 05 NOT APPLIED		05 B 05 UNKNOWN	05 B 05 NON-MECHANICAL MEANS	05 B 05 FATAL INJURY
06 B 06 SECOND - RIGHT	06 B 06 MC HELMET USED	06 B 06 UNKNOWN			06 B 06 UNKNOWN	06 B 06 UNKNOWN
07 C 07 THIRD - LEFT (MC PASSENGER SIDE CAR)	07 C 07 USE UNKNOWN					
08 C 08 THIRD - MIDDLE	08 C 08 NON-MOTORIST					
09 C 09 THIRD - RIGHT	09 C 09 NONE USED					
10 D 10 SLEEPER SECTION OF CAB	10 D 10 HELMET USED					
11 D 11 ENCLOSED CARGO AREA	11 D 11 PROTECTIVE PADS					
12 D 12 UNENCLOSED CARGO AREA	12 D 12 REFLECTIVE CLOTHING					
13 D 13 TRAILING UNIT	13 D 13 LI CHING					
14 D 14 EXTERIOR	14 D 14 OTHER					
15 D 15 OTHER	15 D 15 UNKNOWN					
16 D 16 NON-MOTORIST						
17 D 17 UNKNOWN						

BLANK FOR WITNESS

SUPPLEMENT "X" IF YES

Narrative

Units #1 and #2 were southbound on Kings Island Dr. Unit #1 stopped in traffic and was struck by #2.

MANNER OF COLLISION OR IMPACT

2

- 01 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
- 02 REAR-END
- 03 HEAD-ON
- 04 REAR-TO-REAR
- 05 BACKING
- 06 ANGLE
- 07 SIDESWIRE, SAME DIRECTION
- 08 SIDESWIRE, OPPOSITE DIRECTION
- 09 UNKNOWN

SCHOOL BUS RELATED

1

- 01 NO
- 02 YES, DIRECTLY INVOLVED
- 03 YES, INDIRECTLY INVOLVED
- 04 UNKNOWN

WORK ZONE RELATED

1

- 01 NO
- 02 YES
- 03 UNKNOWN

TYPE OF WORK ZONE

- 01 LANE CLOSURE
- 02 LANE SHIFT/CROSSOVER
- 03 WORK ON SHOULDER OR MEDIAN
- 04 INTERMITTENT/MOVING WORK
- 05 OTHER

LOCATION OF CRASH IN WORK ZONE

- 01 BEFORE FIRST WORK ZONE WARNING SIGN
- 02 ADVANCE WARNING AREA
- 03 TRANSITION AREA
- 04 ACTIVITY AREA

WORKERS PRESENT

- 01 NO
- 02 YES
- 03 UNKNOWN

WEATHER

02

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

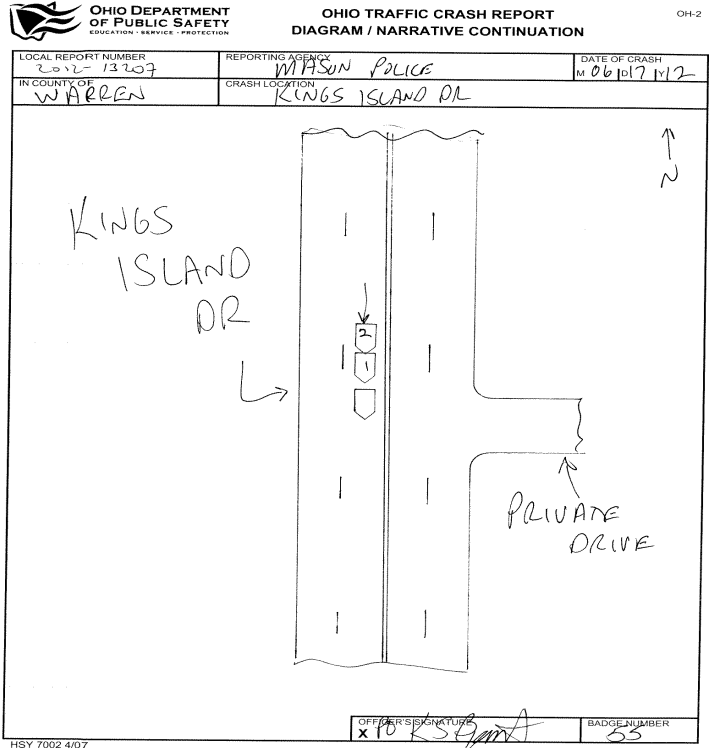
LIGHT CONDITIONS

PRIMARY SECONDARY

1

- 01 DAYLIGHT
- 02 DAWN
- 03 DUSK
- 04 DARK - LIGHTED ROADWAY
- 05 DARK - NOT LIGHTED
- 06 DARK - UNKNOWN LIGHTING
- 07 GLARE
- 08 OTHER
- 09 UNKNOWN

Diagram



Truck/Bus

THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING:
 A TRUCK (MOTOR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS; OR
 A TRUCK (MOTOR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD; OR
 A BUS DESIGNED FOR AT LEAST 8 PERSONS, INCLUDING DRIVER.

**A
N
D**

THE CRASH RESULTED IN ONE OR MORE OF THE FOLLOWING:
 A FATALITY; OR
 AN INJURY REQUIRING TRANSPORTATION FOR IMMEDIATE MEDICAL TREATMENT; OR
 AT LEAST ONE VEHICLE WAS TOWED DUE TO DISABLING DAMAGE OR REQUIRED
 INTERVENING ASSISTANCE BEFORE PROCEEDING UNDER ITS OWN POWER.

Unit#

COMPANY (FROM SHIPPING PAPERS)

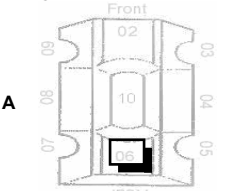
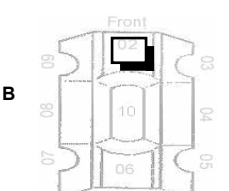
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	FUOO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
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 LESS/EQUAL 10,000 02 10,001-26,000 03 MORE THAN 26,000	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
06/17/2012	13:39	13:34	13:39	14:37	30.00	87.95
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Kevin S Bryant	1C55		06/20/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
1	1		201200013207			

UNIT NUMBERS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">2 <small>B</small></div> </div>	DAMAGE AREA  	PRE-CRASH ACTIONS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">11 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>B</small></div> </div>	SEQUENCE OF EVENTS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">20 <small>1</small></td> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">20 <small>1</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>2</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>2</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">3 <small>3</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">3 <small>3</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">4 <small>4</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">4 <small>4</small></td> </tr> </table>	20 <small>1</small>	20 <small>1</small>	2 <small>2</small>	2 <small>2</small>	3 <small>3</small>	3 <small>3</small>	4 <small>4</small>	4 <small>4</small>	POSTED SPEED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">45 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">45 <small>B</small></div> </div>	DRUG TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>
20 <small>1</small>	20 <small>1</small>												
2 <small>2</small>	2 <small>2</small>												
3 <small>3</small>	3 <small>3</small>												
4 <small>4</small>	4 <small>4</small>												
NON-MOTORIST LOCATION <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>	A B	MOTORIST 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	NON-COLLISION 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION	TRAFFIC CONTROL <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">12 <small>B</small></div> </div>	DRUG TEST TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>								
01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	MOST DAMAGED AREA <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02 <small>B</small></div> </div>	NON-MOTORIST 15 ENTERING/CROSSING IN INTERSECTION 16 SPECIALIZED LOCATION 17 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 18 WORKING 19 PUSHING VEHICLE 20 APPROACHING/LEAVING VEHICLE 21 PLAYING/WORKING ON VEHICLE 22 STANDING 23 OTHER 24 UNKNOWN	COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED 14 PEDESTRIAN 15 PEDICYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT	DRUG TEST 1&2 RESULT <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">1 <small>1</small></td> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">2 <small>2</small></td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">1 <small>1</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>2</small></td> </tr> </table>	1 <small>1</small>	2 <small>2</small>	1 <small>1</small>	2 <small>2</small>					
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TYPE OF UNIT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02 <small>B</small></div> </div>	POINT OF IMPACT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">06 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">02 <small>B</small></div> </div>	CONTRIBUTING CIRCUMSTANCES <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">08 <small>B</small></div> </div>	COLLISION WITH FIXED 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 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 HIGHWAY TRAFFIC SIGN POST 35 LIGHT/LUMINAIRE 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	DIIRECTION <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 25%;">FROM</td> <td style="border: 1px solid black; padding: 2px; width: 25%;">TO</td> <td style="border: 1px solid black; padding: 2px; width: 25%;">FROM</td> <td style="border: 1px solid black; padding: 2px; width: 25%;">TO</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">1 <small>A</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>2</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">1 <small>B</small></td> <td style="border: 1px solid black; padding: 2px; text-align: center;">2 <small>2</small></td> </tr> </table>	FROM	TO	FROM	TO	1 <small>A</small>	2 <small>2</small>	1 <small>B</small>	2 <small>2</small>	DRUG TEST 01 NONE 02 MARIJUANA 03 COCAINE 04 OPIATES 05 AMPHETAMINES 06 PCP 07 OTHER 08 UNKNOWN AT TIME OF REPORTING
FROM	TO	FROM	TO										
1 <small>A</small>	2 <small>2</small>	1 <small>B</small>	2 <small>2</small>										
MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MIDSIZE 04 FULLSIZE 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/TRIPLES 19 MOTORCYCLE 20 MOTORCYCLE (BOBTAIL) 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	ACTIION <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">4 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>B</small></div> </div>	MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MIDSIZE 04 FULLSIZE 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/TRIPLES 19 MOTORCYCLE 20 MOTORCYCLE (BOBTAIL) 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <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>	CONDITON <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	TYPE OF INTERSECTION <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">01</div>								
NON-MOTORIST 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	STRIKING VEHICLE: OVERRIDE/ UNDERRIDE <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;">1 <small>B</small></div> </div>	MOTORIST 01 SUBCOMPACT 02 COMPACT 03 MIDSIZE 04 FULLSIZE 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/TRIPLES 19 MOTORCYCLE 20 MOTORCYCLE (BOBTAIL) 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <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>	ALCOHOL/ DRUG SUSPECTED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	OCURRENCE 01 ON ROADWAY 02 ON SHOULDER 03 MEDIAN 04 ON ROADSIDE 05 ON GORE 06 OUTSIDE TRAFFICWAY 07 UNKNOWN								
IN EMERGENCY RESPONSE <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>	DAMAGE SCALE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">3 <small>B</small></div> </div>	VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE <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>	FIIRST HARMFUL EVENT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	ALCOHOL TEST STATUS <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	ROAD CONTOUR <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1</div>								
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 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	MOST HARMFUL EVENT <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	ALCOHOL TEST TYPE <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	ROAD CONDTIONS <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">PRIMARY</td> <td style="border: 1px solid black; padding: 2px; width: 50%; text-align: center;">SECONDARY</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px; text-align: center;">01</td> <td style="border: 1px solid black; padding: 2px; text-align: center;">01</td> </tr> </table>	PRIMARY	SECONDARY	01	01				
PRIMARY	SECONDARY												
01	01												
01 NONE 02 BLOOD 03 URINE 04 OTHER	01 NONE 02 BLOOD 03 URINE 04 OTHER	01 NONE 02 BLOOD 03 URINE 04 OTHER	OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4) <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN	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 CONDTIONS ONLY								
01 NONE 02 FUNCTIONAL DAMAGE 03 SEVERE 04 UNKNOWN	01 NONE 02 BLOOD 03 URINE 04 OTHER	01 NONE 02 BLOOD 03 URINE 04 OTHER	SPEED DETECTED <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>A</small></div> <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">1 <small>B</small></div> </div>	01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	ALCOHOL TEST RESULT <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>								
01 NONE 02 BLOOD 03 URINE 04 OTHER	01 NONE 02 BLOOD 03 URINE 04 OTHER	01 NONE 02 BLOOD 03 URINE 04 OTHER	SPEED <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;">20 <small>B</small></div> </div>	01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	SUPPLEMENTS *X* IF YES <div style="border: 1px solid black; padding: 2px; width: 30px; text-align: center;">A</div>								
01 NONE 02 BLOOD 03 URINE 04 OTHER	01 NONE 02 BLOOD 03 URINE 04 OTHER	01 NONE 02 BLOOD 03 URINE 04 OTHER	LOCAL REPORT#* <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">201200013207</div>	01 NONE 02 BLOOD 03 URINE 04 OTHER	LOCAL REPORT#* <div style="border: 1px solid black; padding: 2px; width: 100px; text-align: center;">201200013207</div>								

TRAFFIC CRASH REPORT - OCCUPANT ADDENDUM

LOCAL REPORT # *	N.C.I.C. # *	REPORTING AGENCY *	DATE OF CRASH *
2012013207	08304	City of Mason - City of Mason Police Dep	06172012

E	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
	2	Mercurio, Mark		10071994	17	M
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
6490 Limpkin Drive, Columbus OH, 43230						

F	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
	2	Swanson, Jason	614-962-0069	05261993	19	M
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	
269 Cliffview Drive, Gahanna OH, 43230						

G	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

H	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

I	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

J	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

K	UNIT #	NAME (LAST, FIRST, MIDDLE)	HOME PHONE #	DATE OF BIRTH	AGE	SEX
ADDRESS (STREET, CITY, STATE, ZIP CODE)			<input type="checkbox"/> INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE	TRANSPORTED BY	INJURED TAKEN TO	

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

BLANK FOR WITNESS

HSV 8355

TOP COPY - OPS BOTTOM COPY - AGENCY

SUPPLEMENT "X" IF YES

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER	REPORTING AGENCY Mason Police Department	
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