

# OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

State Seal

LOCAL REPORT #*	CRASH SEVERITY	PRIVATE PROPERTY	HIT / SKIP	PHOTOS TAKEN	OH-2	OH-3	OH-1P	OTHR
2012016440	3 1 FATAL 3 PDO 2 Injury 4 Unknown	<input type="checkbox"/>	1 1 NOT HIT / SKIP 2 SOLVED 3 UNSOLVED	Y	X	X		
NCIC #*	REPORTING AGENCY*	# UNITS	UNIT ERROR	DATE OF CRASH*				
08304	City of Mason - City of Mason Police Depart	2	01 88=ANIMAL 89=UNKNOWN	07192012				

TIME OF CRASH	DAY OF WEEK	CITY*	VILLAGE*	TWP*	NAME (OF CITY, VILLAGE OR TOWNSHIP)*	COUNTY #*	LATITUDE	LONGITUDE
16:54	Thu	X			Mason	83		

CRASH OCCURRED ON	TYPE LOCATION POINT USED	LOCAL INFORMATION
PREFIX CRASH LOCATION Snider Road	1 NAMED STREET 3 NUMBERED ROUTE 2 NUMBERED STREET	

CRASH AT / REFERENCE	REFERENCE POINT USED	04 HOUSE NUMBER	08 PLACE NAME W/O REFERENCE
DIST REFERENCE DR PREFIX REFERENCE 5888 Snider Road	01 STATE LINE 02 INTERSECTION 2 STREETS 03 COUNTY LINE	05 TOWNSHIP BOUNDARY 09 DRIVEWAY 06 MILE POST 10 STREET OR ROUTE W/O REFERENCE	

UNIT #	NAME (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)
A 1 1	Malay, Patrick J.	5824 Danta Wood Lane, Liberty Township OH, 45044

SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
	01281960	52	M	(513) 707-2177	

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	1 NONE 2 EMS 3 POLICE	4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
AZ	B13296146	NV	050RMG					

OWNER'S NAME (IF SAME WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)					
Malay, Patrick J.	Same					
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
1999	FORD	F250	BLU	USAA		513-707-2177(H)

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?
331.22	Driving Onto Roadway/Duty to Yield	72103	

UNIT #	NAME (LAST, FIRST, MIDDLE)	ADDRESS (STREET, CITY, STATE, ZIP CODE)
B 2 1	Papp, Arica Lynn	2715 Euclid Avenue, Apt: 2, Cincinnati OH, 45219

SOCIAL SECURITY NUM	DATE OF BIRTH	AGE	SEX	HOME PHONE #	WORK PHONE #
	06071992	20	F	(513) 317-7110	

DL STATE	DL #	LP STATE	LP #	INJURED TAKEN BY	1 NONE 2 EMS 3 POLICE	4 OTHER 5 UNKNOWN	TRANSPORTED BY	INJURED TAKEN TO
OH	TL301888	OH	FNW1127					

OWNER'S NAME (IF SAME WRITE "SAME")	ADDRESS (STREET, CITY, STATE, ZIP CODE)					
Papp, Arica Lynn	Same					
YEAR	MAKE	MODEL	COLOR	INSURANCE COMPANY	TOWING SERVICE	OWNER PHONE #
2012	HYUN	Accent	BLU	Farmers		513-317-7110(H)

OFFENSE CHARGED	OFFENSE DESCRIPTION	CITATION #	LOCAL CODE?

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

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

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

Motorist/Non-Motorist

Occupant

**Narrative**

Unit #2 was traveling southbound on Snider Road near 5888 Snider Road. Unit #1 was facing westbound in the driveway to 5888 Snider Road, failed to yield the right of way of unit #2, entered the roadway onto Snider Road, and struck unit #2.

**MANNER OF COLLISION OR IMPACT**

**SCHOOL BUS RELATED**

- 7**
- 01 NOT COLLISION BETWEEN TWO VEHICLES IN TRANSPORT
  - 02 REAR-END
  - 03 HEAD-ON
  - 04 REAR-TO-REAR
  - 05 BACKING
  - 06 ANGLE
  - 07 SIDESWIRE, SAME DIRECTION
  - 08 SIDESWIRE, OPPOSITE DIRECTION
  - 09 UNKNOWN

- 1**
- 01 NO
  - 02 YES, DIRECTLY INVOLVED
  - 03 YES, INDIRECTLY INVOLVED
  - 04 UNKNOWN

**WORK ZONE RELATED**

- 1**
- 01 NO
  - 02 YES
  - 03 UNKNOWN

**TYPE OF WORK ZONE**

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

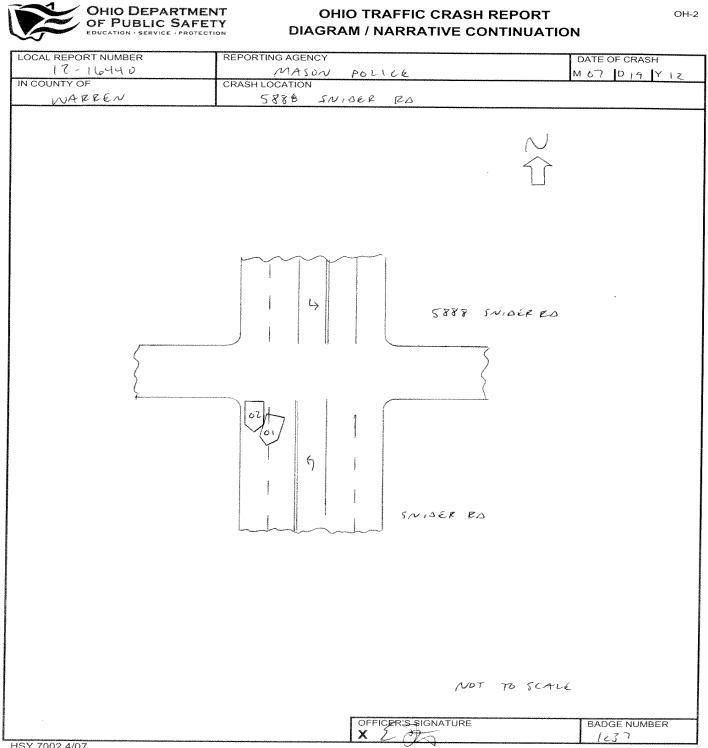
**LOCATION OF CRASH IN WORK ZONE**

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

**WORKERS PRESENT**

- 
- 01 NO
  - 02 YES
  - 03 UNKNOWN

**Diagram**



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

**Truck/Bus**

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

**A  
N  
D**

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

Unit#

COMPANY (FROM SHIPPING PAPERS)

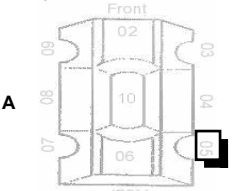
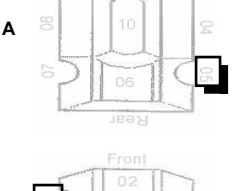
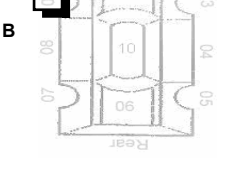
COMPANY PHONE

ADDRESS (STREET, CITY, ST, ZIP CODE)

US DOT	ICC MC	EUCO	TRAILER LP ST.	TRAILER LP YEAR	TRAILER LP#	PLACARD #	# DIA
CARGO BODY TYPE	WEIGHT (GVWR)	CDL Class	Hazardous Materials Placard	Hazardous Materials Released			
<ul style="list-style-type: none"> <li>01 NOT APPLI CABLE</li> <li>02 BUS (9-15 INCLUDING DRIVER)</li> <li>03 VAN ENCLOSED BOX</li> <li>04 GRAIN CHIPS/ GRAVEL</li> <li>05 POLE</li> <li>06 CARGO TAN</li> <li>07 FLATBED</li> <li>08 DUMP</li> <li>09 CONCRETE MIXER</li> <li>10 AUTO TRANSPORTER</li> <li>11 GARBAGE/ REFUSE</li> <li>12 OTHER</li> <li>13 UNKNOWN</li> </ul>	<ul style="list-style-type: none"> <li>01 LESS/ EQUAL 10,000</li> <li>02 10,001-26,000</li> <li>03 MORE THAN 26,000</li> </ul>	<ul style="list-style-type: none"> <li>01 CLASS A</li> <li>02 CLASS B</li> <li>03 CLASS C</li> <li>04 CLASS M</li> <li>05 CLASS D</li> </ul>	<ul style="list-style-type: none"> <li>01 NO</li> <li>02 YES</li> <li>03 UNKNOWN</li> </ul>	<ul style="list-style-type: none"> <li>01 NO</li> <li>02 YES</li> <li>03 NOT APPLI CABLE</li> <li>04 UNKNOWN</li> </ul>			

**Police Action**

DATE CRASH REPORTED	TIME REC CALL	DISPATCH	ARRIVED	CLEARED	OTHER	TOTAL MINUTES
07/19/2012	16:54	16:57	17:05	18:01	30.00	96.78
OFFICER'S NAME*	PAGE #*	CHECKED BY	DATE REPORT FILED*			
Police Officer Eric S Fitzgerald	1C37		07/23/2012			
REPORT TAKEN BY	REPORT TAKEN AT	SUPPLEMENT * "X" IF YES	LOCAL REPORT #			
<b>1</b> 01 POLICE AGENCY 02 MOTORIST	<b>1</b> 01 SCENE 02 STATION 03 OTHER		2012000016440			

<b>UNIT NUMBERS</b> <input type="text" value="1"/> <input type="text" value="2"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="08"/> <input type="text" value="01"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>20</td><td>20</td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	20	20									<b>POSTED SPEED</b> <input type="text" value="35"/> <input type="text" value="35"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/>
20	20														
<b>NON-MOTORIST LOCATION</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>A</b>  <b>B</b> 	<b>MOTORIST</b> 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN  <b>NON-MOTORIST</b> 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	<b>NON-COLLISION</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO EQUIPMENT LOSS / SHIFTER 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION  <b>COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT  <b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 HIGHWAY TRAFFIC SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	<b>TRAFFIC CONTROL</b> <input type="text" value="12"/> <input type="text" value="12"/> 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 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE 16 OTHER	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 BLOOD 03 URINE 04 OTHER  <b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>										
<b>TYPE OF UNIT</b> <input type="text" value="07"/> <input type="text" value="02"/>	<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINI VAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL VAN 09 SINGLE UNIT TRUCK 10 2 AXLES, 6 TIRES 11 SINGLE UNIT TRUCK; 3-AXLES 12 TRUCK/ TRAILER 13 TRUCK TRACTOR (BOBTAIL) 14 TRACTOR/SEMI-TRAILER 15 TRACTOR/DOUBLE SHORT 16 TRACTOR/DOUBLE LONG 17 FIFTH WHEEL OR CONVERTER DOLLY 18 TRACTOR/TRAILERS 19 MOTORCYCLE 20 MOTOR ZED BICYCLE 21 SCHOOL BUS 22 CHURCH BUS 23 PUBLIC BUS 24 OTHER BUS 25 POLICE VEHICLE 26 FIRE TRUCK 27 AMBULANCE/RESCUE 28 TAXI 29 MOTOR HOME 30 TRAIN 31 FARM VEHICLE 32 FARM EQUIPMENT 33 SNOWMOBILE 34 CONSTRUCTION EQUIPMENT 35 ALL OTHERS	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="02"/> <input type="text" value="01"/> <b>MOTORIST</b> 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACCIDENT 09 IMPROPER LANE CHANGE/DRIVE OFF ROAD/IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATIONS ON VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTIVE 18 FATIGUE/ASLEEP 19 OPERATIONS ON DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN  <b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR OFFICER 31 WRONG SIDE OF ROAD 32 OTHER 33 UNKNOWN	<b>COLLISION w/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 HIGHWAY TRAFFIC SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	<b>DIIRECTION</b> FROM TO FROM TO <input type="text" value="3"/> <input type="text" value="2"/> <input type="text" value="1"/> <input type="text" value="2"/> 01 NORTH 02 SOUTH 03 EAST 04 WEST 05 NORTHEAST 06 NORTHWEST 07 SOUTHEAST 08 SOUTHWEST 09 UNKNOWN	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/> 01 NOT AN INTERSECTION 02 FOUR-WAY INTERSECTION 03 T-INTERSECTION 04 Y-INTERSECTION 05 TRAFFIC CIRCLE/ROUNDOUT 06 FIVE-POINT, OR MORE 07 ON RAMP 08 OFF RAMP 09 CROSSOVER 10 DRIVEWAY/ACCESS 11 RAILWAY GRADE CROSSING 12 SHRED-USE PATHS OR TRAILS 13 UNKNOWN										
<b>NON-MOTORIST</b> 35 ANIMAL W/ RIDER 36 ANIMAL W/ BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>POINT OF IMPACT</b> <input type="text" value="05"/> <input type="text" value="09"/> 01 NONE 02 CENTER FRONT 03 RIGHT FRONT 04 RIGHT SIDE 05 RIGHT REAR 06 REAR CENTER 07 LEFT REAR 08 LEFT SIDE 09 LEFT FRONT 10 TOP AND WINDOWS 11 UNDERCARRIAGE 12 LOAD/ TRAILER 13 TOTAL (ALL AREAS) 14 OTHER 15 UNKNOWN	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value="A"/> <input type="text" value="B"/> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	<b>FIRST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)	<b>CONDITON</b> <input type="text" value="1"/> <input type="text" value="1"/> 01 APPARENTLY NORMAL 02 PHYSICAL IMPAIRMENT 03 EMOTIONAL 04 ILLNESS 05 FELL ASLEEP, FANTASIZED, FALTERED, ETC. 06 UNDER THE INFLUENCE OF MEDICATIONS/DRUGS/ALCOHOL 07 OTHER 08 UNKNOWN	<b>ALCOHOL/ DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 YES-ALCOHOL SUSPECTED 03 YES-HBD NOT IMPAIRED 04 YES-DRUGS SUSPECTED 05 YES-ALCOHOL / DRUGS SUSPECTED 06 UNKNOWN										
<b>IN EMERGENCY RESPONSE</b> <input type="text" value="A"/> <input type="text" value="B"/>	<b>ACTION</b> <input type="text" value="3"/> <input type="text" value="4"/> 01 NONE-CONTACT 02 NON-COLLISION 03 STRIKING 04 STRUCK 05 BOTH STRIKING AND STRUCK 06 UNKNOWN	<b>STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN</b> <input type="text" value="3"/> <input type="text" value="B"/>	<b>MOST HARMFUL EVENT</b> <input type="text" value="1"/> <input type="text" value="1"/> OF THE SEQUENCE OF EVENTS WHICH ONE IS THE MOST HARMFUL EVENT (1-4)	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 TEST REFUSED 03 TEST GIVEN, CONTAMINATED SAMPLE/ UNUSABLE 04 TEST GIVEN, RESULTS KNOWN 05 TEST GIVEN, RESULTS UNKNOWN 06 UNKNOWN	<b>ROAD CONTOUR</b> <input type="text" value="1"/> 01 STRAIGHT LEVEL 02 STRAIGHT GRADE 03 CURVE LEVEL 04 CURVE GRADE										
<b>DAMAGE SCALE</b> <input type="text" value="2"/> <input type="text" value="2"/> 01 NONE 02 NON-FUNCTIONAL DAMAGE 03 FUNCTIONAL DAMAGE 04 DISABLING DAMAGE 05 SEVERE 06 UNKNOWN	<b>STRIKING VEHICLE: OVERRIDEN/ UNDERRIDDEN</b> <input type="text" value="3"/> <input type="text" value="B"/> 01 NO UNDERRIDE OR OVERRIDE 02 UNDERRIDE, COMPARTMENT INTRUSION 03 UNDERRIDE, NO COMPARTMENT INTRUSION 04 UNDERRIDE, COMPARTMENT INTRUSION UNKNOWN 05 OVERRIDE, MOTOR VEHICLE IN TRANSPORT 06 OVERRIDE, OTHER VEHICLE 07 UNKNOWN	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text" value="A"/> <input type="text" value="B"/> 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	<b>SPEED DETECTED</b> <input type="text" value="1"/> <input type="text" value="1"/> 01 STATED 02 ESTIMATED SPEED	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text" value="1"/> 01 NONE 02 BLOOD 03 URINE 04 BREATH 05 OTHER	<b>ROAD CONDITIONS</b> PRIMARY SECONDARY <input type="text" value="01"/> <input type="text" value=""/> 01 DRY 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DRY, OIL, GRAVEL 06 WATER/STANDING / MOVI NG 07 SLUSH 08 DEBRIS 09 RUTS, HOLES, BUMPS, UNEVEN PAVEMENT 10 OTHER 11 UNKNOWN 12 SECONDARY ROAD CONDITIONS ONLY										
<b>SUPPLEMENTS *X* IF YES</b> <input type="checkbox"/> <b>LOCAL REPORT#*</b> <input type="text" value="201200016440"/>															

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000016440	REPORTING AGENCY Mason Police Department
--------------------------------------	---



TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-16440	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 07 D 19 Y 2012
---------------------------------	----------------------------------	-----------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, MALAY PATRICK PRINTED HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
FITZGERALD OFFICER'S NAME AT SNYDER + TYLERVILLE RD LOCATION

I made a left hand entrance on Snyder road South Bound  
 I saw a Blue Honda zipping along at a fast rate of speed crowding my lane, we both hit the Brakes as the driver of the Honda hit the horn. There was a brief contact we stopped and both backed out of traffic + to the side of the Snyder South Bound.  
 She called her grand ma + I notified police.

P. J. Malay

Q: How fast were you travelling?

A: 10-15 MPH

Q: were you wearing your seat belt?

A: YES

ADDRESS OF WITNESS 5924 DANTA Wood Lane Liberty OH 45044	PHONE 513-707-2127
SIGNATURE OF WITNESS X P. J. Malay	OFFICER'S SIGNATURE X [Signature]

HSY 7003 4/07

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

LOCAL REPORT NUMBER 2012000016440	REPORTING AGENCY Mason Police Department
--------------------------------------	---



OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION • SERVICE • PROTECTION

TRAFFIC CRASH WITNESS STATEMENT

OH-3

LOCAL REPORT NUMBER 12-16440	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 07   D 19   Y 12
---------------------------------	----------------------------------	-------------------------------------

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Arica Papp PRINTED 5888 5888 HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
Fitzgerald OFFICER'S NAME AT Snider Rd. LOCATION  
 I was driving South ~~bound~~ bound on Snider in the far right lane when a green pick-up truck ~~turned~~ turned out from the side street to the left. He came across all 4 lanes into my lane and side swiped the front left side of my ~~vehicle~~ vehicle then continued to pass me before stopping.

Q: How fast were you travelling?  
 A: 30 mph

Q: Were you wearing your seat belt?  
 A: YES

Q: Were you using a telephone in any manner?  
 A: NO

Q: Did you ever deviate at all from the right lane?  
 A: NO

ADDRESS OF WITNESS  
 2715 Euclid Ave. Apt #2, Cincinnati OH 45219 (PHONE) (513) 317-7110

SIGNATURE OF WITNESS  
 X Arica Papp

OFFICER'S SIGNATURE  
 X [Signature]

HSY 7003 4/07