



# TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER *	CRASH SEVERITY	HIT/SKIP
2013-23421	2 - FATAL 1 - INJURY 3 - PDO	1 - SOLVED 2 - UNSOLVED

<input checked="" type="checkbox"/> PHOTOS TAKEN	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC *	REPORTING AGENCY NAME *	NUMBER OF UNITS	UNIT IN ERROR
<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3 <input type="checkbox"/> OTHER			8304	MASON POLICE	02	01 98 - ANIMAL 99 - UNKNOWN

COUNTY *	CITY *	CITY, VILLAGE, TOWNSHIP *	CRASH DATE *	TIME OF CRASH	DAY OF WEEK
83		MASON	08212013	1635	WED

DEGREES / MINUTES / SECONDS	LONGITUDE	DECIMAL DEGREES	LONGITUDE
0 / 59 / 0	84 / 18 / 44.99	39.322613	-84.312500

ROADWAY DIVISION	DIVIDED LANE DIRECTION OF TRAVEL	NUMBER OF THRU LANES	ROAD TYPES OR MILEPOST 2
<input type="checkbox"/> DIVIDED <input checked="" type="checkbox"/> UNDIVIDED	<input type="checkbox"/> N - NORTHBOUND E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND W - WESTBOUND	02	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 - LAKE PI - PIKE SQ - SQUARE TL - TRAIL

LOCATION ROUTE TYPE 1	LOCATION ROUTE NUMBER	LOC PREFIX N,S,E,W	LOCATION ROAD NAME	LOCATION ROAD TYPE 2	ROUTE TYPES 3
			SOCIALVILLE FOSTER	RA	IR - INTERSTATE ROUTE (INC. TURNPIKE) CR - NUMBERED COUNTY ROUTE US - US ROUTE TR - NUMBERED TOWNSHIP ROUTE SR - STATE ROUTE

DISTANCE FROM REFERENCE	DIR FROM REF	REFERENCE ROUTE TYPE 1	REFERENCE ROUTE NUMBER	REF PREFIX N,S,E,W	REFERENCE NAME (ROAD, MILEPOST, HOUSE #)	REFERENCE ROAD TYPE 2
					MASON MONTGOMERY	RA

REFERENCE POINT USED	CRASH LOCATION	INTERSECTION RELATED	LOCATION OF FIRST HARMFUL EVENT
1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	02 01 - 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 ACCESS 11 - RAILWAY GRADE CROSSING 12 - SHARED-USE PATHS OR TRAILS 99 - UNKNOWN	<input checked="" type="checkbox"/>	1 - ON ROADWAY 2 - ON SHOULDER 3 - IN MEDIUM 4 - ON ROADSIDE 5 - ON GORE 6 - OUTSIDE TRAFFICWAY 9 - UNKNOWN

ROAD CONTOUR	ROAD CONDITIONS	WEATHER
1 - STRAIGHT LEVEL 2 - STRAIGHT GRADE 3 - CURVE LEVEL 4 - CURVE GRADE 9 - UNKNOWN	01 PRIMARY SECONDARY	2 1 - CLEAR 2 - CLOUDY 3 - FOG, SMOG, SMOKE 4 - RAIN 5 - SLEET, HAIL 6 - SNOW 7 - SEVERE CROSSWINDS 8 - BLOWING SAND, SOIL, DIRT, SNOW 9 - OTHER/UNKNOWN

MANNER OF CRASH COLLISION/IMPACT	WEATHER
3 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	2

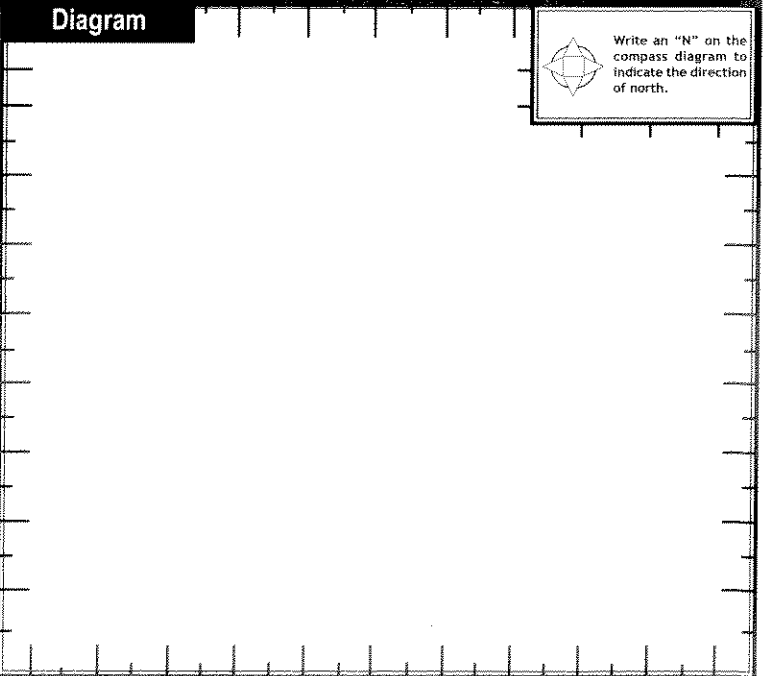
ROAD SURFACE	LIGHT CONDITIONS	SCHOOL BUS RELATED
2 1 - CONCRETE 2 - BLACKTOP, BITUMINOUS, ASPHALT 3 - BRICK/BLOCK 4 - SLAG, GRAVEL, STONE 5 - DIRT 6 - OTHER	1 PRIMARY SECONDARY 1 - DAYLIGHT 2 - DAWN 3 - DUSK 4 - DARK - LIGHTED ROADWAY 5 - DARK - ROADWAY NOT LIGHTED 6 - DARK - UNKNOWN ROADWAY LIGHTING 7 - GLARE* 8 - OTHER 9 - UNKNOWN	<input type="checkbox"/> SCHOOL BUS RELATED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED

WORK ZONE RELATED	TYPE OF WORK ZONE	LOCATION OF CRASH IN WORK ZONE
<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OFFICER/VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	3 1 - LANE CLOSURE 2 - LANE SHIFT/CROSSOVER 3 - WORK ON SHOULDER OR MEDIUM 4 - INTERMITTENT OR MOVING WORK 5 - OTHER	3 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 EAST BOUND ON SOCIALVILLE FOSTER RD IN THE INTERSECTION OF MASON MONTGOMERY RD.

UNIT #01 WAS TRAVELLING WEST BOUND ON SOCIALVILLE FOSTER RD (AILING) TO YIELD THE RIGHT OF WAY TO UNIT #02 BEGAN TO TURN LEFT ONTO MASON MONTGOMERY RD AND WAS STRUCK BY UNIT #02.



REPORT TAKEN BY	SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO ODPS)	DATE CRASH REPORTED	TIME CRASH REPORTED	DISPATCH TIME	ARRIVAL TIME	TIME CLEARED	OTHER INVESTIGATION TIME	TOTAL MINUTES
<input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST		08212013	1635	1635	1638	1726	40	91
OFFICER'S NAME *	OFFICER'S BADGE NUMBER	CHECKED BY	PAGE 1 OF 4					
ERIC FITZGERALD	1237	1241						



# MOTORIST / Non-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

2013-23421

UNIT NUMBER 1011	NAME: LAST, FIRST, MIDDLE BRATSLAVSKY MARK	DATE OF BIRTH 10/17/1959	AGE 53	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 4355 S MALLARD CIRCLE MASON OH 45040	CONTACT PHONE - INCLUDE AREA CODE 513-459-8686
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INJURIES 3	INJURED TAKEN BY 2	EMS AGENCY MASON	MEDICAL FACILITY INJURED TAKEN TO BETHESDA NORTH	SAFETY EQUIPMENT USED 99	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 61	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER R0295620	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 .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED ( <input checked="" type="checkbox"/> LOCAL CODE ) 331.17	OFFENSE DESCRIPTION FAILURE TO YIELD TURNING LEFT	CITATION NUMBER 74780	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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UNIT NUMBER 013	NAME: LAST, FIRST, MIDDLE MULLINS GEORGE K	DATE OF BIRTH 07/16/1943	AGE 70	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 815 TRUSTWAY CT MASON OH 45040	CONTACT PHONE - INCLUDE AREA CODE 513-290-1690
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INJURIES 3	INJURED TAKEN BY 1	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION 01	AIR BAG USAGE 2	EJECTION 1	TRAPPED 1
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OL STATE OH	OPERATOR LICENSE NUMBER R2319648	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 .	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED ( <input type="checkbox"/> LOCAL CODE )	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY 1
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<b>INJURIES</b> 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	<b>INJURED TAKEN BY</b> 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	<b>SAFETY EQUIPMENT USED</b> <b>MOTORIST</b> 01 - NONE USED - VEHICLE OCCUPANT 02 - SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - SHOULDER AND LAP BELT USED 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, PICKUP WITH CAP) <b>NON-MOTORIST</b> 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 - LIGHTING 14 - OTHER	<b>99 - UNKNOWN SAFETY EQUIPMENT</b>
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<b>SEATING POSITION</b> 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, PICKUP WITH CAP) 12 - PASSENGER IN UNUSED CARGO AREA 13 - TRAILING UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	<b>AIR BAG USAGE</b> 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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<b>EJECTION</b> 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	<b>TRAPPED</b> 1 - NOT TRAPPED 2 - EXTRICATED BY MECHANICAL MEANS 3 - EXTRICATED BY NON-MECHANICAL MEANS	<b>OPERATOR LICENSE CLASS</b> 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OH & "D") 5 - NO/WRAPPED ONLY	<b>CONDITION</b> 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS 5 - FELL ASLEEP; FAIMED, FATIGUED 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	<b>ALCOHOL/DRUG SUSPECTED</b> 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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<b>ALCOHOL TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>ALCOHOL TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	<b>DRUG TEST STATUS</b> 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	<b>DRUG TEST TYPE</b> 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	<b>DRIVER DISTRACTED BY</b> 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/E-MAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICES (NAVIGATION DEVICE, RADIO, DVD) 6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER [ ]	NAME: LAST, FIRST, MIDDLE GULBIN T.M	DATE OF BIRTH 01/25/1971	AGE 42	GENDER M - MALE
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ADDRESS, CITY, STATE, ZIP 7328 WINDSOR PARK DR MARIETTA OH 45739	CONTACT PHONE - INCLUDE AREA CODE 513-492-7732
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> 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
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES	INJURED TAKEN BY	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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# UNIT

LOCAL REPORT NUMBER  
 2013127481

UNIT NUMBER: 011  
 OWNER NAME: LAST, FIRST, MIDDLE (☑ SAME AS DRIVER)  
 OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER)

DAMAGE SCALE: 4  
 DAMAGED AREA: FRONT

OWNER ADDRESS: CITY, STATE, ZIP (☑ SAME AS DRIVER)  
 LP STATE: OH  
 LICENSE PLATE NUMBER: EZW4444  
 VEHICLE IDENTIFICATION NUMBER: 1W4R2ZAP6A1C1165687  
 # OCCUPANTS: 01

VEHICLE YEAR: 2010  
 VEHICLE MAKE: NISSAN  
 VEHICLE MODEL: ALTIMA  
 VEHICLE COLOR: GREY

PROOF OF INSURANCE SHOWN:   
 INSURANCE COMPANY: PEKIN  
 POLICY NUMBER: 00V796289  
 TOWED BY: BARNEJ

CARRIER NAME, ADDRESS, CITY, STATE, ZIP  
 CARRIER PHONE - INCLUDE AREA CODE

US DOT: 1  
 VEHICLE WEIGHT GVWR/GCWR: 1 - LESS THAN OR EQUAL TO 10K LBS.  
 HM PLACARD ID NO.:  
 HM CLASS NUMBER:  
 HAZARDOUS MATERIAL RELEASED:   
 CARGO BODY TYPE: 01 - NO CARGO BODY TYPE/NOT APPLICABLE  
 TRAFFICWAY DESCRIPTION: 1 - TWO-WAY, NOT DIVIDED  
 HIT / SKIP UNIT

NON-MOTORIST LOCATION PRIOR TO IMPACT: 01 - INTERSECTION - MARKED CROSSWALK  
 TYPE OF USE: 1 - PERSONAL  
 UNIT TYPE: 03 - PASSENGER VEHICLES (LESS THAN 9 PASSENGERS)  
 MED/HEAVY TRUCKS OR COMBO UNITS > 10K LBS: 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES  
 BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER): 21 - BUS/VAN (9-15 SEATS, INC DRIVER)  
 HAS HM PLACARD

SPECIAL FUNCTION: 01 - NONE  
 MOST DAMAGED AREA: 02 - CENTER FRONT  
 IMPACT AREA: 02  
 ACTION: 4 - STRUCK

PRE-CRASH ACTIONS: 06  
 MOTORIST: 01 - STRAIGHT AHEAD  
 NON-MOTORIST: 15 - ENTERING OR CROSSING SPECIFIED LOCATION

CONTRIBUTING CIRCUMSTANCES: 02  
 PRIMARY: 01 - NONE  
 SECONDARY: 01 - NONE  
 VEHICLE DEFECTS: 01 - TURN SIGNALS

SEQUENCE OF EVENTS: 1 2 3 4 5 6  
 NON-COLLISION EVENTS: 01 - OVERTAKE/FOLLOWER  
 COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED: 14 - PEDESTRIAN  
 COLLISION WITH FIXED OBJECT: 25 - IMPACT ATTENUATOR/CRASH CUSHION

UNIT SPEED: 30  
 POSTED SPEED: 35  
 TRAFFIC CONTROL: 04  
 UNIT DIRECTION: FROM 3 TO 2

UNIT SPEED: 30  
 POSTED SPEED: 35  
 TRAFFIC CONTROL: 04  
 UNIT DIRECTION: FROM 3 TO 2  
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# UNIT

LOCAL REPORT NUMBER  
 2013 23421

UNIT NUMBER 102	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER)	OWNER PHONE NUMBER - INC. AREA CODE (☐ SAME AS DRIVER)	DAMAGE SCALE 4	DAMAGED AREA 
OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER)			1 - NONE	09
LP STATE OH	LICENSE PLATE NUMBER FAT 219C	VEHICLE IDENTIFICATION NUMBER 1G6MH1P52K11VH51077E	2 - MINOR	08
VEHICLE YEAR 1997	VEHICLE MAKE BUICK	VEHICLE MODEL LESABRE	3 - FUNCTIONAL	10
VEHICLE COLOR SILVER	INSURANCE COMPANY	POLICY NUMBER	4 - DISABLING	07
PROOF OF INSURANCE SHOWN	TOWED BY KARVES		9 - UNKNOWN	06
CARRIER NAME, ADDRESS, CITY, STATE, ZIP			CARRIER PHONE - INCLUDE AREA CODE	

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

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

SPECIAL FUNCTION 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 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 - UNDERCHASSIS 12 - LOAD/TRAILER 13 - TOTAL(CAL. AXLES) 14 - OTHER	99 - UNKNOWN	ACTION 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRIKING 4 - STRUCK 5 - STRIKING/STRUCK 9 - UNKNOWN
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PRE-CRASH ACTIONS 01 - UNKNOWN	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - 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 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN SECONDARY 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 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSINGS 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORN OR SLICED TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
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SEQUENCE OF EVENTS 1 2 3 4 5 6 FIRST HARMFUL EVENT MOST HARMFUL EVENT 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT 06 - EQUIPMENT FAILURE (BURN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT 10 - CROSS MEDIAN 11 - CROSS CENTER LINE OPPOSITE DIRECTION OF TRAVEL 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION
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COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN, ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT 21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	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 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINARIES SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT
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UNIT SPEED 35 POSTED SPEED 45 TRAFFIC CONTROL 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/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 4 TO 7 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN
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LOCAL REPORT NUMBER 15-23421	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 08   D 21   Y 17
IN COUNTY OF WARREN	CRASH LOCATION SOCIALVILLE FOSTER RD + MASON MONTGOMERY RD	



RA1 : TRAFFIC SIGNAL POLE

RA2 : TRAFFIC SIGNAL POLE

RA1 TO RA2 : 163'

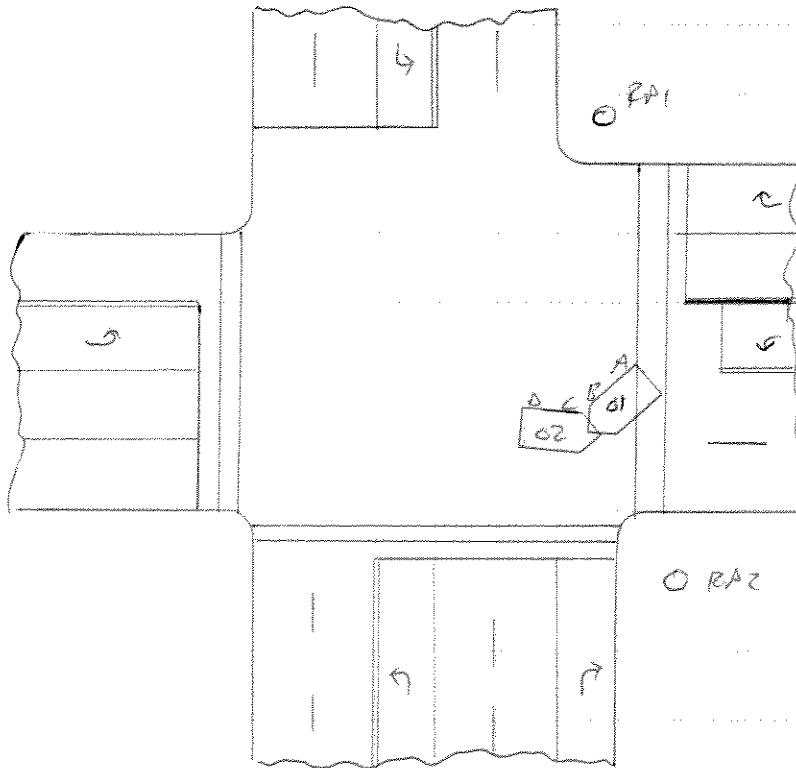
RA1 RA2

A 55° 47'

B 58° 45'

C 62° 43'

D 64° 48'



SOCIALVILLE FOSTER RD

○ RA2

MASON MONTGOMERY RD

NOT TO SCALE

OFFICER'S SIGNATURE X <i>[Signature]</i>	BADGE NUMBER 1637
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LOCAL REPORT NUMBER 13-23421	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 08   D 21   Y 13
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, MARK BRATSLAVSKY HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Fitzgerald AT 4355 S. Mallard Lane 08-20-13  
OFFICER'S NAME LOCATION

I WAS DRIVING ON SOCIALVILLE-FOSTERS Rd AROUND 4:30 PM. WHEN I APPROACHED MASON-MONTGOMERY Rd THERE WAS A LEFT TURN SIGNAL ON THE TRAFFIC SIGNAL, I STARTED TO TURN LEFT, AND WAS HIT WITH A CAR. BEFORE TURNING LEFT MY LEFT TURN SIGNAL WAS ON. AFTER I WAS HIT I HAD ~~EXCRUCIATING~~ PAIN IN MY RIGHT KNEE AND WAS TAKEN TO BETHESDA HOSPITAL BY MASON FIRE DEPARTMENT AMBULANCE.

Q: what was your speed when you began to turn?

A: 30 mi

Q: were you wearing your seat belt?

A: Yes.

Q: were you at any point stopped before the light changed to green?

A: No, there were cars in front of me turning left.

Q: were there cars going straight in either direction on Socialville Foster?

A: No INCOMING TRAFFIC, there were cars TURNING LEFT IN FRONT OF ME

Q: did your traffic signal display a green left and green for the through traffic or a green left and red for through traffic?

A: At this point NOT A 100% SURE. Approximately 15 seconds prior to you being involved what was the light? A: Left Turn

ADDRESS OF WITNESS 4355 S. MALLARD	PHONE SINGMAK ON
SIGNATURE OF WITNESS X <u>Mark Bratslavsky</u>	OFFICER'S SIGNATURE X <u>[Signature]</u>

LOCAL REPORT NUMBER 13 23421	REPORTING AGENCY MASON POLICE	DATE OF CRASH M 08   D 21   Y 13
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**FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES**

I, GEORGE H MULLINS HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Fitzgerald AT Mason Montgomery + Sociowille Foster  
OFFICER'S NAME LOCATION

I'm coming through, my light just turned yellow eastbound on Sociowille Foster. He was in turn lane, he went fast.

I requested Sgt Cullen to write this statement as I dictated it to him. Sgt John K Cullen

Sgt Cullen read this statement to me in front of Luce Burkhardt, Mason FD.

Q: What was your speed?  
 A: 35

*[Large handwritten signature, possibly "George H Mullins", is crossed out with a large diagonal line.]*

ADDRESS OF WITNESS 815 Thompson	PHONE 290 1690
SIGNATURE OF WITNESS X <i>[Signature]</i>	OFFICER'S SIGNATURE X <i>[Signature]</i>



LOCAL REPORT NUMBER 13-23421	REPORTING AGENCY MAJOR POLICE	DATE OF CRASH M 08   D 21   Y 13
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FOR LOCAL USE ONLY – DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Tim Gulbin HEREBY MAKE THIS VOLUNTARY STATEMENT TO  
PRINTED

Fitzgerald AT Corner of Social Foster & Mason  
OFFICER'S NAME LOCATION Montgomery

Nissan attempted to make a left onto mason-montgomery from VDF side and hit buick head on as it came through light. I was stopped at corner near walgreens waiting to make a right onto socialville foster. My light was red. I was on Mason-Montgomery.

DOB 1/25/1971

ADDRESS OF WITNESS <u>7328 Windsor Park Drive</u>	<u>45039</u>	PHONE <u>492-7732</u>
SIGNATURE OF WITNESS <u>X</u> <u>Jeathly C Hall</u>	OFFICER'S SIGNATURE <u>X</u> <u>E J</u>	