



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER \*

2011319990

CRASH SEVERITY

3 1 - FATAL  
2 - INJURY  
3 - PDO

Hit/Skip

1 - SOLVED  
2 - UNSOLVED

## LOCAL INFORMATION

PHOTOS TAKEN  
 GH-2  GH-1P  
 GH-3  OTHERPDO UNDER STATE REPORTABLE DOLLAR AMOUNT  
 PRIVATE PROPERTYREPORTING AGENCY NCIC \*  
83041REPORTING AGENCY NAME \*  
MASON POLICENUMBER OF UNITS  
02UNIT IN ERROR  
01 98 - ANIMAL  
99 - UNKNOWNCOUNTY \*  
83CITY \*  
 VILLAGE \*  
 TOWNSHIP \*CITY, VILLAGE, TOWNSHIP \*  
MASONCRASH DATE \*  
04/06/2013TIME OF CRASH  
11414DAY OF WEEK  
SAT

DEGREES / MINUTES / SECONDS

LATITUDE  
39° 19' 24.03"LONGITUDE  
84° 18' 44.75"

DECIMAL DEGREES

LATITUDE  
39.323343LONGITUDE  
784.312429ROADWAY DIVISION  
 DIVIDED  
 UNDIVIDEDDIVIDED LANE DIRECTION OF TRAVEL  
N N - NORTHBOUND E - EASTBOUND  
S - SOUTHBOUND W - WESTBOUNDNUMBER OF TRAIL LANE  
02

ROAD TYPES OR MILEPOST 2

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 TYPE 1

LOCATION ROUTE NUMBER

LOC PREFIX N, S, E, W

LOCATION ROAD NAME  
MASON MONTGOMERY

LOCATION ROAD TYPE 2

ROUTE TYPES 1

IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE  
US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE  
SR - STATE ROUTEDISTANCE FROM REFERENCE  
150  
 MILES  
 FEET  
 YARDS

DIR FROM REF N, S, E, W

REF PREFIX N, S, E, W

REFERENCE ROUTE TYPE 1

REFERENCE ROUTE NUMBER

REFERENCE NAME (ROAD, MILEPOST, HOUSE #)  
SOCIALVILLE FOSTER

REFERENCE ROAD TYPE 2

REFERENCE POINT USED  
1 - INTERSECTION  
2 - MILE POST  
3 - HOUSE NUMBERCRASH LOCATION  
0101 - NOT AN INTERSECTION  
02 - FOUR-WAY INTERSECTION  
03 - T-INTERSECTION  
04 - Y-INTERSECTION  
05 - TRAFFIC CIRCLE/ROUNDABOUT  
06 - FIVE-POINT, OR MORE  
07 - ON RAMP  
08 - OFF RAMP  
09 - CROSSOVER  
10 - DRIVEWAY/ALLEY ACCESS11 - RAILWAY GRADE CROSSING  
12 - SHARED-USE PATHS OR TRAILS  
99 - UNKNOWN

INTERSECTION RELATED

LOCATION OF FIRST HARMFUL EVENT

1 - ON ROADWAY 5 - ON GORE  
2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY  
3 - IN MEDIAN 9 - UNKNOWN  
4 - ON ROADSIDEROAD CONDITIONS  
1 - STRAIGHT LEVEL  
2 - STRAIGHT GRADE  
3 - CURVE LEVEL  
4 - CURVE GRADE  
9 - UNKNOWNROAD CONDITIONS PRIMARY  
01

ROAD CONDITIONS SECONDARY

01 - DRY  
02 - WET  
03 - SNOW  
04 - ICE05 - 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  
7  
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/UNKNOWNROAD SURFACE  
2  
1 - CONCRETE  
2 - BLACKTOP, BITUMINOUS, ASPHALT  
3 - BRICK/BLOCK  
4 - SLAG, GRAVEL, STONE  
5 - DIRT  
6 - OTHERLIGHT CONDITIONS  
1 - DAYLIGHT  
2 - DAWN  
3 - DUSK  
4 - DARK - LIGHTED ROADWAY  
5 - DARK - ROADWAY NOT LIGHTED  
6 - DARK - UNKNOWN ROADWAY LIGHTING  
7 - GLARE\*  
8 - OTHER

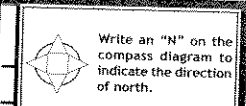
9 - UNKNOWN

SCHOOL BUS RELATED  
 SCHOOL ZONE RELATED  
 YES, SCHOOL BUS DIRECTLY INVOLVED  
 YES, SCHOOL BUS INDIRECTLY INVOLVEDWORK 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 - OTHERLOCATION 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

UNIT #02 WAS TRAVELLING NORTHBOUND ON MASON MONTGOMERY RD IN THE LEFT LANE. UNIT #01 TURNED NORTHBOUND ON MASON MONTGOMERY RD FROM WESTBOUND SOCIALVILLE FOSTER RD IN THE RIGHT LANE. FAILED TO YIELD TO UNIT #02 AND CHANGED LANES INTO THE LEFT LANE AND STRUCK UNIT #02.

## Diagram

REPORT TAKEN BY  
 POLICE AGENCY  
 MOTORIST

SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)

DATE CRASH REPORTED  
04/04/2013TIME CRASH REPORTED  
11414DISPATCH TIME  
11416ARRIVAL TIME  
11422TIME CLEARED  
11517OTHER INVESTIGATION TIME  
50TOTAL MINUTES  
91OFFICER'S NAME \*  
ERIC FITZGERALDOFFICER'S BADGE NUMBER  
1037CHECKED BY



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2101131-199910

UNIT NUMBER 011	NAME: LAST, FIRST, MIDDLE THILAGAR SETHIL KARTHIKEYAN	DATE OF BIRTH 06/01/1975	AGE 37	GENDER M - MALE
ADDRESS, CITY, STATE, ZIP 9749 SARTMOUTH WAY LOVELAND OH 45146		CONTACT PHONE - INCLUDE AREA CODE 513-288-2397		

MOTORIST/Non-Motorist

INJURIES 1	INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE OH	OPERATOR LICENSE NUMBER U0871817	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED 331.08	OFFENSE DESCRIPTION MARKED LANES	CITATION NUMBER 73886		HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY						

UNIT NUMBER 012	NAME: LAST, FIRST, MIDDLE VANVERTH JOHN C	DATE OF BIRTH 07/19/1976	AGE 36	GENDER M - MALE
ADDRESS, CITY, STATE, ZIP 5023 BIRCHWOOD FARMS DR MASON OH 45040		CONTACT PHONE - INCLUDE AREA CODE 513-234-8772		

MOTORIST/Non-Motorist

INJURIES 1	INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1			
OL STATE OH	OPERATOR LICENSE NUMBER SM260879	OL CLASS 4	NO VALID OL <input type="checkbox"/>	M/C END. <input type="checkbox"/>	CONDITION 1	ALCOHOL/DRUG SUSPECTED 1	ALCOHOL TEST STATUS 1	ALCOHOL TEST TYPE 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1
OFFENSE CHARGED <input type="checkbox"/> LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER		HANDS-FREE DEVICE USED <input type="checkbox"/>	DRIVER DISTRACTED BY						

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 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM- REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED 09 - NONE USED 10 - HELMET USED 11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) 12 - REFLECTIVE CLOTHING 13 - LIGHTS 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 (OHIO IS "DP") 5 - M/C/MOPED ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, 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 (NAVIGATION DEVICE, RADIO, DVD) 5 - OTHER ELECTRONIC DEVICE 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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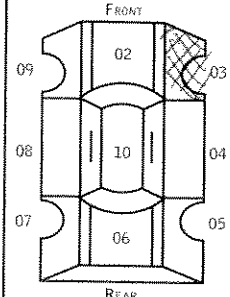
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES	INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER F - FEMALE M - MALE
ADDRESS, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES	INJURED TAKEN BY EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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UNIT NUMBER <b>102</b>	OWNER NAME: LAST, FIRST, MIDDLE ( <input type="checkbox"/> SAME AS DRIVER ) <b>DONLEN TRUST</b>	OWNER PHONE NUMBER - INC. AREA CODE ( <input type="checkbox"/> SAME AS DRIVER ) <b>847-402-5175</b>	DAMAGE SCALE <b>4</b>	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP ( <input type="checkbox"/> SAME AS DRIVER ) <b>2315 SANDERS RD NORTH BROOK IL 60062</b>				
LP STATE <b>IL</b>	LICENSE PLATE NUMBER <b>FNW1772</b>	VEHICLE IDENTIFICATION NUMBER <b>116M4U9A7JKK14911917</b>		# OCCUPANTS <b>1</b>
VEHICLE YEAR <b>2011</b>	VEHICLE MAKE <b>FORD</b>	VEHICLE MODEL <b>ESCAPE</b>	VEHICLE COLOR <b>WHITE</b>	
<input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN	INSURANCE COMPANY <b>ARCH INSURANCE</b>	POLICY NUMBER <b>41CAB4986200</b>	TOWED BY <b>SORAS</b>	
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE - INCLUDE AREA CODE

US DOT	VEHICLE WEIGHT GVWR/GCWR <b>1</b> 1 - LESS THAN OR EQUAL TO 10,000 LBS. 2 - 10,001 TO 26,000 LBS. 3 - MORE THAN 26,000 LBS.	CARGO BODY TYPE <b>01</b> 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 09 - POLE 10 - CARGO TANK 11 - FLAT BED 12 - DUMP 13 - CONCRETE MIXER 14 - AUTO TRANSPORTER 15 - GARBAGE/REFUSE 99 - OTHER/UNKNOWN	TRAFFICWAY DESCRIPTION <b>4</b> 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED (POLE OR GRASS (4 FT.) MEDIUM) 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / SKIP UNIT
HM PLACARD ID NO.	<input type="checkbox"/> HAZARDOUS MATERIAL RELEASED		<input type="checkbox"/> HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT <b>01</b> 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 <b>1</b> 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE <b>06</b> 99 - UNKNOWN OR HIT / SKIP 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 2 AXLES, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK / TRAILER 16 - TRUCK/TRACTOR (BOBTAI) 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 - PEGASUS/SEATER 27 - OTHER NON-MOTORIST
<input type="checkbox"/> HAS HM PLACARD				

SPECIAL FUNCTION <b>01</b> 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 <b>03</b> 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR 08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER	ACTION <b>4</b> 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS <b>01</b> 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING 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 PRIMARY <b>01</b> 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 99 - UNKNOWN	MOTORIST 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	NON-MOTORIST 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 - LANE SHIFTING/FALLING/SPINNING 21 - OTHER IMPROPER ACTION	VEHICLE DEFECTS <b>01</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 ACCIDENT 11 - OTHER DEFECTS
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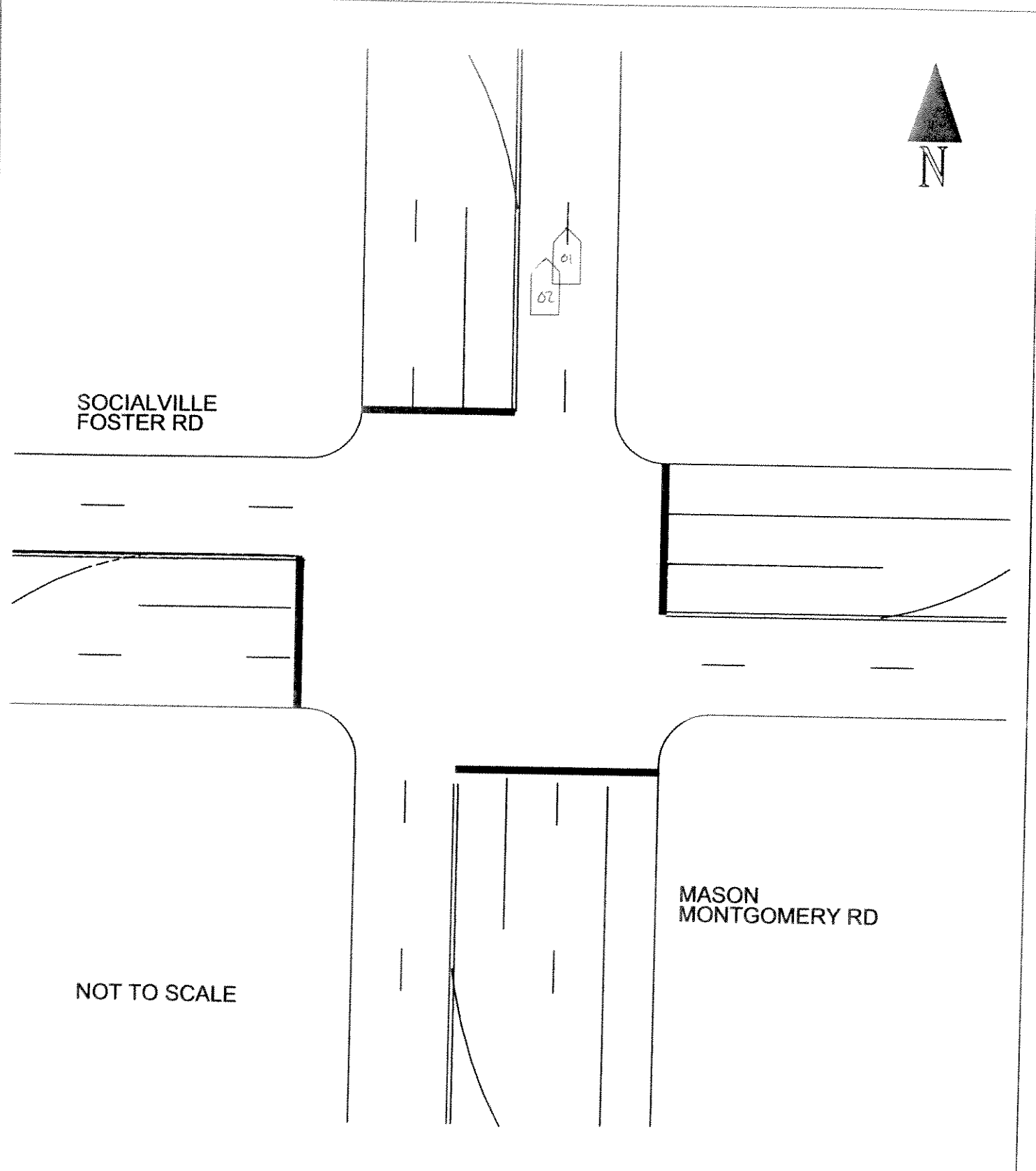
SEQUENCE OF EVENTS 1 <b>20</b> 2 <b>00</b> 3 <b>00</b> 4 <b>00</b> 5 <b>00</b> 6 <b>00</b> FIRST HARMFUL EVENT <b>1</b> MOST HARMFUL EVENT <b>1</b> 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BRAKE TIRE, SPARK PLUGS, ETC) 07 - CURVE 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OR SUPPORT 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - BICYCLIST 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEEP 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSIT 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 - CURB 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TOWER 52 - OTHER FIXED OBJECT
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UNIT SPEED <b>45</b>	POSTED SPEED <b>45</b>	TRAFFIC CONTROL <b>12</b> 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSINGS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS 13 - CROSSWALK LINES 14 - WALK/DONT WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION From <b>2</b> To <b>1</b> 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2

LOCAL REPORT NUMBER 13.9990	REPORTING AGENCY MASON POLICE	DATE OF ACCIDENT M 04 10 06 12
IN COUNTY OF WARREN	ACCIDENT LOCATION MASON MONT RD @ SOCIALVILLE FOST. RD	



OFFICER'S SIGNATURE <i>[Signature]</i>	BADGE NUMBER 1677
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OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 13-9990	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 04 10 13
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FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, SENTHIL KARTHIKEYAN THILAGAR (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

Fitzgerald  
(OFFICERS NAME)

AT MASON 7900 Mason Montgomery  
(LOCATION)

I was driving from my home to Tyler'sville road, at the Socialville - Mason Montgomery road junction, I have taken safe right turn ON RED, after taking the turn safely I was trying to change the lane from rightmost to center lane, where I have failed to check the blind spot ~~and~~ which causes the accident. I was driving at the speed of 35 mph with seat belt on.

9749 DARTMOUTH WAY  
LOVELAND OH 45140

ADDRESS OF WITNESS SENTHIL KARTHIKEYAN THILAGAR	PHONE 513-288-2397
SIGNATURE OF WITNESS 	OFFICERS SIGNATURE



LOCAL REPORT NUMBER 13 - 9990	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 07   D 06   Y 13
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**FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, John Van Vorst HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Fitzgerald AT 7900 Mason Montgomery  
OFFICER'S NAME LOCATION

I was traveling north on Mason Montgomery Rd. As I crossed the intersection of Mason Montgomery Rd and Socialville Foster Rd a gold Nissan Maxima made a right on red and came into my lane hitting the right front quarter panel. I was going about 45 miles per hour and wearing my seat belt.

ADDRESS OF WITNESS

5023 Birchwood Farm Dr Mason OH 45040

PHONE

513 234 9772

SIGNATURE OF WITNESS

X

OFFICER'S SIGNATURE

X