



# TRAFFIC CRASH REPORT

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| LOCAL REPORT NUMBER * | CRASH SEVERITY                          | HIT/SKIP   |
| 2 10 13 0 2 1 2 2 1   | 3<br>1 - FATAL<br>2 - INJURY<br>3 - PDO | <input type="checkbox"/> 1 - SOLVED<br><input type="checkbox"/> 2 - UNSOLVED |

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| PHOTOS TAKEN<br><input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P<br><input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER | PDO UNDER STATE REPORTABLE DOLLAR AMOUNT<br><input type="checkbox"/> | PRIVATE PROPERTY<br><input type="checkbox"/> | REPORTING AGENCY NCIC *<br>0 8 3 0 4 | REPORTING AGENCY NAME *<br>City of Mason Police Department | NUMBER OF UNITS<br>0 1 | UNIT IN ERROR<br>98 - ANIMAL<br>99 - UNKNOWN<br>0 1 |
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|                 |   |                                    |                                 |                          |                      |
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| COUNTY *<br>8 3 | <input checked="" type="checkbox"/> CITY *<br><input type="checkbox"/> VILLAGE *<br><input type="checkbox"/> TOWNSHIP * | CITY, VILLAGE, TOWNSHIP *<br>Mason | CRASH DATE *<br>0 7 2 6 2 0 1 3 | TIME OF CRASH<br>1 7 2 7 | DAY OF WEEK<br>F R I |
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| DEGREES / MINUTES / SECONDS<br>LATITUDE<br>3 9 0 2 2 0 2 0 2 | LONGITUDE<br>8 4 0 1 9 1 3 1 5 | DECIMAL DEGREES<br>LATITUDE<br>3 9 . 3 6 7 2 2 8 | LONGITUDE<br>8 4 . 3 2 0 3 1 9 |
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| ROADWAY DIVISION<br><input type="checkbox"/> DIVIDED<br><input checked="" type="checkbox"/> UNDIVIDED | DIVIDED LANE DIRECTION OF TRAVEL<br><input type="checkbox"/> N - NORTHBOUND<br><input type="checkbox"/> S - SOUTHBOUND<br><input type="checkbox"/> E - EASTBOUND<br><input type="checkbox"/> W - WESTBOUND | NUMBER OF THRU LANES<br>1 | ROAD TYPES OR MILEPOST <sup>2</sup><br>AL - ALLEY<br>AV - AVENUE<br>BL - BOULEVARD<br>CR - CIRCLE<br>CT - COURT<br>DR - DRIVE<br>HE - HEIGHTS<br>HW - HIGHWAY<br>LA - LANE<br>MP - MILEPOST<br>PK - PARKWAY<br>PI - PIKE<br>PL - PLACE<br>RD - ROAD<br>SQ - SQUARE<br>ST - STREET<br>TE - TERRACE<br>WA - WAY |
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| LOCATION ROUTE NUMBER<br>Type 1 | LOCATION ROUTE TYPE 1 | LOC PREFIX<br>N, S, E, W | LOCATION ROAD NAME<br>Sandalwood Court | LOCATION ROAD TYPE 2<br>C T | ROUTE TYPES <sup>1</sup><br>IR - INTERSTATE ROUTE (INC. TURNPIKE)<br>US - US ROUTE<br>SR - STATE ROUTE | CR - NUMBERED COUNTY ROUTE<br>TR - NUMBERED TOWNSHIP ROUTE |
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|  |                            |                        |                        |                          |  |                       |
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| DISTANCE FROM REFERENCE<br><input type="checkbox"/> MILES<br><input type="checkbox"/> FEET<br><input type="checkbox"/> YARDS | DIR FROM REF<br>N, S, E, W | REFERENCE ROUTE TYPE 1 | REFERENCE ROUTE NUMBER | REF PREFIX<br>N, S, E, W | REFERENCE NAME (ROAD, MILEPOST, HOUSE #)<br>4940 | REFERENCE ROAD TYPE 2 |
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| REFERENCE POINT USED<br>3<br>1 - INTERSECTION<br>2 - MILE POST<br>3 - HOUSE NUMBER | CRASH LOCATION<br>0 1<br>01 - NOT AN INTERSECTION<br>02 - FOUR-WAY INTERSECTION<br>03 - T-INTERSECTION<br>04 - Y-INTERSECTION<br>05 - TRAFFIC CIRCLE/ROUNDBOAT | 06 - FIVE-POINT, OR MORE<br>07 - ON RAMP<br>08 - OFF RAMP<br>09 - CROSSOVER<br>10 - DRIVEWAY/ALLEY ACCESS | 11 - RAILWAY GRADE CROSSING<br>12 - SHARED-USE PATHS OR TRAILS<br>99 - UNKNOWN | <input type="checkbox"/> INTERSECTION RELATED | LOCATION OF FIRST HARMFUL EVENT<br>6<br>1 - ON ROADWAY<br>2 - ON SHOULDER<br>3 - IN MEDIAN<br>4 - ON ROADSIDE<br>5 - ON GORE<br>6 - OUTSIDE TRAFFICWAY<br>9 - UNKNOWN |
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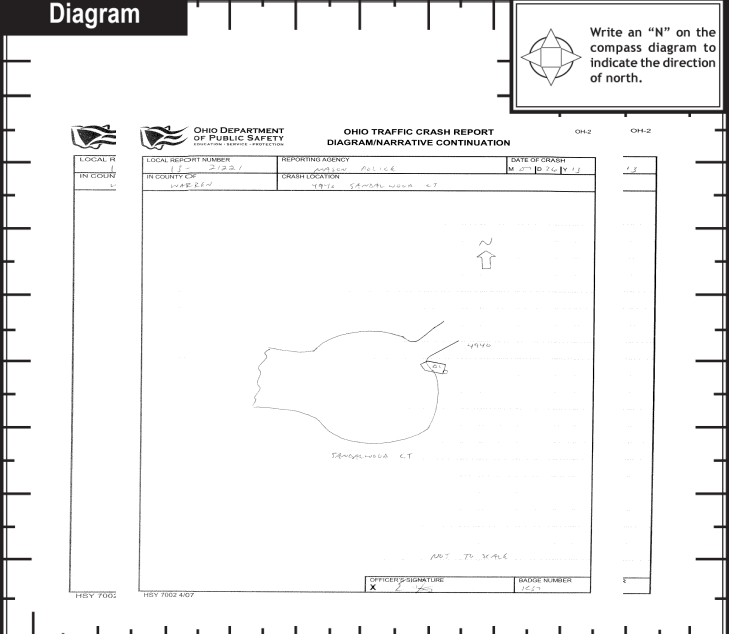
|  |  |   |                            |
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| ROAD CONTOUR<br>1<br>1 - STRAIGHT LEVEL<br>2 - STRAIGHT GRADE<br>3 - CURVE LEVEL<br>4 - CURVE GRADE<br>9 - UNKNOWN | ROAD CONDITIONS<br>PRIMARY<br>0 1<br>SECONDARY | 01 - DRY<br>02 - WET<br>03 - SNOW<br>04 - ICE<br>05 - SAND, MUD, DIRT, OIL, GRAVEL<br>06 - WATER (STANDING, MOVING)<br>07 - SLUSH<br>08 - DEBRIS*<br>09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT*<br>10 - OTHER<br>99 - UNKNOWN | * SECONDARY CONDITION ONLY |
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| MANNER OF CRASH COLLISION/IMPACT<br>1<br>1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT<br>2 - REAR-END<br>3 - HEAD-ON<br>4 - REAR-TO-REAR<br>5 - BACKING<br>6 - ANGLE<br>7 - SIDESWIPE, SAME DIRECTION<br>8 - SIDESWIPE, OPPOSITE DIRECTION<br>9 - UNKNOWN | WEATHER<br>2<br>1 - CLEAR<br>2 - CLOUDY<br>3 - FOG, SMOG, SMOKE<br>4 - RAIN<br>5 - SLEET, HAIL<br>6 - SNOW<br>7 - SEVERE CROSSWINDS<br>8 - BLOWING SAND, SOIL, DIRT, SNOW<br>9 - OTHER/UNKNOWN |
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| ROAD SURFACE<br>2<br>1 - CONCRETE<br>2 - BLACKTOP, BITUMINOUS, ASPHALT<br>3 - BRICK/BLOCK<br>4 - SLAG, GRAVEL, STONE<br>5 - DIRT<br>6 - OTHER | LIGHT CONDITIONS<br>1<br>PRIMARY<br>SECONDARY<br>1 - DAYLIGHT<br>2 - DAWN<br>3 - DUSK<br>4 - DARK - LIGHTED ROADWAY<br>5 - DARK - ROADWAY NOT LIGHTED<br>6 - DARK - UNKNOWN ROADWAY LIGHTING<br>7 - GLARE*<br>8 - OTHER<br>9 - UNKNOWN | <input type="checkbox"/> SCHOOL BUS RELATED<br><input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED<br><input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED |
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| <input type="checkbox"/> WORK ZONE RELATED | <input type="checkbox"/> WORKERS PRESENT<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE)<br><input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY) | TYPE OF WORK ZONE<br>1 - LANE CLOSURE<br>2 - LANE SHIFT/CROSSOVER<br>3 - WORK ON SHOULDER OR MEDIAN<br>4 - INTERMITTENT OR MOVING WORK<br>5 - OTHER | LOCATION OF CRASH IN WORK ZONE<br>1 - BEFORE THE FIRST WORK ZONE WARNING SIGN<br>2 - ADVANCE WARNING AREA<br>3 - TRANSITION AREA<br>4 - ACTIVITY AREA<br>5 - TERMINATION AREA |
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**NARRATIVE**  
Unit #1 backed from the driveway of 4940 Sandalwood, ran off the roadway right, and struck a light pole.  
  
The light is property of Duke Energy.



|  |   |  |                                |                          |                         |                         |                                     |                          |
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| REPORT TAKEN BY<br><input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST | <input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS) | DATE CRASH REPORTED<br>0 7 2 6 2 0 1 3 | TIME CRASH REPORTED<br>1 7 2 7 | DISPATCH TIME<br>1 7 2 9 | ARRIVAL TIME<br>1 7 3 6 | TIME CLEARED<br>1 8 0 0 | OTHER INVESTIGATION TIME<br>0 0 3 0 | TOTAL MINUTES<br>0 0 2 4 |
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|  |                                |            |             |
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| OFFICER'S NAME *<br>Police Officer Eric S Fitzgerald | OFFICER'S BADGE NUMBER<br>1C37 | CHECKED BY | PAGE 1 OF 6 |
|--|--------------------------------|------------|-------------|

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| UNIT NUMBER<br><b>0 1</b>   | OWNER NAME: LAST, FIRST, MIDDLE ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>Bardes, Susan, Koehl</b> | OWNER PHONE NUMBER - INC. AREA CODE ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>513-234-8006 (H)</b> | DAMAGE SCALE<br><b>2</b>          | DAMAGED AREA<br>FRONT<br>09 02 03<br>08 10 04<br>07 06 05<br>REAR |
| OWNER ADDRESS: CITY, STATE, ZIP ( <input checked="" type="checkbox"/> SAME AS DRIVER )<br><b>4147 Grasmere Run, Mason OH, 45040</b> |   |   | 1 - NONE                          |   |
| LP STATE<br><b>OH</b>   | LICENSE PLATE NUMBER<br><b>EQW4809</b>  | VEHICLE IDENTIFICATION NUMBER<br><b>J H M F A 3 6 2 8 6 5 0 1 4 5 3 3</b>   | 2 - MINOR                         |   |
| VEHICLE YEAR<br><b>2 0 0 6</b>  | VEHICLE MAKE<br><b>Honda</b>  | VEHICLE MODEL<br><b>Civic (And Crx)</b>   | 3 - FUNCTIONAL                    |   |
| <input checked="" type="checkbox"/> PROOF OF INSURANCE SHOWN  | INSURANCE COMPANY<br><b>Cincinnati</b>  | POLICY NUMBER<br><b>A020023800</b>  | 4 - DISABLING                     |   |
| CARRIER NAME, ADDRESS, CITY, STATE, ZIP   |   |   | 9 - UNKNOWN                       |   |
|   |   |   | CARRIER PHONE - INCLUDE AREA CODE |   |

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| US DOT            | VEHICLE WEIGHT GVWR/GCWR<br><b>1</b><br>1 - LESS THAN OR EQUAL TO 10K LBS.<br>2 - 10,001 TO 26,000 LBS.<br>3 - MORE THAN 26,000 LBS. | CARGO BODY TYPE<br><b>0 1</b><br>01 - NO CARGO BODY TYPE/NOT APPLICABLE<br>02 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>03 - BUS (16+ SEATS, INC DRIVER)<br>04 - VEHICLE TOWING ANOTHER VEHICLE<br>05 - LOGGING<br>06 - INTERMODAL CONTAINER CHASSIS<br>07 - CARGO VAN/ENCLOSED BOX<br>08 - GRAIN, CHIPS, GRAVEL | TRAFFICWAY DESCRIPTION<br><b>1</b><br>1 - TWO-WAY, NOT DIVIDED<br>2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE<br>3 - TWO-WAY, DIVIDED, UNPROTECTED (PAINTED OR GRASS >4 FT.) MEDIAN<br>4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER<br>5 - ONE-WAY TRAFFICWAY |
| HM PLACARD ID No. | <input type="checkbox"/> HAZARDOUS MATERIAL RELEASED   | 09 - POLE<br>10 - CARGO TANK<br>11 - FLAT BED<br>12 - DUMP<br>13 - CONCRETE MIXER<br>14 - AUTO TRANSPORTER<br>15 - GARBAGE/REFUSE<br>99 - OTHER/UNKNOWN  | <input type="checkbox"/> HIT / SKIP UNIT   |
| HM CLASS NUMBER   |  |  |  |

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| NON-MOTORIST LOCATION PRIOR TO IMPACT<br><b>0 1</b><br>01 - INTERSECTION - MARKED CROSSWALK<br>02 - INTERSECTION - NO CROSSWALK<br>03 - INTERSECTION - OTHER<br>04 - MIDDLEBLOCK - MARKED CROSSWALK<br>05 - TRAVEL LANE - OTHER LOCATION<br>06 - BICYCLE LANE<br>07 - SHOULDER/ROADSIDE<br>08 - SIDEWALK<br>09 - MEDIAN/CROSSING ISLAND<br>10 - DRIVEWAY ACCESS<br>11 - SHARED-USE PATH OR TRAIL<br>12 - NON-TRAFFICWAY AREA<br>99 - OTHER/UNKNOWN | TYPE OF USE<br><b>1</b><br>1 - PERSONAL<br>2 - COMMERCIAL<br>3 - GOVERNMENT<br><input type="checkbox"/> IN EMERGENCY RESPONSE | UNIT TYPE<br><b>0 2</b><br>99 - UNKNOWN OR HIT / SKIP | PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)<br>01 - SUB-COMPACT<br>02 - COMPACT<br>03 - MID SIZE<br>04 - FULL SIZE<br>05 - MINIVAN<br>06 - SPORT UTILITY VEHICLE<br>07 - PICKUP<br>08 - VAN<br>09 - MOTORCYCLE<br>10 - MOTORIZED BICYCLE<br>11 - SNOWMOBILE/ATV<br>12 - OTHER PASSENGER VEHICLE | MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS<br>13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES<br>14 - SINGLE UNIT TRUCK; 3+ AXLES<br>15 - SINGLE UNIT TRUCK / TRAILER<br>16 - TRUCK/TRACTOR (BOBTAIL)<br>17 - TRACTOR/SEMI-TRAILER<br>18 - TRACTOR/DOUBLE<br>19 - TRACTOR/TRIPLES<br>20 - OTHER MED/HEAVY VEHICLE | BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER)<br>21 - BUS/VAN (9-15 SEATS, INC DRIVER)<br>22 - BUS (16+ SEATS, INC DRIVER)<br>NON-MOTORIST<br>23 - ANIMAL WITH RIDER<br>24 - ANIMAL WITH BUGGY, WAGON, SURREY<br>25 - BICYCLE/PEDACYCLIST<br>26 - PEDESTRIAN/SKATER<br>27 - OTHER NON-MOTORIST |
|  |   |   | <input type="checkbox"/> HAS HM PLACARD   |   |  |

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| SPECIAL FUNCTION<br><b>0 1</b><br>01 - NONE<br>02 - TAXI<br>03 - RENTAL TRUCK (OVER 10K LBS)<br>04 - BUS - SCHOOL (PUBLIC OR PRIVATE)<br>05 - BUS - TRANSIT<br>06 - BUS - CHARTER<br>07 - BUS - SHUTTLE<br>08 - BUS - OTHER | 09 - AMBULANCE<br>10 - FIRE<br>11 - HIGHWAY/MAINTENANCE<br>12 - MILITARY<br>13 - POLICE<br>14 - PUBLIC UTILITY<br>15 - OTHER GOVERNMENT<br>16 - CONSTRUCTION EQUIP. | 17 - FARM VEHICLE<br>18 - FARM EQUIPMENT<br>19 - MOTORHOME<br>20 - GOLF CART<br>21 - TRAIN<br>22 - OTHER (EXPLAIN IN NARRATIVE) | MOST DAMAGED AREA<br><b>0 6</b><br>01 - NONE<br>02 - CENTER FRONT<br>03 - RIGHT FRONT<br>04 - RIGHT SIDE<br>05 - RIGHT REAR<br>06 - REAR CENTER<br>07 - LEFT REAR | 08 - LEFT SIDE<br>09 - LEFT FRONT<br>10 - TOP AND WINDOWS<br>11 - UNDERCARRIAGE<br>12 - LOAD/TRAILER<br>13 - TOTAL(ALL AREAS)<br>14 - OTHER | 99 - UNKNOWN | ACTION<br><b>3</b><br>1 - NON-CONTACT<br>2 - NON-COLLISION<br>3 - STRIKING<br>4 - STRUCK<br>5 - STRIKING/STRUCK<br>9 - UNKNOWN |
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| PRE-CRASH ACTIONS<br><b>0 2</b><br>01 - STRAIGHT AHEAD<br>02 - BACKING<br>03 - CHANGING LANES<br>04 - OVERTAKING/PASSING<br>05 - MAKING RIGHT TURN<br>06 - MAKING LEFT TURN<br>99 - UNKNOWN | MOTORIST<br>07 - MAKING U-TURN<br>08 - ENTERING TRAFFIC LANE<br>09 - LEAVING TRAFFIC LANE<br>10 - PARKED<br>11 - SLOWING OR STOPPED IN TRAFFIC<br>12 - DRIVERLESS | 13 - NEGOTIATING A CURVE<br>14 - OTHER MOTORIST ACTION | NON-MOTORIST<br>15 - ENTERING OR CROSSING SPECIFIED LOCATION<br>16 - WALKING, RUNNING, JOGGING, PLAYING, CYCLING<br>17 - WORKING<br>18 - PUSHING VEHICLE<br>19 - APPROACHING OR LEAVING VEHICLE<br>20 - STANDING<br>21 - OTHER NON-MOTORIST ACTION |
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| CONTRIBUTING CIRCUMSTANCES<br>PRIMARY<br><b>1 1</b><br>01 - NONE<br>02 - FAILURE TO YIELD<br>03 - RAN RED LIGHT<br>04 - RAN STOP SIGN<br>SECONDARY<br><b>0 0</b><br>05 - EXCEEDED SPEED LIMIT<br>06 - UNSAFE SPEED<br>07 - IMPROPER TURN<br>08 - LEFT OF CENTER<br>09 - FOLLOWED TOO CLOSELY/ACDA<br>10 - IMPROPER LANE CHANGE /PASSING/OFF ROAD<br>99 - UNKNOWN | MOTORIST<br>11 - IMPROPER BACKING<br>12 - IMPROPER START FROM PARKED POSITION<br>13 - STOPPED OR PARKED ILLEGALLY<br>14 - OPERATING VEHICLE IN NEGLIGENT MANNER<br>15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS)<br>16 - WRONG SIDE/WRONG WAY<br>17 - FAILURE TO CONTROL<br>18 - VISION OBSTRUCTION<br>19 - OPERATING DEFECTIVE EQUIPMENT<br>20 - LOAD SHIFTING/FALLING/SPILLING<br>21 - OTHER IMPROPER ACTION | NON-MOTORIST<br>22 - NONE<br>23 - IMPROPER CROSSING<br>24 - DARTING<br>25 - LYING AND/OR ILLEGALLY IN ROADWAY<br>26 - FAILURE TO YIELD RIGHT OF WAY<br>27 - NOT VISIBLE (DARK CLOTHING)<br>28 - INATTENTIVE<br>29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER<br>30 - WRONG SIDE OF THE ROAD<br>31 - OTHER NON-MOTORIST ACTION | VEHICLE DEFECTS<br><b>0 0</b><br>01 - TURN SIGNALS<br>02 - HEAD LAMPS<br>03 - TAIL LAMPS<br>04 - BRAKES<br>05 - STEERING<br>06 - TIRE BLOWOUT<br>07 - WORN OR SLICK TIRES<br>08 - TRAILER EQUIPMENT DEFECTIVE<br>09 - MOTOR TROUBLE<br>10 - DISABLED FROM PRIOR ACCIDENT<br>11 - OTHER DEFECTS |
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| SEQUENCE OF EVENTS<br>1 <b>0 8</b> 2 <b>3 9</b> 3 <b>0 0</b> 4 <b>0 0</b> 5 <b>0 0</b> 6 <b>0 0</b><br>FIRST HARMFUL EVENT <b>2</b> MOST HARMFUL EVENT <b>2</b><br>99 - UNKNOWN | NON-COLLISION EVENTS<br>01 - OVERTURN/ROLLOVER<br>02 - FIRE/EXPLOSION<br>03 - IMMERSION<br>04 - JACKKNIFE<br>05 - CARGO/EQUIPMENT LOSS OR SHIFT<br>06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC)<br>07 - SEPARATION OF UNITS<br>08 - RAN OFF ROAD RIGHT<br>09 - RAN OFF ROAD LEFT<br>10 - CROSS MEDIAN<br>11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL<br>12 - DOWNHILL RUNAWAY<br>13 - OTHER NON-COLLISION | COLLISION WITH FIXED OBJECT<br>25 - IMPACT ATTENUATOR/CRASH CUSHION<br>26 - BRIDGE OVERHEAD STRUCTURE<br>27 - BRIDGE PIER OR ABUTMENT<br>28 - BRIDGE PARAPET<br>29 - BRIDGE RAIL<br>30 - GUARDRAIL FACE<br>31 - GUARDRAIL END<br>32 - PORTABLE BARRIER<br>33 - MEDIAN CABLE BARRIER<br>34 - MEDIAN GUARDRAIL BARRIER<br>35 - MEDIAN CONCRETE BARRIER<br>36 - MEDIAN OTHER BARRIER<br>37 - TRAFFIC SIGN POST<br>38 - OVERHEAD SIGN POST<br>39 - LIGHT/LUMINARIES SUPPORT<br>40 - UTILITY POLE<br>41 - OTHER POST, POLE OR SUPPORT<br>42 - CULVERT<br>43 - CURB<br>44 - DITCH<br>45 - EMBANKMENT<br>46 - FENCE<br>47 - MAILBOX<br>48 - TREE<br>49 - FIRE HYDRANT<br>50 - WORK ZONE MAINTENANCE EQUIPMENT<br>51 - WALL, BUILDING, TUNNEL<br>52 - OTHER FIXED OBJECT |
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| UNIT SPEED<br><b>0 0 3</b><br><input type="checkbox"/> STATED<br><input type="checkbox"/> ESTIMATED | POSTED SPEED<br><b>2 5</b> | TRAFFIC CONTROL<br><b>0 1</b><br>01 - NO CONTROLS<br>02 - STOP SIGN<br>03 - YIELD SIGN<br>04 - TRAFFIC SIGNAL<br>05 - TRAFFIC FLASHERS<br>06 - SCHOOL ZONE<br>07 - RAILROAD CROSSBUCKS<br>08 - RAILROAD FLASHERS<br>09 - RAILROAD GATES<br>10 - CONSTRUCTION BARRICADE<br>11 - PERSON (FLAGGER, OFFICER)<br>12 - PAVEMENT MARKINGS<br>13 - CROSSWALK LINES<br>14 - WALK/DON'T WALK<br>15 - OTHER<br>16 - NOT REPORTED | UNIT DIRECTION<br>FROM <b>5</b> TO <b>3</b><br>1 - NORTH<br>2 - SOUTH<br>3 - EAST<br>4 - WEST<br>5 - NORTHEAST<br>6 - NORTHWEST<br>7 - SOUTHEAST<br>8 - SOUTHWEST<br>9 - UNKNOWN |
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# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

**2 10 1 13 10 12 11 12 12 11**

|   |   |   |   |   |   |                                  |                               |                                     |                              |                            |
|---|---|---|---|---|---|----------------------------------|-------------------------------|-------------------------------------|------------------------------|----------------------------|
| UNIT NUMBER<br><b>0 1</b>   | NAME: LAST, FIRST, MIDDLE<br><b>Bardes, Susan, Koehl</b>    | DATE OF BIRTH<br><b>0 9 0 5 1 9 6 8</b> | AGE<br><b>44</b>  | GENDER<br><b>F</b> F - FEMALE<br>M - MALE |   |                                  |                               |                                     |                              |                            |
| ADDRESS, CITY, STATE, ZIP<br><b>4147 Grasmere Run, Mason, OH, 45040</b> |   |   | CONTACT PHONE- INCLUDE AREA CODE<br><b>513-234-8006 (H)</b>               |   |   |                                  |                               |                                     |                              |                            |
| INJURIES<br><b>1</b>  | INJURED TAKEN BY<br><b>1</b>                                | EMS AGENCY                              | MEDICAL FACILITY INJURED TAKEN TO   | SAFETY EQUIPMENT USED<br><b>0 4</b>       | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br><b>0 1</b>   | AIR BAG USAGE<br><b>1</b>     | EJECTION<br><b>1</b>                | TRAPPED<br><b>1</b>          |                            |
| OL STATE<br><b>OH</b>   | OPERATOR LICENSE NUMBER<br><b>RM245146</b>                  | OL CLASS<br><input type="checkbox"/>    | No <input type="checkbox"/> VALID OL<br>M/C <input type="checkbox"/> END. | CONDITION<br><b>1</b>                     | ALCOHOL/DRUG SUSPECTED<br><b>1</b>                          | ALCOHOL TEST STATUS<br><b>1</b>  | ALCOHOL TEST TYPE<br><b>1</b> | ALCOHOL TEST VALUE<br><b>.0 0 0</b> | DRUG TEST STATUS<br><b>1</b> | DRUG TEST TYPE<br><b>1</b> |
| OFFENSE CHARGED<br><b>331.13</b>  | OFFENSE DESCRIPTION<br><b>Starting and Backing Vehicles</b> |   | CITATION NUMBER<br><b>74595</b>   |   | HANDS-FREE<br><input type="checkbox"/> DEVICE USED          | DRIVER DISTRACTED BY<br><b>1</b> |                               |                                     |                              |                            |

|  |                           |               |   |                                  |   |                      |                   |                    |                  |                |
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| UNIT NUMBER  | NAME: LAST, FIRST, MIDDLE | DATE OF BIRTH | AGE   | GENDER<br>F - FEMALE<br>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<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION     | AIR BAG USAGE     | EJECTION           | TRAPPED          |                |
| OL STATE   | OPERATOR LICENSE NUMBER   | OL CLASS      | No <input type="checkbox"/> VALID OL<br>M/C <input type="checkbox"/> END. | CONDITION                        | ALCOHOL/DRUG SUSPECTED                                      | ALCOHOL TEST STATUS  | ALCOHOL TEST TYPE | ALCOHOL TEST VALUE | DRUG TEST STATUS | DRUG TEST TYPE |
| OFFENSE CHARGED<br><input type="checkbox"/> LOCAL CODE | OFFENSE DESCRIPTION       |               | CITATION NUMBER   |                                  | HANDS-FREE<br><input type="checkbox"/> DEVICE USED          | DRIVER DISTRACTED BY |                   |                    |                  |                |

|  |   |  |   |   |
|--|---|--|---|---|
| INJURIES<br>1 - NO INJURY / NONE REPORTED<br>2 - POSSIBLE<br>3 - NON-INCAPACITATING<br>4 - INCAPACITATING<br>5 - FATAL | INJURED TAKEN BY<br>1 - NOT TRANSPORTED / TREATED AT SCENE<br>2 - EMS<br>3 - POLICE<br>4 - OTHER<br>9 - UNKNOWN | SAFETY EQUIPMENT USED<br>MOTORIST<br>01 - NONE USED - VEHICLE OCCUPANT<br>02 - SHOULDER BELT ONLY USED<br>03 - LAP BELT ONLY USED<br>04 - SHOULDER AND LAP BELT USED | 99 - UNKNOWN SAFETY EQUIPMENT<br>NON-MOTORIST<br>09 - NONE USED<br>10 - HELMET USED<br>11 - PROTECTIVE PADS USED (ELBOWS, KNEES, ETC) | 12 - REFLECTIVE CLOTHING<br>13 - LIGHTING<br>14 - OTHER |
|--|---|--|---|---|

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| SEATING POSITION<br>01 - FRONT - LEFT SIDE (MOTORCYCLE DRIVER)<br>02 - FRONT - MIDDLE<br>03 - FRONT - RIGHT SIDE<br>04 - SECOND - LEFT SIDE (MOTORCYCLE PASSENGER)<br>05 - SECOND - MIDDLE<br>06 - SECOND - RIGHT SIDE | 07 - THIRD - LEFT SIDE (MOTORCYCLE SIDE CAR)<br>08 - THIRD - MIDDLE<br>09 - THIRD - RIGHT SIDE<br>10 - SLEEPER SECTION OF CAB (TRUCK)<br>11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT SUCH AS A BUS, PICK-UP WITH CAP) | 12 - PASSENGER IN UNENCLOSED CARGO AREA<br>13 - TRAILING UNIT<br>14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT)<br>15 - NON-MOTORIST<br>16 - OTHER<br>99 - UNKNOWN | AIR BAG USAGE<br>1 - NOT DEPLOYED<br>2 - DEPLOYED FRONT<br>3 - DEPLOYED SIDE<br>4 - DEPLOYED BOTH FRONT/SIDE<br>5 - NOT APPLICABLE<br>9 - DEPLOYMENT UNKNOWN |
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| EJECTION<br>1 - NOT EJECTED<br>2 - TOTALLY EJECTED<br>3 - PARTIALLY EJECTED<br>4 - NOT APPLICABLE | TRAPPED<br>1 - NOT TRAPPED<br>2 - EXTRICATED BY MECHANICAL MEANS<br>3 - EXTRICATED BY NON-MECHANICAL MEANS | OPERATOR LICENSE CLASS<br>1 - CLASS A<br>2 - CLASS B<br>3 - CLASS C<br>4 - REGULAR CLASS (OHIO IS "D")<br>5 - MC/MOPED ONLY | CONDITION<br>1 - APPARENTLY NORMAL<br>2 - PHYSICAL IMPAIRMENT<br>3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED)<br>4 - ILLNESS | 5 - FELL ASLEEP, FAINTED, FATIGUED<br>6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL<br>7 - OTHER | ALCOHOL/DRUG SUSPECTED<br>1 - NONE<br>2 - YES - ALCOHOL SUSPECTED<br>3 - YES - HBD NOT IMPAIRED<br>4 - YES - DRUGS SUSPECTED<br>5 - YES - ALCOHOL AND DRUGS SUSPECTED |
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| ALCOHOL TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | ALCOHOL TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - BREATH<br>5 - OTHER | DRUG TEST STATUS<br>1 - NONE GIVEN<br>2 - TEST REFUSED<br>3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE<br>4 - TEST GIVEN, RESULTS KNOWN<br>5 - TEST GIVEN, RESULTS UNKNOWN | DRUG TEST TYPE<br>1 - NONE<br>2 - BLOOD<br>3 - URINE<br>4 - OTHER | DRIVER DISTRACTED BY<br>1 - NO DISTRACTION REPORTED<br>2 - PHONE<br>3 - TEXTING/E-MAILING<br>4 - ELECTRONIC COMMUNICATION DEVICE<br>5 - OTHER ELECTRONIC DEVICE (NAVIGATION DEVICE, RADIO, DVD) | 6 - OTHER INSIDE THE VEHICLE<br>7 - EXTERNAL DISTRACTION |
|---|--|--|---|---|--|

|   |   |   |   |   |   |                                |                           |                      |                     |
|---|---|---|---|---|---|--------------------------------|---------------------------|----------------------|---------------------|
| UNIT NUMBER<br><b>0 1</b>   | NAME: LAST, FIRST, MIDDLE<br><b>Bardes, Andrew,</b> | DATE OF BIRTH<br><b>0 7 1 6 1 9 9 7</b> | AGE<br><b>16</b>  | GENDER<br><b>M</b> F - FEMALE<br>M - MALE |   |                                |                           |                      |                     |
| ADDRESS, CITY, STATE, ZIP<br><b>4147 Grasmere Run, Mason, OH, 45040</b> |   |   | CONTACT PHONE- INCLUDE AREA CODE<br><b>513-234-8006 (H)</b> |   |   |                                |                           |                      |                     |
| INJURIES<br><b>1</b>  | INJURED TAKEN BY<br><b>1</b>                        | EMS AGENCY                              | MEDICAL FACILITY INJURED TAKEN TO                           | SAFETY EQUIPMENT USED<br><b>0 4</b>       | DOT COMPLIANT<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION<br><b>0 3</b> | AIR BAG USAGE<br><b>1</b> | EJECTION<br><b>1</b> | TRAPPED<br><b>1</b> |
| UNIT NUMBER   | NAME: LAST, FIRST, MIDDLE                           | DATE OF BIRTH                           | AGE   | GENDER<br>F - FEMALE<br>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<br><input type="checkbox"/> MOTORCYCLE HELMET | SEATING POSITION               | AIR BAG USAGE             | EJECTION             | TRAPPED             |

|                                   |   |                                      |
|-----------------------------------|---|--------------------------------------|
| LOCAL REPORT NUMBER<br>2013021221 | REPORTING AGENCY<br>City of Mason Police Departmen        | DATE OF ACCIDENT<br>M 07 D 26 Y 2013 |
| IN COUNTY OF<br>Warren            | ACCIDENT LOCATION<br>4940 Sandalwood Court Mason OH 45040 |                                      |



OHIO DEPARTMENT OF PUBLIC SAFETY  
EDUCATION - SERVICE - PROTECTION

OHIO TRAFFIC CRASH REPORT  
DIAGRAM/NARRATIVE CONTINUATION

OH-2

|                                 |                                      |                                 |
|---------------------------------|--------------------------------------|---------------------------------|
| LOCAL REPORT NUMBER<br>13-21221 | REPORTING AGENCY<br>MASON POLICE     | DATE OF CRASH<br>M 07 D 26 Y 13 |
| IN COUNTY OF<br>WARREN          | CRASH LOCATION<br>4940 SANDALWOOD CT |                                 |

SANDALWOOD CT

4940

D1

NOT TO SCALE

|   |                      |
|---|----------------------|
| OFFICER'S SIGNATURE<br>X <i>[Signature]</i> | BADGE NUMBER<br>1657 |
|---|----------------------|

HSY 7002 4/07

|                          |              |
|--------------------------|--------------|
| OFFICER'S SIGNATURE<br>X | BADGE NUMBER |
|--------------------------|--------------|

|                                   |   |                                      |
|-----------------------------------|---|--------------------------------------|
| LOCAL REPORT NUMBER<br>2013021221 | REPORTING AGENCY<br>City of Mason Police Department       | DATE OF ACCIDENT<br>M 07 D 26 Y 2013 |
| IN COUNTY OF<br>Warren            | ACCIDENT LOCATION<br>4940 Sandalwood Court Mason OH 45040 |                                      |

Narrative by: Police Officer Eric Fitzgerald

Date & Time            7/31/2013 4:20:00PM

Unit #1 backed from the driveway of 4940 Sandalwood, ran off the roadway right, and struck a light pole.

The light is property of Duke Energy.

|                          |              |
|--------------------------|--------------|
| OFFICER'S SIGNATURE<br>X | BADGE NUMBER |
|--------------------------|--------------|

OHIO TRAFFIC ACCIDENT - STATEMENT CONTINUATION

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

Large empty rectangular area for the statement continuation.